SSMHealth
In partnership with the Felician Sisters

2022-2024

Community Health Needs Implementation Strategy

SSM Health Illinois

Good Samaritan Hospital | 1 Good Samaritan Way, Mt. Vernon, IL 62864

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

Message to our community

Good Samaritan Hospital and St. Mary's Hospital, members of SSM Health, have delivered exceptional, compassionate care to Jefferson and Marion County communities for 68 years. Inspired by our founding Franciscan Sisters of Mary, the Felician Sisters, and guided by our mission – to continue the healing ministry of Jesus Christ by improving and providing regional, cost-effective, quality health services for everyone, with a special concern for the poor and vulnerable – 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. In addition, we are grateful for the opportunity to partner with the following organizations: local schools, local Chambers of Commerce, University of Illinois Extension, Comprehensive Connections, Spero Family Services, Bond, Clay, Marion, and Washington (BCMW) County Community Services, the Health Departments of Marion and Jefferson County and many others.

Over the last 12 months, in collaboration with our community partners, we have conducted a community health needs assessment by gathering health-related information from County Health Rankings, Illinois Department of Public Health, BroadStreet Data IO, and CARES (Center for Applied Research and Engagement Systems), regarding Jefferson and Marion counties. We have interviewed key health officials, business officials, and community members; conducted focus groups; and administered a community-wide survey 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 hospitals' ability to truly make an impact.

The priorities we will address over the next three years:

1. Substance Abuse
2. Mental Health
3. Nutrition, Weight, and Exercise

During this time, Good Samaritan and St. Mary's Hospitals will further develop their community partnerships and deliver an exceptional experience through high-quality, accessible, and affordable care to all residents. Please visit our website at www.ssmhealth.com/chna 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 community in Jefferson and Marion Counties.

Sincerely,

Jeremy Bradford
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 is pleased to present the 2022 Community Health Implementation Plan (CHIP). This CHIP report and the 2021 Community Health Needs Assessment (CHNA) provide an overview of the health needs and priorities associated with our service area. This report aims to provide individuals with a deeper understanding of the health needs in our communities, 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 St. Mary's Good Samaritan, Inc. Board approved the CHNA on December 16, 2021, and the CHIP on March 17, 2022. SSM Health Illinois last completed a CHNA and CHIP in 2018.

Priorities

The SSM Health Illinois Community Health team held a meeting with SSM Health Illinois leaders and community members to determine priorities for the 2022-2024 Community Health Implementation Plan. Priorities include:

1. Substance Abuse
2. Mental Health
3. Nutrition, Weight, and Exercise

Strategies

SSM Health Illinois will collaborate with its community partners to leverage available resources available in Jefferson and Marion Counties to address the identified priorities.

1. **Substance Abuse –** Increase opportunities for proper drug disposal for community members; provide education on opioid misuse in the community; increase naloxone availability in the community; and provide prevention and cessation education on tobacco and vaping.
2. **Mental Health**– Provide evidence-based educational opportunities for community members; provide resources to increase knowledge of accessible mental health services; enhance collaborative efforts with community partners; and provide formation educational opportunities on trauma-informed care.
3. **Nutrition, Weight, and Exercise –** Promote access to nutritious food for those experiencing food insecurity; provide opportunities for education and engagement regarding nutrition, weight, and exercise; and build partnerships with outside organizations to build community programs

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About 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, Missouri, 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 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.

> . . . To continue the healing ministry of Jesus Christ by improving and providing regional, cost-effective quality health services for everyone, with a special concern for the poor and vulnerable.

SSM Health Good Samaritan and St. Mary's Hospitals

Highlight of Services
SSM Health Illinois 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 20 medical specialty areas.

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

- Marion County Health Department
- Jefferson County Health Department
- Egyptian Health Department
- Rend Lake and Kaskaskia Colleges
- University of Illinois Extension
- United Way of South Central Illinois
- Local Chambers of Commerce
- Local social service organizations

Community Benefit
In 2020, SSM Health Illinois provided ($39.7 M) in community benefit, comprised of ($4.1 M) in charity care; ($438 K) in community services; ($531 K) in Education and ($34.6 M) in unpaid costs of Medicaid and other public programs.

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).

Hospitals at a glance

Admissions	**9,876**
Outpatient visits	**150,447**
ER visits	**34,372**
Births	**1,360**
Beds	**258**
Employees	**2,138**
Medical staff	**453**
Volunteers	**215**
Charity care	**$10,433,603**

Community representatives and partners

SSM Health Illinois – Good Samaritan and St. Mary's Hospital leadership are grateful to the following community organizations and their members who participated in focus groups, key informant interviews, promoted the community health needs survey, and the 577 individuals who anonymously completed the community health needs survey.

- City of Mount Vernon
- City of Salem
- City of Centralia
- Marion County Health Department
- Jefferson County Health Department
- Egyptian Health Department
- Rend Lake College
- Kaskaskia College
- Lifeboat Alliance
- Midland Area on Aging
- Angels on Assignment
- Family Life Church Shelter
- Community Resource Center
- One Hope United
- Comprehensive Connection
- Spero Family Services
- Take Action Today (Addiction Recovery)
- South Central Transit
- Centralia Police Department
- Mount Vernon Police Department
- Jefferson County Chamber of Commerce
- Greater Salem Chamber of Commerce
- Centralia Chamber of Commerce
- University of Illinois Extension
- United Way of South Central Illinois
- Park Avenue Baptist Church Food Pantry
- CCBA Food Pantry
- Warren G. Murray Developmental Center
- Centralia Youth Complex
- Mount Vernon City Schools District 80
- Centralia High School District 200
- Kingdom of Treasures (Homeless Ministry)
- Bond Clay Marion Washington County Community Services
- Illinois Second Judicial Circuit Court (Jefferson County)
- Fourth Judicial Circuit Juvenile Justice Council (Christian, Clay, Clinton, Effingham, Fayette, Jasper, Marion, Montgomery, and Shelby Counties)
- Local Churches and Faith Communities including New Bethel Baptist Church, Corinthian Missionary Baptist Church, and Lively Stone Apostolic Church

Our Progress Since 2018

Our last Community Health Needs Assessment was conducted in 2018. Below are the health needs we identified, the strategies we implemented to address them, and the progress that has been made.

Priority #1 - Mental Health

Improve access to mental health services and develop programs to reduce the incidence of suicide from 19.2 in 2018 to ≤15 per 100,000 population by 2021

Strategy: 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.

- SSM Health hired two Advanced Practice Nurse (2019), one Master Professional Counselor (2019), one Mental Health Nurse Practitioner (2020), and one Psychiatric-Mental Health Nurse Practitioner (2021).

Strategy: Improve access to mental health services by developing and implementing a telepsychiatry program.

- In 2020, the inpatient and outpatient telepsychiatry services and virtual visits were expanded. The physician sees patients two days a week by telehealth via a face to face. Virtual visits, evaluation, and management provided by a physician or other qualified health professional, using a web-based communication network for a single patient encounter, have been expanded.

