

SSM Health Southern Illinois Region



Good Samaritan Hospital

1 Good Samaritan Way, Mt. Vernon, IL 62864

St. Mary's Hospital

400 N. Pleasant, Centralia, IL 62801

2019 - 2021 Community Health Needs *Implementation* Strategy



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Message to Our Community

SSM Health Good Samaritan and St. Mary's Hospitals have delivered exceptional, compassionate care to the Jefferson and Marion County communities and to the region for more than 65 years. Inspired by our founding Franciscan Sisters of Mary and Felician Sisters and guided by our Mission, to continue the healing ministry of Jesus Christ, we cherish the sacredness and dignity of each person as demonstrated through our Values of compassionate and competent service, acting justly, respecting the dignity of all and fostering a spirit of community.

Our sustained community commitment can be seen through our collaborative partnerships with residents and organizations. We rely on these relationships to help us identify and develop plans to address high-priority community health needs. We are grateful for the opportunity to partner with the following organizations: local schools, local Chambers of Commerce, Jefferson County Economic Development Commission, the health departments of Marion and Jefferson Counties, Rend Lake College, SIU School of Medicine, University of Illinois Extension, Comprehensive Connections and many others.

During the last 12 months, in collaboration with our community partners, we have conducted a community health needs assessment by gathering health-related information from **Community Commons** regarding Jefferson, Marion and surrounding counties. We have also surveyed key health and business officials as well as community members, to identify concerns about the health of these communities and the number of area-based programs and organizations that exist to address their needs. These discussions identified needs that were prioritized based on the level of importance to community members and the hospital's ability to truly make an impact.

We will address the following priorities during the next three years:

1. Improved access to mental health services to reduce the rate of suicide;
2. Increased access to substance abuse programs to reduce overdoses;
3. Greater access and intake of nutritious foods to reduce the incidence of obesity, diabetes, cancer and other disease.

During this time, SSM Health Good Samaritan Hospital and SSM Health St. Mary's Hospital, will further develop its community partnerships and deliver an exceptional experience through high-quality, accessible and affordable care to all residents. Please visit our website at www.ssmhealthillinois.com to learn more about how we will continue to make a difference in our community.

We welcome your thoughts on how we can create a healthier southern Illinois community.

Sincerely,

Kerry Swanson
Regional President – SSM Health Southern Illinois
President, SSM Health Good Samaritan Hospital – Mt. Vernon

Damon Harbison
President
SSM Health St. Mary's Hospital – Centralia



Executive Summary



background

SSM Health Good Samaritan Hospital – Mt. Vernon and SSM Health St. Mary's Hospital – Centralia are pleased to present the 2019-2021 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated with our service area. The goal of this report is to provide individuals with a deeper understanding of the health needs in our community, as well as help guide the hospitals in their community benefit planning efforts and development of an implementation strategy to address evaluated needs. The SSM Health Illinois Regional Board approved this CHNA on December 13, 2018. SSM Health Southern Illinois last conducted a CHNA in 2015.

Seventy nine surveys were mailed to community leaders in Jefferson, Marion and surrounding counties. Another 151 surveys were mailed to members of the medical staff. Lastly, a health perceptions survey was posted online at the SSM Health Illinois website. These and other demographic and community health data were used to identify the priorities listed herein.

priorities



1. Improve access to **mental health** services and develop programs to reduce the incidence of suicide
2. Provide a greater array of **substance abuse** services to prevent the rate of overdose
3. Improve **nutrition** in the community through greater access to and intake of healthy fresh fruits, vegetables, protein and dairy

strategies

Mental Health strategies are designed to reduce the incidence of suicide by:

- Improving access to care and services by recruiting mental health providers and developing and implementing a telepsychiatry program.
- Evaluating and implementing ACE screening tool for identification of abuse and neglect as abuse victims are more likely to commit suicide than the general population.

Substance abuse strategies are designed to reduce the rate of Emergency Department visits due to overdose by:

- Improving access to care and services to address causes of substance use/abuse.

- Preventing drug overdoses by providing greater prevention programs and education.

- Implementing local intervention programs including greater access to reversal agents to reduce the risk of death.

Nutrition strategies are designed to reduce food insecurity and improve the nutrition by:

- Improving access to healthy food options through support of mobile food markets in areas of "food deserts."
- Provide programs on how to prepare healthy foods.
- Updating NExT (Nutrition Exercise and Training) program and replicating to Mount Vernon to improve obesity and rate of diabetes.

The Affordable Care Act (ACA) requires 501(c)(3), tax-exempt hospitals to conduct a CHNA every three years and adopt a strategic implementation plan for addressing identified needs.

About Us...SSM Health Good Samaritan and St. Mary's Hospitals

SSM Health

SSM Health is a Catholic not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated health care delivery system. Headquartered in St. Louis, SSM Health has care delivery sites in Missouri, Illinois, Oklahoma and Wisconsin. The health system includes 24 hospitals, more than 300 physician offices and other outpatient care sites, 10 post-acute facilities, comprehensive

To continue the healing ministry of Jesus Christ

home care and hospice services, a pharmacy benefit company, an insurance company, a technology company and an Accountable Care Organization.

With more than 10,000 providers and 40,000 employees in four states, SSM Health is one of the largest

employers in every community it serves. An early adopter of the electronic health record (EHR), SSM Health is a national leader for the depth of its EHR integration.

SSM Health Good Samaritan and St. Mary's Hospitals

highlight of services

SSM Health offers a comprehensive array of acute inpatient services, along with an ambulatory network consisting of convenient care, primary care, and specialist providers. We offer more than 30 medical specialty areas.

community partnerships

We are proud to be part of community projects that work to improve health outcomes in the areas we work with:

- Local schools
- The local Chamber of Commerce
- Jefferson County Economic Development Commission
- The Jefferson County Health Department
- Rend Lake and Kaskaskia Colleges
- Critical Access Hospitals across a nine county region.

community benefit

In 2017, SSM Health Illinois provided \$37 million in community benefit, comprised of \$4.8 million in charity care, \$2.3 million in community services, and \$29.9 million in unpaid costs of Medicaid and other public programs.

Examples of our community benefit programs include:

- Health profession education
- Community health improvement services
- Community building activities
- Cash and in-kind contributions for community benefit

additional affiliations and partnerships

SSM Health Illinois regional hospitals are jointly sponsored by SSM Health, the managing partner of the joint operating agreement, and Felician Services, Inc. (FSI).

Hospital at a Glance

Admissions	13,700
Outpatient Visits	167,153
ER Visits	44,482
Births	1,392
Beds	259
Employees	1,925
Medical Staff	435
Volunteers	214
Charity Care	\$4,830,715

The Health Needs of Our Community

Seventy nine surveys were mailed to community leaders in Jefferson, Marion and surrounding counties. Another 151 surveys were mailed to members of the hospitals' medical staffs. Lastly, a health perceptions survey was posted online at the SSM Health Illinois website. The survey was conducted during the second quarter of 2018. The surveys were mailed by the Department of Community Health Services covering topics including, but not limited to the potential needs initially identified in the statistical data.

One hundred and two paper surveys and 32 online surveys were received. The results were tabulated, analyzed and a full report was provided to SSM Health local, regional, and system teams. The top priorities were selected based upon the data, community feedback and the resources available for SSM Health to make a significant impact.

Issues identified and discussed include:

- Obesity
- Mental health
- Substance abuse
- Cancer
- Diabetes
- Heart disease
- Access to care
- Access to healthy foods
- Health education
- Prevention

key priorities

Mental Health

**19.2
suicides
per
100,000**

Marion and Jefferson Counties have a rate of suicide nearly 50% higher than the state of Illinois average per 100,000.

