MISSION:
TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.
TABLE OF CONTENTS

I. EXECUTIVE SUMMARY ...........................................................................................................................................3

II. COMMUNITY DESCRIPTION ....................................................................................................................................5
   A. Overview and Map ..................................................................................................................................................5
   B. Demographics ....................................................................................................................................................6

III. CONDUCTING THE ASSESSMENT ....................................................................................................................11
   A. Work Group Structure ......................................................................................................................................11
   B. Primary Data Collection: External Focus Groups ............................................................................................12
   C. Secondary Data Analyses ................................................................................................................................20

IV. PRIORITIZATION OF HEALTH NEEDS ........................................................................................................31

V. IMPLEMENTATION PLAN ....................................................................................................................................35
   A. Issues to be Addressed ......................................................................................................................................35
   B. Issues That Will Not be Addressed ...................................................................................................................59
   C. Specific input From the Madison County Department of Health .................................................................61

VI. APPENDICES ....................................................................................................................................................62
   Appendix A ..........................................................................................................................................................62
   Appendix B ..........................................................................................................................................................63
   Appendix C ..........................................................................................................................................................64
   Appendix D ..........................................................................................................................................................66
   Appendix E ..........................................................................................................................................................67
I. EXECUTIVE SUMMARY

Alton Memorial Hospital (AMH), founded in 1937 and a member of BJC HealthCare, is a 206-bed, not-for-profit hospital serving a five county area in Illinois. AMH is accredited by the Joint Commission. The Patient Protection and Affordable Care Act (PPACA), passed in March 2010, requires each not-for-profit hospital to conduct a Community Health Needs Assessment (CHNA) every three years. The assessment takes 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.

Building on a long tradition of service to local residents, AMH utilizes hospital strengths, alongside those of other well-established community partners. This strategy allows AMH to better understand and reach the most vulnerable sectors of the community while meeting pressing health care needs. The goal is to improve the community’s health status by empowering citizens to make healthy life choices. AMH is located in the northeast quadrant of Madison County in Illinois across the Mississippi River just 30 minutes north of St. Louis, Missouri.

AMH partnered with St. Anthony’s Health Center, also located in Alton, and conducted external focus groups in October and November 2012. Attendees from the sessions were made up of individuals representing multiple organizations from the hospitals’ primary service area. The top ten needs identified through this process were: Access (Insurance, Transportation and Physician Supply), Substance Use and Abuse, Healthy Lifestyles (Obesity and Smoking), Mental Health, Dental Care, Health Literacy, Housing/Homelessness, Chronic Conditions and Cancer, Reproductive Health and Air Quality.

In January 2013, an internal workgroup made up of hospital staff and physicians was formed and met to review the results from the focus group. The AMH Community Benefit Committee (CBC) was comprised of community outreach health personnel, nurses, chaplain, physicians and other clinicians. The CBC met twice and used the external focus group results as well as the top
diagnoses over the past two years to rank their top community health needs as: Chronic Conditions (Diabetes and Cancer), Access, Mental Health, Health Literacy, Substance Use and Abuse, Healthy Lifestyles (Obesity and Smoking), Dental Care, Housing/Homelessness, Reproductive Health and Air Quality.

A working subgroup of the CBC was formed and reviewed the findings. Secondary data from the US Census Bureau, US Labor Department, Thomson Reuters, County Health Rankings, Illinois Cancer Registry, American Lung Association State of the Air Report Card, Environmental Protection Agency, the Illinois Department of Human Services, the Madison County Health Needs Assessment and Community Health Plan 2011-2016 and other national, state and regional sources were used to clarify, validate or dispute the identified health needs.

The Healthy People 2020 data was also used. An initiative of the US DHHS, Healthy People provides evidence-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.

The subgroup ranked the 10 community health needs using the Hanlon and PEARL Methodology Priority Ranking, a priority rating system for public health programs. The model is sensitive to the precision of the data used to develop the rankings and works best for health issues that are not undergoing rapid change. Results of that exercise were Chronic Conditions and Cancer, Healthy Lifestyles (Obesity and Smoking), Health Literacy, Mental Health, Access, Reproductive Health, Substance Use and Abuse, Air Quality, Dental Care and Homelessness. The subgroup then recommended that the hospital direct its primary community benefit plan on Chronic Conditions and Cancer, Healthy Lifestyles (Obesity and Smoking) and Health Literacy with a focus on seniors and school aged children.

The prioritization and implementation plan were approved by the hospital’s Senior Leadership Team as well as the Community Benefit Committee of the Board of Trustees. Final approval
was provided by the AMH Board of Directors at its August 2013 meeting. The plan was then submitted to the BJC HealthCare Board of Directors. The AMH Community Health Needs Assessment (CHNA) and Implementation Plan are available at www.altonmemorialhospital.org.

II. COMMUNITY DESCRIPTION

AMH is located in Madison County in the City of Alton, Illinois. For the purpose of this CHNA, the hospital’s defined community is Madison County. In 2012, patients from Madison County made up 81% of the inpatient discharges at AMH.

Madison County Map

AMH is located in the Northern/Western quadrant of the county on the Mississippi River.

<table>
<thead>
<tr>
<th>Geography Quick Facts</th>
<th>Madison County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land area in square miles, 2010</td>
<td>715.58</td>
<td>55,518.93</td>
</tr>
<tr>
<td>Persons per square mile, 2010</td>
<td>376.3</td>
<td>231.1</td>
</tr>
<tr>
<td>Metropolitan or Micropolitan Statistical Area</td>
<td>St. Louis, MO-IL Metro Area</td>
<td></td>
</tr>
</tbody>
</table>

*Source: US Census Bureau State & County Quick Facts*
### Demographics

<table>
<thead>
<tr>
<th>People Quick Facts</th>
<th>Madison County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2012 estimate</td>
<td>267,883</td>
<td>12,875,255</td>
</tr>
<tr>
<td>Population, 2010 (April 1) estimates base</td>
<td>269,282</td>
<td>12,830,632</td>
</tr>
<tr>
<td>Population, percent change, April 1, 2010 to July 1, 2012</td>
<td>-0.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Persons under 5 years, percent, 2012</td>
<td>5.9%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Persons under 18 years, percent, 2012</td>
<td>22.4%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Persons 65 years and over, percent, 2012</td>
<td>15.0%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Female persons, percent, 2012</td>
<td>51.1%</td>
<td>50.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Madison County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone, percent, 2012 (a)</td>
<td>89.0%</td>
<td>77.9%</td>
</tr>
<tr>
<td>Black or African American alone, percent, 2012 (a)</td>
<td>8.0%</td>
<td>14.8%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone, percent, 2012 (a)</td>
<td>0.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Asian alone, percent, 2012 (a)</td>
<td>0.9%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)</td>
<td>Z</td>
<td>0.1%</td>
</tr>
<tr>
<td>Two or More Races, percent, 2012</td>
<td>1.8%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Hispanic or Latino, percent, 2012 (b)</td>
<td>2.9%</td>
<td>16.3%</td>
</tr>
<tr>
<td>White alone, not Hispanic or Latino, percent, 2012</td>
<td>86.4%</td>
<td>63.0%</td>
</tr>
<tr>
<td>Foreign born persons, percent, 2007-2011</td>
<td>2.3%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Language other than English spoken at home, percent age 5+, 2007-2011</td>
<td>3.7%</td>
<td>22.0%</td>
</tr>
</tbody>
</table>

*Source: US Census Bureau State & County Quick Facts*

With 269,282 people in 2010, Madison County was the 9th most populated county in the State of Illinois out of 102 counties. The population saw an increase of 4% from 2000 – 2010. The median income of households in the county was $51,941 and the poverty rate average was 12.9%.  
*Source: US Census Bureau*
*Household Income <$15,000

Source: Thomson

<table>
<thead>
<tr>
<th>Income</th>
<th>Madison County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons per household, 2007-2011</td>
<td>2.45</td>
<td>2.62</td>
</tr>
<tr>
<td>Per capita money income in the past 12 months (2011 dollars), 2007-2011</td>
<td>$26,939</td>
<td>$29,376</td>
</tr>
<tr>
<td>Median household income, 2007-2011</td>
<td>$53,143</td>
<td>$56,576</td>
</tr>
<tr>
<td>Persons below poverty level, percent, 2007-2011</td>
<td>13.3%</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau
## Education Level (25+) (2011)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Madison County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below HS Grad</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>Some College Grad</td>
<td>34%</td>
<td>28%</td>
</tr>
<tr>
<td>HS Grad</td>
<td>33%</td>
<td>28%</td>
</tr>
<tr>
<td>College Grad</td>
<td>23%</td>
<td>30%</td>
</tr>
</tbody>
</table>

## Household Income (2011)

<table>
<thead>
<tr>
<th>Household Income</th>
<th>Madison County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25k</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>25-50k</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>50-75k</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>75k+</td>
<td>28%</td>
<td>33%</td>
</tr>
</tbody>
</table>