Strategy: Evaluate and implement the ACE screening tool for the identification of abuse and neglect.

- Implementation of the ACE screening tool was explored into 2019 and was not pursued in the 2019-2021 CHNA cycle.
- During primary care visits, SSM Health is administering the Patient Health Questionaire-2 (PHQ-2) Screening for Depression. If the PHQ-2 is positive for depression, the Patient Health Questionaire-9 (PHQ-9), which quantifies the severity of depression, is administered.
- The SSM Health community health team created a brochure resource guide for clinicians and community members on psycho-social resources and substance abuse treatment resources. Over 1000 brochures have been distributed within the community.

Strategy: Provide information and support to educators, hospitals, medical staff, and others on being "trauma-informed" to support children of abuse.

- "Trauma-Informed Communities" was organized in partnership with the Spero Family Services in August 2020. Trauma is a significant public health issue with far-reaching consequences for our youth, families, communities, and the nation. Awareness of trauma and its impact on the development of children and youth, family functioning and stability, social and emotional well-being, as well as community health has led to a cross-sector call to build "trauma-informed" schools, organizations, and communities that understand the causes and consequences of trauma to promote healing and resilience. Twenty-five community members attended.

Overall Metrics

The combined rate of suicide for Jefferson and Marion county increased to 20 per 100,000. The rate of suicide for Jefferson County is 15 per 100,000 and the rate of suicide for Marion County is 25 per 100,000 (County Health Rankings, 2021).

Priority #2 – Substance Abuse

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.

Strategy: Improve access to care and services to address causes of substance use/abuse by implementing a telepsychiatry program.

- In 2020, the inpatient and outpatient telepsychiatry services and virtual visits were expanded. The physician sees patients two days a week by telehealth via a face to face. Virtual visits, evaluation, and management provided by a physician or other qualified health professional to a patient using a web-based or similar electronic-based communication network for a single patient encounter have been expanded.

Strategy: Improve access to care and services expansion of LCSW counseling services.

- SSM Health hired two Advanced Practice Nurse (2019), one Master Professional Counselor (2019), one Mental Health Nurse Practitioner (2020), and one Psychiatric-Mental Health Nurse Practitioner (2021).

Our Progress Since 2018

Priority #2 – Substance Abuse Accomplishments Continued

Strategy: Improve access to care and services by reducing the stigma associated with mental health through community and education outreach.

- A webinar on "Understanding Mental Illness" organized in partnership with the Spero Family Services was hosted in November 2021. This is an important topic where the trainer talked about the importance of mental health and how to look after mental well-being, empowering strategies to fight depression, learning the art of remaining calm in the face of uncertainty, ways to beat insecurities, and how to develop resilience. Twenty-two community members participated in this educational opportunity.
- In June 2021, SSM Health purchased 200 QPR training codes to train at least 200 people. Just like CPR, QPR is an emergency response to someone in crisis and can save lives. QPR is the most widely taught Gatekeeper training in the world. QPR's mission is to reduce suicidal behaviors and save lives by providing innovative, practical, and proven suicide prevention training. Training is offered at no cost to community members. Metrics regarding learning and attendance are available from the QPR Institute after 50 people attend.

Strategy: Prevent drug overdoses by providing greater prevention programs and education by implementing trauma-informed programs for teachers.

- "Trauma-Informed Communities" was organized in partnership with the Spero Family Services in August 2020. Trauma is a significant public health issue with far-reaching consequences for our youth, families, communities, and the nation. Awareness of trauma and its impact on the development of children and youth, family functioning and stability, social and emotional well-being, as well as community health has led to a cross-sector call to build "trauma-informed" schools, organizations, and communities that understand the causes and consequences of trauma to promote healing and resilience. Twenty-five community members attended.

Strategy: Prevent drug overdoses by providing greater prevention programs and education by partnering with educators for Social-Emotional Learning programs.

- This strategy was not pursued in the 2019-2021 CHNA cycle.

Strategy: Prevent drug overdoses by providing greater prevention programs and education by improving parenting skills and services starting with prenatal classes.

- Seventy community members attended prenatal classes.

Strategy: Prevent drug overdoses by providing greater prevention programs and education providing community education and awareness.

- The community health team procured 100 Deterra Safe Medication Disposal Kits. These were distributed to community members with opioid prescriptions to encourage the safe disposal of unused medication.
- Narcan training was organized in partnership with the Egyptian Health Department. Narcan training includes information on recognizing symptoms of an opioid overdose, administering Narcan to save a person's life as well as providing free Narcan kits to attendees. Five Narcan trainings were offered in the 2019-2021 CHNA cycle for 43 community members.

Strategy: Implement local intervention programs by developing and implementing suboxone or Vivitrol clinics for treatment.

- This strategy was not pursued in the 2019-2021 CHNA cycle.

Strategy: Implement local intervention programs by making reversals agents widely available to first responders, community outreach organizations, and others.

- The community health team used a grant to purchase 100 Narcan kits which were made available at no cost to community members through the SSM Health Good Samaritan community pharmacy.

Our Progress Since 2018

Overall Metrics Priority #2 – Substance Abuse Continued

The metric regarding the rate of Emergency Department visits due to overdose is no longer available.

- In 2018, Marion County had a 0.79 per 100,000 fatal opioid overdose rate and an 11.11 per 100,000 non-fatal opioid overdose rate. In 2018, Jefferson County had a 0.26 per 100,000 fatal opioid overdose rate and a 4.43 per 100,000 non-fatal opioid overdose rate.
- In 2019, Marion County had a .80 per 100,000 fatal opioid overdose rate and an 11.17 per 100,000 non-fatal opioid overdose rate. In 2019, Jefferson County had a 2.63 per 10,000 non-fatal opioid overdose rate. Data for fatal overdoses in Jefferson county is suppressed.
- 2020 statistics are not yet available.

Priority #3 – Nutrition

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

Strategy: Improve healthy food intake by increasing access through food banks.

- SSM Health Illinois have active partnerships with CCBA Food Pantry in Centralia, Park Avenue Food Pantry in Mount Vernon, the University of Illinois Extension, and United Way of South Central Illinois. In January 2020, televisions were purchased for two food pantries to provide nutrition education from both SSM Health dieticians and University of Illinois Nutrition educators. An estimated 875 individuals have viewed this education while in line at the food pantries.
- In collaboration with the University of Illinois Extension, United Way of South Central Illinois, and other community organizations, SSM Health has sponsored twenty-nine mobile markets, serving 10,567 households. In addition to receiving fresh produce and dairy products, participants received nutritional information and recipes.

Strategy: Improve healthy food intake by improving the knowledge and skills of parents and others to prepare healthy foods.

