

Checkup 2012 Assessing Our Community's Health St. John's Hospital Springfield, Illinois

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I. Mission

St. John's provides a ministry of exceptional health care services to the people of Central Illinois in the Catholic tradition of compassion, justice and reverence for life.

Vision

St. John's Hospital will be recognized by patients, physicians, colleagues and the community as the best place to receive care, the best place to practice medicine and the best place to work.

Core Values

Respect recognizes that every person, from the time of conception, is a creature of God.

Competence means that our work is performed and our hospital is managed with the highest level of skill and ability. We are committed to recruiting and developing people who are competent in their work and whose values reflect our own. Our values are an integral part of our hospital's strategic plan, which provides the overall framework for local activities.

Care embodies the concern, compassion and sensitivity with which we care for patients as individuals on a one-to-one basis. It depicts our way of dealing with patients, clients, employees and co-workers. Many times it is thought of as a bedside behavior, but it also belongs in the business offices, Cafeterias and board rooms.

Joy is the manner in which our staff members and all who join us in our ministry seek to perform their work - the internal fulfillment of caring for others. It is an essential ingredient in bringing a sense of hope to those who suffer.

II. Community Definition and Description

St. John's Hospital is located in the center of Springfield, Illinois and serves not only Sangamon County but also the surrounding counties (Cass, Christian, Logan, Macon, Macoupin, Menard, Montgomery and Morgan). The total primary and secondary service area of the hospital has a population of 505,772 people, 194,912 people from Sangamon County and 310,860 people from the surrounding counties. Additionally, St. John's provides tertiary care to residents of Bond, Brown, Clay, Coles, De Witt, Effingham, Fayette, Greene, Marion, Mason, Moultrie, Piatt, Pike, Schuyler, Scott and Shelby counties. This combined area has a population of 311,583 people. Aside from the city of Springfield, the economy of St. John's service area is primarily rural and is supported by small businesses, industries, mining and agriculture. Springfield, on the other hand, is an urban area supported by large businesses, such as the Illinois State Government and industries.

Based on 2011 population estimates derived from the 2010 census, Sangamon County's population of 194,912 people is comprised of 60.6% Caucasians, 5.1% African-Americans, 2.2% American Indians/Alaska Natives, 0.8% Asians, 0.6% Native Hawaiians/Other Pacific Islanders, 22.6% people stating another race and 8.2% people stating two or more races. Twenty-nine percent of Sangamon County's residents have a high school diploma, 8.4% hold an Associate Degree, 19.5% have a Bachelor's Degree, 8.0% hold a Master's Degree and 2.9% have a Professional School Degree or Doctorate Degree. The current unemployment rate of Sangamon County is 6.8%, according to the Illinois Department of Employment Security, and the median household income is \$49,286.

St. John's secondary service area is comprised of 310,860 people, of whom 56.3% are Caucasian, 3.1% are African-American, 1.0% are American Indian/Alaska Native, 0.4% are Asian, 0.3% are Native Hawaiian/Other Pacific Islander, 33.6% state another race and 5.3% state two or more races. Educational levels of this population reflect that 38.8% graduated high school, 7.0% graduated with an Associate Degree, 11.9% graduated with a Bachelor's Degree, 4.1% graduated with a Master's Degree and 1.6% graduated with either a Professional School Degree or a Doctorate Degree. The average unemployment rate of the combined counties is 9.4% and the median household income is \$43,247.

The counties comprising St. John's tertiary service area have a combined population of 311,583 people. Ninety-five percent of residents are Caucasian, 2.6% are African-American, 0.3% are American Indian/Alaska Native, 0.5% are Asian, 0.03% are Native Hawaiian/Other Pacific Islander, 0.4% state another race and 1.0% state two or more races. Thirty-nine percent of St. John's tertiary service area population have only a High School Diploma, 8.8% hold an Associate Degree, 11.1% have a Bachelor's Degree, 4.4% hold a Master's Degree and 1.53% have either a Professional School Degree or a Doctorate Degree. The average unemployment rate of the combined area is 8.9% and the median household income is \$41,276. The 2011 poverty rates in the combined service area were between 8.2% and 10% which is below the national average of 11.9%-14.3%.