## Average Household Income (2011)

- Madison County: $61,123
- Illinois: $71,594

## % Households Living in Poverty* (2011)

- Madison County: 12.5%
- Illinois: 11.5%

*Household Income <$15k

Source: Thomson

---

### Housing

<table>
<thead>
<tr>
<th>Housing</th>
<th>Madison County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in same house 1 year &amp; over, percent, 2007-2011</td>
<td>86.9%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Housing units, 2011</td>
<td>117,246</td>
<td>5,297,318</td>
</tr>
<tr>
<td>Homeownership rate, 2007-2011</td>
<td>74.4%</td>
<td>68.7%</td>
</tr>
<tr>
<td>Housing units in multi-unit structures, percent, 2007-2011</td>
<td>16.6%</td>
<td>32.9%</td>
</tr>
<tr>
<td>Median value of owner-occupied housing units, 2007-2011</td>
<td>$124,300</td>
<td>$198,500</td>
</tr>
<tr>
<td>Households, 2007-2011</td>
<td>106,792</td>
<td>4,773,002</td>
</tr>
<tr>
<td>Persons per household, 2007-2011</td>
<td>2.45</td>
<td>2.62</td>
</tr>
</tbody>
</table>

Source: US Census Bureau
### Education

<table>
<thead>
<tr>
<th>Category</th>
<th>Madison County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language other than English spoken at home, percent age 5+, 2007-2011</td>
<td>3.7%</td>
<td>22.0%</td>
</tr>
<tr>
<td>High school graduate or higher, percent of persons age 25+, 2007-2011</td>
<td>89.8%</td>
<td>86.6%</td>
</tr>
<tr>
<td>Bachelor's degree or higher, percent of persons age 25+, 2007-2011</td>
<td>23.3%</td>
<td>30.7%</td>
</tr>
<tr>
<td>High School Graduation Rate for Low-Income Students</td>
<td>69.2%</td>
<td>72.8%</td>
</tr>
<tr>
<td>Average ACT Composite Score, 2011-2012 academic year</td>
<td>19.4</td>
<td>20.2</td>
</tr>
</tbody>
</table>

*Source:* [US Census Bureau](http://www.census.gov)  

### Employment - 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Madison County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Unemployed Individuals, Sep 2012</td>
<td>10,847</td>
<td>536,288</td>
</tr>
<tr>
<td>Unemployment Rate, Sep 2012</td>
<td>7.9%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Rank by Unemployment Rate (1=highest, 102=lowest), 2012</td>
<td>55</td>
<td></td>
</tr>
</tbody>
</table>

*Source:* [US Department of Labor](http://www.dol.gov)

**Unemployment Rate in Madison County, IL (ILMDURN)**  
*Source: U.S. Department of Labor: Bureau of Labor Statistics*

Shaded areas indicate US recessions.  
2013 research.stlouisfed.org
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.

In Madison County, about 39,268 people, or 15 percent of the population, had incomes below the poverty level in 2010. That's about 14,494 people more than in 2000 when 9.8 percent of the Madison County population lived in poverty. According to the Census Bureau, a household of one person reaches the poverty threshold if his or her annual income is $11,139 or less. The threshold for a family of four is $22,314. In 2013, over 41% of K-12 students in Madison County qualified for a free or reduced lunch according to Illinois State Board of Education.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Worse than IL/U.S.</th>
<th>Similar to IL/U.S.</th>
<th>Better than IL/U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Worse than IL/U.S.  
Similar to IL/U.S.  
Better than IL/U.S.
III. CONDUCTING THE NEEDS ASSESSMENT

A. WORK GROUP STRUCTURE

**AMH Community Benefit Team Members**
- RN, BSN, Emergency Room Educator
- RN, BSN, Emergency Room Manager
- BS, EMS Supervisor
- RN, BSN, MS, Manager, Risk, Safety and Education
- BA, MS, Director, Business Development*
- RN, Health Educator
- RN, Health Educator
- RN, BSN, MSN, VP of Patient Care and Chief Nursing Officer
- RN, Health Educator
- RN, EMS Educator
- RN, Supervisor, Respiratory Care and Neurology Services
- RN, Breast Health Navigator
- BS, MS, Manager, Oncology Services and Medical Imaging
- RN, Parish Nurse*
- BS, Senior Coordinator of Community Events*
- RN, Parish Nurse*
- MD, Emergency Room Medical Director

*Indicates Subgroup Member

AMH collaborated with Saint Anthony’s Health Center to conduct external focus groups in October and November 2012. Both hospitals reside in Alton and serve the same community needs. After collecting the external data from community participants, both hospitals reviewed the data and then developed their own individual Community Health Needs Assessment and Implementation Plan.

An internal Community Benefit Committee was formed at AMH made up of community outreach health personnel, nurses, chaplain, physicians and other specialty clinicians. The group reviewed the external focus group results and the top 25 hospital inpatient discharges from 2010-2012. The committee then prioritized the needs of Madison County.

An internal workgroup made up of community outreach staff then merged the lists and ranked the needs using the Hanlon and PEARL Methodology, a priority rating system for public health programs. The model is sensitive to the precision of the data used to develop the rankings and works best for health issues that are not undergoing rapid change. The prioritized needs were presented to the Senior Leadership Team for validation and consensus in July 2013.
B. PRIMARY DATA COLLECTION: FOCUS GROUPS

Background

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, non-profit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of that process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge and expertise in the area of public health. Representatives from the following organizations participated in focus groups:

Participants

Episcopal Parish Alton
Madison County Health Advisory Board Member
Freer Auto Body
Shell Credit Union
River Bend Growth Association
Mayo - Alton
Community Activist
Mayo - Godfrey
Dick’s Flowers
Nautilus
Rotary and Alton School Board
Community Hope Center
YWCA Board Member
State Farm Insurance
Madison County Health Department

Observers:

- BJC Market Research conducted the focus groups
- Presidents from AMH and Saint Anthony’s Health Center
- Several clinicians and community outreach staff from AMH and Saint Anthony’s Health Center

RESEARCH OBJECTIVES

The main objective for this research is to solicit input from health experts and those who have a special interest in the populations served by Alton Memorial Hospital (AMH) and Saint Anthony’s Health Center in Madison County.

METHODOLOGY
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. 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 and was moderated by the Manager of Market Research for BJC HealthCare.

Fifteen individuals representing various Madison County organizations were in attendance at either one or both focus groups. (See Appendix A.) 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. (See Appendices B, C and D)

On November 26, the same group of community leaders was invited back to the Holiday Inn. At that meeting, BJC Market Research staff presented the healthcare needs that were identified in the earlier group, along with available secondary data that attempted to quantify the size of each. (That presentation can be found under separate cover.) 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.

KEY FINDINGS

FOCUS GROUP #1
October 11, 2012

The transcript of the 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 have also been included.

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 STI (Sexually-Transmitted Infections) 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.
As required by the CHNA, the Madison County Health Department representatives identified the following needs:

**WHAT ROLE SHOULD THE HOSPITAL PLAY IN ADDRESSING THE NEEDS OF THE COMMUNITY?**

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 dietitians the hospitals have on staff, and perhaps partnering with an area restaurant.
- Sponsor AA or Alanon meetings on the hospital campus.
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

<table>
<thead>
<tr>
<th>Health Topic Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Healthy Lifestyles</td>
</tr>
<tr>
<td>Chronic Conditions</td>
</tr>
<tr>
<td>Health Literacy</td>
</tr>
<tr>
<td>Access to Care</td>
</tr>
<tr>
<td>Reproductive Health</td>
</tr>
<tr>
<td>Dental Care</td>
</tr>
<tr>
<td>Air Quality</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
</tbody>
</table>

Level of Community Concern

Lower

High
Internal Workgroup

Background

The Community Benefit Committee pulled together an internal workgroup. Members reviewed past inpatient data, findings from external focus group sessions. They were charged with generating a list of community health needs based on their subject expertise and then ranking those needs.

Participants

Physician, Medical Director of Emergency Room
Manager, Medical Care Unit/Digestive Health Center
Manager, Case Management
Manager, Health Information Management/Registration
Manager, Surgical Services
Manager, Human Resources
Manager, Infusion Center
Administrator, Eunice Smith Nursing Home
Manager, Rehabilitation Services
Manager, Behavioral Health
Manager, Foundation
Manager, Compliance, Quality, Infection Prevention
Manager, Pharmacy
Staff, Infection Prevention & Safety
Supervisor, EMS
Chaplain
Facilitator: Director, Business Development (PR and Community Outreach)

Workgroup Objectives

- Review the external focus group results
- Become familiar with process to meet IRS requirements
- Analyze other internal and external data
- Discuss community needs of Madison County
- Rank priority needs based on the following criteria: 1) level of community concern over the need, 2) the ability to collaborate with other agencies in the county.

The workgroup then voted on the needs based on those criteria. Each member was asked to rank in order of priority their top needs according to their expertise. The votes were submitted and then tallied to create a ranked listing.