- Beginning in January 2021, SSM Health partnered with the University of Illinois to offer "Healthy Cents" classes. Eighty-one individuals have completed at least one of the classes. Class topics include the following:
    - What is Healthy Food and How Can You Afford it?
    - Smart Shopping for Fruits and Vegetables
    - Saving Money on Food Away from Home
    - Healthy Snacks You Can Afford
    - Container Gardening
    - Making Choices Between Food Needs and Food Wants

Strategy: Develop vegetable and fruit gardens in collaboration with local churches, schools, and others.

- This strategy was not pursued in the 2019-2021 CHNA cycle.

Strategy: Develop fitness and activity programs.

- This strategy was not pursued in the 2019-2021 CHNA cycle.

Strategy: Update Nutrition, Exercise Training (NeXT) Program at the Felician Wellness Center in Centralia and replicate in Mount Vernon.

- The program was revamped to meet the most up-to-date, evidence-based, scientific resources in the 2020-2025 Dietary Guidelines for Americans. These new teachings aim to provide guidance for choosing a healthy diet and focus on preventing diet-related chronic diseases that are related to poor quality eating patterns and physical inactivity. Other new topics include how to eat healthy on a budget, blood sugar and weight loss, the anti-inflammatory lifestyle, food and activity logging, healthy meal planning and prepping, and several other topics that are beneficial for wellness and weight loss. The NExT program also offers an updated free full body composition analysis scan to each participant that includes measurements of weight, body fat percentage, body water percentage, basal metabolic rating, metabolic age, bone mass, muscle mass, physique rating and visceral fat rating. Certified wellness coaches teach the course and each session includes education, an activity, an exercise period, and a time for participants to meet with instructors in one-on-one settings. Fourteen sessions were conducted in the 2019 – 2021 CHNA cycle; 403 individuals completed at least one session and 319 individuals completed the six-session series. It is anticipated that the program will be replicated in Mount Vernon in 2022.

Overall metrics

According to Feeding America, the (projected) food insecurity rate for Jefferson and Marion Counties in 2021 is 14.6%.

Determining the Health Needs of our Community

In conducting this Community Health Needs Assessment, the SSM Health Community Health team sought input from the community through a community-wide health survey, hosted focus groups, and conducted key informant interviews. No groups in the community were excluded from participating in the assessment.

Secondary data was collected from various data sources, such as the U.S. Census, Centers for Disease Control and Prevention, County Health Rankings, SparkMap, broadstreet.io, and the Illinois Department of Public Health. Each of these sources of primary data (community input) was analyzed along aside secondary data.

No written comments were received on the SSM Health Illinois 2019-2021 Community Health Needs Assessment.

Community Health Survey

From March 15, 2021, to May 24, 2021, individuals within the community were invited to complete a thirty-nine-question community health survey. The online survey was promoted through social media, press releases, county and city chambers of commerce, e-mail invitations to SSM Health physicians, staff, and volunteer boards as well as email invitations to public officials, community organizations, and churches. Paper surveys were available at the hospital entrances and local public libraries. 577 residents of the 23 zip codes of the defined communities completed surveys; 3 of the 577 surveys were completed using a paper survey.

Focus Groups

Focus groups were moderated, conducted, and analyzed by the company, Stefanie Santos McLeese: PR and Brand Strategy. As part of the broader Community Health Needs Assessment (CHNA) data-gathering process, three audiences were identified as priorities for further investigation, either due to statistical under-representation in the 2021 CHNA survey or general urgency as indicated in survey results. One group was assigned to represent each of these audiences.

When possible, CHNA initiatives focus on the collection of health needs from a representative mix of first-person perspectives. However, certain groups may be more reluctant or simply less likely to share their direct feedback for a variety of reasons. In cases like these, it can be appropriate to engage individuals with direct contact with these populations to provide the necessary story, point of view, and context, helping to ensure the CHNA incorporates the needs of these groups.

The SSM Health Community Health team conducted a rigorous, best-practice network recruit for each of the three groups, beginning with known stakeholders with appropriate context before branching out to recruit stakeholders suggested by existing stakeholders to represent intended focus populations.

<u>Group Emphasis and Participant Summary</u>

- Individuals experiencing **housing instability or homelessness**: seven participants representing local community services organizations; two of these participants had personally experienced housing instability
- **Black community members**: three church leaders serving predominantly Black congregations
- Individuals experiencing **mental health difficulties:** nine participants representing local community service organizations which on focus mental health services

Key Informant Interviews

The Community Health team interviewed 28 key community members – health care administrations, social service organization leaders, law enforcement, educational leaders, civic organizational leaders, and key community leaders – to gather input on the health needs, strengths, concerns, and areas of improvement needed in our community. Several of the interviews involved more than one person from the organization. Interviews were conducted in person or via virtual video meeting software depending on the individual's preferences. All interviews were recorded and transcribed via auto transcription software.

Determining the Health Needs of our Community

Community Health Survey Findings
According to the survey, the top three health conditions in the community are as follows:
1) Overweight/Obesity
2) Substance use (Alcohol, Tobacco, Opioids, Fentanyl, Heroin)
3) Mental health issues

The top three strengths identified by the survey participants are as follows:
1) Opportunity to practice spiritual beliefs
2) Ability to continue living in my home or chosen community as I get older
3) Strong family and/or friends' relationships

The top areas of improvement identified by the survey participants are as follows:
1) Access to mental health services
2) Access to substance use disorder treatment
3) Overweight/obesity prevention programs

13.5% to 15.6% of survey participants reported poor or fair health compared with the County Rankings (2018) of 17.1-21%.

Survey participants reported an average of 5.9 poor physical health days compared with County Health Rankings (2018) of between 4.1 – 5.0 days of physical health per month.

Survey participants reported an average of 5.8 poor mental health days Compared with County Health Rankings (2018) of over 5+ days of poor mental health poor month.

13% of survey participants indicated that they have difficulty shopping for healthy food for their families compared to a 14% food insecurity rate for residents of Marion and Jefferson Counties. The two most common reasons for this difficulty are food being too expensive (36%) and not having enough money to buy healthy food (16%).

18% of survey participants reported living paycheck to paycheck, 14% reported that money is a major stressor in their lives and 5% reported that they do not have enough money to pay household bills; 18% of residents in Jefferson and Marion counties live below the 100% poverty level.

Focus Group Findings
Participants agreed that the current **mental health and substance abuse resources** are not nearly adequate to meet the need. Making the resource shortage worse includes compounding factors, such as providers not accepting insurance, as well as a lack of coordinated intake and wraparound services.

- Long-term innovation is needed to **attract professional talent**. Across groups, participants noted the difficulty of attracting and retaining necessary high-quality professionals. Repeatedly, participants questioned why someone would bring their family to this community versus another location. These concerns raise the possible need to invest in educating and training local young people to go into the medical and psychiatric field to serve their hometown community in the future.
- Participants identified opportunities to **help break down silos** between healthcare and supportive services by "connecting the dots". One suggestion included a central intake system that could help alleviate the hurdles to identifying where to start and to streamline services to treat more patients through recovery.
- Participants identified an opportunity **to build trust through kindness and affirmation** that will improve patients' prioritization of their health. For Black community members and mental health patients, current perceptions of the health system can lead to avoidance of health care, causing detrimental health outcomes.