Victims of child abuse and neglect are 12 times more likely to commit suicide than the general population.

70% of self-harm that did not result in suicide is the result of drug or other poisoning.

39% of suicides result from firearm injuries

Suicide rates are 2.3 times higher among Caucasians than African-Americans.

Annual average suicide rates for males increase with age. Women's rates plateau and drop off after age 54.

Substance Abuse

**36.9
overdoses
per 10,000
ED visits**

3.8% of adolescents reported non-medical use of pain relievers in Illinois in 2013-2014.

Access to mental health providers is 22.6% lower in Marion and Jefferson county compared to the U.S. average and 13% lower than the State of Illinois average.

36.7% higher population with a lack of social and economic support vs. State of Illinois.

95% of individuals aged 12 and older with alcohol abuse or dependence did not receive treatment.

88% of individuals aged 12 and older with illicit drug abuse or dependence did not receive treatment.

Nutrition

**13.6%
food
insecurity
rate**

25-30% of population with low food access.

62.5% of children are eligible for free/reduced price lunches.

>55% teen birth rate.

Nearly 30% of Medicare beneficiaries have diabetes.

31% of adults with obesity.

24% with no leisure time physical activity.

87% with inadequate fruit/vegetable consumption.

Heart disease mortality-203 per 100,000 population.

Our Progress Since 2015

Our last Community Health Needs Assessment was conducted in 2015. Below are the health needs we identified, the strategies we implemented to address them and the progress that has been made.

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the Jefferson County age-adjusted death rate due to cancer from 203.1 deaths per 100,000 persons reported in 2015 to 195.8 deaths per 100,000 persons by 2018 (close the gap between county and national rate by 25%) (HCI)	HCI	4yr lag	203.1 (2007-2011)	203.1 (2007-2011)	196.0 (2009-2013)	196.0 (2009-2013)	194.2 (2010-2014)	169.1 (2012-2016)*	169.1 (2012-2016)*
Reduce the percentage of initial cancer diagnoses that are late stage (III and IV) for lung, prostate and colorectal cancer, from 58% in 2014 to ≤ 48% by 2018 (breast cancer has late stage rate of less than 15%) (Cancer Registry)	Cancer Registry	Ad hoc	58%	52.1%	26.3% (38 cases abstracted)	50.0% (86 cases abstracted)	46.8% (139 cases abstracted)	46.7% (350 cases abstracted in 2016)	52.6% (606 cases abstracted in 2017)

*Data source is Community Commons now, not HCI *Breast cancer has late stage rate of 18.2% in 2017

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the age-adjusted death rate due to coronary heart disease in Jefferson County from 115.7 deaths per 100,000 persons reported in 2015 to 105.7 death per 100,000 persons (the national rate) by 2018 (HCI)	HCI	2yr lag	115.7 (2011-2013)	109.8 (2012-2014)	109.1 (2013-2015)	109.1 (2013-2015)	109.1 (2013-2015)	103.1 (2012-2016)*	103.1 (2012-2016)*
Reduce the 30-day all-cause readmission rate for SSM Health Good Samaritan Hospital – Mt. Vernon for patients with congestive heart failure (CHF), heart attack and open heart surgery to top quartile or better (PIR)	PIR	Ad hoc	8.92%	8.02%	8.96%	12.95% (Jan-May 2017)	12.81% (Jan-Dec 2017)	14.42% (Jan-Apr 2018)	14.32% (Jan-Jul 2018)

*Community Commons

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the percentage of adults in Jefferson County who are considered overweight or obese from 64.9% reported in 2015 to ≤ 63.1%, the national norm, by 2018 (HCI)	HCI	2yr lag	64.9% (2007-2009)	61.1% (2012-2014)	61.1% (2010-2014)	61.1% (2010-2014)	61.1% (2010-2014)	29.6% (2013)*	29.6% (2013)*
Reduce the gap between the state and Jefferson County average of adults with diabetes by 50% to 10.35% per 100,000 by 2018 (HCI)	HCI	3yr lag	11.5% (2012)	11.1% (2013)	11.1% (2013)	11.1% (2013)	11.1% (2013)	9.5% (2013) ²	9.5% (2013) ²
Improve hemoglobin A1C control among SSM Health Medical Group patients with diabetes from 58.6% in 2014 to greater than 66.5% by 2018 (SSM Health Medical Group reporting)	Medical Group	Ad hoc	58.6%	58.3%	63.1%	62% (5/2016-4/2017)	65.1% (1/2017-12/2017)*	63.6% (7/2017-6/2018)*	63.7% (11/2017-10/2018)*

*Per QlikView Report

¹Community Commons-Percentage of adults obese (BMI>30)

²Community Commons-Percent adults with diagnosed diabetes (age-adjusted rate)

Our Progress Since 2015

Our last Community Health Needs Assessment was conducted in 2015. Below are the health needs we identified, the strategies we implemented to address them and the progress that has been made.

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the percentage of Marion County Medicare patients who experience depression from 16.4%, as reported in 2015, to the state average of 14.7%, by 2018 (HCI)	HCI	2yr lag	16.4% (2012)	17.3% (2014)	17.3% (2014)	18.6% (2015)	18.5% (2015)	18.5% (2015) ²	18.5% (2015) ²
Reduce the adult age-adjusted death rate due to suicide in Marion County from 18.5 deaths per 100,000 persons, as reported in 2015, to less than 16 deaths per 100,000 persons by 2018 (HCI)	HCI	2yr lag	18.5 (2011-2013)	20.3 (2012-2014)	24.5 (2013-2015)	24.5 (2013-2015)	24.5 (2013-2015)	23.2 (2012-2016) ²	23.2 (2012-2016) ²
Increase the percentage of SSM Health Medical Group patients screened for clinical depression and participating in the development of a follow up plan from 18.18%, as reported in 2015, to the national average of 46.27%, by 2018 (SSM Health Medical Group reporting)	Medical Group	Annual	18.18% (2015)	18.18% (2015)	Not Available*	96.55%* (Sep 2017)	94% ¹	94% ¹	94% ¹

¹Per ACO Monthly Performance Rate Report ²Community Commons * This data is no longer being reported by our QIO.

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the age-adjusted death rate due to coronary heart disease in Marion County from 148.3 deaths per 100,000 persons reported in 2015 to 137.65 deaths per 100,000 persons by 2018 (HCI) (i.e. reduce variance between county and national rate by 25%)	HCI	2yr lag	148.3 (2011-2013)	144.7 (2012-2014)	146.4 (2013-2015)	146.4 (2013-2015)	146.4 (2013-2015)	140 (2012-2016) [*]	140 (2012-2016) [*]
Reduce the 30-day all-cause readmission rate for patients with congestive heart failure (CHF) at SSM Health St. Mary's Hospital - Centralia from 16.5% (June 2015 YTD) to at least 15.3% by 2018 (Premier Quality Advisor)	PQA	Ad hoc	16.5% (2015)	14.9%	17.13%	25.27% (Jan-May 2017)	21.57% (Jan-Dec 2017)	17.91% (Jan-Apr 2018)	18.58% (Jan-July 2018)