Priority Ranking of Community Needs based on Internal Workgroup

1. Chronic Conditions
2. Access
3. Mental Health
4. Health Literacy
5. Substance Abuse
6. Healthy Lifestyles (Obesity & Smoking)
7. Dental Care
8. Housing and Homelessness
9. Reproductive Health
10. Air Quality

C. SECONDARY DATA COLLECTION

Healthy Communities Institute: an online dashboard of health indicators for Madison County that has the ability to evaluate and track 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 evidence-based, 10-year national objectives for improving the health of all Americans. These goals encourage collaboration across communities and sectors, empower individuals to make informed health decisions, and measure the impact of prevention activities. Goals are based on the 2010 data, with the 2020 goal to decrease them below that level.

**Access to Care for the Uninsured and Underinsured**

Medical costs in the United States are high, so people without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums.

- Many in Madison County 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
A higher proportion of Medicaid and Self Pay patients are seen in the emergency rooms in Madison County. 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.

**Physician Availability**

Physician demand data indicate a need for nearly all specialties in Madison County. Specialties with the highest need include:

- Psychiatry
- Primary Care
- Pediatrics
- 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.

**Transportation**

<table>
<thead>
<tr>
<th>Transportation</th>
<th>Madison County</th>
<th>Status</th>
<th>IL</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households Without a Vehicle ('10)</td>
<td>5.6%</td>
<td>●</td>
<td>-</td>
<td>5.7%*</td>
</tr>
<tr>
<td>Workers Commuting by Public Transportation (% Age 16+) ('10)</td>
<td>1.3%</td>
<td>●</td>
<td>-</td>
<td>0.3%*</td>
</tr>
<tr>
<td>Mean Travel Time to Work (Age 16+, minutes) ('10)</td>
<td>24.3</td>
<td>●</td>
<td>-</td>
<td>22.4*</td>
</tr>
</tbody>
</table>

*Indicates the lower limit of the 50th percentile.

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.

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

*Indicates the lower limit of the 50th percentile.

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

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

*Chg* ('07-'09) refers to the change from 2007 to 2009.
Healthy Lifestyles (Obesity & Smoking)

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.

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

*Indicates the lower limit of the 50th percentile.
**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.
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.

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Madison County</th>
<th>Status</th>
<th>IL</th>
<th>U.S.</th>
<th>HP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Mental Health Days (in last 30) ('10)</td>
<td>3.8</td>
<td>•</td>
<td>-</td>
<td>3.4*</td>
<td>-</td>
</tr>
<tr>
<td>Inadequate Social Support (adults) ('10)</td>
<td>16.6%</td>
<td>•</td>
<td>-</td>
<td>19.1%*</td>
<td>-</td>
</tr>
<tr>
<td>Death Rate Suicide (per 100,000 pop) ('09)</td>
<td>12</td>
<td>•</td>
<td>-</td>
<td>13.3</td>
<td>10.2</td>
</tr>
</tbody>
</table>

*Indicates the lower limit of the 50th percentile.

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

Dental Care

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

<table>
<thead>
<tr>
<th>Dental Health</th>
<th>Madison County</th>
<th>Status</th>
<th>IL</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults who Visited a Dentist ('09)</td>
<td>62.8%</td>
<td>=</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dentists (per 100,000 pop) ('07)</td>
<td>65</td>
<td>•</td>
<td>-</td>
<td>30*</td>
</tr>
</tbody>
</table>

*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
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.

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

Costs due to low health literacy:
- Low health literacy costs the U.S. economy between $106 billion and $236 billion annually.
- For Illinois, 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
Chronic Conditions

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

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

- Worse than IL/U.S.
- Similar to IL/U.S.
- Better than IL/U.S.
- = Same as Prior Year
Reproductive Health

Teen pregnancy and high STI (Sexually-Transmitted Infections) rates are big issues in Madison County.

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

*Indicates the lower limit of the 50th percentile.

<table>
<thead>
<tr>
<th>Air Quality</th>
<th>Madison County</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Ozone Air Quality (ALA Grade) ('10)</td>
<td>F</td>
<td>-</td>
</tr>
<tr>
<td>Annual Particle Pollution (ALA Grade) ('10)</td>
<td>C</td>
<td>-</td>
</tr>
<tr>
<td>Recognized Carcinogens Released into Air (lbs) ('10)</td>
<td>106,519</td>
<td>↑</td>
</tr>
</tbody>
</table>

Air Quality

Madison County ranks second as the worst air quality in the US only behind Los Angeles. Source: Environmental Protection Agency, 2012. 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.

Minities 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.
Looking at the results of air quality measurements for Madison County taken over the 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.
The Community Benefit Subgroup met and went through a prioritization exercise. The needs of the internal workgroup and the external focus group were compared to come up with a list of priority needs:

1. Access
2. Substance Abuse and Mental Health
3. Healthy Lifestyles and Chronic Conditions
4. Health Literacy
5. Dental Care
6. Housing/Homelessness
7. Reproductive Health
8. Air Quality
The internal subgroup team used the Hanlon and PEARL Prioritization Model to rank the priority of health needs for Madison County.

### Hanlon and PEARL Prioritization of Needs

<table>
<thead>
<tr>
<th>Rating</th>
<th>Size of Health Problem (percent of health problem)</th>
<th>Seriousness of Health Problem</th>
<th>Effectiveness of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 or 10</td>
<td>&gt; 25%</td>
<td>Very Serious</td>
<td>80 - 100 % Effective</td>
</tr>
<tr>
<td>7 or 8</td>
<td>10 - 24.9%</td>
<td>Relatively Serious</td>
<td>60 - 79% Effective</td>
</tr>
<tr>
<td>5 or 6</td>
<td>1 - 9.9%</td>
<td>Serious</td>
<td>40 - 59% Effective</td>
</tr>
<tr>
<td>3 or 4</td>
<td>.1 - .9%</td>
<td>Moderately Serious</td>
<td>20 - 39% Effective</td>
</tr>
<tr>
<td>1 or 2</td>
<td>.01 -.09%</td>
<td>Relatively Not Serious</td>
<td>5 - 19% Effective</td>
</tr>
<tr>
<td>0</td>
<td>&lt; .01%</td>
<td>Not Serious</td>
<td>&lt; 5% Effective</td>
</tr>
</tbody>
</table>

Guiding considerations when ranking health problems against the 3 criteria:
- Size of health problem based on baseline data collected from the individual community
- Does it require immediate attention? Is there public demand? What is the economic impact? What is the impact on quality of life? Is there a high hospitalization rate?
- Determine upper and lower measures for effectiveness and rate health problems relative to those limits.

**PEARL**
*(If any are a NO eliminate that need or proceed with corrective action to assure it is a YES.)*

**Propriety** – Is a program for the health problem suitable?

**Economics** – Does it make economic sense to address the problem? Are there economic consequences if a program is not carried out?

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

**Resources** – Is funding available or potentially available for a program?

**Legality** – Do current laws allow program activities to be implemented?
<table>
<thead>
<tr>
<th>Community Need</th>
<th>A - Size of Health Problem</th>
<th>B - Seriousness of Health Problem</th>
<th>C - Effectiveness of Intervention</th>
<th>D = {A + (2 x B)} x C</th>
<th>D Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>7</td>
<td>9</td>
<td>7</td>
<td>175 Total Rank 5</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>9</td>
<td>9</td>
<td>5</td>
<td>135 Total Rank 7</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>182 Total Rank 4</td>
<td></td>
</tr>
<tr>
<td>Healthy Lifestyles</td>
<td>8</td>
<td>9</td>
<td>8</td>
<td>208 Total Rank 3</td>
<td></td>
</tr>
<tr>
<td>Chronic Conditions</td>
<td>9</td>
<td>10</td>
<td>8</td>
<td>232 Total Rank 1</td>
<td></td>
</tr>
<tr>
<td>Health Literacy</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>216 Total Rank 2</td>
<td></td>
</tr>
<tr>
<td>Dental Care</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>120 Total Rank 8</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>105 Total Rank 9</td>
<td></td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>140 Total Rank 6</td>
<td></td>
</tr>
<tr>
<td>Air Quality</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>95 Total Rank 10</td>
<td></td>
</tr>
</tbody>
</table>

PRIORITIZED LIST OF COMMUNITY HEALTH NEEDS FOR MADISON COUNTY

1. Chronic Conditions
2. Health Literacy
3. Healthy Lifestyles (Obesity & Smoking)
4. Mental Health
5. Access
6. Reproductive Health
7. Substance Abuse
8. Dental Care
9. Housing/Homelessness
10. Air Quality
Hospital Approval

The Senior Leadership Team approved the prioritization and implementation plan. Final approval of the CHNA and Implementation Plan was provided by the hospital’s governing board at its August 2013 meeting and BJC HealthCare Board of Directors.

