

Community Health Needs Assessment 2012



inside:

- Message to the Community pg. 3
- About the Service Area pg. 5
- Priorities pg. 9

St. Mary's Hospital
Centralia
co-sponsored by Felician Services & SSM Health Care



Table of Contents

Message to the Community **3**

Introduction **4**

About the Service Area **5**

Summary of Health Data Sources **7**

Strengths & Challenges **8**

How Priorities Were Selected **9**

Priority 1: Access to Care **10**

Priority 2: Mental Health/Substance Abuse **12**

Priority 3: Obesity **14**

Priority 4: Heart Disease **16**

Going Forward **17**

Message to the Community



For over 100 years, Centralia and surrounding area residents have looked to St. Mary's Hospital (SMH) to meet their personal and family health care needs. During this time, SMH has expanded its portfolio of

clinical services and added new members to the medical staff, as well as improved technology and remodeling for improved access to care. St. Mary's Hospital has earned eight national recognitions for providing quality care and an outstanding patient experience in 2011 alone. Despite these awards and growth in the range and extent of services, SMH has long realized that the full measure of accountability to the communities we serve is to improve and maintain their health. Our mission is to continue the healing ministry of Jesus Christ.

Today, health care providers must reach beyond the walls of the hospital – working with formal and informal leaders within the community to improve access to needed health care, educate residents

about wellness and prevention, integrate care with other hospitals and providers, and develop the health care workforce of our future. After all, the hospital of tomorrow will not just serve patients when they are sick or injured. At St. Mary's, our hospital of tomorrow will be the trusted resource where residents of Southern Illinois turn when they need preventive care, wellness advice, educational programs, and resources for social issues concerning our communities.

While our country has faced challenging economic times, the impact is even more pronounced in our rural region. This undoubtedly has an impact on the community's overall health status. More information is detailed inside this report, along with an explanation of how we intend to work collaboratively with other individuals and agencies to address the most pressing health needs identified. We thank you for your interest, and welcome your input.

Sincerely,

A handwritten signature in black ink that reads "Bruce A. Merrell". The signature is written in a cursive, slightly slanted style.

Bruce Merrell, FACHE
President St. Mary's Hospital



Introduction

In the past decade, hospitals have begun to shift attention from acute or hospital based care to include a greater focus on community health and disease prevention. St. Mary's Hospital offers monthly education forums entitled "Connections" to increase community awareness on a variety of health issues. St. Mary's also sponsors monthly blood pressure screenings, annual skin and prostate cancer screenings, and hosts a health expo attracting over 1,000 people for reduced rate blood screenings, education, and hands-on learning opportunities. St. Mary's is also leading long-standing initiatives, like the Little Egypt Breast and Cervical Cancer Program, which coordinates breast and cervical cancer screenings for uninsured women in the greater region. Newer initiatives are focused on improving the health of patients with heart failure, utilizing new strategies to improve the hospital discharge process, and promoting a culture of patient safety.

Further enhancing our efforts in the area of community health will be a collaborative endeavor that integrates as many key stakeholders as possible. St. Mary's formed the Community Health Needs Assessment Steering Team to validate the health needs of the community and identify the greatest areas of priority. The findings of this 12-month process are outlined in this report. Special recognition is owed to the following dedicated steering team members who surveyed, gathered and analyzed data for the project:

■ **Rose Aldag-McVey, Team Lead**

Development/Planning Manager; St. Mary's Good Samaritan
Rose has worked in health care for over 27 years in various roles including 15 years in medical group management and leadership. Rose holds a Doctorate in Health Administration, a Masters in Organizational Management and a Bachelor's in Education, Training and Development. She has lived in Marion County for 22 years and in Southern Illinois her entire life. She has been trained as a greenbelt for quality improvement.

■ **Vicki Vaughn, Facilitator**

Director Community Health and Chronic Disease Management; St. Mary's Good Samaritan
Vicki is an RN, BSN who has worked at St. Mary's Hospital for 27 years, and has lived in Marion County, near Jefferson County, for 38 years. She has previous experience as a school nurse, an independent consultant for infection control and has

extensive experience in community program development and grant proposal writing. She has served in various capacities on the Illinois Dept. of Public Health county and state level implementation teams and on advisory boards for rural health, HIV/AIDS and Women's Health. She has been trained as a greenbelt for quality improvement.