St. John's Hospital, employing over 3,000 people, is a regional medical center and the flagship hospital of Hospital Sisters Health System. Dedicated to providing exceptional care to the whole patient, St. John's offers services spanning from primary care to complex tertiary care, including a Birth Center, a Cancer Institute, a Center for Metabolic and Weight Loss Surgery, a Children's Hospital, a Neurosciences Institute, a Pain Management Center, Prairie Heart Institute, a Regional Wound Care Center, a Sleep Center and many others.

III. Process and Methods

St. John's Hospital commissioned a survey (<u>Appendix A</u>) through *Leede Research to help gauge the needs of the population in Sangamon and the collar counties. In addition to this survey and the resulting data, secondary data from the *Behavioral Risk Factor Surveillance System, the *Illinois Planning for Local Assessment of Need (IPLAN), and other sources were also included in the assessment process (*Please see <u>Appendix B</u> for an overview of our primary and secondary data sources).

Primary data for the study was collected by Leede Research using a telephone survey with the goal of measuring community health, identifying sensitive health issues in the community and exploring perceptions of health issues in the community. The survey was developed through work between St. John's Hospital, Leede Research and Hospital Sisters Health System (HSHS). The survey tool was approved by the Internal Community Benefit Committee, made up of St. John's Hospital colleagues, and the Community Benefit Sub Committee, made up of community stakeholders.

The survey region consisted of Sangamon County and its collar counties. The only exception was Montgomery County, which was not included because it is served by another system hospital. These are the areas from which St. John's Hospital patients most commonly come.

A total of 400 completed interviews were conducted in this study. The sample used in the study was provided by national sample source Survey Sampling and was a representative sample of members in the targeted geographic area at the time of the study. A proportionate stratified sample was used to give the entire service area equal representation by zip code population. Using unlimited population sampling, the study resulted in a maximum error of +/-4/9% based on 95% confidence. Leede Research completed all validation, reporting, analysis and presentation materials.

Leede Research reviewed preliminary data from the study compared to demographic information from the service area, and on the basis of this review, they determined that the sample required weighted adjustments to age and income ratios. The younger and populations and lower income levels were under-represented in the overall study. Leede Research weighted the study sample by age and income to more accurately match the actual

population of the service area. The goal of this weighting was the improvement of the overall accuracy of the information to better identify community needs. This formed the basis of the analysis of the survey data.

Secondary data for this assessment was gathered from sources such as Behavioral Risk Factor Surveillance system, IPLAN and the Illinois Department of Public Health (IDPH). This secondary data helped to inform concerns brought up through the needs assessment process.

At each step of the process, members of the Internal Community Benefit Committee and Community Benefit Sub Committee were asked to review the data, tools and results of the research, and their input was included to maximize the relevance and effectiveness of the research.

IV. Community Representation

The age breakdown of the respondents to the telephone survey was 23.8% in the 18-34 group, 39.1% in the ages of 35-54, 22.8% in the 55-74 age group and 14.4% of respondents were 75+. The majority (61.0%) of respondents were married, while 13.4% were single, 13.6% separated, 11.7% were divorced and 0.3% were widowed. Fifty-five percent of respondents had children living at home. Eighty-nine percent of respondents were Caucasian, with 5.5% African American and the remainder a mixture of other races and multiracial individuals. Thirty-three percent of the study group were high school graduates or GED holders, 20.4% had completed some college or a technical school. Three percent had completed a technical degree, 28.7% were four year degree holders and 13.2% had an advanced or professional degree. The income break down resulted in a majority of the population falling between 35,000 and 99,999 annual household income. About 35% of the population was below \$35,000, and less than 10% was at \$100,000 or higher. Sixty-two percent of respondents were female and 37.9% were male.

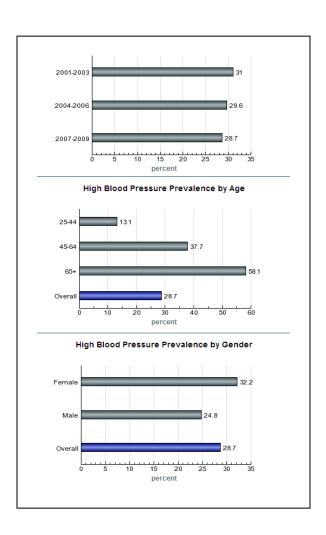
The Community Benefit Sub Committee also represented the community in this needs assessment process. This group includes local health care providers; hospital representatives; public health officials; community stakeholders including nonprofit employees working with underserved communities; school board and district representatives; and leaders and representatives of underserved, low-income and minority populations. Public health officials serving on the Committee were also able to represent the needs of persons with chronic diseases. The Community Benefit Sub Committee was chartered according to the document in <u>Appendix C</u>.