^{*}Data source is Community Commons now, not HCI

Goals	Source	Release Date	Baseline	CY18TD	CY18YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the percentage of Marion County adults who are considered overweight or obese from 69.7%, as reported in 2015, to the national average of 63.1% or better by 2018 (HCI)	HCI	2yr lag	69.7% (2007-2009)	69.7% (2007-2009)	64.6% (2010-2014)	64.6% (2010-2014)	64.6% (2010-2014)	32.9% (2013) ¹	32.9% (2013) ¹
Reduce the percentage of Medicare beneficiaries who were treated for diabetes in Marion County from 28.2% to the national average of 27.2% by 2018 (HCI)	HCI	2yr lag	28.2% (2014)	28.2% (2014)	28.2% (2014)	28.9% (2015)	28.9% (2015)	28.9% (2015) ²	28.9% (2015) ²
Increase the percentage of SSM Health Medical Group diabetic patients with controlled hemoglobin A1C levels from 58.6%, reported in 2015, to 66.3% or better by 2018 (SSM Health Medical Group reporting)	Medical Group	Ad hoc	58.6%	58.3%	63.1% (2016)	62% (5/2016-4/2017)	65.1%* (1/2017-12/2017)	63.6% (7/2017-6/2018)	63.2% (10/2017-9/2018)

¹Per QlikView Report ^{*}Community Commons-Percentage of Adults Obese ²Community Commons

Data for the community health needs assessment were derived from primary and secondary sources including but not limited to: surveys; online questionnaires about health status; state and county health rankings; data from the Centers for Disease Control; and other sources. A multidisciplinary team of hospital, medical staff and community leaders met, used a consensus process and determined the key areas of priority noted below. Thereafter, teams were formed specific to each priority to define the implementation plans and measures of success.



Priority #1 **Mental Health**

Priority #2 **Substance Abuse**

Priority #3 **Nutrition**



SSM Health Good Samaritan and St. Mary's Hospitals Priority #1 - Mental Health



Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”*

Approximately 1 in 5 adults in the U.S.- 43.8 million, or 18.5% - experience mental illness in any given year.

Suicide is the 10th leading cause of death in the U.S..Ninety percent of those who die by suicide have an underlying mental illness. **

Additional facts and figures for the region:

- Victims of child abuse are twelve times more likely to commit suicide than the general population.
- 18% of families are living below the poverty level.
- 29.6% of children are living below the poverty level.
- 19.2% of the Medicare population reported experiencing depression, which is above the state rate of 15.1%.
- There is an increase of 34.3% in Medicare population with depression from 2010 to 2015.
- 36.7% higher population with a lack of social and economic support vs. state.
- Access to mental health providers is 22.6% lower in Marion and Jefferson Counties vs. U.S. average and 13% lower than the State of Illinois.
- The age-adjusted death rate due to suicide is 19.2 deaths per 100,000 persons, which is notably higher than both state and national rates of 10.3 and 13 deaths per 100,000 persons, respectively.
- Suicide attempts in Illinois average 16.7 every day.
- Individuals ages 15 to 19 have the highest suicide attempt rate for all age groups in Illinois.
- The suicide attempt rate for females is 45 percent higher than males in Illinois.
- 39% of suicides result from firearm injuries.
- Annual average suicide rates for males increase with age. Women's rates plateau and drop off after age 54.
- The most common mechanism for *unsuccessful* suicide attempts is a drug overdose.



Priority #1

Sources: Community Commons *WHO-World Health Organization
**National Institute of Mental Health. www.nimh.nih.gov

Reduce the rate of suicide from 19.2 in 2018 to ≤15 per 100,000 population by 2021



action plan

1. Improve access to mental health services by
 - Recruiting licensed clinical social workers (LCSWs), psychiatric RNs and APNs to promote more availability to care and treatment
 - Developing and implementing a telepsychiatry program
2. Evaluate and implement ACE screening tool for identification of abuse and neglect
 - Victims of abuse are 12 times more likely to commit suicide necessitating the use of an evidence based tool for systematic screening of possible victims of abuse
 - Develop and implement treatment protocols for abuse and neglect to begin the healing process
3. Provide information and support to educators, hospitals, medical staff and others on being “trauma informed” to support children of abuse

community partners

- IRIS Telepsychiatry Services
- Crisis hotline
- SSM Health Medical Group
- Rend Lake College, Southern Illinois University and other educators

supporting resources

- Comprehensive Services
- Community Resource Center
- Medical Staff at each hospital
- School nurses and teachers
- Legal and governmental agencies, including judges
- Child and Family Services
- Spero and other counseling services

To learn more about mental health services at SSM Health, please visit our website at

<https://www.ssmhealth.com/mental-health/mental-health-programs-for-adults>

or call

618-242-4600

618-436-8000



Priority #2 - Substance Abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug despite harmful consequences, and sometimes a physical withdrawal state.*

Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5% (10.2 million adults) had a co-occurring mental illness.**

Additional facts and figures

- Liquor store access per 100,000 population is 40% higher in Marion and Jefferson Counties than that of the State of Illinois¹.
- Liquor store access per 100,000 population has increased 10% from 2015 to 2016¹.
- 36.7% higher population with a lack of social and economic support vs. State¹.
- Access to mental health providers is 22.6% lower in Marion and Jefferson Counties vs. U.S. average and 13% lower than the State of Illinois¹.
- Greater than 20% rise in depression among adolescents from 2010 to 2014, 62% of whom did not receive treatment¹.
- 55% of adults with mental health needs did not receive treatment².
- 40.2% higher population who are current smokers vs. State¹.
- 95% of individuals aged 12 and older with alcohol abuse or dependence did not receive treatment².
- 88% of individuals aged 12 and older with illicit drug abuse or dependence did not receive treatment².
- 3.8% of adolescents reported non-medical use of pain relievers in Illinois in 2013-2014².

Sources: *WHO **National Alliance on Mental Health
¹Community Commons ²SAMHSA



Priority #2

Reduce the rate of Emergency Department visits due to overdose from 36.9 overdoses per 10,000 visits in 2018 to ≤ 30 per 10,000 by 2021.

action plan

1. Improve access to care and services to address causes of substance use/abuse by:
 - Implementing a telepsychiatry program.
 - Expansion of LCSW counselling services .
 - Reduce the stigma associated with mental health through community and education outreach.
2. Prevent drug overdoses by providing greater prevention programs and education
 - Implement trauma-informed programs for teachers.
 - Partner with educators for Social-Emotional Learning programs.
 - Improve parenting skills and services starting with prenatal classes.
 - Community education and awareness
3. Implement local intervention programs:
 - Develop and implement local suboxone and/or Vivitrol clinics for treatment (closest current clinic is more than 65 miles away).
 - Make reversal agents widely available to first responders, community outreach and other organizations.

community partners

- Comprehensive Connections
- IRIS Telepsychiatry Services
- SSM Health Medical Group
- OB providers
- Educators

supporting resources

- Drug companies
- Community Resource Centers
- Courts
- Schools
- Colleges/universities

To learn more about overcoming addiction, call 618-242-4600, 618-436-8000 or the National Helpline at 1-800-662-HELP (4357), or go to our website at: <https://www.ssmhealth.com/mental-health/treatment-and-recovery>



Priority #3 - Nutrition

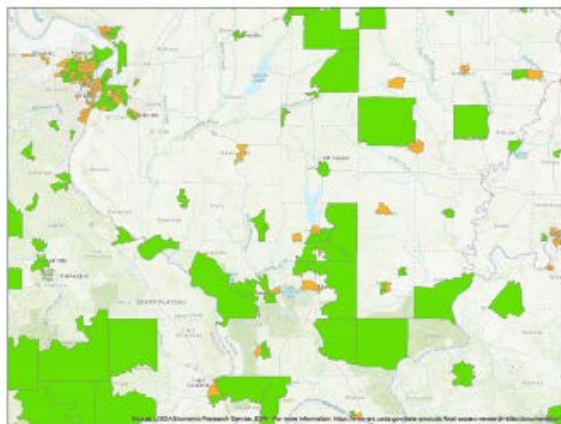


Nutrition is the intake of food, considered in relation to the body's dietary needs. Good nutrition – an adequate, well balanced diet combined with regular physical activity – is the cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.*