Determining the Health Needs of our Community

Through the focus groups, two explicit community health needs were identified.

1. **Existing mental health and substance abuse services are not adequate or appropriate to the need.**
This problem is seen as a blend of inadequate staffing, funding, insurance coverage, stabilization protocols, and (for the severely or chronically unwell) state involvement helping to ensure necessary services and medication. The process for getting admitted and evaluated for mental health services is particularly broken, with social workers sharing that they must "say the right things" to get someone into the system.

2. **There is a lack of integration across physical health, behavioral/mental health, and social/supportive services.**
The community overarchingly believes services exist to serve those in need, but there are major communication hurdles between organizations and how to best intake, serve, transfer, and transport individuals. If a caseworker doesn't know what's available or who to call, an important connection may not happen. In some cases, a connection is made and planned, but a lack of transportation can stand in the way.

Key Informant Interview Findings

Key informants identified substance abuse (20 interviews), mental health (19 interviews), nutrition, exercise, and weight (15 interviews) as the top three health needs facing our community. Oral health and C0VID-19 (8 interviews) were also identified as top needs. Cancer, cardiovascular disease, teen pregnancy, chronic obstructive pulmonary disease, and sexually transmitted infections were also named by the key informants.

In considering social determinants of health, interviewees highlighted poverty (14 interviews), lack of access to mental health services (13 interviews), lack of access to primary and specialty care (9 interviews), food insecurity (8 interviews). Lack of transportation and housing instability (8 interviews) were identified as a hurdle to better health. Educational attainment, childhood abuse and neglect, lack of exercise locations, and lack of access to maternity care in Centralia were also named by key informants.

Key informants identified low-income families (14 interviews), the elderly (9 interviews), children (8 interviews) as most vulnerable populations in their community. Single parents and minorities (6 interviews) were also identified as vulnerable populations. The working poor, sexual assault/human trafficking victims, abused children, victims of domestic violence, and those who are under/uninsured were also identified by key informants.

Prioritizing the Health Needs of our Community

As part of the CHNA requirement, hospitals are required to evaluate the needs that are identified and validated through the data analysis.

Before the 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 community as compared to Illinois or other counties
- Health issues for which trends are worsening
- Health issues which community members through the community health needs survey, focus groups, or key informant interviews identified as priorities
- Health issues identified by county and state health departments

Though this process the community health team identified the following health needs within the community:

Accidents and Unintentional injuries
Alzheimer's disease
Cancer
Cerebrovascular diseases
Chronic liver disease and cirrhosis
Chronic lower respiratory diseases
Coronary Artery Disease
Diabetes
Epilepsy/Convulsions
Heart disease
High blood pressure
High Cholesterol
Hypothyroidism
Influenza and pneumonia
Intentional self-harm (suicide)
Lung disease (Asthma, COPD, etc.)
Mental health issues (Anxiety, Depression)
Nephritis, nephrotic syndrome and nephrosis
Nutrition, Weight, and exercise
Oral and Dental Disease
Parkinson's disease
Psychotic Disorders
Rheumatoid Arthritis
Septicemia
Stroke
Substance Use Disorder
Teen pregnancy

The above 27 health needs were reduced to the following 14 health needs by applying the above criteria more narrowly.

Mental Health
Nutrition, Exercise, and Weight (includes Obesity and Diabetes)
Substance Abuse
Heart Disease/Hypertension
Cancer
High Cholesterol
Oral and Dental Disease
Stroke
Neurological Diseases
Suicide
Lung Disease
Sepsis
Diarrhea and Pneumonia
Teen pregnancy

Prioritizing the Health Needs of our Community

On September 21, 2021, the following individuals gathered virtually to review the primary and secondary data and to vote on the priority health needs in our community to be addressed in the 2022-2024 CHNA cycle.

Lisa Barrow, Kaskaskia College, Professor of Nursing
Jeremy Bradford, SSM Health Good Samaritan, President
Shawna Bullard (formerly) SSM Health Southern Illinois, Administrative Director of Foundations
Hollie Colle, SSM Health Southern Illinois, Administrative Director of Operations
Lisa Crouch, SSM Health Southern Illinois Medical Group, Director for Nursing and Quality Assurance
Dunahee Darren, SSM Health Southern Illinois, Business Development Consultant
Chris Dennis, Egyptian Health Department, Prevention Coordinator
Lisa DiMarco, SSM Health Southern Illinois, Vice President Patient Care Services
Tracy Fiscus, SSM Health St. Mary's Hospital, Administrative Director of Nursing
Candy Guern, SSM Health Southern Illinois Medical Group, Clinic Director
Damon Harbison, SSM Health St. Mary's Hospital, President
Amy Harrison, Jefferson County Health Department, Administrator
Ashley Hoffman, University of Illinois Extension, Extension Educator, SNAP-Education
Steve Hubler-Marti, SSM Health Illinois Medical Group, Vice President of Operations
Dr. Murali Kondapaneni, (formerly) SSM Health Southern Illinois, Physician
Chuck Lane, Centralia High School, Superintendent
Melissa Mallow, Marion County Health Department, Administrator
Rebecca Niemerg, SSM Health Southern Illinois, Regional Director of Mission Integration
Susie Robbins, Community Member, and SSM Health St. Mary's Foundation Board Member
Brenda Schroeder, SSM Health Southern Illinois, Director of Case Management
Jennifer Sims, SSM Health Southern Illinois, Director of Strategy
Marla Smith, SSM Health Southern Illinois, Director of Behavioral Health
John Snodsmith, SSM Health Southern Illinois, Vice President of Finance
Heather Turner, SSM Health Southern Illinois, Director of Social Services
Natalie Wellen, United Way of South Central Illinois, Executive Director
Darla Wexstten, Community Member and SSM Health Good Samaritan Foundation Board Member
Susan Wiley, Rend Lake College, Director of Nursing Program

Members of the prioritization team received information on the community health surveys, focus groups, key informant interviews (primary data), as well as secondary data regarding the community including demographics, health conditions, County Health Rankings, adjusted mortality rates, and the area deprivation index.

During the meeting, participants were invited to ask questions, share insights, and bring forth for discussion the information received before the meeting.

As part of the prioritization process, participants were asked to consider the following questions:

- What is the importance of this issue to the community?
- Who is positively and negatively affected by the issue and how?
- What ability does the health system have to impact this issue within the community?
- Are there resources in the community to help address this issue?
- What are the benefits and burdens that the community experiences with this issue?
- How are we meaningfully including or excluding people (vulnerable populations) who are affected?