V. Community Health Needs Assessment (CHNA) Top 20 Health Issues

Twenty top issues were uncovered from primary and secondary data gathered through the survey and existing data sets. Relevant statistics and sources are recorded below, and the following was a tentative ranking of the top 20 community health concerns.

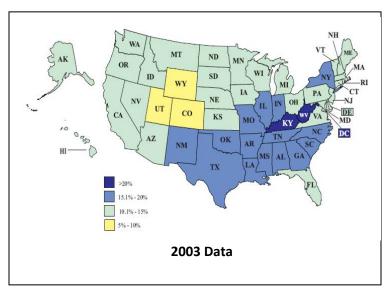
1. Blood Pressure

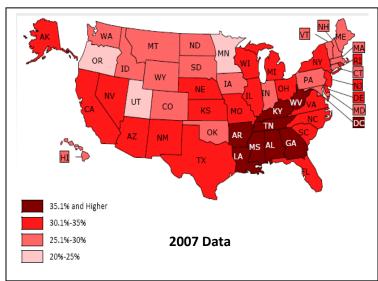
- o According to the Illinois Department of Public Health we see 28.7% prevalence of hypertension in our service area (see tables below).
- o This is below the Center for Disease Control and Prevention (CDC) national average, 31.3%, but higher than the healthy people 2020 goal of 26.9%



2. Childhood obesity rate

- o According to IDPH, 35% of the children in the state are obese (county data not available).
- o This rate is well above the CDC national average, 17%, and is 9th highest among all states.





3. High cholesterol

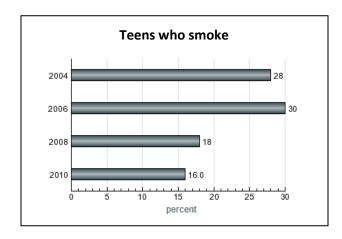
- o 36% of the population reported high cholesterol according to the Leede Research Survey.
- o Congestive heart failure rate is slightly below average in Sangamon County, 40.1 per 10,000, compared to the state rate of 40.6 per 10,000.

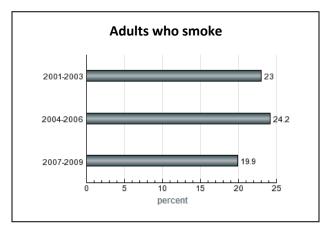
4. Diabetes

- According to the National Diabetes Surveillance System, hospitalization and complication rates of diabetes are higher in Sangamon County...They are measured as a number per 10,000.
- o This indicates that a population that, despite knowing their disease, is having trouble managing it. 15% of Leede survey respondents reportedthey have been diagnosed with diabetes...

5. Smoking

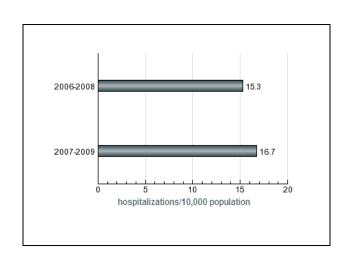
- o According to the Leede Survey, 17% of adults are reportedly current smokers.
- o The IDPH data below shows that the rate is 19.9% in Sangamon County.
- o Healthy People 2020 goal is 12%.

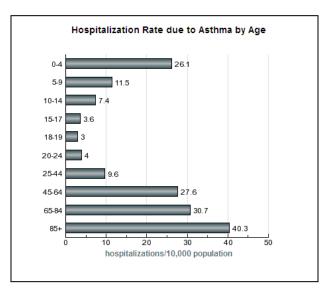




6. Asthma

- o 20.5% of Leede Survey participants reported to suffering from asthma.
- o According to the IDPH, the prevalence of asthma in Sangamon County is more than double that of the state average, 9.3%.
- o Shown in the IDPH charts below, hospitalizations rates due to asthma are much higher in Sangamon County, 16.7 per 10,000 than in the state of Illinois, 9.7 per 10,000, indicating poorly maintained asthma.