■ **Dr. Rajendra Shroff**

Internist and Medical Director of St. Mary's Hospital – Centralia
Dr. Shroff opened his private practice in Marion County in 1984 and continues his active practice in addition to his leadership role at St. Mary's Hospital. Dr. Shroff and his wife have raised 3 children in Marion County and they have gone on to become physicians.

■ **Dr. Daniel Hoffman**

Internist and Medical Director of Good Samaritan Regional Health Center – Mt. Vernon
Dr. Hoffman is a Board-Certified Internist who has practiced in Mt. Vernon for 31 years. He holds a Master's in Medical Management and has been the Administrative Medical Director at Good Samaritan Regional Health Center for 11 years. He has been a member of Senior Services Multidisciplinary Team for 15 years.

■ **Keith Suedmeyer**

Director of Social Services; St. Mary's Good Samaritan
Keith has worked in hospital social work for 12 years after receiving his Master's degree in Social Work and Master's degree in Public Health. His work as a direct patient care social worker and currently as the Director of the Social Services department has given Keith the opportunity to work with residents and social services organizations in both Marion and Jefferson Counties for the past nine years. Keith initiated a mental health coalition of service providers in 2010 and worked with nursing home work groups in both counties since 2005.

■ **Shubhangi Agrawal, Student Intern**

University of Phoenix - Master's in Healthcare Administration Program
Shubhangi is a student at University of Phoenix and is completing a Masters in Health Administration. She is a dentist by profession, but has a special interest in Administration. She lives in Southern Illinois with her spouse who is a pediatrician in the community.

About the Marion County Service Area:

Within Marion County Illinois there are numerous small towns, cities and villages including Alma, Central City, Centralia (in part, including downtown), Iuka, Junction City, Kell, Kinmundy, Odin, Patoka, Salem, Sandoval, Vernon, and Walnut Hill. The county has a total geographic area of 576.04 square miles.

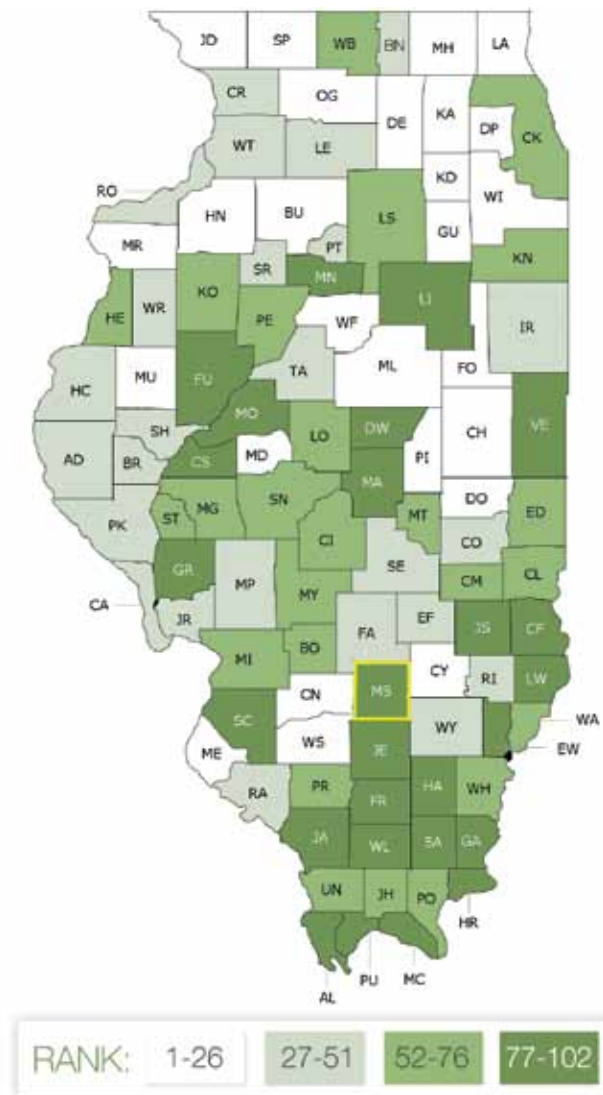
Indicator	%	#
Total Population (2011 Thompson-Reuters)		38204
% Population change (2000-2010)	-5.40%	
Age (2011 Thompson-Reuters)		
0-14	19.30%	7364
15-17	4.20%	1611
18-24	8.50%	3244
25-34	11.00%	4194
35-54	25.90%	9990
55-64	12.80%	4874
65	18.40%	7017
Sex (2011 Thompson-Reuters)		
Male		18456
Female		19748
Race/Ethnicity (2011 Thompson-Reuters)		
White non-Hispanic	92.30%	35246
Black non-Hispanic	3.90%	1479
Hispanic	1.30%	483
Asian/Other	2.60%	996
Households (2006-2010 Census Survey)		
Married – couple family	50.50%	8149
Non-family	32.20%	5196
Person living alone	28.50%	4600
Person age 65+ living alone	13.90%	2247
Male with Children under age 18	2.80%	447
Female with Children under age 18	8.30%	1335
Language other than English spoken (2006-2010 Census Survey)	2.20%	840
Adult Education Level age 25+ (2011 Thompson-Reuters)		
Less than HS	6.60%	1727
Some HS	10.00%	2591
HS degree	36.60%	9359
Some College	34.10%	8865
Bachelor's Degree or higher	13.20%	3443
Household Income (2011 Thompson-Reuters)		
<\$15K	16.90%	2612
\$15-25K	14.30%	2197
\$25-50K	33.50%	5159