Poor nutrition contributes to many diseases, including obesity, heart disease, and some cancers. Poor nutrition is making our nation sick.¹

- 25-30% of population with low food access.
- 62.5% of children are eligible for free/reduced price lunches.
- Nearly 30% of Medicare beneficiaries have diabetes.
- 31% of adults are obese.
- 24% with no leisure time physical activity.
- 87% with inadequate fruit/vegetable consumption.
- 22.5 – 24.8% of adults reporting no leisure time physical activity.
- No mobile market and access to fresh fruits and vegetables in Jefferson County.
- New mobile market started November 2018 in Wamac, IL near Centralia.
- 10,500 people in Marion and Jefferson Counties with food insecurity according to Feed America (2016).
- 25 – 30% of population living in low income census tract with low access to a supermarket or large grocery store.

Food Deserts in Region



Priority #3

Decrease the food insecurity rate from 13.6% in 2018 to 12% by 2021

action plan

1. Improve healthy food intake.
 - A. Increase access to healthy food options through food banks.
 - Provide support to the Central Illinois Food Bank for distribution of fresh fruits, vegetables, protein and dairy in the “food deserts” in Mount Vernon area.
 - B. Improve knowledge and skills of parents and others to prepare healthy foods.
 - Build a demonstration kitchen and broadcast cooking programs on the internet.
2. Develop vegetable and fruit gardens in collaboration with local churches, schools and others.
3. Develop fitness and activity programs.
4. Update Nutrition, Exercise Training Program at the Felician Wellness Center in Centralia and replicate to Mt. Vernon.

community partners

- University of Illinois Extension
- Diabetes educators
- Endocrinologists
- SSM Health Weight Management Services
- Food pantries
- Schools

supporting resources

- St. Louis Foodbank
- Central Illinois Foodbank
- Foundations

To learn more about nutrition at SSM Health, please visit our website

<https://www.ssmhealth.com/weight-management/nutrition-wellness-program>

or call

618-242-4600

618-436-8000



SSM Health Southern Illinois Region

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1 Good Samaritan Way
Mt. Vernon, IL 62864

St. Mary's Hospital
400 N. Pleasant
Centralia, IL 62801



2019 - 2021 *Appendices*



Appendix 1 – Community Health Assessment Survey

Community Health Assessment

I am:
(please check all that apply)

Leader of Community Agency Member of Government
 Other Community leader Physician/PA/APN
 Other health provider
 Other: _____

I live or work in:
(please choose 1 option)

Clay County Franklin County
 Hamilton County Jefferson County
 Marion County Washington County
 Wayne County Other: _____

What group(s) of people are most UNDERserved for health needs in our community?

What are the top three most important health needs in our community?

1. _____
2. _____
3. _____

Why do you believe these are most important?

If SSM Health were to collaborate with another organization on these topics, who or which organizations would you recommend as a partner?

Are there specific services that are not widely available that should be offered to prevent the health needs you identified above?

- Affordable healthy food Affordable housing
 Affordable insurance Dental care
 Domestic violence Healthy living programs Lack of access to physicians Obesity
 Outdoor/fitness facilities Senior services
 Special needs programs Stress management
 Substance abuse support for children
 Support for chronic illness transportation
 Other _____

Strengths of current health care services:

Other opportunities to improve community health:

Additional Comments:

community representation

The process for consulting with persons representing the community's interests used the Healthy People 2020 categories to guide the invitation list of key community stakeholders. Below is a complete list of individuals who received a survey.

The process benefited from input from several individual community leaders representing diverse constituencies. Additionally, the CHNA benefited from guidance and input from individuals with expertise in public health and CHNA process.

See Appendix 11 for a list of survey recipients.

Health Perceptions Survey

1. What is your age:
 17 or younger 18 to 34 35 to 49 50 to 64 65-75 76 or older
2. You are: Male Female
3. What is your county of residence?
 Franklin Hamilton Jefferson
 Marion Washington Wayne Other
4. Race/Ethnicity (Please select all that apply)
 African American American Indian/Alaskan Native Asian
 Hispanic or Latino Native Hawaiian/Pacific Islander White
 Do not want to comment
 Other (please specify) _____
5. In general, how would you rate your overall health? (Please select one)
 Excellent Very Good Good Fair Poor
6. Select the diseases, challenges or conditions that you have been diagnosed with by a health care provider. (Please select all that apply)
 Asthma Breast Cancer COPD Diabetes Heart Disease
 High Blood Pressure Mental Health Issues Obesity
 Other (please specify) _____
7. Do you feel that you have resources to manage these conditions?
 Yes No
 If No, What do you feel you need to help you manage these conditions?
 Education for self Education for family Emotional Support
 Financial Assistance Transportation Assistance
 Other (please specify) _____
8. Please select the option that best describes your health insurance provider.
 Employer Provided Medicaid Medicare
 Self-Pay Private Insurance Uninsured

9. Where do you go most often for health care when you are sick?
 Primary Care Doctor Health Department Free Clinic Hospital
 Urgent Care Center Walk-in Clinic Pharmacy I don't go anywhere
 Other (please specify) _____
10. Where do you go when you need your yearly check-up or physical? (Please select all that apply)
 Primary Care Doctor Health Department Free Clinic Hospital
 Urgent Care Center Walk-in Clinic Pharmacy I don't go anywhere
 Other (please specify) _____
11. Have you visited a doctor (primary care) in the past 12 months?
 Yes No
12. Have you visited a specialist (cardiologist, neurologist, pulmonologist, etc.) in the past 12 months?
 Yes No
13. Was there a time in the past 12 months when you needed to see a doctor but didn't?
 Yes No
 If yes, why didn't you see a doctor?
 Not comfortable with doctors Lack of transportation Couldn't afford it
 Too busy to make appointment Not sure how to find a doctor
 No insurance Other (please specify) _____
14. Select the diseases, challenges or conditions that you think are a concern for our community (Please select all that apply)
 Asthma Breast Cancer COPD Diabetes
 Heart Disease High Blood Pressure Mental Health Issue
 Obesity Other (please specify) _____
15. Which of the following is the top ACCESS issue impacting health in our community?
 Affordable health insurance
 Affordable support for special needs children
 Dental health services Health care services
 Lack of health professionals Lack of specialists
 Long-wait times for appointments Mental health services
 Senior services Substance abuse support
 Other (please specify) _____

Health Perceptions Survey

16. Which of the following is the top LIFESTYLE issue impacting health in our community?

- Adequate outdoor recreation
- Affordable exercise programs
- Affordable healthy foods
- Affordable healthy living programs
- Affordable options for stress relief opportunities
- Chronic health management education/support
- Education on healthy cooking
- Full-service grocery stores
- Other (please specify) _____

17. Which of the following is the top SOCIAL issue impacting health in our community?

- Affordable housing
- Alcohol addiction
- Domestic violence
- Nicotine addiction
- Safety concerns
- Serious drug addiction
- Social inequities
- Transportation limitations
- Other (please specify) _____