7. Heart Disease

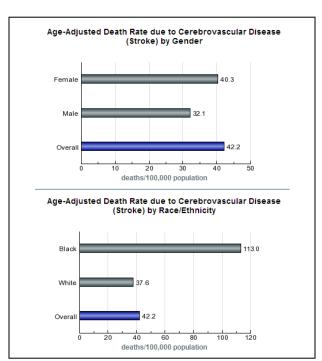
- o According to the Leede Survey, 12% of respondents reported having heart disease.
- o Death rate in Sangamon County for heart disease is 191.6 per 10,000 which is considered below average when compared to 216.1 per 10,000 for the state (IPLAN).

8. Stroke

- o Department of Health and Human Services (DHHS) data shows that Cass (98 per 100,000) and Menard (99) are the only collar counties with average or below average stroke death rates.
- o Morgan (100), Macoupin (107), Montgomery (108), Sangamon (110), Macon (111), Christian (114) are all above national average, 109.3, and all but Morgan are above the state average, 111.4.

According to the charts on the right (DHHS), we currently see 42.2 deaths per 100,000 in Sangamon County.

The Healthy People 2020 national health target is to reduce the stroke deaths to 33.8 deaths per 100,000 population.



9. Fruit and vegetable consumption

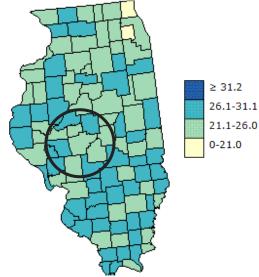
- o According to the Leede Survey, a majority (60%) of people report they eat two servings of fruits and vegetables or fewer daily.
- o Behavioral Risk Factor Surveillance System data shows that only 14.3% of adults eat the recommended five or more servings daily.

10. Fast food consumption

 According to the Leede Survey, fast food consumption is not a widespread concern, but younger and poorer groups consume at much higher rates.

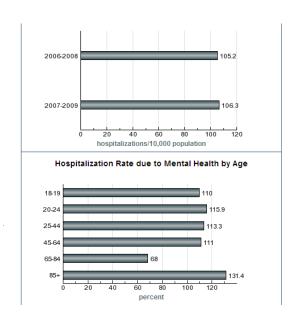
11. Exercise

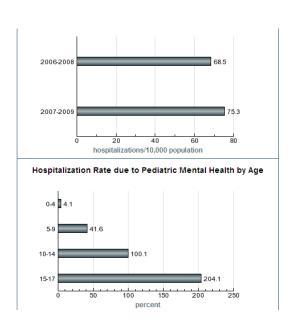
- o According to the Leede Survey, a majority of respondents (50%) exercise two times or fewer weekly.
- o The Behavioral Risk Factor Surveillance System data reports that 27.5% of Sangamon County adults are obese; physical inactivity is a known risk for obesity.
- o According to the chart below from the National Diabetes Surveillance System about 25% of Sangamon County and surrounding county residents are physically inactive.



12. Mental health

- o According to the Leede Survey, 14.3% of people reportedly have been diagnosed with a mental health condition and 15% self report for depression.
- o IPLAN reports (see charts) that hospitalization due to mental health in Sangamon County, 106.3 per 10,000, is far above state average, 68.0 per 10,000, indicating a lack of management resources and prevention.





- o According to the Leede Survey, drug abuse in general is of high concern to the population (45.5%).
- o According to the Illinois Youth Survey, marijuana use in the county is 19% compared to 25.3% in the state of Illinois.

14. Drinking

- o According to the Leede Survey, underage drinking is of high concern to the community (40.9%).
 - Young and single people reported higher incidences of unhealthy drinking habits.
- o According to IDPH, binge drinking among all adults in Sangamon County and surrounding counties is reported at 22.4%.

15. Teen pregnancy

- o In the Leede Survey 41.6% of respondents rated teen pregnancy as a high concern.
- o According to IDPH, 11.6% of all births in Sangamon County are to teenage mothers. This is above the national average of 10%, CDC.

