

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

Community Health Needs *Assessment*



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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 and to the region for more than 65 years. Inspired by our founding Franciscan Sisters of Mary and the 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 County, Rend Lake College, SIU School of Medicine, University of Illinois Extension, Comprehensive Connections and 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 hospitals' ability to truly make an impact.

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.



priorities

1. Improve access to **mental health** services and develop programs to reduce the incidence of suicide
2. Provide 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 the 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).

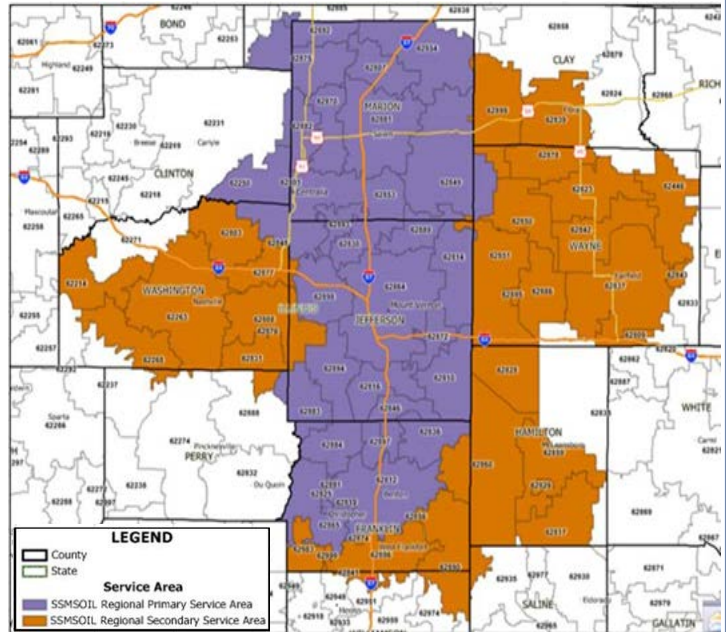
Hospital at a Glance

| | |
|-------------------|-------------|
| 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 |

About Our Community



The community we serve is defined as the areas in purple which accounts for 76% of the total patients served by the hospitals. There are 32 zip codes that are contained within or overlap the service area. The hospitals are located in Mount Vernon, 62864 and Centralia, 62801. The service area has an estimated population of 165,223 persons.



our community by the numbers

Race/Ethnicity



- 88.9% White/Non-Hispanic
- 5.9% African American/Non-Hispanic
- 3.1% Asian and others/Non-Hispanic
- 2.1% Hispanic

Education Levels



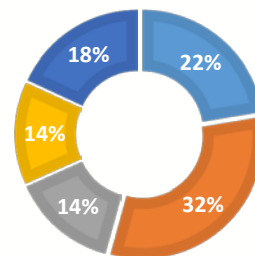
- 12.5% No High School Degree
- 34% High School Degree
- 37.6% Some College/Associate Degree
- 15.7% Bachelor's Degree or Higher

Income & Poverty



- Median Household Income \$43,447
- Children Eligible for Free/Reduced Lunch 62.4%
- Poverty level 18.0%
- Child Poverty Rate 30%
- Low Food Access 27.6%