18. The recommendation for physical activity is 30 minutes a day 5 days a week (2.5 hours per week). Which of the following reasons prevent you from getting this much physical activity? (select all that apply)

- Arthritis
- Back or neck pain
- Bone injury/fracture/joint injury
- Hypertension/high blood pressure
- I am physically disabled
- I am too tired
- I don't enjoy exercise
- I don't have time to exercise
- I don't want to exercise
- Lung/breathing problems
- Nothing, I get this much physical activity
- Walking problems
- Other (please specify) _____

19. One recommendation to maintain a healthy lifestyle is to eat at least 5 servings of fruits and vegetables a day (not french fries or potato chips). Which would you consider the main reason that you do not eat this way? (select only one)

- I eat 5 or more servings per day.
- I don't have time to cook them.
- I don't know how to cook them.
- I don't like the taste
- I don't think about it.
- I don't think they are important.
- They are too expensive.
- They go bad before I eat them.
- Other (please specify) _____

20. Please select the highest level of education you have completed.

- Associate/Technical Degree
- Bachelor's Degree
- Graduate/Professional Degree
- High School or GED
- Some College (no degree)
- Other (please specify) _____

21. What are our major strengths/resources in our community related to health care?

22. What resources could be used differently to improve health care?

Community Health Assessment Survey

Summary Findings from Community Health Assessment Surveys

Surveys were mailed to 79 community leaders in Jefferson, Marion, and surrounding counties. Additionally, 151 surveys were mailed to members of the medical staff. An online link was also provided with these surveys. Moreover surveys were provided at different health fairs.

102 paper surveys and 32 online surveys were received.

- ❖ The most important health needs in our community:
 - Obesity
 - Substance abuse
 - Mental health
 - Cancer
 - Diabetes
 - Heart disease
 - Access to care:
 - 24 hour clinic
 - Primary care physicians
 - Specialists

- ❖ Most underserved groups:
 - Poor
 - Elderly
 - Mentally ill

- ❖ Strengths:
 - Primary care physicians' availability
 - Weight loss management
 - Convenient care

- ❖ Services that are not widely available that should be offered:
 - Substance abuse
 - Affordable insurance
 - Obesity
 - Affordable healthy food
 - Healthy living programs

- ❖ Partner recommendation:
 - Churches
 - Health Department
 - Schools
 - Comprehensive connections

- ❖ Other opportunities to improve health:
 - More education for patients-prevention education and chronic disease management education
 - Fitness facilities
 - More specialists
 - Homeless shelter

Top priorities**I PLAN for surrounding counties – Top Priorities****Jefferson County (2017-2022)**

- Lung Cancer
- Cardiovascular disease
- Obesity
- Diabetes
- Substance abuse

Marion County (2016-2021)

- Substance abuse
- Mental health
- Obesity

Hamilton County 2015

- Obesity
- Cardiovascular disease
- Oral health
- Mental health

Clay County (2017-2022)

- Tobacco and Substance abuse
- Heart disease and Obesity
- Access to care and cancer

Franklin and Williamson Bi County (2017-2022)

- Chronic disease: Heart disease, Respiratory disease, Diabetes, & Cancer focus
- Behavioral health: Substance abuse focus
- Obesity

Washington County (2016-2021)

- Cardiovascular disease and Stroke
- Cancer (Breast, Lung, Prostate, Colorectal, and Non-hodgkins lymphoma)
- Teen and Adult substance abuse
- Dementia


Wayne County 2016

- Cardiovascular disease
- Cancer
- Obesity
- Mental health
- Oral health

Appendix 5 – Illinois Department of Public Health (IDPH) Data

Illinois Department of Public Health


[Print This Report](#)



Top 5 Leading Causes of Death for Jefferson in 2015

Indicator Name	Total
Deaths by diseases of heart	122
Deaths by malignant neoplasms	74
Deaths by accidents	30
Deaths by Alzheimer's disease	24
Deaths by diabetes mellitus	21

[Print This Report](#)



Top 5 Leading Causes of Death for Marion in 2015

Indicator Name	Total
Deaths by diseases of heart	145
Deaths by malignant neoplasms	128
Deaths by chronic lower respiratory diseases	51
Deaths by accidents	24
Deaths by cerebrovascular diseases	19

Deaths by diabetes mellitus

Description: The number of deaths by diabetes mellitus.



Area	Year(s)	Count
Illinois	2015	2,818
Jefferson	2015	21
Marion	2015	17

Deaths by intentional self-harm (suicide)

Description: The number of deaths by intentional self-harm (suicide)



Area	Year(s)	Count
Illinois	2015	1,362
Jefferson	2015	1 to 11
Marion	2015	14

Deaths by malignant neoplasms

Description: The number of deaths by malignant neoplasms.



Area	Year(s)	Count
Illinois	2015	24,713
Jefferson	2015	74
Marion	2015	128

Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.

Appendix 6 – Additional Demographic Information

Jefferson County, IL

Community Commons 2012-2016	#	%	2010-2016 change
Indicator			
Total Population	38,523		Decreased from 38,827 = -0.8%
Age (Years)			
0-4	2,387	6.2%	
5-17	6,063	15.7%	
18-64	23,234	60.3%	
18-44	12,652	54.5%	
45-54	5,399	23.2%	
55-64	5,183	22.3%	
65 and over	6,839	17.8%	
Sex			
Female	18,811	48.8%	
Male	19,712	51.2%	
Race/Ethnicity			
White	33,797	87.7%	
Black	3,200	8.3%	
American Indian/Alaska Native	46	0.12%	
Asian	443	1.2%	
Two or more races	911	2.4%	
Hispanic/Latino	898	2.3%	
Median Household Income (DataUSA)	\$43,467		Increased from \$43,247 (2015-2016)
Education (Town charts)			
High School Graduates or higher		86.0%	
High School or GED		32%	
Some college or Associates degree		37.4%	
Bachelor's degree or higher		16.4%	
Less than high school		14.0%	
Unemployment rate (03/2018)		4.8%	Positive trend ↓ from 5.3% (03/2017)
Poverty level		17.7%	
Child Poverty Rate		29.2%	
% Children eligible for free/reduced price lunch		59.0%	
Food Insecurity Rate		14.4%	
Low Food Access		30.1%	
Health Insurance (Town charts)			
Percent of people with health insurance		91.7%	
Employer-based		54%	
Direct purchase		15%	
Medicare		27%	
Medicaid or Public coverage		18%	
Preventable Hospital Stays (per 1,000 Medicare enrollees), 2014	77.9		Positive trend ↓ from 80 (2012)
Health Care Costs per person in 2016 (CMS)	\$10,348		
Life Expectancy (2016)-both sexes	78.6		
Male	76.1		
Female	81.1		
Teen Birth Rate (per 1,000 population-2006-2012))	54.7		54.8 (2005-2011)
Primary Care Physicians Rate per 100,000 population	67.5		Decreased from 72.5 (2013)
All Cancer Incidence Rate per 100,000 population (CDC 2011-2015)	517.2		
Percentage of Adults who are obese		29.6%	Positive trend ↓ from 32.8% (2012)
Percentage of adults who smoke (2006-2012)		26.9%	
High Blood Pressure (Medicare Population)-2015		61.8%	slight negative trend ↑ from 61.1% (2014)
Diabetes (Medicare Population) - 2015		28.97%	Slight positive trend ↓ from 29.1% (2014)