Indicator	%	#
\$50-75K	19.90%	3072
\$75-100K	8.20%	1267
Over \$100K	7.20%	1109
The Labor Force (2006-2010 Census)		
Employed	55.20%	10728
Unemployed	6.30%	1224
Not in the Labor Force	38.50%	7482
Health Insurance (2006-2010 Census)		
Private Insurance		
Public Coverage		
Uninsured		
Disability (2006-2010 Census)		
Under age 18		650
18-64		3828
65		2929
School Enrollment (2006-2010 Census Survey)		
Preschool	6.00%	579
Kindergarten	4.20%	408
Grades 1-8	43.20%	4158
Grades 9-12	24.30%	2334
College	22.20%	2135
Veterans (2006-2010 Census Survey)		
18-34	9.80%	375
35-54	20.10%	769
55-64	27.10%	1040
65-74	19.60%	750
75	23.40%	894
Access to Care		
Marion Co. designated Health Professional Shortage Areas (HPSA)		
<ul style="list-style-type: none"> ■ Mental Health ■ Low Income Dental ■ Low Income Primary Medical Care 		
Marion County Designated Medically Underserved Areas (MUA)		
<ul style="list-style-type: none"> ■ Alma Township ■ Kinmundy Township ■ Centralia Township ■ Odin Township ■ Sandoval Township 		



About the Service Area, Continued

The County Health Rankings & Roadmaps, sponsored by the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute, is updated each year and ranks each county in the US using Health Outcomes, Health Factors and Health Behaviors as indicators. Marion County is ranked 87th among 102 Illinois counties for overall health status, validating considerable opportunity to improve health and well being.



About the Service Area, Continued

The basic demographic data set for Marion County was compiled from statistics and indicators provided by:

- Thomson Reuters (2011)
- Centers for Disease Control and Prevention
- Healthy People 2020
- US Census Bureau (2006 - 2010)
- Illinois Department of Public Health and the Marion County Health Department, Director Lori Ryan
- The federal HRSA website (for Medically Underserved Areas, Medically Underserved Populations and Health Professional Shortage Areas)
- National Cancer Institute (2012)
- Marion County: Illinois Project for Local Assessment of Needs (IPLAN)
- The national and Illinois Behavioral Risk Factor Surveillance Survey (BRFSS)
- County Health Rankings & Roadmaps (sponsored by the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute)