Prioritizing the Health Needs of our Community

Participants were presented with a summary of the key health priorities from the various data sets as illustrated below:

Primary Data			Secondary Data				
CHNA Survey	Focus Groups	Stakeholder Interviews	Conditions Impact		2019 ED Utilization Data		Leading Causes of Death
			Marion	**Jefferson**	**St. Mary**	**Good Samaritan**	**Both Counties**
Nutrition, Exercise, and Weight	Mental Health	Substance Abuse	Hypertension	Hypertension	Open or Superficial Wounds	Chest Pain - Noncardiac	Cardiovascular Disease
Substance Abuse	Substance Abuse	Mental Health	High Cholesterol	High Cholesterol	Nonspecific Back and Neck Pain	Nonspecific Back and Neck Pain	Cancer
Mental Health		Nutrition, Exercise, and Weight	Coronary Heart Disease	Major Depression	Chest Pain - Noncardiac	Abdominal Pain	Neurological Disease
Cancer		Oral and Dental Disease	Major Depression	Diabetes	Urinary Tract Infection	Open or Superficial Wounds	Lung Disease
Heart Disease		COVID	Diabetes	COPD	Bronchitis and Respiratory Disease	Sepsis	Diarrhea and Pneumonia

Participants were invited to choose up to three health needs anonymously via an online voting platform from the following fourteen health needs Mental Health; Nutrition, Exercise, and Weight (including Obesity and Diabetes); Substance Abuse; Heart Disease/Hypertension; Cancer; High Cholesterol; Oral and Dental Disease; Stroke; Neurological Diseases; Suicide; Lung Disease; Sepsis; Diarrhea and Pneumonia; Teen pregnancy.

After one round of voting, mental health received 26 votes, substance abuse received 26 votes, nutrition, exercise, and weight received 23 votes, suicide received 3 votes, and oral and dental disease received 1 vote. While the normal process of prioritizing health needs would involve multiple rounds of voting, after a short discussion, the prioritization team agreed that further rounds of voting were unnecessary given the clear outcome.

Significant Needs Outside the Implementation Strategies

Fourteen significant health needs were presented to the prioritization team for consideration. SSM Health Illinois recognizes that no one organization can address all the health needs present in the community. SSM Health Illinois will be addressing the three health needs with the highest assigned priority and will not be adopting implementation strategies for the eleven health needs due to the relatively low priority assigned to those needs.

We are committed to continuing our mission by collaborating with like-minded community organizations with the capacity and expertise to address other identified significant health needs.

Priority health needs of our community

Priority 1 Substance Abuse

- 48% of survey respondents designated substance abuse as one of the top three health needs in our community
- 49% of survey respondents designated access to substance abuse services as one of the top five needed areas of improvement in our community
- 19% of adults in our community report binge drinking
- 29% of driving deaths in our community involve alcohol
- Our community experiences 70 deaths per 100,000 people due to suicide, drug alcohol overdose, and alcoholic liver disease compared to the Illinois rate of 30 deaths per 100,000 people
- Mental health and substance abuse were designated as top needs in focus groups and key informant interviews

Priority 2 Mental Health

- 39% of survey respondents designated mental health as one of the top three health needs in our community
- 50% of survey respondents designated access to mental health services as one of the top five needed areas of improvement in our community
- Mortality rates for mental and substance use disorders have increased steadily since 1990
- Health Professional Shortage Area (HPSA) Score for our community regarding mental health professional shortage is 20-26 (highest score is 26, which indicates the greatest shortage)
- Our community is in the bottom quartile of adults reporting poor mental health days – over 5 days per month
- 20% of Medicare beneficiaries in our community experience depression
- Mental health and substance abuse were designated as top needs in focus groups and key informant interviews

Priority 3 Nutrition, Weight, & Exercise

- Survey respondents indicated that obesity prevention programs (43%) and nutrition education opportunities (36%) are needed
- 50% of survey respondents designated obesity as one of the top three health needs in our community
- Only 39% of survey respondents exercise at least three times a week
- 28% of adults in our community report no leisure-time physical activity in the past month
- 21% of children in our community experience food insecurity
- 14% of the total population in our community experience food insecurity
- 30% of our community struggle with obesity and 10% struggle with diabetes
- Our community experiences 66 deaths per 100,000 people compared to the Illinois rate of 56 deaths per 100,000 people due to diabetes

Community Assets

Social Services

Angel's Cove
Angels on Assignment
Baptist Children's Home
CASA
Cathy's Cottage
Food Pantries
Head Start Programs
Lifeboat Alliance
One Hope United
Opportunities for Access
Pregnancy Care Centers
Project CHILD
Safe Haven
Second Hand Stores
Spero Family Services
S.A.F.E
Amy Schulz Child Advocacy Center
BCMW Community Services
Counseling Centers and Private Counselors
Community Resource Center
Comprehensive Connections
Lutheran Child & Family Services
Midland Area Agency on Aging

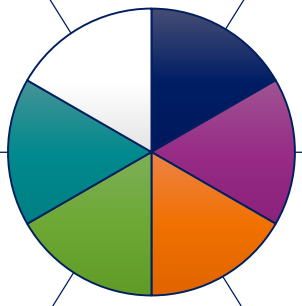
In Our Hospitals

Auxiliary Members
Angela Center
Bargain Box
Behavioral Health Unit
Volunteers
Breast Support Group
Prenatal Classes
Cancer Support Group
Case Managers
Diabetes Educators
Hospital Foundations
Hospital Services
Music, Pet & Art Therapies
NExT program
Nurses
Physicians
Social Workers
Stroke Support Group
Volunteers
Felician Wellness Center
Bereavement support group
Adult Hands on CPR and Early Heart Attack Care Education
Leaders and Administrators
Patient Family Advisory Council

Local Economy

Banks
Credit Unions
Downtown Development Councils
Economic Development Corporations
Foundations
Local Chambers of Commerce
Major Employers
Market Days
Newspapers
Radio Stations
Small Business Owners

Our Community



Individuals

Activists
Civil Servants
Residents
Older Adults
Parents
Professionals
Residents
Retirees
Students
Teachers
Volunteers
Workforce
Youth

Associations

4-H Clubs
American Cancer Society
Celebrate Recovery
Centralia Youth Center
Churches
Church ministries
Helping Hands
Historical Societies
Kiwanis and Lions Clubs
Ministerial Alliances
NAACP
NAMI
Rotary Clubs
Veterans' Associations
Women's Business Clubs
YMCA
Cedarhurst Center for the Arts
Granada Center for the Performing Arts,
Jefferson and Marion County CEO Programs
United Way of South Central Illinois

Institutions

Civil Governments
County Drug Courts
Crossroads Hospital
Day Care Centers
Fire Departments
Health Departments
Housing Authorities
Judicial Systems
Libraries
Police Departments
Rend Lake College
School Districts
Senior Care Centers
SSM Health Hospitals
U of I Extension
South Central Transit
Federally Qualified Health Centers
Kaskaskia Community College

Strategic implementation plan

In conducting the CHNA, the SSM Health Illinois Community Health team sought input from the community through a community-wide health survey (577 responses), hosted three focus groups (21 participants), and interviewed 28 community leaders. No groups in the community were excluded from participating in the assessment.