The Community Health Needs Assessment (CHNA) and Implementation Plan are available at www.altonmemorialhospital.org.
IMPLEMENTATION PLAN

A. Community Health Needs to be Addressed

For the purpose of this plan, Alton Memorial hospital (AMH) will focus on improving the health of Madison County by addressing the needs identified in four areas such as:

- Chronic Condition focusing on skin, breast and lung cancer screening;
- Access to health care
- Health literacy
- Healthy lifestyle with focus on obesity and smoking.

I. CHRONIC CONDITIONS

The majority of the mortality, morbidity, and disability in the United States and other developed countries are due to chronic diseases. These diseases could be prevented to a great extent with the elimination of four root causes: physical inactivity, poor nutrition, smoking, and lack of screening (Source: US National Library of Medicine).

For purposes of this plan, Alton Memorial Hospital (AMH) will focus on chronic conditions such as skin, breast, lung and prostate cancer health screenings.

Cancer

Cancer is the second leading cause of death in the United States. It is estimated that 1,638,910 men and women (848,170 men and 790,740 women) will be diagnosed with cancer in 2012. Out of these 2012 numbers, 577,190 men and women (301,820 men and 275,370 women) died of cancer of all kinds. Therefore, Alton Memorial hospital (AMH) will focus its effort on decreasing lung, skin, breast and prostate cancers incidences in Madison County through early diagnostic by providing health screenings and education to Madison County Residents.

a. Lung Cancer

Rationale: Lung cancer remains the number one cause of cancer-based mortality in men and women. Every year, more than 228,000 people in the United States are diagnosed with lung cancer.

While the current five-year survival rate for lung cancer is only 15 percent, a lung cancer screening test can decrease the chance of dying from lung cancer by 20 percent in patients who are considered high-risk for developing lung cancer.
Therefore, Alton Memorial Hospital chooses to implement a Lung Cancer Screening program in its community to help with early diagnosis and prevention of the disease.

**Program Goal:** To increase early diagnostic and decrease lung cancer incidence.

**Program Objectives:**

a. Within 12 months, Alton Memorial Hospital will conduct at least 150 PFT (Pulmonary Function Test) screenings for individuals living in AMH service areas.

b. Within 90 days of screenings, the pulmonary nurse will confirm medical follow-ups for at least 10% of all individuals presented with abnormal results.

**Program Action Plan:** Alton Memorial Hospital will offer PFT screening exams at no charge to people in the community who qualify as high-risk for lung cancer. AMH will use the National Comprehensive Cancer Network (NCCN) guidelines to establish patients at high-risk for lung cancer. NCCN has two criteria for the guidelines. High risks individuals will be identified using the guideline listed on [http://www.nccn.org/professionals/physician_gls/pdf/lung_screening.pdf](http://www.nccn.org/professionals/physician_gls/pdf/lung_screening.pdf) (top of page 5)

People who meet the above criteria will be referred for screening through their primary care physician or by contacting the hospital directly. Information about lung cancer screenings will be available on the hospital website at [www.amh.org](http://www.amh.org)

The screening exam, conducted at AMH, is a simple preliminary pulmonary function test that provides objective data on a patient’s lung function. The portable testing equipment allows the test to be done at the hospital during events or at alternate locations for patient convenience. Test results can show indications of masses or other obstructions where additional higher level testing is needed.

The PFT test will be reviewed by a respiratory therapist immediately following the test and patients are given their results. Patients with abnormal screenings will receive a follow-up call by the respiratory department to make sure that a follow-up medical appointment is made with their individual’s primary care physician or pulmonologist.

Patients without a primary care physician will be given the physician referral phone number listing physicians accepting patients.

**Program Outcome:** Early detection of lung cancer

**Program Outcome Measurement:** The respiratory therapist will document in a log all follow-up calls made to individuals with abnormal screenings. The physician referral line will keep a log for all patients calling to make follow up appointments.
b. Skin Cancer:

**Rationale:** One in five Americans will develop some type of skin cancer over the course of their lifetimes. With early detection and treatment, however, most skin cancers are completely curable. Early detection and treatment of any form of skin cancer is essential both to prevent the disease from spreading to other areas of the body and to achieve better outcomes. Research has shown that most skin cancers are detected by patients rather than doctors. Learning how to examine your own skin can promote skin health and also can dramatically reduce the risks of having significant problems with skin cancer. Therefore, Boone Hospital Center is implementing skin cancer screening and education in its service areas.

**Program Goals:**

1. To increase the number of individuals screened for skin cancer
2. To increase education of self-detection of skin cancer

**Program Goal (I): To increase the number of individuals screened for skin cancer**

**Program Objective:** AMH staff will conduct at least 350 skin cancer screenings in its service areas.

**Program Action plan:** Upon arrival at the screening location, participants will be asked by the staff to read and sign consent forms.

There will be clinicians who will perform the screening. Participants will receive a non-invasive head-to-toe skin check using dermascopy. Each responsible clinician will document the findings on the skin cancer screening report form.

Participants will receive a copy of their screening report.

After the skin screening, each participant that received an abnormal finding receives a list of physicians to follow-up with.

A nurse navigator will conduct a follow-up call to individuals with abnormal screenings to make sure that a medical appointment is made with their individual’s primary care physician or specialist.

**Program Outcome:** Early detection of skin cancer

**Program Outcome Measurement:** Attendance sheets will be kept by the staff responsible for the skin cancer screening. Information about individuals with abnormal screening results, including questionnaire responses and whether the individual maintained a follow-up medical appointment, will be recorded.
Program Goal (II): To increase education of self-detection of skin cancer

Program Objective: By the end of the education session and screening, participant knowledge level of skin cancer prevention and self-examination will increase by 10%.

Program Action plan: The education session is done on the same day and time as the screening. Staff will conduct a pre-knowledge assessment test to determine the knowledge level of the participants in reference to awareness, prevention and self-detection.

Participants will then be educated on the proper way to conduct self-examination, proper use of sunscreen as well as the best sunscreen to use.

Post-knowledge assessment test will be done to conclude the education process and to determine if individual’s knowledge level has increased.

All participants will receive a folder with educational information detailing the process of conducting a self-exam at home, as well as how to prevent skin cancer. Information on sunscreen and its proper use is also included in the folder.

Program Outcome: Improve knowledge of self-examination of skin and skin cancer prevention.

Program Outcome Measurement: The progress of the program is evaluated by comparing the pre- and post-test score. Pre- and post-test scores of participants will be recorded in a log by the staff. Participant’s first name will be used when recording the scores. Both scores will be analyzed at the end to assess change in participant’s knowledge level.

c. Breast Cancer

Rationale: This year, an estimated 232,340 women in the United States will be diagnosed with invasive breast cancer, and 64,640 women will be diagnosed with in situ breast cancer. It is estimated that 39,620 women deaths from breast cancer will occur this year.

Breast cancer is the second most common cause of death from cancer in women in the United States, after lung cancer. However, since 1990, the number of women who have died of breast cancer has steadily decreased. In women younger than 50, there has been a decrease of around 3% per year (from 2005 to 2009; the latest data available). In women age 50 and older, the decrease has been 2% per year. However, in situ cancer breast cancer has increased by 2.8% between 2005 and 2009. Currently, there are more than 2.9 million women living in the United States who have been diagnosed with and treated for breast cancer. Early breast cancer detection is the key to the decrease in death of breast cancer. Therefore AMH will screen individuals from its community for early detection of the disease by following the American Cancer Society’s guidelines for the early detection of breast cancer.
**Program Goal:** To increase early detection of breast cancer among Madison County women.

**Program Objectives:** Each year, from 2014, AMH will increase the number of Madison County residents screened for breast cancer by 5% from the previous year.

**Program Action Plan:** Alton Memorial Hospital will continue to provide breast screenings at various locations for uninsured and underinsured in Madison County by following American Cancer Society Guidelines.

All women will receive immediate results at the time of their screening. Patients with abnormalities or positive findings will be scheduled for a mammogram by the Breast Navigator. Patients will receive a phone call with the results of their screening mammogram and, if positive, will be referred to a physician for follow-up testing.

**Program Outcomes:** Early detection of breast cancer

**Program Outcomes Measurement:** The Breast navigator will document all follow-up calls for those with positive results and document the number of individuals with positive results who receive treatment or follow-ups, either by following through with their primary care physician or receive a referral to AMH physicians.

d. **Prostate Cancer**

**Rationale:** Prostate cancer is the most common cancer among men (after skin cancer), but it can often be treated successfully. Prostate cancer occurs mainly in older men. About 6 cases in 10 are diagnosed in men aged 65 or older, and it is rare before age 40. The average age at the time of diagnosis is about 67.

More than 2.5 million men in the United States who have been diagnosed with prostate cancer at some point are still alive today. The American Cancer Society’s estimates for prostate cancer in the United States for 2013 are:

- About 238,590 new cases of prostate cancer will be diagnosed
- About 29,720 men will die of prostate cancer
- About 1 man in 6 will be diagnosed with prostate cancer during his lifetime.