Age

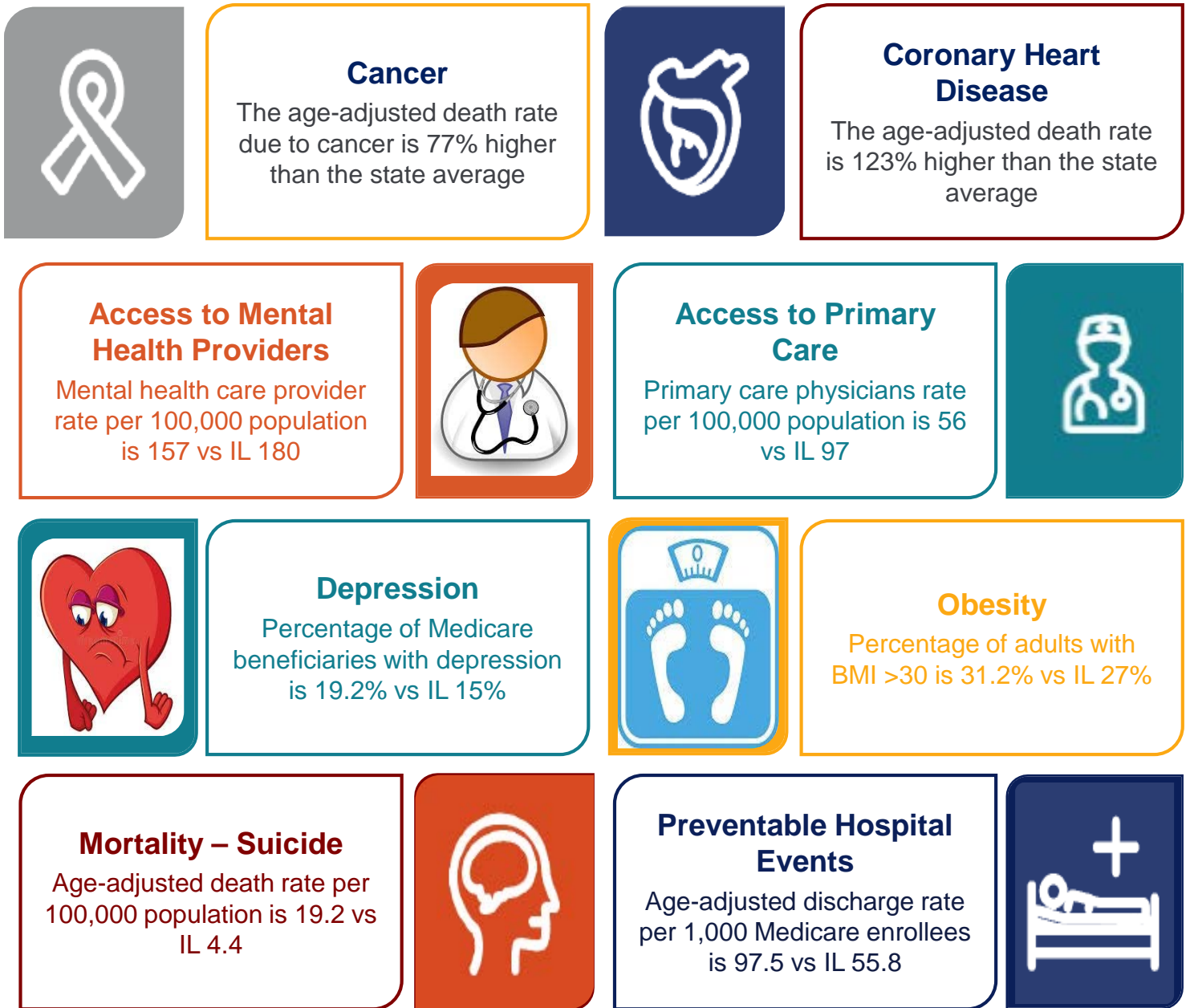


- 0-17
- 18-44
- 45-54
- 55-64
- 65+

Median Age 41.25 vs. IL 37.4 years

About the data

Health statistics were derived from a variety of sources including the Community Commons analytics platform. The website includes the most up-to-date publicly available data for approximately 144 community indicators covering a variety of topics in the area of population health, determinants of health, and quality of life. Below is a statistical overview of strengths and weaknesses within the community that factored into our discussions with local stakeholders regarding the priority health needs of the population within our service area.



The Health of Our Community



Social Determinants of Health and Health Behaviors

Access to healthy food options, knowing how to prepare such food, and early introduction to healthy food choices is a driver for health, including but not limited to obesity, diabetes, and various types of cancers.



Free/Reduced Price Lunch

Percentage of students eligible is 62.4% vs IL 49.9%.



Low Food Access

Percentage of population with low food access is 27.6% vs. IL 19.4%

Teen Births

Teen birth rate per 1,000 population is 58.1 vs IL 35.



Child Poverty

Percentage of population under age 18 in poverty is 30% vs IL 19.6%.



Current Smokers

Percentage of adults smoking cigarettes is 25.8% vs. IL 18.4%



Fruit/Vegetable Consumption

Percentage of adults with inadequate fruit/vegetable consumption is 86.8% vs IL 76.3%

Quit Attempt

65.4% smokers with quit attempt in past 12 months vs IL 61%



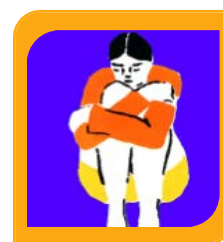
Physical Inactivity

Percentage of population with no physical activity is 23.6% vs IL 20.8%



Liquor Store Access

Liquor stores rate per 100,000 population is 14 vs IL 10



Social or Emotional Support

Percentage of adults >18 with insufficient support is 28% vs 20% IL

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 medical staff. 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% 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.