Secondary data was collected from various organizations, such as the U.S. Census, Centers for Disease Control and Prevention, County Health Rankings, SparkMap, broadstreet.io, and the Illinois Department of Public Health. Each of these sources of primary data (community input) was analyzed along aside secondary data.

SSM Health Southern Illinois developed a three-year Community Health Improvement Plan (CHIP) to respond to the prioritized needs, considering resources, community capacity, and core competencies. The Regional Director of Mission Integration and the Senior Community Health Specialist developed evidence-based and evidence-informed strategies in light of primary and secondary data.

Community members and leaders who participated in key stakeholder interviews focus groups, the prioritization sessions as part of the development of the CHNA as well members of the SSM Health Illinois Leadership Team – approximately 80 individuals in total – were invited to review a draft implementation plan and provide feedback via an online survey or participant in one of three community feedback sessions hosted on an online platform.

The 2022-2024 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process. We are committed to supporting, strengthening, and serving our community in ways that align with our mission and values, engage our expertise, and leverage our community benefit resources in the most impactful ways.

Priority 1

Substance Abuse

Priority 2

Mental Health

Priority 3

Nutrition, Weight, and Exercise

Substance Abuse Strategies

Background

Opioid Abuse

According to the CDC's National Center for Health Statistics provisional, drug overdose deaths have increased from 78,056 in 2019/2020 to 100,306 in 2020/2021. In Illinois, the overall age-adjusted drug overdose mortality rate in 2019 was 21.9 per 100,000 population. Illinois has also been ranked 24th in the country for overall drug overdose fatality rate. According to the CDC's Center for Vitals statistics, mortality rates due to poisoning were 26 per 100,000 population for Marion County and 22 per 100,000 for Jefferson County.

Tobacco/Vaping

Tobacco use is the leading cause of preventable disease, disability, and death in the United States. Cigarette smoking causes more than 480,000 deaths annually, including 41,000 deaths from secondhand smoke. For every American who dies because of smoking, at least 30 are living with a serious smoking-related illness. According to CDC's Behavioral Risk Factor Surveillance Survey, over 15% of residents in Illinois were current smokers in 2019. Additionally, in 2019, 22.7% of Illinois high school youth reported currently using any tobacco product, including e-cigarettes. Among Illinois high school youth, 4.7% reported currently smoking cigarettes. The percent of adults who regularly smoke in both Marion and Jefferson County is approximately 20%, higher than the state average.

When conducting the 2021 Community Health Needs Assessment, feedback from community members emphasized the need for resources and support for substance abuse prevention. Currently, only two pharmacies in Jefferson and Marion counties provide medication disposal drop-off services, and only seven pharmacies have a standing order to provide naloxone to community members upon request.

	Strategies to Address Substance Abuse Priority		
	Provide opportunities for proper drug disposal for OTC and controlled substances	**Provide education on opioid misuse and provide naloxone to community members**	**Provide prevention and cessation education on tobacco and vaping use**
Action Steps	Install comprehensive medication collection kiosk, pending DEA approval, at each hospital	Apply for a State of Illinois naloxone standing order for SSM Health pharmacy and ensure listing on state and national websites	Initiate the implementation of CATCH my Breath program in local schools
	Create and distribute education regarding at home drug disposal best practices	Identify eligible organizations willing to participate in the Illinois Drug Overdose Prevention Program (DOPP)	Provide resources and educational opportunities for tobacco and vaping cessation in the community
	Distribute "at-home" disposal kits to high risk populations	Promote Narcan pick-up availability at specified community-based locations	Provide incentive opportunities for local schools to participate in smoking prevention education
		Provide education opportunities on Narcan administration and disperse Narcan for households to have on-hand in an emergency	

Substance Abuse Strategies

Community Partners and Supporting Resources

- Egyptian Health Department
- Comprehensive Connections
- Community Resource Center
- Spero Family Services
- Peer support groups – Al-Anon, AA, NA, and Celebration Recovery
- Jefferson and Marion County Health Departments
- Local Police Departments
- Local School Districts
- Local Faith-Based Organizations
- SSM Health Illinois Behavioral Health
- SSM Health Illinois Social Services
- SSM Health Illinois Medical Group

Programs and Resources SSM Health Illinois Plans to Commit:

- Program trainers for Opioid Education and Narcan Trainer
- Staff time to support the implementation of the action plan
- Funding for programs, organization, and advocacy

Evidence-based interventions

Drug Overdose Prevention Program

- Naloxone is a prescription medication that reverses overdoses caused by opioids such as heroin, Vicodin, and OxyContin; it is not a controlled substance and does not have the potential for abuse. There is some evidence that opioid overdose education and naloxone distribution programs increase knowledge of appropriate overdose response among participating opioid users and others likely to encounter an overdose situation. Naloxone distribution through such programs is associated with reduced overdose deaths and appears to increase participants' confidence in their ability to respond effectively to overdose situations.

Drug Disposal Programs

- Proper drug disposal programs are a suggested strategy to reduce illicit drug use and unintentional poisoning, reduce pharmaceutical contamination of fresh water, and improve water quality. Available evidence suggests that drug disposal programs increase collection and proper disposal of unused prescription drugs and reduce pharmaceuticals in the environment.

CATCH my Breath: Vaping Prevention Program

- CATCH My Breath is a peer-reviewed, evidence-based youth vaping prevention program developed by The University of Texas Health Science Center at Houston (UTHealth) School of Public Health. The program provides up-to-date information to teachers, parents, and health professionals to equip students with the knowledge and skills they need to make informed decisions about the use of e-cigarettes, including JUUL devices. CATCH My Breath utilizes a peer-led teaching approach and meets National and State Health Education Standards.

Courage to Quit Tobacco Cessation Program

- Courage to Quit is an evidence-based group or individual tobacco treatment program for adults available in multiple formats with flexible content that can be customized for delivery. Trained and certified leaders provide information, practice skills, and support to help participants reach their smoke-free goals.

Substance Abuse Strategies

Outcomes	Evaluation Plan
↑ drug disposal resources in the community	Assess through the number of participating organizations and events that participate in drug take back programs.
↑ practice of proper drug disposal in community	Assess through the number of pounds of drugs collected, as well as the number of at-home drug disposal kits distributed.
↓ availability prescription and over the counter expired or unused medication	
↑ knowledge of vaping's negative health effects	Assess through the CATCH my Breath vaping prevention program's learning assessment tools.
↑ knowledge of naloxone administration	Assess through the number of trainings offered, participants who attend, and knowledge assessment tools following the training.
↑ number of community members with access to Narcan	Assess through the number of Narcan distributed to community members.