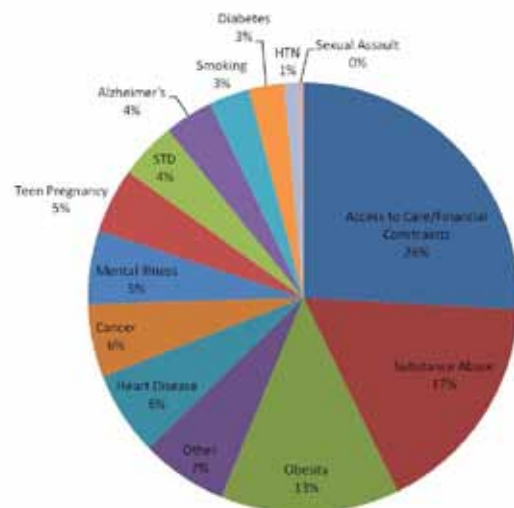
As part of the Community Health Needs Assessment,

St. Mary's also contracted with Healthy Communities Institute (HCI) to gather and assess data from a variety of sources. HCI's overall community dashboard indicators for Marion County are updated as new information is available, and is linked through St. Mary's website (www.smgisi.com) to make it accessible to all members of the community. It is anticipated that community agencies and individuals will utilize this data frequently to assist in decision-making for adjustments in processes and services, and to serve as valid research supporting efforts to pursue grant funding.

To clarify the importance of the data gathered, the CHNA Steering Team identified 14 agencies/groups within Marion County that are viewed as gatekeepers for the county. All individuals, groups, or agencies surveyed were asked to identify the top three health issues in the county, assess the size and severity of these issues, and rate the level of the community's concern with them. The identified issues were tabulated and weighted; a summary of the issues identified for Marion County is represented in the below chart.

Information gaps are expected to be minimal since the data gathered were the most up to date available at the time of the review. The individuals and groups surveyed and interviewed were expected to be honest and forthcoming with their concerns and in identifying issues of importance to them and the people they represent.

**Perceived Top Health Concerns
Marion County**



About the Service Area, Continued

Strengths

- Low death rate due to breast cancer
- Low rate of adult diabetics
- Low death rate of males due to prostate cancer
- Increased rate of participation in colon cancer screenings
- High ranking for physical environment
The physical environment includes all of the parts of where we live and work (e.g., homes, buildings, streets, and parks). The environment influences a person's level of physical activity and ability to have healthy lifestyle behaviors.
- Low infant mortality rate
- High number of low-income persons participate in the Supplemental Nutrition Assistance Program (SNAP)



Challenges

- Increasing rate of adults without health insurance
- High unemployment rate and foreclosure rate
- High rate of adults without a personal doctor/provider
- 186.42 additional physicians are needed
Of this quantity, 91.37 is primary care. The most glaring areas of need are in Internal Medicine, OB/Gyn, Pediatrics, and Psychiatry.
- High number of children who experience abuse or neglect
Although this specific issue did not rise to the top areas identified by the Team, the issues of Mental Health and Substance Abuse are addressed later in this report.
- High rate of concern for obesity
- Increased rate of adults with high blood pressure
- High rate of concern for those with behavioral health needs
- High rate of concern for substance abusers
- High cancer incidence rate and high death rate
- High rate of colorectal cancer
- High rate of lung and bronchus cancer
- High rate of oral cavity and pharynx cancer
- High rate of pregnant teens, high rate of chlamydia
- High rate of mothers who smoked during pregnancy
- Low high school graduation rate

How Priorities Were Selected

The CHNA Steering Team organized a group of formal and informal leaders representing the hospital and the community to review the data and select the key priorities. The following individuals generously donated their time, input, and guidance to the project:

- Steering Team members – **Vicki Vaughn, Rose Aldag-McVey** and **Keith Suedmeyer**
- **Phil Gustafson** – CEO of St. Mary's Good Samaritan, Inc.
- **Bruce Merrell** – President St. Mary's Hospital
- **Julie Long** – Vice President Strategy & Development
- **Verle Besant** – Board Member
- **Jan Monken** – Foundation Board Member
- **Mary Connaway, RN** – Assistant Clinical Director & Community Member
- **Heidi Thomson, RN** – Employee & Community Member
- **Michelle B. Smith** – Employee & Community Member
- **Jackie Knight** – Employee & Community Member
- **Rajendra Shroff, MD** – Medical Director / St. Mary's Hospital, Practicing Physician within the Community
- **Allison Austin** – City of Centralia, Director of Community Development & Planning & Community Member
- **Pastor Rusty Beals** – Ministerial Alliance and Community Member