16. Sexually transmitted diseases (STD)

- o According to the Leede Survey about 40% of respondents included STDs as a high concern.
- The following data from IDPH show the STD rates in Sangamon County are not just above average but several times the state average:
 - HIV 3.6 per 100,000 state average compared to 6.5 per 100,000 in Sangamon County.
 - Gonorrhea 29.6 per 100,000 state average compared to 371.5 per 100,000 in Sangamon County.
 - Chlamydia 203.2 per 100,000 state average compared to 647.3 per 100,000 in Sangamon County.

17. Lack of motivation

- o In the Leede Survey, lack of motivation was reported as the main barrier to living a healthy lifestyle. This was more commonly cited among Caucasians than other participating ethnic groups.
 - It should be noted that Caucasians make up roughly 90% of the counties surveyed.

18. Lack of exercise tools

o In the Leede Survey, lack of exercise tools was more commonly cited as a problem by African Americans

19. Flu shots

- o 50% of participants in the Leede Survey reported they received the flu shot.
 - 32% did not feel the need
- 20. Bicycle Helmet use by children
 - o According to respondents of the Leede Survey 32% report their children never wear a helmet.

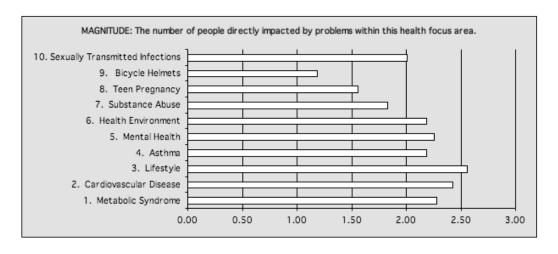
VI. Prioritization of Needs

Before prioritizing needs, the Internal Community Benefit Committee was provided a list of the_-top 20 needs derived from our primary and secondary data collection. The needs were presented above. Our Internal Community Benefit Committee is comprised of leaders and physician experts from St. John's Hospital. Members gave input that combined various issues according to common factors, yielding a list of ten priorities. These were Metabolic Syndrome, Cardiovascular Disease, Lifestyle, Asthma, Mental Health, Health Environment, Substance Abuse, Teen Pregnancy, Bicycle Helmets, and Sexually Transmitted Infections.

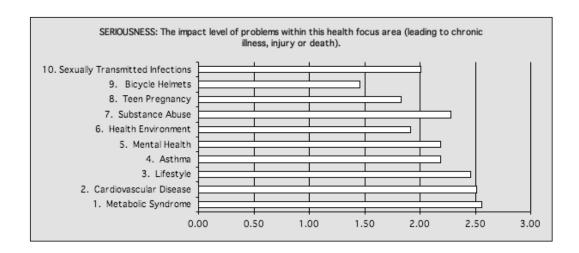
This new grouping of ten needs was then submitted to the external Community Benefit Sub Committee and prioritized for a final group of three top needs. This was accomplished through the ranking of each issue in three main areas: magnitude, seriousness and feasibility.

Committee member responses were given on a 1-3 scale and were averaged, yielding the following results:

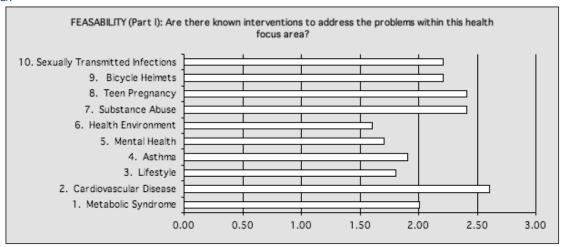
Magnitude represents the number of people directly impacted by the issue:



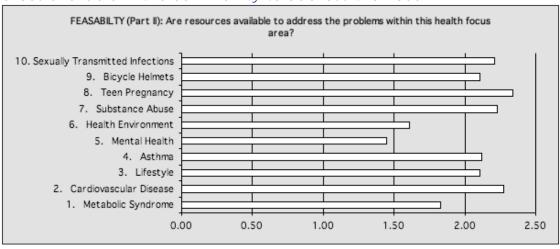
Seriousness represents how great the impact of the problem is on those suffering from it:



The final area, Feasibility, was split into two parts. First, committee members indicated whether or not there are known interventions for this area of health need:



The second part of Feasibility indicated whether or not there are extant resources available in the community to address the need:



Ultimately, four needs were selected using this process (average scores in parentheses below):

Magnitude:

- 1. Metabolic Syndrome (2.27)
- 2. Cardiovascular Disease (2.42)
- 3. Lifestyle (2.55)
- 4. Mental Health (2.25)

Seriousness:

- 1. Metabolic Syndrome (2.55)
- 2. Cardiovascular Disease (2.50)
- 3. Lifestyle (2.45)
- 4. Mental Health (2.18)

Feasibility (in order of ranking):

- 1. Metabolic Syndrome
- 2. Cardiovascular Disease
- 3. Lifestyle
- 4. Mental Health

Mental Health was the last need to be removed because of extremely low Feasibility scores (1.70 and 1.44), yielding a final top three:

- 1. Metabolic Syndrome
- 2. Cardiovascular Disease
- 3. Lifestyle

Appendix A: Leede Survey Tool

O White, Caucasian

1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)
2. Which category below includes your age?O 18-34
O 35-54
O 55-74
O 75+
3. What is your current marital status?O Single, never married
O Married
O Separated
O Divorced
O Widowed
4. Do you have children living at home?O Yes
O No
5. Do you have children in any of the following ages:O Under 3 yrs
O 3-5 yrs
O 6-10 yrs
O 11-16 yrs
O 17-18 yrs
O Adult children
6 What is your racial heritage?

O Black, African American
O Asian or Pacific Islander
O American Indian or Alaskan Native
O Some other race
O Two or more races
Other (please specify)
7. What is the highest level of school you have completed or the highest degree you have received? O Less than high school degree
O High school degree or equivalent (e.g., GED)
O Some college but no degree
O Associate degree
O Bachelor degree
O Graduate degree
8. What is your annual household income before taxes?O Less than \$5,000
O \$5,000 to \$9,999
O \$10,000 to \$14,999
O \$15,000 to \$24,999
O \$25,000 to \$34,999
O \$35,000 to \$49,999
O \$50,000 to \$74,999
O \$75,000 to \$99,999
O \$100,000 to \$149,999
O \$150,000 or \$199,999

O \$200,000 or more
O Don't know/Not applicable
9. What is your gender (sex)? O Male
O Female
10. How do you rate your own personal health?O Excellent
O Very good
O Good
O Fair
O Poor
O Don't know/Not applicable
11. Would you say that your health in the past two years has: (read list, check only one) O Improved
O Remained the same
O Declined
12. What is your primary type of health care coverage or insurance?O No health care coverage
O A prepaid plan such as a HMO, PPO
O Another Commercial Health Plan or Traditional Insurance
O Medicare
O Medicare HMO
O Medical Assistance or Title 19
O BadgerCare
O Other

O Not Sure
13. Does an employer provide your insurance?O Yes
O No
O Don't know/Not applicable
14. Is every member of your household currently covered by health insurance? O Yes
O No
O Don't know/Not applicable
15. Was there a time during the last 12 months that you felt you did not get the medical care you personally needed? O Yes
O No
O Don't know/Not applicable
16. If yes: What was the main reason you did not receive the medical care?(Please check only one answer)O Insurance did not cover it
O Cost
O Poor medical care available
O Unable to get appointment
O Lack of transportation
O Too busy to make appointment or to go to appointment
O Other: (open response)
O Don't know/Not applicable
17. When was the last time you visited a doctor for a routine medical checkup or physical exam? (Read List, Check One) O Less than one year ago

O At least 1 year but less than 3 years ago
O At least 3 years but less than 5 years ago
OAt least 5 years ago or more
O Never
O Don't know/Not applicable
18. Have you had the following medical exams in the past 2 years? (Read List, Check any that apply) □ Colon Screening (colonoscopy, sigmoidoscopy)
□ Mammography
☐ Breast Exam
□ Prostate/PSA
□ Rectal Exam
□ PAP/Pelvic Exam
□ Don't know/Not applicable
9. Have you ever been told that (Read list, check any that apply) ☐ You have high blood pressure?
☐ Your blood cholesterol is high?
☐ You had a stroke?
☐ You have heart disease or a heart condition?
☐ You have diabetes (not associated with a pregnancy)?
☐ You have to lose weight?
☐ You have a mental health problem?
☐ You have a substance abuse problem?
☐ You have cancer?
☐ You have asthma?