Appendix 6 – Additional Demographic Information

Marion County, IL

Community Commons2012-2016	#	%	2010-2016 change
Indicator			
Total Population	38,503		Decreased from 39,437
Age (Years)			
0-4	2,455	6.4%	
5-17	6,366	16.5%	
18-64	22,583	58.7%	
18-44	11,958	53.0%	
45-54	5,244	23.2%	
55-64	5,381	23.8%	
65 and over	7,099	18.4%	
Sex			
Female	19,679	51.1%	
Male	18,824	48.9%	
Race/Ethnicity			
White	35,800	93%	
Black	1,354	3.5%	
American Indian/Alaska Native	71	0.18%	
Asian	327	0.85%	
Two or more races	757	1.97%	
Hispanic/Latino	687	1.8%	
Median Household Income (DataUSA)	\$43,427		Increased from \$42,238 (2015-2016)
Education (Town charts)			
High School Graduates or higher		89.0%	
High School or GED		36%	
Some college or Associates degree		37.7%	
Bachelor's degree or higher		15.0%	
Less than high school		11.0%	
Unemployment rate (03/2018)		4.6%	Positive trend ↓ from 5.5% (03/2017)
Poverty level		18.3%	
Child Poverty Rate		30.1%	
% Children eligible for free/reduced price lunch		65.8%	
Food Insecurity Rate		14.0%	
Low Food Access		25.1%	
Health Insurance (Town charts)			
Percent of people with health insurance		91.1%	
Employer-based		52%	
Direct purchase		16%	
Medicare		27%	
Medicaid or Public coverage		22%	
Preventable Hospital Stays (per 1,000 Medicare enrollees), 2014	113.6		Positive trend ↓ from 130 (2012)
Health Care Costs per person in 2016 (CMS)	\$10,348		
Life Expectancy (2016)-both sexes	78.6		
Male	76.1		
Female	81.1		
Teen Birth Rate (per 1,000 population-2006-2012))	61.0		62.9 (2005-2011)
Primary Care Physicians Rate per 100,000 population (2014)	44.1		Decreased from 46.6 (2013)
All Cancer Incidence Rate per 100,000 population (CDC 2011-2015)	532.8		
Percentage of Adults who are obese (2013)		32.9%	Positive trend ↓ from 35.5% (2012)
Percentage of adults who smoke (2006-2012)		24.7%	
High Blood Pressure (Medicare Population)-2015		60.4%	Negative trend ↑ from 58.2% (2014)
Diabetes (Medicare Population) - 2015		28.9%	Slight negative trend ↑ from 28.2%

Health Indicator Report

Vulnerable population:	Average of Jefferson & Marion counties	IL State	US	HP 2020
Disabled population	18%	10.9%	12.5%	
Children eligible for free/reduced price lunch	62.5%	49.9%	52.6%	
Population receiving Medicaid	30.5%	21%	21.6%	
Lack of social/economic support	27.9%	20.4%	20.7%	
Percent population in poverty	18%	14%	15%	
Teen births (per 1,000 population of 15-19 year)	58	35	36.6	
Access:				
Primary Care Physician rate/100K population	55.8	97	88	
Mental health provider rate/100K population	157	180	203	
Dentists rate/100K population	47	73	66	
Liquor store rate/100K population	14	10	11	
Health Behaviors:				
Inadequate fruit/vegetable consumption	87%	76%	76%	
Physical inactivity	24%	21%	22%	
Tobacco use - Current smokers	25.8%	18%	18%	
Clinical Care:				
Mammogram	61.4%	64.3%	63%	
Colonoscopy/Sigmoidoscopy	61.6%	58%	61.3%	
Pap test	71.4%	78.3%	78.5%	
Medicare patients with annual Hemoglobin A1c	84.4%	86%	85%	
Preventable hospital events, age-adjusted discharge rate/1,000 Medicare enrollees	97.5	55.8	50	
Health Outcomes:				
Coronary Heart disease mortality per 100K	121.5	54.4	99.6	103.4
Cancer mortality per 100K	184.1	104.2	160.9	160.6
Mortality – Suicide per 100K	19.2	4.4	13	10.2
Depression (Medicare beneficiaries)	19%	15%	16.7%	
Obesity	31.2%	27%	27.5%	

Source: [Community Commons](#)

Appendix 8 – Community Health Team

Below is a list of individuals and organizations invited to participate in the prioritization of community health needs

- Dr. Corey Black, Regional Chief Medical Officer, SSM Health Southern Illinois
- Damon Harbison, President – SSM Health St. Mary's Hospital – Centralia
- Matt Davis, Director – Weight Management Services, SSM Health Southern Illinois
- Hollie Colle, Administrative Director of Operations, SSM Health Southern Illinois
- Dr. Rajiv Patel, President – SSM Health Medical Group, Southern Illinois
- Jeremy Bradford, Regional VP Operations, SSM Health Southern Illinois
- Matthew Kinsella, Regional CFO, SSM Health Southern Illinois
- Julie Long, System VP – Strategic Development, SSM Health Southern Illinois
- Monica Heinzman, Regional Administrative Director of Ancillary Services, SSM Health Southern Illinois
- Sr. Andrea, Regional Director, Mission, Ethics, and Pastoral Care, SSM Health Southern Illinois
- Jeff Stewart, Director – Pastoral Care, SSM Health Southern Illinois
- Marla Smith, Director – Nursing Unit, SSM Health Southern Illinois
- Candy Guern, Practice Manager, Angela Center, Centralia, Illinois
- Lisa Crouch, Regional Medical Group Director for Nursing and Quality Assurance, SSM Health Southern Illinois
- Dr. Deepu Sudhakaran, Medical Director, WMS, SSM Health Southern Illinois
- Darren Dunahee, Business Development Consultant, SSM Health Southern Illinois
- Jill Fargo, Interim Director Oncology, SSM Health Southern Illinois
- Rachel Hall, Director Business Development, SSM Health Southern Illinois
- Nancy Buttry, Rend Lake College
- Shelley Yoder, Marion County Health Department
- Lori Ryan, Marion County Health Department
- Lori Payne, Jefferson County Health Department
- Abigail Gregg, Mt. Vernon Township High School Nurse
- Michelle Darnell, VP – Systems Improvement, SSM Health Southern Illinois
- Alka Jain, Community Outreach Coordinator, SSM Health Southern Illinois

prioritizing health needs

As part of the CHNA requirement, SSM Health Good Samaritan and St. Mary's Hospitals evaluated the needs that were identified and validated through the data analysis. In order to do so, SSM Good Samaritan and St. Mary's Hospitals established specific criteria that were used to assess each of the identified community needs.

Prior to review of the data, a list of criteria was developed to aid in the selection of priority areas. During the data-review process, attention was directed to health issues that met any of these criteria:

- Health issues that impact a lot of people or for which disparities exist, and which put a greater burden on some population groups
- Poor rankings for health issues in our primary service areas vs. the state and nation, or Healthy People 2020 national health targets
- Health issues for which trends are worsening
- Health issues for which partner organizations are seeking collaboration for a community wide approach (such as priorities of county health departments)
- Issues that may reflect a social determinant of health

Step One of this process focused on community-specific criteria noted above. Once the community and hospital leaders considered these criteria, a discussion occurred about the meaning and intent of each. Step Two of the process was multivoting the larger list of potential priorities to a manageable list for more thorough discussion and prioritization. Step Three was a consensus building process. Based on internal prioritization and a consensus process, the priorities were established as the areas of focus for the Strategic Implementation Plan.

With the priority areas identified, the SSM Health Good Samaritan and St. Mary's Hospital senior leadership team approved the areas of focus and formed multidisciplinary teams comprised of hospital, medical group and community leaders and representatives of patients and families to develop the strategic implementation plans for each area of focus. These multidisciplinary teams met and determined key actions/initiatives and measures of success.