This sub-committee reviewed the data, engaged in discussion, and completed a multi-voting exercise based on the following criteria:

- Variance from state and national benchmarks
- Available resources within the hospital / community to address the priority
- Actions would likely lead to improvement
- Aligned with the Mission of the hospital

Four key priorities emerged to guide St. Mary's action plans and resource allocation for short and long term community health strategies. **The top priorities identified are:**

- Access to Care
- Mental Health / Substance Abuse
- Obesity
- Heart Disease



Key Priority #1: Access to Care

Primary care physicians are typically the first line of care – and access to primary care is a key component of overall community health. According to a report by the American Academy of Family Physicians, approximately 20% of people live in rural America, but only 10% of physicians choose to practice in these areas. Marion County's senior population, which is higher proportionally than the national average, will continue to put even more pressure on demand, as more physicians will be needed to manage chronic health care needs of an aging population.

- 17.6% of Marion County's Population is over age 65 – over 5 percentage points higher than national average
- Average Population-to-Physician Ratio for Marion County is 1,577:1 compared to the state average of 778:1
- 27% of children in Marion County are living in poverty compared to the state average of 19%

Access to care can be described by a lack of physicians to meet the population need, inability to access care in a timely manner, inability to access care for those who are without insurance or who are underinsured. Transportation is also cited as a barrier to access for some individuals.

16.7% of adults in Marion County do not have any form of health insurance coverage. Those without insurance are less likely to get routine checkups and screenings, and often do not have the resources to access medications they need. The data validates that people without insurance typically wait to seek treatment until their health condition is advanced, and therefore, more difficult and costly to treat.

Marion County has been designated as a Health Professional Shortage Area (HPSA) for mental

health, low income dental, low income primary medical care and as a Medically Underserved Area (MUA) in some portions of the county.

Community Needs Identified by the Prioritization Team

- Increase access to primary care
- Increase training for area, i.e. Increase enrollment in trade classes at area high schools, educate youth on the importance of entering the work force
- Improve availability of affordable options for health services and tests
- Businesses and industry to collaborate on what is needed to maintain growth
- Decrease fragmentation and redundancies in order to effectively utilize limited resources

What will St. Mary's Hospital do to increase access to care?

Objective #1 Increase access to care

- Continue assertive physician recruitment priorities based on Physician Needs Analysis. Recruit primary care Nurse Practitioners and Physician Assistants
- Expand primary clinic hours
- Host an annual uninsured and underinsured educational and screening event
- Actively enroll appropriate patients in Medicaid
- Provide medication assistance resources to receive medications at little or no out of pocket cost
- Provide case management (Health Coaches) on an outpatient basis to support ED and the Centralia Family Health Center patients in access

to care, medications, transportation, barriers to care, etc.

- Utilize Health Coaches to follow high-risk patients, ensure compliance with discharge instructions, and reduce unnecessary readmissions
- Install and implement EPIC- electronic health record- at each hospital and the employed Medical Group
- Utilize telemedicine to access physician specialists

Objective #2 Increase trainings for skilled jobs in health care

- Support growth of occupational health classes at area high schools
- Maintain the annual Preceptorship program which brings 6-8 students to Centralia for six weeks to encourage rural multidisciplinary professionals
- Continue to accept students for learning opportunities
- Host Health Profession awareness activities which involve 5th grade and above
- Implement social media strategy to effectively reach a broader audience, broadly showcase specialists & technology, services and health education

Objective #3 Decrease fragmentation and redundancies in order to effectively

utilize limited resources.

- Increase networking opportunities with state reps, senators, and congressman
- Redesign the discharge process to improve timeliness, service to patients and families
- Maintain Physician Partnership at the 97th%ile
- Establish a comprehensive geriatrics program led by a fellowship trained geriatric specialists; develop regional strategy for nursing home care around the model.
- Roll out the new "Nurse Navigator" position to work with Radiology and the Oncology Center to assist patients who have recently received a cancer diagnosis



Key Priority #2: Mental Health/Substance Abuse

Although the Steering Team recognizes that mental health and substance abuse are unique

in their own ways, the data demonstrates that these issues are closely linked. When untreated, mental health issues and substance abuse issues often reach a crisis stage, and in many communities, this leads to an overwhelming burden on emergency departments. As many providers who treat and monitor mental health conditions also treat substance abuse issues, the needs identified and the action steps determined by the Steering Team are consistent for both conditions, in a majority of cases.