Since the use of early detection tests prostate cancer became fairly common in the United States (about 1990), the prostate cancer death rate has dropped. But it isn't yet clear if this drop is a direct result of screening or if it might be caused by something else, like improvements in treatment. However, there is no question that screening can help find many prostate cancers early. Therefore, AMH will screen its residents by testing the amount of prostate-specific antigen (PSA) in a man's blood for early detection of the disease.
**Program Goal:** To increase early detection and diagnostic of prostate cancer in Madison County

**Program Objective:** To provide prostate cancer screening and education to 60 men in Madison County who are at high risk for the disease in 2014 and 10% increase of the screening number after the year 2014 and thereafter.

**Program Action Plan:** Alton Memorial Hospital oncologists and on-staff urologists will provide a prostate cancer screening to men in Madison County who are at high risk of prostate cancer and meet screening guidelines.

AMH will follow the American Urologic Association’s guidelines, which support screening men at high risk or who are 55-69 (especially African-American men), and have not previously been screened for prostate cancer.

Participants will be notified of their results by mail and, if positive, will be called by a nurse to make sure that they have followed-up with their physician or to make a referral to a physician.

All attempts made to reach all individuals with positive results will be documented and kept as a record. Patient in need of financial assistance will be assisted to apply for any financial assistance program they are qualified for.

**Program Outcome:** Early detection of prostate cancer

**Program Outcome Measurement:** Staff will keep record of screening to account for number screenings each year in order to analyze the result every year. Staff will document all positive results and number of individuals who they refer to a physician or who sought treatment after the screening.
II. ACCESS TO SERVICES

**Rationale:**

Access to healthcare is an ongoing and national concern. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It allows individuals to gain entry into the health care system, access a health care location where needed services are provided and find a health care provider with whom the patient can communicate and trust.

There are several components of access to health services, such as coverage, services, timeliness, and workforce. BJC HealthCare, as a system of hospitals, understands the importance of health insurance coverage, which helps patients get into the health care system. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Therefore, all BJC hospitals have a policy that focuses on the provision of insurance coverage as the principal means of ensuring access to health care among the underinsured and uninsured population.

**Program Goal:**

- To improve access to comprehensive, quality health care services.

**Program Objective:**

*Every year, AMH will offer Medicaid and financial assistance enrollment to 100% of eligible patients presented for medical care.*

**Program Action Plan:**

- AMH provides a Patient Account Representative who works with a Case Manager and a Social Worker to identify patients in need of assistance and meets with uninsured patients to determine their eligibility for any insurance and financial assistance. Eligible patients receive assistance with enrollment.

**Program Outcome:** *Increase access to health care.*

**Program Outcome Measurement:**

The number of individuals who receive assistance for insurance eligibility and the number of those who are enrolled in programs are tracked by the hospital.
III. HEALTH LITERACY

Rationale:

Choosing a healthy lifestyle, knowing how to seek medical care, and taking advantage of preventive measures require that people understand and use health information. The ability to obtain, process, and understand health information needed to make informed health decisions is known as health literacy.

Alton Memorial Hospital is committed to increasing health literacy through a variety of partnerships in the community as well as conducting multiple community health fairs.

For the purposes of this plan, AMH will focus on educational partnership that benefit youth (K-12), and college students entering the health care field and adults age 50 and older.

The hospital partners with area school districts and BJC School Outreach to teach area children to make right decisions on nutrition and exercise, and inform them of the devastating effects of drugs, alcohol and tobacco.

Preparing tomorrow’s health workers is vital to ensuring we have a quality workforce for the future. To that end, the hospital partners with five area colleges to mentor nursing, medical imaging and pharmacy students.

Education to adults 50 years old and older enables them to better be prepared to manage their health and wellness. Alton Memorial Hospital also partners with Oasis and Senior Services Plus to reach this segment of Madison County’s population. Programming is designed to share knowledge, offer evidence- and research-based programs, conduct evaluations and adapt to meet the needs the adult population.
a. Health Impact Grant

**Program Goal:** Increase access to health professionals (athletic trainers and school nurses) at local schools

**Program Objectives:** Alton Memorial Health Services Foundation will provide funding to Madison County high schools to provide training of athletic trainer or school health professional each year.

**Program Action Plan:** Alton Memorial Hospital will partner, through the Alton Memorial Health Services Foundation, and will award up to $100,000 to area high schools who request funding for an athletic trainer or school health professional (school nurse). Grants will be awarded prior to the start of the school year. School may utilize the funding to offset the cost of health staffing. Hospital may support grant participants additionally with education and supplies.

**Program Outcome:** Increase the number of qualified health professionals in Madison County

**Program Outcome Evaluation:** Hospital will receive name and credentials of health professional working at all participating schools and the number of health contacts each received from students or supplies provided to each school.

b. Adult Health and Wellness Education

**Program Goal:** To increase knowledge level of Madison County older population on health related issues.

**Program Objective:** To increase health knowledge of Madison County population, 50 years and older by 15% at the end of participation in health lecture provided by AMH or OASIS staff.

**Program Action Plan:** AMH will partner with OASIS to provide health and wellness programming to adults over the age of 50. Alton Memorial Hospital will hold a minimum of quarterly adult health lectures free to the public. Topics for each lecture will rotate and be selected by a senior advisory panel from the community.

The hospital will also partner with Oasis to provide educational sessions bi-monthly on a myriad of health and wellness topics. Events will be promoted in print, radio, physician offices, and website and through the hospital’s newsletter mailed to 40,000 households. AMH maintains an office presence for Oasis staff. Adult participants will be tested prior to all events and at the conclusion to determine strength and successful outcome and understanding of the subject matter.
**Program Outcome Evaluation:** The hospital will track the number of programs offered, attendance, and pre and post-knowledge test scores. AMH or OASIS will analyze the pre-post test scores to determine if the objective is met.

**ALTON MEMORIAL HOSPITAL AND BJC SCHOOL OUTREACH**

The hospital partners with area school districts and BJC School Outreach to provide classroom-based programs that teach student from 2-12th grades the importance of having a healthy lifestyle choice. The programs will be implemented in Madison County School districts with the hospitals primary service area. Those schools include, Bethalto School District, Marquette High School and St. Ambrose Elementary and Middle School. Programming offered will be selected by each individual school based on the strongest need identified by school staff.

c. **Explore Health**

**Program Goal:** To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.

**Program Objective:** Improve overall knowledge of healthy eating and nutritional habits of students in grade 9-12 by 10% at the end of the six one-hour health education sessions.

**Program Action Plan:** Explore Health consists of six one-hour sessions taught by a Registered Dietitian and includes the following topics:

- Learning healthy eating basics
- Learning the importance of family medical history
- Learning the impact of food choices on heart health
- Learning how to read a food label and make informed decisions
- Exploring current diets and learning health consequences of fad dieting
- Examining food advertisements and learning how to evaluate claims made

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

**Program Outcomes:** Increase knowledge of healthy eating
Program Outcome Measurements: To measure the overall increase in nutrition knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

d. SNEAKERS

Program Goal: To educate students on cardiovascular health

Program Objective: To improve overall knowledge of cardiovascular health and fitness principles of students in grade 3-6 by 10% after the four one-hour nutrition education sessions.

Program Action Plan: SNEAKERS consists of four one-hour sessions taught by a Registered Dietitian and includes the following topics:

- Systems of the body
- Ways to keep the heart healthy
- Eating to maximize energy and muscle development
- How to exercise and stretch the major muscle groups
- Setting exercise goals

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

Program Outcomes: Increase knowledge of cardiovascular health and fitness principles

Program Outcome Measurements: To measure the overall increase in nutrition knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

e. Buddies / Difference Makers

According to the US Center for Safe and Drug-Free Schools, empathy skills are essential to learn to prevent and reduce violence associated with bullying. The lack of a clearly understood definition of bullying and how to address bullying behavior contribute to unsafe schools and communities.

“Buddies” is for grades K-5 and “Difference Makers” is for grade 6-12.
**Program Goal:** To educate students on the importance of healthy communication.

**Program Objective:** To improve overall knowledge of positive social skills and the impact of bullying behavior of students from grades K-12 by 10% at the end of the four forty-five minutes sessions.

**Program Action Plan:** Buddies and Difference Makers consist of four forty-five minute sessions taught by a Health Educator and include the following topics:

- The definition of bullying and the impact of bullying behaviors
- Ways to handle bullying behaviors without retaliation
- Friendship skills and ways to show kindness
- How to admit mistakes and forgive the mistakes of others
- Acceptance
- Communication skills

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

**Program Outcomes:** Increase healthy communication, problem-solving strategies, personal responsibility, and other life skills.

**Program Outcome Measurements:** To measure the overall increase in nutrition knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

### f. Intersections

According to the National Threat Assessment Center, emotional intelligence is essential to preventing school violence and fostering healthy relationships. These skills can help students experience academic and social success.