20. On an average day, how many servings do you eat/drink of fruits & vegetables? (Read List, Check One) (For example, 1 serving = ½ cup canned or cooked, 1 medium piece of fruit, 6 oz of juice.) O Less than 1 serving per day O 1 serving per day O 2 servings per day O 3 or more servings per day O Don't know/Not applicable 21. How often do you eat "fast foods" such as hamburgers, French fries, hot dogs, pizza, tacos, or fried chicken? (Read List, Check One) O More than once a day O Daily or nearly so O A few times per week O A few times per month O Seldom or never O Don't know/Not applicable 22. How many times per week do you exercise, defined as at least 20 minutes of continuous movement that results in your heat beating faster and your breathing increasing? (Read List, Check One) O Less than 1 time per week O 1 to 2 times per week O 3 to 4 times per week O 5 or more times per week O Don't know/Not applicable 23. Are any of the following factors that prevent or keep you from living a healthy lifestyle? (read list, check if yes)

O Unsafe Neighborhood

O Access to fresh foods / grocery stores
O Access to transportation
O Lack of health insurance
O Lack of motivation
O Lack of knowledge
O Access to the exercise tools
O Lack of services to help
O Other (please specify)

24. The following are a list of factors that might be important to you in living what you consider to be a healthy lifestyle. Please rate the importance of each item from 1 to 7, with 1 being Not at All Important, to 7 being Very Important to you:

		at all ortant		3	4	5	6	7 Very Important
Availability of Organic Foo		0	0	0	0	0	0	0
Financial Resources		0	0	0	0	0	0	0
Regular Exercise		0	0	0	0	0	0	0
Gym or Cluk Membership		0	0	0	0	0	0	0
Family & Friends Sup	port	0	0	0	0	0	0	0
Spiritual & Religious Support		0	0	0	0	0	0	0
Health Insur	ance	0	0	0	0	0	0	0
Employer To & Resources		0	0	0	0	0	0	0
Personal Sat & Security	fety	0	0	0	0	0	0	0

Other (please specify)

25. To what extent are you concerned about the following issues in your area? Please rate the level of your concern for each problem from 1 to 7, with 1 being "Not at all Concerned", to 7 being "Greatly Concerned":

	at all portan	2 t	3	4	5	6	7 Greatly Concerned
Alcohol Abuse	0	0	0	0	0	0	0
Underage Drinking	0	0	0	0	0	0	0
Marijuana Use	0	0	0	0	0	0	0
Drug abuse	0	0	0	0	0	0	0
Teen Pregnancy	0	0	0	0	0	0	0
Sexually Transmit Diseases	ted O	0	0	0	0	0	0
Mental Health Issues	0	0	0	0	0	0	0
Personal Safety Issues	0	0	0	0	0	0	0
Unemployment/ Underemploymer		0	0	0	0	0	0
Lack of Housing Affordable Housin	O ng	0	0	0	0	0	0
Lack of Food	0	0	0	0	0	0	0
Inability to Afford Health Insurance	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0
Lack of Healthcar Education & Prevention Services	re O	0	0	0	0	0	0

Lack of Affordable Health Care	0	0	0	0	0	0	0				
Adequate/Affordable Child Care	0	0	0	0	0	0	0				
Lack of Activities for Youth (not considering organized sports)	0	0	0	0	0	0	0				
26. Please indicate if y following areas in the □ The elderly population	comm		•	_							
□ Infants, children, and adolescents											
☐ People with disabilitie	es										
☐ People with chronic illness or conditions such as diabetes, high blood pressure, etc.											
☐ People in need of me	□ People in need of mental health/counseling services										
☐ People affected by al	cohol	and o	other	drug a	buse						
☐ People affected by d	omest	tic vic	lence								
☐ People affected by illiteracy											
☐ People affected by homelessness											
☐ People affected by h	unger										
☐ Disaster relief											

27. People have different levels of comfort and confidence in dealing with
the healthcare system. If you were to rate your personal level of comfort,
with 1 being No Comfort or Confidence in Dealing with Healthcare, to 7
being Very Strong Confidence in Dealing with Healthcare, how would you
rate your personal confidence?