Although no concise definition exists, mental health is an individual's attitude and approach to life. Psychological, environmental, genetic, or physiological factors have a profound effect on overall mental development. Mental illness impairs a person's ability to perform routine tasks, foster healthy relationships, or cope with anger or stress. It may be classified on the basis of extreme mood swings, irrational or destructive thought patterns, and behavioral problems. Mental health has a significant impact on every aspect of an individual's life including self-image, education, relationships, sleep, diet and overall physical health.

Substance abuse, alcohol and illegal drugs are problems that plague communities throughout the country. Almost every system in the body can be negatively affected by excessive or chronic alcohol consumption, the use of illegal drugs, and the inappropriate use of controlled substances, including conditions like cancer, heart attacks, respiratory failure, liver disease and brain damage.

Community Needs Identified by the Prioritization Team

- Dramatic cuts in reimbursement for behavioral health care and substance abuse treatment
- Significant shortage in providers
- Mental health conditions linked closely to substance abuse
- Treatment plans involve the family, as well as the individual

- Youth: key target audience for prevention education
- enhanced programming on effects of substance abuse to children of all ages
- random drug screenings in schools
- required drug screenings for participation in extra-curricular activities
- Tougher sentences for convicted drug dealers

What will St. Mary's do to address the mental health and substance abuse problems within the community?

Objective #1 Take a leadership role in coordinating among agencies, counselors, and primary care providers

- Become more active with legislators to raise awareness about mental health crisis and restore reimbursement for services
- Create fact-based impact statement for local legislators demonstrating the direct impact of the mental health crisis on the crime rate, high school drop out rate, substance abuse, and increase in sexually transmitted diseases
- Improve reimbursement for mental health and substance abuse professionals, including LCSW,s LCPCs, LSWs, and CADC workers
- Participate in the State Mental Health Continuity of Care quarterly meeting and the SSM system collaborative
- Identify duplication of services among agencies to ensure greatest use of limited resources
- Coordinate with transportation facilities to implement low-cost solutions for patient transportation to ensure compliance with care plans and ongoing management of condition

Objective #2 Improve Access

ce Abuse

- Expand patient-centered medical homes in service area with integrated behavioral health services
- Explore private, state and federal funding opportunities to pilot alternative strategies, including crisis centers and Health Coaches for mental health and substance abuse patients
- Train primary care physicians to manage behavioral health medications for stabilized patients, thereby increasing capacity among limited psychiatrists for acute mental health conditions and diagnosis
- Collaborate with universities, community colleges, and vocational schools to recruit and train new behavioral health service providers
- Create partnerships with schools and faith-based organizations
- Implement telemedicine solutions to expand access to adult and child psychiatric services
- Establish protocols to ensure consistent practices and work towards mutual goals
- Schedule a follow-up visit for patients discharged from an inpatient unit with the appropriate agency
- Develop centralized training for Behavioral Health providers to have common understanding of language, medication, roles, and regulatory boundaries
- Identify ways in which Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) providers can bill medical and behavioral health services to Medicaid on the same day
- Host support groups, such as AA, NA, at the hospital to increase available support to patients

Objective #3 Coordinate Care among a variety of providers & agencies to monitor chronic patients and keep them out of crisis

- Use Health Coaches for behavioral health patients to coordinate service, locate resources and support groups, and support patients / families
- Arrange medication assistance for those who need it
- Assess current systems to ensure all federal matching dollars available are being captured for psychiatric medications
- Continue to host quarterly meetings of the mental health coalition and area nursing home personnel
- Identify variances in post-acute care processes



Key Priority #3: Obesity

The increasing rate of obesity is evident in all age groups, and is a significant threat to the overall health status of our community. Obesity increases the risk of developing many chronic and serious conditions, including:

- Hypertension (High Blood Pressure)
- High total cholesterol or high levels of triglycerides
- Sleep apnea and respiratory problems
- Coronary heart disease
- Gallbladder disease
- Depression
- Type 2 Diabetes
- Stroke
- Osteoarthritis
- Some cancers (endometrial, breast and colon)

Community Needs Identified by the Prioritization Team

- Increase access to primary care with a focus on healthy lifestyles & prevention
- Improve availability of affordable options for fitness and healthy eating within the community
- Improve education and awareness of obesity prevention among people of all ages
 - Fitness programs & healthy eating options in schools
 - Helping adults set good examples for their children
 - Encouraging parents to enforce limited sedentary screen time

- Community wide events promoting fitness
 - Events for all ages and fitness levels

What will St. Mary's do to address the obesity epidemic?

Objective #1 Set example by providing healthy food choices within the hospital

- Expand the healthy choices in the cafeteria and at vending locations
- Continue to post calories in public view for all menu options
- Work with Illinois Hospital Association's "Sodium Reduction in Hospitals" initiative to implement changes in the cafeteria and patient menus (\$5000 grant in 2012)
- Implement periodic healthy cooking classes and educational sessions for the community

Objective #2 Raise awareness about preventing obesity with healthy lifestyle choices

- Use monthly "Connections" programs to raise awareness on topics that contribute to obesity and the associated risk factors
- Profile best practices and resources to fight against obesity in St. Mary's quarterly health magazine and sponsored radio programs
- Implement a social media strategy to raise awareness among a broader audience about issues of obesity, and offer an online forum for individuals to share ideas and support each other in their weight goals

Objective #3 In conjunction with providers, develop more care plan options to help individuals manage their weight

- Utilize Health Coaches to follow high-risk patients, ensure compliance with discharge instructions, and reduce unnecessary readmissions
- Create specific curriculums for weight reduction that are especially designed for chronic disease patients
- Provide all physician practices with contact information for low or no-cost nutritional counseling
- Host weight management support groups to create a network of support for individuals working towards similar goals

Objective #4 Encourage healthy lifestyles among St. Mary's employees, and help other employers do the same

- Implement LiveWell initiatives and reward incentives for employees which are based on fitness, healthy eating, and weight management
- Pilot Crimson program among employee population and their dependents to better understand opportunities and needs for prevention and wellness
- Work with other employers within the service area to coordinate customized wellness programs for their employees and families
- Post "calories burned by taking the stairs vs. the elevator" in all stairwells to raise awareness of the benefits of boosting daily activity



Key Priority #4: Heart Disease

Heart disease is a leading cause of death for both men and women in Marion County. For people with heart disease, studies have shown that lowering cholesterol and blood pressure levels can reduce the risk of dying from heart disease, having a nonfatal heart attack, and needing heart bypass surgery or angioplasty. Heart disease is also closely linked to obesity.

Community Needs Identified by the Prioritization Team

- Increase screening and education options
- Education includes information on diet, exercise, blood pressure, and cholesterol
- Increase the frequency and availability of services
- Encourage preventive care
- Increase access to providers
- Focus on reduction of obesity

What will St. Mary's do to address issues of heart disease within the community?

Objective #1 Implement care coordination processes for heart disease patients

- Assign Health Coaches to follow high-risk patients, ensure compliance with discharge instructions, and reduce unnecessary readmissions
- Nurses will provide follow-up phone calls to all congestive heart failure patients to assess needed resources and follow-up care plans
- Explore low-cost or no-cost options to contract with transportation providers to provide rides to follow-up medical appointments for those in need
- Develop a program to help patients understand how to live well with chronic disease
- Increase collaboration with area nursing homes to ensure

consistent care plans are being followed post-hospitalization

- Monitor immunization rates for influenza and pneumonia
- Increase community understanding of advance directives and end-of-life care issues
- Reduce hospital readmissions of Congestive Heart Failure patients

Objective #2 Increase access to care for cardiology, primary care and chronic disease management

- Recruit and retain primary care physicians to Marion County
- Improve communication with daily huddles and interdisciplinary discharge planning sessions