*Activities will be evaluated throughout the course of implementation and adapted to ensure success.

Long Term Health Goals
Decrease incidence of improper drug use
Decrease incidence of prescription drug dependence
Reduce emergency hospital visits due to drug-related incidents
Decrease rate of opioid overdose
Reduce prevalence of tobacco related health disparities

Mental Health Strategies

Background

In the United States, more than 1 in 25 Americans live with a serious mental illness. Mental health conditions, such as major depression and anxiety can increase an individual's risk for long-lasting chronic diseases, such as diabetes, heart disease, and stroke.

Marion and Jefferson Counties are ranked among the lowest quartile of adults reporting poor mental health days, with an average of over 5 poor mental health days per month. According to United Health Foundation's US Health Rankings, over 14% of Illinois residents have been diagnosed with a depressive disorder. The rate of suicide in Illinois is 11.3 per 100,000 population. Additionally, the rate of suicide in Marion county is 26 per 100,000 population, and Jefferson county is 15 per 100,000 population. Both rates of suicide are higher than the average rate of suicide in the state.

Throughout the Community Health Needs Assessment, residents of Jefferson and Marion counties have identified mental health as a priority focus for their community, emphasizing the need for increased access to mental health resources and education to prevent a mental health crisis.

	Strategies to Address Mental Health Priority			
	Provide educational opportunities for community members	**Provide resources to increase knowledge of accessible mental health services**	**Enhance collaborative efforts with community partners**	**Provide educational opportunities on trauma informed care**
Action Steps	Offer Question, Persuade, Refer (QPR) Gatekeeper Training	Increase distribution of community Mental Health Resource Guide	Develop relationships with new and existing community partners	Provide CME opportunities to SSM Health and community clinicians on trauma informed care
	Implement Adult and Youth Mental Health First Aid trainings	Begin distributing the National Suicide Prevention Lifeline to community members and partnering organizations	Sponsor community events and initiatives hosted by partners	Provide general education workshops on trauma-informed community building and resilience

Community Partners and Supporting Resources

- Spero Family Services and other counseling services
- Community Resource Center
- Egyptian Health Department
- BCMW Community Services
- Jefferson and Marion County Health Departments
- Local Police Departments
- Local School Districts
- Local Faith-Based Organizations
- SSM Health Illinois Behavioral Health
- SSM Health Illinois Social Services
- SSM Health Illinois Medical Group

Mental Health Strategies

Programs and Resources the Hospitals Plan to Commit:

- Program trainers for Mental Health First Aid
- Staff time to support the implementation of the action plan
- Funding for programs, organization, and advocacy

Evidence-based interventions

Question, Persuade, Refer (QPR) Gatekeeper Training:

- QPR is an evidence-based suicide prevention curriculum that teaches individuals to recognize someone at risk, intervene with confidence and competence and refer them to the appropriate source to receive the help they need. Official QPR training outcomes as determined by independent research reviewers of published studies for the National Registry of Evidence-based Practice and Policies found that trained gatekeepers have increased knowledge, confidence, and gatekeeper skills per these measures:
    - Increased declarative knowledge
    - Increased perceived knowledge
    - Increased self-efficacy
    - Increased diffusion of Gatekeeper training information
    - Increased Gatekeeper skills (ability to engage in active listening, ask clarifying questions, make an appropriate referral)

Mental Health First Aid Training

- Mental Health First Aid is an international education program proven to be effective in teaching adults how to recognize and respond to signs and symptoms of mental health and substance use challenges. Peer-Reviewed studies have been conducted around the world and show that individuals trained in the program:
    - Grow their knowledge of signs, symptoms, and risk factors of mental illnesses and addictions.
    - Can identify multiple types of professional and self-help resources for individuals with a mental health or substance use challenge.
    - Increase their confidence in and likelihood to help an individual in distress.
    - Show increased mental wellness themselves.

Trauma-Informed Communities

- Experts suggest community development initiatives that include components of trauma-informed community building, capacity building, empowerment, and network development may increase community resilience in response to adverse childhood experiences (ACEs) and adverse community environments.

National Suicide Prevention Lifeline

- There is some evidence that crisis lines reduce suicide risk and depressive symptoms among callers. Evidence from assessments of crisis hotlines in the US and the United Kingdom indicate that callers experience reductions in suicidal thoughts, self-harm ideation, distress, and hopelessness at the end of their call A survey of the NSPL suggests that 50% of those who call a suicide hotline and are referred to mental health services access those services.

Mental Health Strategies

Outcomes	Evaluation Plan
↑ community knowledge of risk factors and warning signs of mental health disparities	Assess knowledge and attitudes of mental health and suicide prevention through pre/post-program evaluation measures of QPR training and Mental Health First Aid.
↑ recognition of available mental health services	Facilitate through distribution of the Mental Health Resource Guide and will be assessed through both the number of copies distributed, as well as reported recognition of accessible services through the 2024 CHNA survey collection.
Developed relationships between community health organizations	Assess through the number of collaborative partners initiated and amount of monetary contribution through SSM Health sponsorship of community initiatives.
↑ number of community members who seek mental health treatment	Assess through increases in SSM behavioral health services following implementation of action plan activities.

*Activities will be evaluated throughout the course of implementation and adapted to ensure success.

Long-term Health Goals
Reduce number of reported mentally unhealthy days
Increase percentage of individuals receiving treatment for chronic mental illness
Reduce prevalence of untreated depression/anxiety
Decrease Suicide Rate
Decrease Emergency Department Visits for nonfatal intentional injury

Nutrition, Weight and Exercise Strategies

Background

Obesity is a serious chronic disease that continues to increase in the United States and can lead to other serious illnesses like type II diabetes, heart disease, and cancer. In Jefferson and Marion counties, over 30% of adults living in the community are obese (BMI=30+), which is slightly lower than the state average percentage of adults with obesity, at 32%. Community representatives who participated in the Community Health Needs Assessment have identified obesity as a significant need to be addressed in the area.

Access to nutritious food and opportunities for physical activity plays a vital role in reducing the prevalence of obesity and chronic disease. Within the Jefferson and Marion county areas, 14% of the population experience food insecurity, or a lack of resources to feed all members of their household. Additionally, the rate of available fitness and recreation facilities per 100,000 population is approximately 15 in both Jefferson and Marion County. The rate in Illinois for Recreation and Fitness facilities is only 12.5 per 100,000 population. Many times, these facilities have a cost for membership, which can also pose a barrier to many community members. Costs for fitness center memberships typically range from $10 to $100 each month.