**Program Goal:** To educate students on social skill that contributes to healthy relationships and self-identity.

**Program Objective:** Improve overall knowledge of positive social skills that contribute to healthy relationships and self-identity of students in grades 6-8 by 10% at the end of the sessions.
**Program Action Plan:** Intersections consists of four forty-five minute sessions taught by a Health Educator and includes the following topics:

- Defining and identifying the hallmarks of emotional intelligence
- Strategies for thinking, learning, and communicating more effectively
- Communication styles, both verbal and nonverbal
- Self-awareness and Star Qualities
- Successful relationships with peers and adults

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

**Program Outcomes:** Increase knowledge of social skills that contribute to healthy relationships and self-identity.

**Program Outcome Measurements:** To measure the overall increase in nutrition knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

### g. ConneXtions

**Program Goal:** To improve knowledge and foster social intelligence, use assertive communication, and make responsible decisions on information sharing.

**Program Objective:** Improve overall knowledge of social intelligence of grades 6-8 students by 10% at the end the session.

**Program Action Plan:** ConneXtions consists of four forty-five minute sessions taught by a Health Educator and includes the following topics:

- Communication – verbal, nonverbal, and tone
- Healthy and toxic behaviors
- Social media
- Healthy balance of media
- Information sharing, posting, and sending
After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

**Program Outcomes:** Increase knowledge of social intelligence by 10%.

**Program Outcome Measurements:** To measure the overall increase in nutrition knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

**h. Olweus Bullying Prevention Program**

**Program Goal:** To train school professionals on maintaining healthy and safe environment for students.

**Program Objectives:**
- Provide technical assistance to schools currently implementing the Olweus program.
- Assess the readiness level of schools to implement the Olweus program.

**Program Action Plan:** Certified Olweus trainers from BJC School Outreach and Youth Development work with administrators, teachers, parents, and board/community members to form a coalition and train them to become a bullying prevention coordinating committee. In addition, BJC staff assists with the following:
- Administering surveys
- Kickoffs
- Staff trainings
- Parent meetings
- Class meetings
- Grade specific, one-time and long-term programs

**Program Outcomes:** To reduce school bullying and increase peer relations.

**Program Outcomes Measurements:** This bullying prevention program will be evaluated annually by the Olweus Bullying Questionnaire. This assessment is administered to all students in grades 3-12.
i. **Power of Choice**

**Program Goal:** To improve knowledge and emphasize the overall health issues associated with tobacco, alcohol, and illicit drugs.

**Program Objective:** To improve overall knowledge of health issues associated with tobacco, alcohol, and illicit drug use by 10% among students from grades 5-12 at the end of the session.

**Program Action Plan:** Power of Choice consists of four forty-five minute sessions taught by a Health Educator and includes the following topics:

- Reasons people choose to use or not use substances
- Healthy alternatives and great natural highs
- Media “hooks” which encourage use and media “counter-ads” which discourage use
- Long-term consequences of use as seen in healthy and diseased organs
- Resources to assess addiction and access help, if necessary

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

**Program Outcomes:** Increase knowledge of health issues association with tobacco, alcohol, and illicit drug.

**Program Outcome Measurements:** To measure the overall increase in nutrition knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

j. **Smoke-free Teens on Purpose (STOP):**

**Program Goal:** To support high school students to be successful in their efforts to quit smoking.

**Program Objective:** Improve overall knowledge of students in grades 9-12, the harmful effects of tobacco use by 10% after each session.

**Program Action Plan:** STOP consists of eight one-hour sessions and monthly follow-up sessions that include the following topics:

- Short- and long-term health effects of tobacco use
• Weight concerns and healthy lifestyle choices
• Stress management techniques and ways to handle cravings and triggers
• Facts and tips for stopping tobacco use
• Setting smoke-free/tobacco-free “dates”
• Unveiling the truth in tobacco advertising
• Dealing with relapse and handling high-risk situations

**Program Outcomes:** Improve awareness of health effects of smoking and decrease in the amount of students who smoke

**Program Outcome Measurements:** To measure the overall increase in nutrition knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors. To measure reduction in tobacco use, students are asked to self-report on a weekly basis their progress. In addition, random Smokerlyzer tests are administered to measure students’ level of carbon monoxide.

**k. Career Exploration Programs**

**Program Goal:** To expose middle and high school students to health care career.

**Program Objective:** Increase the number of middle and high school students enrolled in the school-based health career talks, job shadowing, intern/externship, group career exploration, and health care camps by 5% each year.

**Program Action Plan:** BJC School Outreach and Youth Development partners with BJC HealthCare member hospitals; Washington University School of Medicine; the Goldfarb School of Nursing at Barnes Jewish Hospital, the St. Louis College of Pharmacy to provide career exploration opportunities. Program participants learn from clinicians and other industry experts.

**Program Outcomes:** Expose youth to careers in the healthcare sector through classroom presentations, job shadowing, mentoring, week-long exploration camps, and internships.

**Program Outcome Measurements:** Progress will be evaluated by tracking data on the number of participants, number of sessions scheduled, and number of school sites visited. Program participants are also asked to self-report their satisfaction with the program and their intent to pursue post-secondary plans.
I. School Nurse Survival Training

Program Goal: To increase health literacy, access to health resources, and support for children, families and healthcare providers within the school/community environment.

Program Objectives:
- Educate school nurses by offering hands-on clinical assessment support and youth development education to refresh their clinical knowledge and skills over a two-day conference.
- Connect school nurses with local and state-wide health resources to increase health literacy over a two-day conference.
- Have 90% of conference participants complete an after-program evaluation.

Program Action Plan: BJC School Outreach and Youth Development engages multiple departments within BJC HealthCare to design, plan, develop, implement, and evaluate this two-day school nurse professional development program.

Program Outcomes: To increase knowledge of school nurses, including hands-on clinical skills assessment lab and current prevention and intervention topics on pediatric diseases.

Program Outcomes Measurement: Participants in the School Nurse Survival Training are asked to complete an after program evaluation and self-report their level of knowledge on the health topics covered.

m. Heart 2 Heart

Program Goal: To help students understand the human body and make good decisions about their sexual health.

Program Objective: To increase overall knowledge of sexual health of grades 6-12 students by 10% at the end of each session.

Program Action Plan:” Heart 2 Heart” consists of four forty-five minute sessions (grades 6-8) or six forty-five minute sessions (grades 6-12) taught by a Health Educator and includes the following topics:

- Media influences and messages
- Self-esteem and body image
- Healthy and unhealthy relationships
- Communication skills (Middle School only)
• Refusal Skills (Middle School only)
• Sexually transmitted infections (High School only)
• Teen pregnancy (High School only)

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

Program Outcomes: To increase knowledge of sexual health among students.

Outcome Measurements:
To measure the overall increase in nutrition knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

n. Community Health Risk-Factor Screening

Rationale
• Heart disease is the leading contributor to poor health and is ranked the number one cause of death nationwide.
• Despite the economic affluence and education levels for West and South St. Louis County, an increasing number of families find themselves delaying healthcare due to high deductibles or lack of insurance.
• Given the fact that our population is aging, which increases the prevalence of chronic disease, attention to lifestyle change and risk-factor management must be as an important health initiative for people of all ages.
• Obesity can have a harmful effect on the body and contribute to high blood pressure, high cholesterol and diabetes.

Program Goal: To help Madison County residents to lower their chronic health risk factors through community-based screenings and education.

Program Objective:
• Screen 1,800 from the general adult population for cholesterol, blood pressure and glucose in Madison County in 2014 and thereafter.
• Increase attendance at cardiovascular and healthy lifestyle educational programs offered at various community locations in Madison County in 2014 and thereafter.
**Program Action Plan:** Provide cardiovascular screenings including blood pressure, cholesterol (total and high-density lipoprotein), blood glucose and individualized risk-factor counseling at community health fairs and through the Parish Nurse program.

- Continue to provide cardiovascular and healthy lifestyle educational programs at various community locations, including community centers, AMH and other venues in Madison County.
- Continue to inform the uninsured and underinsured members of our community of these free health screenings through timely direct mail cards and the AMH quarterly educational newsletter.
- Registered nurses and dietitians will provide the cardiovascular screenings and individualized interpretation of screening results to help clients identify and learn their risk factors and the steps to take to lower them.
- A physician referral specialist will be available to make referrals and appointments to healthcare providers for all high risk clients who do not have a physician.
- Registered nurses and dietitians will make two follow-up phone calls to high risk clients – one at six weeks and one at three months following the screening to see if the client has taken any steps to lower their risk and followed up with a physician.
- Encourage them to make healthy lifestyle changes and connect them to medical care/treatment.

**Program Outcome:** To bring awareness of chronic health risk factors in Madison County

- Identify individuals in South St. Louis County at risk for cardiovascular disease.

**Program Outcome Evaluation:** Through follow-up phone calls provide access to medical care to 10% of participants with abnormal result.