Objective #3 Enhance education and awareness of heart disease & risk factors

- Continue to host free monthly blood pressure screenings
- Grow diabetes management program
- Provide heart screenings and education at the annual health fair
- Use monthly "Connections" programs to raise awareness on topics that contribute to heart disease and the associated risk factors
- Profile best practices and resources to fight against heart disease in St. Mary's quarterly health magazine and sponsored radio programs
- Encourage and create opportunities to support walking, bike riding and other forms of exercise
- Carry out initiatives listed in the 'obesity' category

Going Forward

Over the next three years, the physicians and staff of St. Mary's will implement strategies to positively impact the health issues identified in this report. The strategies will be monitored to assess their impact on expanding care, empowering people to make healthy choices, and creating an overall positive impact on community health. A detailed assessment of the data collected, along with 'solution starters' that have proven successful, can be found on St. Mary's website: www.smsgi.com.

The screenshot displays the 'Community Dashboard' for Marion County. It includes a sidebar with 'Hospital News' and 'Health News' sections. The main content area features a search bar, filters for 'Location Type' (County), 'Location' (Marion), and 'Breakout By' (None). Below this, there are two main sections: 'Health' and 'Cancer'. Each section contains a list of indicators with corresponding comparison values and visual gauges.

Health Indicators:

- Adults with a Usual Source of Health Care: Comparison: Prior Value
- Adults without Health Insurance: Comparison: U.S. Counties
- Preventable Hospital Stays: Medicare Population: Comparison: U.S. Counties
- Primary Care Provider Rate: Comparison: U.S. Counties

Cancer Indicators:

- Age-Adjusted Death Rate due to Breast Cancer: Comparison: U.S. Counties
- Age-Adjusted Death Rate due to Cancer: Comparison: U.S. Counties
- Age-Adjusted Death Rate due to Colorectal Cancer: Comparison: U.S. Counties
- Age-Adjusted Death Rate due to Lung Cancer: Comparison: U.S. Counties
- Age-Adjusted Death Rate due to Prostate Cancer: Comparison: U.S. Counties
- All Cancer Incidence Rate: Comparison: U.S. Counties
- Breast Cancer Incidence Rate: Comparison: U.S. Counties
- Colon Cancer Screening: Comparison: Prior Value
- Colorectal Cancer Incidence Rate: Comparison: U.S. Counties
- Lung and Bronchus Cancer Incidence Rate: Comparison: U.S. Counties
- Mammography Screening: Medicare Population: Comparison: U.S. Counties
- Oral Cavity and Pharynx Cancer Incidence: Comparison: U.S. Counties

For further questions or suggestions, contact our Community Health Services Department at (618) 436-8274.





Follow us on Facebook!
facebook.com/StMarysGoodSam



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.

Vision Statement

...to develop a comprehensive regional network of health care services that will allow the patients within the area to receive a broader spectrum of services closer to home. In order to be successful, it is important to increase availability of services. Consistent with our mission and values, we wish to provide these services in collaboration with organizations in our neighboring communities.

St. Mary's Hospital

Centralia

co-sponsored by Felician Services & SSM Health Care

For further questions or suggestions,

contact our Community Health Services Department at **(618) 436-8274**.

www.smsgsi.com

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Our History

St. Mary's Hospital has been in existence for over a century.

In 1855, the Felician Sisters began their work among the poor. In 1863, the foundress of the Felician Sisters, Mother Mary Angela Truskowska, could be found caring for injured and dying soldiers on the battlefield during the Polish Insurrection, with no regard to whether the soldier was a countryman or an "enemy". This overwhelming compassion and dedication gradually led the order into health care, and eventually, the Felicians came to operate 20 health care facilities in the United States, one of which was St. Mary's Hospital in Centralia. "We carry on the healing work of these dedicated sisters today, caring for all with a special concern for the poor and the vulnerable", remarked Bruce Merrell during St. Mary's Hospital 100 anniversary celebration in 2009.

St. Mary's Hospital is a Catholic, not-for-profit hospital with 115 beds located in Centralia. St. Mary's offers a full line of health care to the community: cardiology, general surgery, vascular surgery, neurologic and stroke care, obstetrics and gynecology, oncology and radiation therapy services, mental health services, orthopaedics, radiology, wound care/hyperbaric chamber, emergency care, and more.