	Strategies to Address Nutrition, Weight and Exercise Priority		
	Promote access to nutritious food for those experiencing food insecurity	**Provide opportunities for Education and Engagement regarding Nutrition, Weight and Exercise**	**Build Partnerships with outside organizations to build Community Programs**
Action Steps	Provide support for Mobile Markets and to local community food pantries	Fund scholarships for identified vulnerable populations to participate in Felician Wellness Centers' NeXT (Nutrition, nutrition and physical activity program	Partner with local schools to promote the USDA's Team Nutrition Program
	Identify locations for Little Food Pantry Box Installation	Provide evidence-base Chronic Disease/Diabetes Self-Management Courses	Develop relationships with new and existing community partners
	Support existing and establish additional community Gardens and the training of master gardeners	Provide support in offering accessible community fitness courses	Sponsor community events and initiatives hosted by partners

Nutrition, Weight and Exercise Strategies

Community Partners and Supporting Resources

- University of Illinois Extension
- United Way of South Central Illinois
- Illinois Food Bank
- St. Louis Food Bank
- CCBA Food Pantry
- Park Avenue Baptist Church Food Pantry
- Felician Wellness Center
- Community Youth Centers
- Jefferson and Marion County Health Departments
- Local School Districts
- Local Faith-Based Organizations
- SSM Health Illinois Diabetes Educators
- SSM Health Illinois Weight Management Services
- SSM Health Illinois Medical Group

Programs and Resources the Hospitals Plan to Commit:

- Program trainers for Chronic Disease/Diabetes Self Management
- Staff time to support the implementation of the action plan
- Funding for programs, organization, and advocacy

Evidence-based interventions

Mobile Markets:

- Evidence shows mobile produce markets may increase healthy food purchases and consumption, especially when combined with food-assistance incentives, nutrition education, and social gathering opportunities for consumers. Higher market attendance is associated with greater increases in produce consumption than lower attendance.

Community Gardens

- There is some evidence that community gardens improve access to and consumption of fruits and vegetables and increase physical activity for gardeners. Community gardens are a suggested strategy to improve food security and increase fruit and vegetable availability in food deserts. Experts suggest community gardens may also promote healthy eating, reduce obesity, and improve participants' mental health and social connectedness. However, additional evidence is needed to confirm the effects.

Chronic Disease/Diabetes Self-Management:

- Developed at Stanford University, the Chronic Disease Self-Management Program (CDSMP) is an effective self-management education program for people with chronic health problems. It specifically addresses arthritis, diabetes, and lung and heart disease, but teaches skills useful for managing a variety of chronic diseases.

Team Nutrition:

- Team Nutrition, an initiative of the United States Department of Agriculture's Food and Nutrition Service, supports national efforts to promote lifelong healthy food choices and physical activity by improving the nutrition practices of child nutrition programs. They provide resources to schools, childcare settings, and summer meal sites that participate in these programs.

Community Fitness Programs

- There is strong evidence that fitness and exercise programs offered in community settings increase physical activity levels and improve physical fitness for participating adults and older adults, particularly when these activities are offered with social support interventions.

Nutrition, Weight and Exercise Strategies

Outcomes	Evaluation Plan
↑ participation in Mobile Markets and Food Pantry	Assess increase in participation by tracking number of mobile market and food pantry attendees.
↑ knowledge of healthy eating and exercise practices	Assess knowledge and attitudes of healthy eating and exercise through evaluation measures created for nutrition and physical activity programs.
↑ knowledge of effective chronic disease and diabetes prevention/ management	Assess knowledge and attitudes of chronic disease and diabetes management through Stanford's Chronic Disease Self Management Assessment tools.
↑ consumption of fresh fruits and vegetables	Assess Increase in fruit and vegetable intake through survey data obtained at mobile market and food pantry locations.
↑ access to nutrient rich foods	Assess access to nutritious food through the number of participants who receive food from mobile markets and local food pantries.
↑ in average reported minutes of daily exercise	Assess increase in daily exercise practices through community survey evaluation and post-workshop assessment tools.

* Activities will be evaluated throughout the course of implementation and adapted to ensure success.

Long-term Health Goals
Reduce percentage of adults with obesity
Reduce percentage of individuals with Type II Diabetes
Reduce percentage of individuals with chronic disease
Decrease population who experience food insecurity
Reduce obesity-related disability
Improve quality of life

Overarching priorities

Mission and Values

The Mission of SSM Health - Illinois "to continue the healing ministry of Jesus Christ by improving and providing regional, cost-effective, quality health services for everyone, with a special concern for the poor and vulnerable as well as the below-identified values

1) respecting the dignity of all
2) providing compassionate and competent service
3) fostering community
4) acting justly

provide a framework for community interaction, engagement, and improvement efforts. Additionally, priorities and strategies were chosen considering social determinants of health and health equity.

Social Determinants of Health

The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life. Examples of these factors include safe and affordable housing, access to quality education, public safety, availability of healthy foods, accessible health care services, and positive social support systems. Research shows that social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that social determinants account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to community health outcomes exceeds the contribution from the health sector. By applying what we know about SDOH, we can not only improve individual and community health but also advance health equity.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved February 4, 2022, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Health Equity and Empowerment Lens

Equity is defined as "the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically" (World Health Organization, 2016). Health is a fundamental human right, therefore, to address health inequities, interventions need to be effective and sustainable, focused on empowering those experiencing inequities (WHO, 2016).

Research also indicates that chronic stress from experiencing discrimination, such as racism, throughout a person's lifespan can lead to negative health outcomes. These outcomes are seen even after controlling the differences among groups such as socioeconomic status and access to adequate health care.

A common characteristic for groups that experience health inequities—such as poor or marginalized persons, racial and ethnic minorities, and women—is a lack of political, social, or economic power. Research indicates a strong relationship between self-reported racism and discrimination with negative mental health outcomes and negative health-related behaviors.

"Going Forward"

An essential component of community health activities and programming is continuous evaluation of implementation strategies to improve programming and ensure the effectiveness of activities engaged in to address identified priority health needs. SSM Health Illinois is committed to utilizing best practices for evaluating impact as described in the Catholic Health Association's guide Evaluating Your Community Benefit Impact (2015) and the steps articulated by the Centers of Disease Control for Program Evaluation (See graphic).

Source: Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48 (No. RR-11).

A fundamental component of the "Describe the Program" includes the creation of logic models. Logic models are graphic depictions that illustrate the shared relationships among the resources, activities, outputs, and short-term, medium-term, and long-term goals In the field of community public health logic models help share the vision with internal and external stakeholders. The SSM Health Illinois community health team is committed to creating and updating annually logic models for each of the three chosen priorities. Ongoing evaluation helps identify opportunities for improvement within the program and can offer reasons to shift program plans to align with what will be more successful. Activities planned to address the three priorities may be adjusted in this Community Health Implementation Plan timeframe based on program feedback, outcomes, and additional metrics.

Another vital component of program evaluation is engaging stakeholders within the community through the CHIP implementation timeframe. SSM Health leaders will continue to engage with local organizations and leaders such as local city and county government, local health departments, chambers of commerce, educational institutions, and faith communities in order to learn more about community barriers, struggles, successes, and motivations. Additionally, the community health team will identify additional community coalitions and build relationships to engage the community in meaningful ways.