- Through follow-up mail, AMH will provide lifestyle risk factor education and encourage rescreening at 6 months and 1 year, and consequently lower the number of at risk participants.
IV. HEALTHY LIFESTYLE CHANGE (OBESITY & SMOKING)

**Childhood Obesity:**
Obesity now affects 17% of all children and adolescents in the United States - triple the rate from just one generation ago. Childhood obesity can have a harmful effect on the body and lead to a variety of adult-onset diseases in childhood such as high blood pressure, high cholesterol, diabetes, breathing problems, socio-emotional difficulties and musculoskeletal problems. To address this community health need, AMH and BJC School Outreach and Youth Develop partner to address this community health need.

**a. Kids in the Kitchen and Nutrition Class**

**Program Goals:** To increase awareness of childhood obesity and increase group fitness opportunity.

**Program Goal:** To increase awareness of childhood obesity, healthy lifestyle change and group fitness opportunity.

**Program Objectives:** Madison County participant will increase their overall knowledge by 20% from pre- and post-testing assessments administered by AMH staff.

**Program Action Plan:** AMH nutritionists and educators will partner with local pediatricians and The Junior League to host “Kids in the Kitchen” events twice per year. The program will encourage parents to include children in the food preparation. Children’s health and wellness has been a key issue for the Junior League since their founding in 1901. This joint partnership will demonstrate our ongoing commitment in teaching kids and their parents about the importance of eating healthy foods and involving them in the fight against childhood obesity.

AMH offers nutrition classes both in a group setting and one-on-one counseling. Sessions are offered conveniently during the day and evening times.

**Program Outcome:** Increase healthy lifestyle choice among family and their children.

**Program Outcome Measurement:** Hospital will track the number of programs offered, attendance and pre- and post-testing for all events. Pre and post-test will be analyzed to determine is participants knowledge has improved. All test scores will be kept and score will be recorded on a spread sheet by the staff responsible for the program.
Call center volumes and patient sign in sheets will be used to determine success of the nutrition class.

**b. “Fun”tastic Nutrition**

**Program Goal:** *To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.*

**Program Objective:** *Improve overall knowledge of healthy eating and nutritional habits of students from grade 2-8 by 10% at the end of the six one-hour health educational session.*

**Program Action Plan:** “Fun”tastic Nutrition consists of six one-hour sessions taught by a Registered Dietitian and includes the following topics:

- Importance of healthy eating and MyPlate
- Exercise and heart health
- Label reading
- Healthy snacks
- The digestive system
- Calcium and bone health

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

**Program Outcomes:** Increase Knowledge of healthy eating

**Program Outcome Measurements:**
To measure the overall increase in nutrition knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.
c. Exercise Programs For Adults

**Rationale:** Exercise is good for your physical and mental health. It can help you to develop a lean body, strong muscles, and a strong heart. It can also enhance your emotional and mental health. Based on experts’ recommendation exercise has several physical benefits such as:

- **Heart Disease and Stroke.** Daily exercise can help prevent heart disease and stroke. It can strengthen your heart, lower blood pressure, raise HDL (good cholesterol) levels, lower LDL (bad cholesterol) levels, improve blood flow, and increase your heart’s working capacity.

- **Blood Pressure.** Exercise can lower blood pressure. It also reduces body fat, which is linked with high blood pressure (hypertension).

- **Type 2 Diabetes.** Exercise can help prevent this type of diabetes by keeping your weight under control. If you have Type 2, blood sugars may improve if you exercise.

- **Obesity.** Exercise helps to reduce body fat, build or preserve muscle mass, and improve the body's ability to use calories. When exercise is combined with healthy eating it can help control weight and prevent obesity, a major risk factor for many diseases.

- **Cancer.** Exercise may decrease your risk of colon cancer.

**Program Goal:** To increase group fitness opportunities

**Program objective:** Madison County participants will lose an overall average of five percent of the group weight.

**Program Action Plan:** AMH will initiate a community 12-week program that combines physical activity and nutritional programming with at least 50 participants. AMH will hold community exercise program at low or no cost to participants. The hospital will coordinate a 5k run for the community.

AMH will offer a low cost community program “Move It or Lose It” to motivate a target audience of overweight and obese patients. Components offered will include physical fitness classes and demonstrations of things you can do during the day to hit 30 minutes of activity.

AMH nutritionists will counsel all participants on diet. Group will be incentivized to achieve weight loss with prizes throughout the 12 weeks. The first ever 5k Run/Walk will be held with all proceeds to benefit the American Heart Association.

**Program Outcome:** To decrease obesity incidence
**Program Outcome Measurement:** Hospital will track the number of participants for all exercise classes, weight lost and participants in the 5k Run/Walk as well as dollars raised for the AHA. Participants’ weight will be taking and tracked on the weekly basis. At the end of the twelve weeks, the participants’ weight lost will be analyzed to determine if the objective is met.

d. “Free From Smoking Education”

AMH “Free From Smoking Education” programs will provide health risks information, support groups and smoking cessation programs for the smokers of St Francois County. The smoking cessation program will be offered over twelve week’s session, several times during the year. Participants will be encouraged through the process of quitting smoking one step at a time. The program will offer a supportive environment and a proven method for quitting.

**Program Goal:** To bring awareness and education of health risks of smoking in Madison County.

**Program objectives:**

1. To improve participants knowledge level of health risks of smoking by 10% from pre-knowledge test score to post-knowledge test score.
2. Fifteen percent of Madison County program participants will quit smoking and remain nonsmokers beyond 120 days after their participation.

**Program Action Plan:** Alton Memorial Hospital’s community relations department will be responsible for the smoking cessation program. The hospital will provide experts to facilitate community presentations on the harmful effects of smoking and second-hand smoke, along with the benefits of quitting smoking to 50 adults in Madison County per year.

The opportunity to register for smoking cessation classes will be offered at each public presentation, through its quarterly newsletter and online at [www.altonmemorialhospital.org](http://www.altonmemorialhospital.org).

Awareness of the dangers of second-hand smoke and the benefits of quitting smoking will be included in hospital communications, including Emergency Department informational computer presentations, the hospital’s social media pages and the hospital’s radio advertising.

In cooperation with the American Heart Association, the Breathe Easy Coalition and Madison County Health Department, educational materials regarding the dangers of smoking and the harmful effects of second-hand smoke will be made available to area school districts, as well as civic and social organizations within Madison County.

**Program Outcomes:** Decrease heart disease in Madison County by increasing the number of non-smokers.
**Program Outcome Measurements**: Before each educational session, participants will participate in a pre-knowledge test and a post test at the end of the session to determine if participant’s knowledge of health risk of smoking has improved and by how much. Spread sheets will be created to document all the test scores as well as the staff analysis of the scores.

The number of educational programs will be tracked along with the number of attendees enrolling in a smoking cessation program as a result of the presentation. Participants will be surveyed by phone 30 days and 120 days after the program to determine the reduction in smoking over time.
B. COMMUNITY HEALTH NEEDS NOT ADDRESSED

AMH has chosen not to focus on the following needs that were identified through the Community Health Needs Assessment and prioritization process:

**Mental Health**

Although AMH has an inpatient and outpatient psychiatric department, it can only treat patients who are 65 years of age and older. Mental Health issues in Madison County are being addressed by the Alton Mental Health Department and Wellspring Resources. We will continue to work closely with those two organizations.

**Access to Care**

AMH currently provides ambulance services and operates a transport. These services are operated through the EMS Department. The Madison County Transit Authority currently offers a low cost local bus service that residents of the communities served by AMH can use. AMH is also a provider of charity care and financial assistance for uninsured and underinsured patients. Hospital will open a convenient care location in 2014 to make access for patients available after business hours at low cost.

**Reproductive Health**

The Madison County Health Department as well as local convenient and urgent care centers offers testing for STI’s and HIV. Southern Illinois Healthcare Foundation offers numerous OB/GYN specialists who will see and treat underserved patients. We will continue to make sex education an offering delivered through our health literacy program and partner with those local agencies.

**Substance Abuse**

The need is being address by Drug Free Alton, a grass roots community program in Madison County. Wellspring Resources also offers dependency classes to assist. We will continue to partner with these agencies that can better assist patients. We will also assist our local law enforcement agencies to report instances of substance abuse.

**Dental Care**

Southern Illinois University School of Dentistry and Lewis and Clark Community College both offer sliding scale or free care to those needing dental care. There are also a number of dentists in Madison County to oversee the dental health. In 2007, Madison County ranked ahead of the Illinois and US average for dentists per 100,000 population.
**Housing/Homelessness**

The Madison County Housing Authority is addressing this community health need. AMH has insufficient resources, both financial and personnel, to address this need.

**Air Quality**

AMH will continue to offer free lung screenings to residents of Madison County. Government bodies (EPA, County and City municipalities) are currently addressing the need to improve air quality. Ordinances making burning illegal are being considered but must be passed in general elections.
C. Specific Input from the Madison County Health Department

Health Department Representative: Amy Yeager

Title/Department Name: Health Education Director, Madison County Department of Health


Public Health Department Identified Need #1: Air Quality and the Environment
Other than offering free lung screenings to residents of Madison County, Alton Memorial Hospital will not address this need. Other government bodies (EPA, County and City municipalities) are already addressing the need to improve air quality and in a more efficient manner than the hospital could.