1 No Comfort or Confidence		3	4	5	6		ery Stro onfiden	_
Personal comfort level in dealing with health care	0	0	0	0	0	0	0	
Bottom of Form								

28. The following is a series of statements regarding your feelings towards the healthcare system and providers available in your area. Please rate your level of agreement from 1 to 7, with 1 being Totally Disagree, to 7 being Totally agree with that statement:

1 Totall Disagr	_		3	4	5	6 A	7 Totally gree
I find dealing with health insurance issues very difficult.	0	0	0	0	0	0	0
I have access to the specific healthcare services that I need to be healthy.	0	0	0	0	0	0	0
I find it difficult to find the doctors and specialists that I need for my personal care.	0	0	0	0	0	0	0
I have a personal physician who I can talk to and ask questions when	0	0	0	0	0	0	0

needed.

I find the bills I receive for my healthcare services to be clear and easy to understand.	0	0	0	0	0	0	0
I know how to find resources I need to address the health needs of my household.	0	0	0	0	0	0	0
Our area has a high quality healthcare system that delivers strong quality and care.	0	0	0	0	0	0	0

Appendix B: Description of Primary and Secondary Data Sources

Leede Research was founded in 1982 in Wisconsin. The company began its work in media and expanded to healthcare in 1983. It then expanded to a full line of information tools. Leede celebrates 30 years of information excellence in 2012.

The company has grown to a staff of 85 information professionals with offices in Minneapolis and Manitowoc, Wisconsin. Leede offers full-service qualitative and quantitative research programs.

Leede has a broad base of expertise and experience in a variety of fields including; health, insurance, financial services, consumer packaged goods, agriculture and construction. It has a strong understanding of how individuals deal with and use information in their decision making processes.

Leede has a strong base of knowledge and experience in healthcare work. Starting with provider research in 1983, Leede expanded to work with health insurers, medical manufacturers, service providers and government organizations. Leede CEO, Dean Halverson has written two books on healthcare and is considered a thought-leader in healthcare consumerism.

Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.

Illinois Planning for Local Assessment of Need (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the Assessment Protocol for Excellence in Public Health (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;

- 2. a community health needs assessment; and
- 3. a community health plan, focusing on a minimum of three priority health problems.

Appendix C: Community Benefit Sub Committee Charter/Goals 2010-2012

Statement of Purpose

The Community Benefit Sub Committee is responsible for recommending and overseeing Community Benefit policies and programs designed to carry out the Mission of St. John's Hospital to provide exceptional health care services to the people of central Illinois.

Goals

The Community Benefit Sub Committee exists: 1) to guide and participate in the planning, development and implementation of projects and programs aimed at improving the health of the St. John's Hospital service area; 2) to address the needs of those communities where there are disproportionate unmet health needs and 3) to ensure St. John's remains committed to its Charitable Mission by improving the quality of lives in Sangamon County and the surrounding region. In 2010, the CBSC will continue to focus efforts on childhood obesity initiatives in the community; in 2011, the CBSC will collaborate with community organizations to perform a Community Needs Assessment which will be used to steer strategic growth, outreach and service line initiatives.

Objectives

- 1. Conduct every two years Community Needs Assessment and identify the most pressing health needs of the community.
- 2. Outline long-term community health strategies based on the community health needs assessment, to include in the Community Benefit Plan.
- 3. Guide and monitor the planning, development, and implementation of major programs aimed at improving the health of the local community.
- 4. Oversee policies and programs designed to carry out the hospital's mission and values:
 - o assessing and meeting community needs,
 - o serving populations with disproportionate unmet health-related needs,
- 5. Establish explicit, criteria for priority-setting among potential community benefit activities and projects:
 - o The size of the problem,
 - o the seriousness of the problem,

- o relevance to people and communities with disproportionate unmet health-related needs,
- o available expertise and resources,
- o the number of people who would be helped,
- o and whether this project complements other efforts by the hospital and other community organizations.
- 6. Make recommendations for program continuation or termination based on progress toward identified measurable objectives, available resources, level of community ownership, and alignment with criteria for priorities.
- 7. Monitor federal, state and local legislation, which may have a direct impact on the community benefit work and with approval from the hospital's Board, will advocate as needed.

Frequency of Meetings

The committee will meet at least four times a year and additionally when necessary at the call of the committee chair.

Governance Structure

The Community Benefit Sub Committee reports directly to the Planning Advisory Group of the St. John's Hospital Board of Directors. The Chairman of the Planning Advisory Group will provide periodic updates to St. John's Board at the monthly Board meetings.