Greater than 20% rise in depression among adolescents from 2010 to 2014, 62% of whom did not receive treatment

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

Liquor store access per 100,000 population is 40% higher in Marion and Jefferson Counties than that of the State of Illinois.

* Source: Premier Quality Advisor

Nutrition

**13.6%
food
insecurity
rate**

25-30% of population with low food access.

62.5% 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) ¹ | 29.6% (2013) ¹ |
| 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 QJO.

| 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 66.5% 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 ²Community Commons-Percentage of Adults Obese *Community Commons

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400 N. Pleasant,
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2019 - 2021 *Appendices*



Community Health Assessment

Primary

The primary data consisted of a community health assessment survey (Appendix 1) as well as an online health perceptions survey (Appendix 2).

The community health assessment survey was conducted over a six month period in the following manner:

- 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.
- 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.
- The full results were distributed to and discussed by the community health team.

Secondary

In addition to a review of demographics, we gathered and reviewed data from broad sources to set the initial direction and priorities of the community health needs assessment. The secondary data was derived from a variety of sources including the Community Commons (<https://www.communitycommons.org/>). The system includes the most up-to-date publicly available data for approximately 144 community indicators covering a variety of topics in the area of population health, determinants of health, and quality of life. We reviewed data from IPLAN of Jefferson, Marion, and other surrounding counties (Appendix 4). Moreover, we gathered data from Illinois Department of Public Health (Appendix 5) as well.

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:

Appendix 1 – Recipients of Community Survey

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.

Appendix 2 – Online Survey

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) _____

Appendix 2 – Online Survey continued

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)

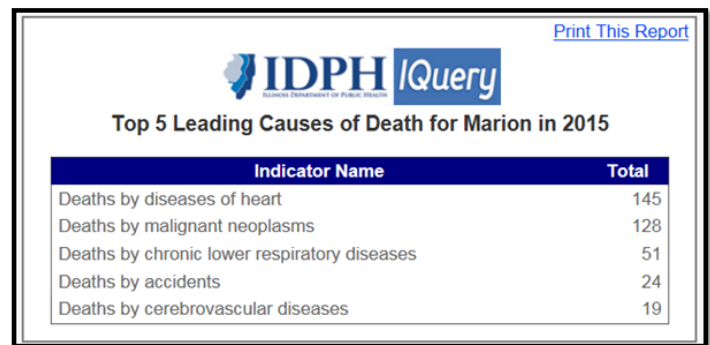
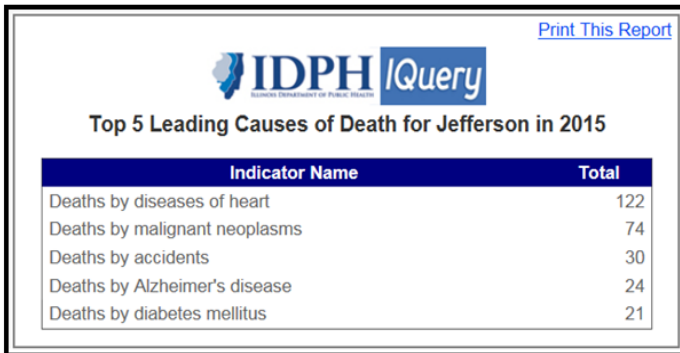
- Cardiovascular disease and Stroke
- Cancer (Breast, Lung, Prostate, Colorectal, and Non-hodgkins lymphoma)
- Teen and Adult substance abuse
- Dementia

Wayne County 2016

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

Appendix 5 – IDPH data

Illinois Department of Public Health



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 Demographics

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 demographics

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% |

Appendix 7 – Additional indicators

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

List of individuals invited to CHNA meeting on 10/10/18

- 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 and Acute Behavioral Health, 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, Nursing, 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 Health 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 Hospitals 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, St. Mary's Hospital, Centralia
- Dr. Esther Schulz, Weight Management Services, SSM Health Southern Illinois
- Ashley Hoffman, Dietician, University of Illinois Extension
- Patti Emrick and Trish Bennett-Minor, Diabetes Educator, SSM Health Southern Illinois
- Lori Payne, Jefferson County Health Department
- Donna Walters, RN, 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, Director - AHEC, 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 |