Appendix 10 – Collaborators

The following individuals were invited to participate in the development of the SSM Health Southern Illinois Regional Strategic Implementation Plan

Nutrition

- Hollie Colle, Administrative Director of Operations, SSM Health Southern Illinois
- Matt Davis, Director – Weight Management Services, SSM Health Southern Illinois
- Dr. Corey Black, Regional Chief Medical Officer, SSM Health Southern Illinois
- Dr. Elizabeth Franczyk, Pediatrician, Centralia
- Dr. Esther Schulz, Weight Management Services, SSM Health Southern Illinois
- Ashley Hoffman, University of Illinois Extension
- Patti Emrick and Trish Bennett-Minor, Diabetes Educator, SSM Health Southern Illinois
- Lori Payne, Jefferson County Health Department
- Donna Walters, Heartland Women's Health
- Alka Jain, Community Outreach Coordinator, SSM Health Southern Illinois
- Michelle Darnell, VP – Systems Improvement, SSM Health Southern Illinois

Substance Abuse

- Dr. Corey Black, Regional Chief Medical Officer, SSM Health Southern Illinois
- Kayla Dunahee, AHEC Director, SSM Health Southern Illinois
- Sgt. Vic Koontz, Mt. Vernon Police Department
- Dr. Rachelle Leach, E.D. Medical Director, SSM Health St. Mary's Hospital
- Heather Whetsell, Population Science and Policy, SIU School of Medicine
- Nancy Buttry/Kim Wilkerson, Rend Lake College
- Shelley Yoder, Marion County Health Department
- Lisa Wright, Comprehensive Connections
- Lieutenant Greg Dodson, Centralia Police Department
- Alka Jain, Community Outreach Coordinator, SSM Health Southern Illinois
- Michelle Darnell, VP – Systems Improvement, SSM Health Southern Illinois

Appendix 10 – Collaborators

The following individuals were invited to participate in the development of the SSM Health Southern Illinois Regional Strategic Implementation Plan

Mental Health

- Dr. Rajiv Patel, President – SSM Health Medical Group, Southern Illinois
- Debbie Holsapple, Comprehensive Connections/CRC
- Karen Gherardini, Patient Advocate
- Erica Sanders, Judge
- Marla Smith, Director Behavioral Health, SSM Health Southern Illinois
- Dr. Martha Biduic, Psychiatrist, SSM Health St. Mary's Hospital
- Candy Guern, Practice Manager, Angela Center, Centralia
- Heather Turner, Director of Social Services, SSM Health Southern Illinois
- Alka Jain, Community Outreach Coordinator, SSM Health Southern Illinois
- Michelle Darnell, VP – Systems Improvement, SSM Health Southern Illinois



Appendix 11 – List of Recipients of Community Survey

Community Surveys were mailed to:

Jefferson County Health Department 1 Doctors Park Rd, Mt Vernon, IL 62864	Jefferson County Chamber of Commerce 200 Potomac Blvd, Mt Vernon, IL 62864
Jefferson County Sheriff's Office 911 E. Casey Ave. Mount Vernon, Illinois 62864	City of Mt. Vernon 1100 Main Street Mount Vernon IL 62864
Mt. Vernon Township 811 Harrison St., Mt. Vernon, IL 62864	Housing Authority of Mt. Vernon 4217 Rose Lane Mount Vernon, IL 62864
Housing Authority of Jefferson County 109 N Shiloh Dr Mt. Vernon, IL 62864	United Way of South Central Illinois 802 S. 42nd St. Mt. Vernon, IL 62864
Jefferson County NAACP President 1000 South 9 th Street Mount Vernon, IL 62864	Mt Vernon Fire Department 714 S. 42 nd Street Mount Vernon, IL 62864
Mount Vernon City Schools District 80 2710 North St Mt. Vernon, IL 62864	Mount Vernon Township High School 11101 N Wells Bypass, Mt. Vernon, IL 62864
Jefferson County Development Corporation 200 Potomac Blvd #3, Mt Vernon, IL 62864	Jefferson County Comprehensive Services 16342 N Il Highway 37, Mount Vernon, IL 62864
Illinois Department of Employment Security 333 Potomac Blvd, Suite E Mount Vernon, IL 62864	Illinois Small Business Development Center at Rend Lake College 327 Potomac Blvd Suite A Mount Vernon, IL 62864
Illinois Department of Human Services Family Community Resource Center 333 Potomac Boulevard, Suite F Mount Vernon, IL 62864	Cedarhurst Center for the Arts 2600 E Richview Rd, Mt Vernon, IL 62864
Peoples National Bank 413 S 34th St, Mt Vernon, IL 62864	Hamilton/Jefferson Regional Office Of Education 1714 Broadway Mount Vernon, IL 62864
Project CHILD - Child Care Resource & Referral 327 Potomac Blvd., Suite C, P.O. Box 827 Mt. Vernon, IL 62864	Opportunities For Access 4206 Williamson Pl, Ste 3 Mount Vernon, IL 62864
Walgreens Distribution Center 5100 Lake Terrace, Mt Vernon, IL 62864	Continental Tire Mt. Vernon 11525 North Illinois Highway 142 Mt. Vernon, IL 62864
Angels on Assignment Angel Center 1201 Broadway St, Mt Vernon, IL 62864	Sunshine Center 1300 Park Ave Mount Vernon, IL 62864

Appendix 11 – List of Recipients of Community Survey

Community Surveys were mailed to:

National Railway Equipment Co. 1101 Broadway St Mount Vernon, IL 62864	Charter Spectrum Reach 5111 Lake Terrace Dr Mount Vernon, IL 62864
Mount Vernon Register News 911 Broadway Mount Vernon, IL 62864	Walmart Supercenter 110 Davidson Ave, Mt Vernon, IL 62864
National Railway Equipment Co. 4 Fountain Pl, Mt Vernon, IL 62864	South Central Transit 15178 North Illinois Hwy 37, Mt. Vernon, IL 62864
GreenTree at Mt. Vernon 208 Zachery Street Mt. Vernon, IL. 62864	Mount Vernon Countryside Manor 606 New Fairfield Rd., Mount Vernon, IL, 62864
Heritage Woods of Mt. Vernon 1033 S. 42nd Street Mt. Vernon, IL 62864	White Oak Rehabilitation & Health Care Center 1700 White St, Mt Vernon, IL 62864
Woodlawn Village Hall 202 S Central St Woodlawn, IL 62898	Mayor, Village of Bluford 1005 W 4th St Bluford, IL 62814
City of Nashville 190 N. East Court St., Nashville, IL. 62263	Chamber of Commerce 138 NE Court St. Nashville, IL 62263
Friendship Manor 485 S. Friendship Dr. Nashville, IL 62263	Meadowbrook Estates 319 N Locust St, McLeansboro, IL 62859
Hamilton County School District 10 109 N Washington St, McLeansboro, IL 62859	McLeansboro City Hall 106A W Main St, McLeansboro, IL 62859
Hamilton County Chamber of Commerce 117A E Main St, McLeansboro, IL 62859	Frankfort Care Center 2500 E St Louis St, West Frankfort, IL 62896
West Frankfort Chamber of Commerce 201 East Nolen Street, West Frankfort, IL 62896	City of West Frankfort 110 N. Jefferson West Frankfort, IL 62896
Benton City Hall 500 W Main St Benton, IL 62812	Benton/West City Ministerial Alliance 302 S Main St, Benton, IL 62812
Helia Healthcare of Benton 1310 Mark Franklin Dr, Benton, IL 62812	Aperion Care Fairfield 305 Northwest 11th Street Fairfield, IL 62837