Public Health Department Identified Need #2: Mental Health
Alton Memorial Hospital is not able to address this issue, other than by treating patients who are age 65 and older. Mental Health issues in Madison County are already being addressed by the Alton Mental Health Department and Wellspring Resources.

Public Health Department Identified Need #3: Obesity
Alton Memorial Hospital will address this issue by focusing on adolescent nutrition programs, offering group fitness opportunities and adult nutrition information and education classes. The anticipated impact of these programs is to increase awareness of healthy eating and the benefits of regular exercise in reducing obesity. The programs will be measured by identifying the number of adolescents and adults who participate in them and by measuring their knowledge before and after the programs.

Public Health Department Identified Need #4: Substance Use/Abuse
Alton Memorial Hospital will not address this because it is being addressed by Drug Free Alton, a grass roots community program in Madison County. The hospital will continue to partner with the agencies involved in these programs to better assist our patients.

Public Health Department Identified Need #5: Teen Pregnancy and Reproductive Health
Although AMH will not specifically address this need, it will continue to offer sex education through its health literacy program and in partnership with local agencies. The Madison County Health Department offers testing for STDs and HIV. The Southern Illinois Healthcare Foundation has numerous OB/GYNs who will treat underserved patients.
Appendices

APPENDIX A

PARTICIPANT ROSTER

2. Father David Boase  Episcopal Parish Alton
3. Dorothy Droste  Madison County Health Advisory Board Member
4. Margaret Freer  Freer Auto Body
5. Sheila Goins  Shell Credit Union
6. Debbie Hagen  River Bend Growth Association
7. Tom Hoechst  Mayor - Alton
8. Suzanne Lagomacino  Community Activist
9. Mike McCormick  Mayor - Godfrey
10. Dorothy Strack  Dick’s Flowers
11. Susie Sweetman  Nautilus
12. Larry Thompson  Rotary and Alton School Board
13. Angela Valdes  Community Hope Center
14. Nancy Williams  YWCA Board Member
15. Karen Wilson  State Farm Insurance
16. Amy Yeager  Madison County Health Department

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
Christy Moore  BJC Strategic Planning
Diane Schuette  Saint Anthony’s Health Center
Judy Roth  Alton Memorial Hospital
Dave Whaley  Alton Memorial Hospital
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?
## APPENDIX C

### RESOURCES AVAILABLE

<table>
<thead>
<tr>
<th>Need</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance Use/Abuse:</strong></td>
<td></td>
</tr>
<tr>
<td>- including alcohol</td>
<td>Al-anon, AA, Narcanon</td>
</tr>
<tr>
<td>- specifically mentioned underage drinking</td>
<td>Wellsprings (2)</td>
</tr>
<tr>
<td>- including drugs (heroin, meth, cocaine)</td>
<td>Educational programs</td>
</tr>
<tr>
<td>- addiction prevention</td>
<td>Treatment centers are located in Caseyville and St. Louis</td>
</tr>
<tr>
<td>- tobacco</td>
<td>Healthcare centers offer workshops, classes, seminars to address lifestyle issues</td>
</tr>
<tr>
<td><strong>Obesity:</strong></td>
<td></td>
</tr>
<tr>
<td>- including lack of good nutrition</td>
<td>Educational programs in school on healthy food and lifestyle choices</td>
</tr>
<tr>
<td>- lack of physical activity</td>
<td>Social media</td>
</tr>
<tr>
<td>- poor health food choices</td>
<td>Madison County Partnership for Community Health (MCPCH)</td>
</tr>
<tr>
<td>- major contributor to other diseases</td>
<td>Madison County Obesity Prevention Committee (SIUE, YWCA, Roth, MCHD)</td>
</tr>
<tr>
<td>- parents not good role models</td>
<td>Senior Services Plus (2), Weight Watchers, Curves, YWCA (2)</td>
</tr>
<tr>
<td>- both adults and children</td>
<td>Madison County Health Department</td>
</tr>
<tr>
<td>- Unable to join gyms due to affordability</td>
<td></td>
</tr>
<tr>
<td><strong>Lack of insurance coverage:</strong></td>
<td></td>
</tr>
<tr>
<td>- poverty</td>
<td>Urban League</td>
</tr>
<tr>
<td>- healthcare for the uninsured small business owner/family</td>
<td>Hope Center</td>
</tr>
<tr>
<td>- preventive care for un and underinsured</td>
<td>LCCC nursing program</td>
</tr>
<tr>
<td>- affordable insurance</td>
<td>Southern IL Healthcare Foundation mobile unit</td>
</tr>
<tr>
<td>- affordable care/insurance assistance</td>
<td>Community Hope Center clinics</td>
</tr>
<tr>
<td>- high cost of health insurance coverage</td>
<td>Lack of awareness of SHP offices at AMH and Senior Services</td>
</tr>
<tr>
<td>- the uninsured make too much for Medicaid but too little for private insurance</td>
<td>Prescription card through RBGA</td>
</tr>
<tr>
<td><strong>Mental health:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>School programs (2); specifically on</td>
</tr>
<tr>
<td>Topic</td>
<td>Sources</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>bullying (1)</td>
<td></td>
</tr>
<tr>
<td>- teen suicide</td>
<td>Well Springs in Alton</td>
</tr>
<tr>
<td>- adult suicide</td>
<td>Alton Mental Health</td>
</tr>
<tr>
<td>- bullying in schools</td>
<td>Churches</td>
</tr>
<tr>
<td></td>
<td>Social service agencies</td>
</tr>
<tr>
<td><strong>Access to physicians:</strong></td>
<td>Recruitment by hospitals</td>
</tr>
<tr>
<td>- including specialists (urology, dermatology, pulmonology)</td>
<td></td>
</tr>
<tr>
<td>- finding physicians on individual health insurance plans</td>
<td></td>
</tr>
<tr>
<td><strong>Dental care</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Transportation:</strong></td>
<td>Saint Anthony's has valet service but AMH does not at MOBs</td>
</tr>
<tr>
<td>- especially for the handicapped</td>
<td>ACT and Senior Services transport locally but not to St. Louis</td>
</tr>
<tr>
<td>- distance between here and St. Louis</td>
<td></td>
</tr>
<tr>
<td><strong>Lack of education about personal health (Health Literacy):</strong></td>
<td>Schools</td>
</tr>
<tr>
<td>- lack of knowledge to navigate the insurance system</td>
<td>Churches</td>
</tr>
<tr>
<td><strong>Housing/Homelessness</strong></td>
<td>Madison County Community Development</td>
</tr>
<tr>
<td></td>
<td>Madison County Continuum of Care</td>
</tr>
<tr>
<td></td>
<td>Local shelters</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td></td>
</tr>
<tr>
<td>- especially in young people</td>
<td></td>
</tr>
<tr>
<td><strong>Reproductive health issues</strong></td>
<td></td>
</tr>
<tr>
<td>- STDs</td>
<td></td>
</tr>
<tr>
<td>- teen pregnancy</td>
<td></td>
</tr>
<tr>
<td><strong>Air Quality/environment</strong></td>
<td></td>
</tr>
</tbody>
</table>


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
APPENDIX E

Madison County Needs Assessment
Focus Group #2 Notes Nov. 26, 2012

Based on the feedback from the first focus group, a presentation of secondary data was shared with community leaders to demonstrate the relative importance of the health care needs of Madison county residents. This presentation included data on:

- Demographics and Socioeconomic Indicators for Madison county, including housing and homelessness
- Access, including physician availability and transportation
- Substance Abuse
- Healthy Lifestyles
- Mental Health
- Dental Care
- Health Literacy
- Chronic Conditions
- Cancer
- Reproductive Health Issues
- Air Quality

These are some of the comments made during the presentation:

1. Regarding the availability of physician specialists in Madison County, most people have to travel outside the area to see a specialist.

2. We should consider using “# of liquor licenses” rather than “liquor store density” as a better measure of the health of the community. This information is taken into consideration in Physical Environment Ranking and is why the rank is so low.

3. We may want to double-check the BRFSS for more recent obesity data. The survey is done by CDC. Illinois does this survey more frequently and there may be more recent data available. The years should reflect a range of years (2007 – 2009) because that is how long the data must be collected to get the desired number of interviews.

4. There is concern about how hospitals get their information out to the community about programs, health fairs, educational materials, etc. Those people who most need it may not be receiving it. There is also concern that hospitals are doing away with their health educators.

5. Where does the de-criminalization of marijuana stand? What impact will this have on the data?
6. There is concern about the accuracy of the Chlamydia and Gonorrhea rates. They seem very low compared to what the County DPH has reported.

7. Can we better indicate the data sources for each metric? It’s hard to tell where the data were found when HCl is listed.

8. Is it possible to find “drop-out rates” and report them under the socio-demographic section?