Appendix 11 – List of Recipients of Community Survey

Community Surveys were mailed to:

Fairfield Chamber of Commerce 121 E Main St, Fairfield, IL 62837	Fairfield City Government Office 109 NE 2nd St, Fairfield, IL 62837
City Hall in Wayne City 102 S Main St, Wayne City, IL 62895	Wayne City School District 302 Mill St, Wayne City, IL 62895
First Christian Church 201 N Main St, Wayne City, IL 62895	Flora Gardens 701 Shadwell St, Flora, IL 62839
Flora Chamber of Commerce 223 W Railroad Street Flora, IL 62839	Flora City Hall 131 E 2nd Street Flora, IL 62839
Marion County Health Department 1013 North Poplar, Centralia, IL 62801	Marion County Housing Authority 719 Howard St, Centralia, IL 62801
Greater Centralia Chamber of Commerce 130 S. Locust St. Centralia, IL 62801	City of Centralia Illinois 222 S Poplar St. Centralia, IL 62801
Community Resource Center 904 M L King Dr, Centralia, IL 62801	BCMW Community Services Inc 909 E Rexford St, Centralia, IL 62801
Centralia City Schools District 400 S Elm St, Centralia, IL 62801	Centralia High School 2100 E Calumet St. Centralia, IL 62801
DHS Family Community Resource Center 800 S Locust St. Centralia, IL 62801	Centralia Fire Protection District 805 S Poplar St, Centralia, IL 62801
Fireside House of Centralia 1030 Martin Luther King Drive, Centralia, IL, 62801	Centralia Manor 1910 East McCord Street, Centralia, IL, 62801
Senior Services – Marion County 120 E Green St, Centralia, IL 62801	South Central Transit 100 North Locust, Centralia, IL 62801
Salem Fire Protection District 203 S. Broadway Salem, IL 62881	Marion County Health Dept. 118 Cross Creek Blvd Salem, IL 62881
Twin Willows Nursing Center 1600 N Broadway Ave, Salem, IL 62881	The Manor at Salem Woods 441 S Hotze Rd Salem, IL 62881

Appendix 11 – List of members of the medical staff received community survey

Community Surveys were mailed to:

A. Scott Harad, MD	Hemangkumar Javaiya, MD	Patrick Bennett, MD
Aaron L. Klein, MD	Hemant Sindhu, MD	Patrick Sayavong, DO
Abdulmonam Ali, MD	Hitanshu Chawla, MD	Prashanth C. Shekar, MD
Aiping F. Smith, MD	Iqbal M. Akhter, MD	Prashanth Senthil, MD
Alan L. Froehling, MD	Isaac Ikwu, MD	Prateek Srinet, MD
Amanda L. Carroll, DO	Jacques Papazian, MD	Rahul Sharma, MD
Andrew N. Latchman, MD	Jasmeet Singh, DO	Ravneet Riar, MD
Angela K. Freehill, MD	Jean Benoit Houle, MD	Robert A. Brown, MD
Anthony N. Sodd, MD	Jeffrey A. Larson, MD	Rodney Beeler, MD
Antoinette Appling, MD	Jeffrey B. McIntosh, MD	Ryan Willis, MD
Avani Changela, MD	Jeffrey Schultz, MD	Ryoko Noguchi, MD
Avinash Murthy, MD	Jerrold C. Willis, MD	Sajjan K. Nemani, MD
Binh T. Nguyen, DO	John A. Flick, DO	Sanjiv Makhecha, DO
Bryan Meyers, MD	Jon W. Taveau, DO	Sara B. Rubenacker, MD
Carlos R. Sierra, MD	Joon S. Ahn, MD	Sara K. Modert, DO
Cesar G. Yu, MD	Jose Amorado, MD	Scott A. Joyner, DO
Cheryl L. Emmons, MD	Justin Lee, MD	Scott Roustio, MD
Chris W. Modert, DO	Karen M. Sobers, MD	Siegfried W. Yu, MD
Clarence R. Reilly, MD	Kathleen Naegele, M. , DO	Smitha Arekapudi, MD
Daniel R. Hoffman, MD	Kent S. Quinn, MD	Steven A. Roodman, MD
David C. Walters, MD	Kevin B. Claffey, MD	Steven J. Zelman, MD
David J Huddleston, MD	Kimberly D. Carter, DO	Sudeep A. Nair, MD
David R. Knowles, MD	Leslie L. Simonton-Smith, MD	Supriya Singh, MD
David S. Asbery, MD	Linden R. Pearson, MD	Syed A. Shah, MD
Debra A. Carson, DO	Michael A. Covlin, MD	Tatiana Ramirez, MD
Donald A. Kovalsky, MD	Michael De la Cruz, MD	Teethena C. Cooper, MD
Douglas V. Combs, MD	Michael J. Schifano, DO	Thejeswi Pujar, MD
Edgardo S. Emilia, MD	Michael L. Heaney, MD	Thomas H. Smith, MD
Elisabeth G. Beyer Nolen, MD	Miguel A. Gelman, MD	Timothy J. Carmody, MD
Emily B. Boyd, MD	Mohamed R. Ibrahim, MD	Todd S. Albright, DO
Evelyn B. Yu, MD	Mohammed Haseeb, MD	Tomasz A. Kosierkiewicz, MD
Fadi Shamsham, MD	Muralidhar Kondapaneni, MD	Trenton Grimm, MD
Fahad Naseerullah, MD	Musheni Nsa, MD	Udaya K. Liyanage, MD
Faisal Rashid, MD	Naga Sirikonda, MD	Varun Puri, MD
Ferdinand V. Apostol, MD	Neeta B. Kaushal, MD	Veena K. Gupta, MD
Graeme D. Fisher, MD	Neetin C. Patel, MD	Walter A. Parham, MD
Gretchen A. Klein, DO	Nida Subhani, MD	William D. Huffstutler, MD
Hailemariam M. Wolde, DO		

Appendix 11 – List of members of the medical staff received community survey

Community surveys were mailed to:

Ang, Stephen T., MD	Hassan, Zahid, MD	Roodman, Steven A., MD
Barrientos, Joel K., MD	Jain, Vipin K., MD	Schutzenhofer, James L., MD
Beguelin, Jerry L., MD	Jha, Gautam, MD	Shah, Prashant B., MD
Beyer, Craig A., MD	Junidi, Maamoun A., MD	Shah, Syed A., MD
Bidiuc, Martha E., MD	Khan, Naeem A., MD	Sheth, Kiritkumar R., MD
Brandt, Merrilee R., MD	Krishnamoorthy, Suresh, MD	Shrestha, Niranjana, MD
Brar, Manjinder, MD	Liyanage, Udaya K., MD	Shroff, Rajendra R., MD
Carmody, Timothy J., MD	Maalouf, Bassam N., MD	Singh, Jagroop, MD
Carson, Debra A., DO	Mahmud, Gibran H., MD	Stedelin, Matthew T., MD
Chen, Hong, MD	Nemani, Sajjan K., MD	Stiehl, James B., MD
Dunn, William H., MD	Patel, Neetin C., MD	Sudhakaran, Deepu, MD
Emilia, Edgardo S., MD	Patel, Vasant M., MD	Varanasi, Balavittal, MD
Franczyk, Elizabeth M., MD	Rahman, Aziz U., MD	Yerrapragada, Rajashekar, MD