

Community Health Needs Assessment 2012



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GoodSamaritan
Regional Health Center
co-sponsored by Felician Services & SSM Health Care



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Message to the Community



Good Samaritan Regional Health Center is a not-for-profit organization which has been carrying out a healing ministry in Southern Illinois for nearly 70 years. Building upon our strong heritage, Good Samaritan has

grown to provide tertiary-level programs, such as interventional cardiology and open heart surgery. In January of 2013, we will open our doors to a state-of-the-art new medical campus at the intersection of interstates 64 & 57. Good Samaritan's new medical campus will ensure that the hospital's longstanding mission, to carry on the healing ministry of Jesus Christ, will continue to thrive in Southern Illinois for generations to come.

More than Bricks & Mortar

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 Good Samaritan, 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 "Mike Warren". The signature is fluid and cursive, with the first name "Mike" being larger and more prominent than the last name "Warren".

Mike Warren, FACHE

President Good Samaritan Regional Health Center



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. Good Samaritan Regional Health Center offers monthly education forums entitled “Connections” to increase community awareness on a variety of health issues. Good Samaritan 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. Good Samaritan 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. Good Samaritan 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 Master’s in Organizational Management and a Bachelor’s in Education, Training and Development. She has lived near Jefferson County for 22 years and in rural 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 Master’s 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 nearby Marion County.

About the Jefferson County Service Area

Indicator	%	#
Total Population		
Total Population (2011 Thompson-Reuters)		38849
% Population change (2000-2010)	-0.70%	
Age (2011 Thompson-Reuters)		
0-14	18.00%	6977
15-17	3.80%	1461
18-24	9.10%	3525
25-34	13.40%	5212
35-54	26.20%	10189
55-64	12.70%	4946
65	16.80%	6539
Sex (2011 Thompson-Reuters)		
Male	51.3%	19918
Female	48.7%	18931
Race/Ethnicity (2011 Thompson-Reuters)		
White non-Hispanic	87.20%	33865
Black-non-Hispanic	8.70%	3392
Hispanic	1.80%	699
Asian/Other	2.30%	893
Households (2006-2010 Census Survey)		15,364
English Language spoken (2006-2010 Census Survey)		96.9%

Indicator	%	#
Adult Education Level age 25+ (2011 Thompson-Reuters)		
Less than HS	6.20%	1673
Some HS	10.60%	2847
HS degree	35.10%	9436
Some College	34.00%	9138
Bachelor's Degree or higher	14.10%	3792
Household Income (2011 Thompson-Reuters)		
<\$15K	17.60%	2674
\$15-25K	13.90%	2113
\$25-50K	31.20%	4732
\$50-75K	19.80%	3001
\$75-100K	8.60%	1297
Over \$100K	8.90%	1342
Access to Care		
Jefferson County designated Health Professional Shortage Areas (HPSA)		
<ul style="list-style-type: none"> ■ Mental Health ■ Low Income Dental ■ Primary Medical Care 		
Jefferson County designated Medically Underserved Areas (MUA)		
<ul style="list-style-type: none"> ■ Bald Hill Township ■ Casner Township ■ Webber Township 		
Jefferson County designated Medically Underserved Population (MUP) as Low Income for portions of the County		



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. Jefferson County is ranked 90th among 102 Illinois counties for overall health status, validating considerable opportunity to improve health and well being.



About the Service Area, Continued

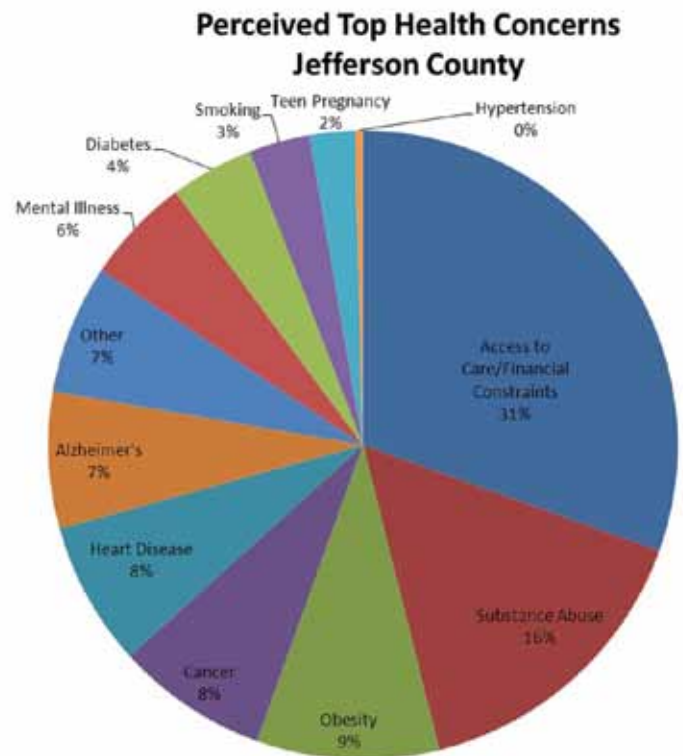
The basic demographic data set for Jefferson County was compiled from statistics and indicators provided by:

- Thomson Reuters
- Centers for Disease Control and Prevention
- Healthy People 2020
- US Census Bureau
- Illinois Department of Public Health and the Jefferson County Health Department Administration, Mark Stevens
- Federal HRSA (Medically Underserved Areas / Populations and Health Professional Shortage Areas)
- National Cancer Institute
- Jefferson County: Illinois Project for Local Assessment of Needs (IPLAN)
- 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, Good Samaritan also contracted with Healthy Communities Institute (HCI) to gather and assess data from a variety of sources. HCI's overall community dashboard indicators for Jefferson County are updated as new information is available, and is linked through Good Samaritan'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 Jefferson 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 Jefferson County is represented in the below chart.

The 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.



About the Service Area, Continued

Strengths

- High percentage of low-income persons participate in the Supplemental Nutrition Assistance Program (SNAP)
- Low death rate due to cancer
- Low death rate of males due to prostate cancer
- Low oral cavity and pharynx cancer
- 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.
- Improved incidence rate for all cancer sites
- Improved Lung and Bronchus cancer incidence rate
- Improved death rate for cerebrovascular disease and stroke
- Decreasing number of women who smoke during pregnancy

Challenges

- 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 adults without health insurance coverage
- High number of adults who drink heavily
- High number of 12th grade students who use alcohol
- High number of 12th grade students who use marijuana
- Increasing rate of high school drop outs
- Increased number of children who experience abuse or neglect
- Increased rate of obese adults
- High rate of adults diagnosed with diabetes
- High Prostate Cancer incidence rate
- High Colorectal cancer rate
- Male deaths from heart disease (25% higher than females)
- Increased rate of adults with high blood pressure
- High rate of adults with poor cholesterol levels
- High number of days that adults reported their mental health was not good

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:**

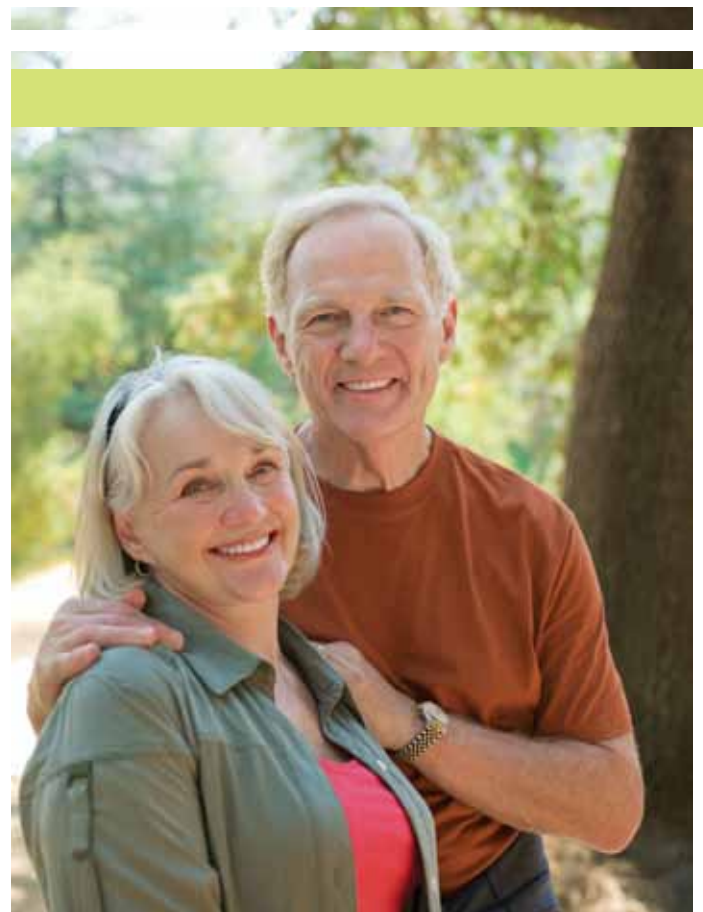
- Steering Team members – Vicki Vaughn, Rose Aldag-McVey and Keith Suedmeyer
- Phil Gustafson – CEO of St. Mary’s Good Samaritan
- Mike Warren – President Good Samaritan Regional Health Center
- Julie Long – Vice President Strategy & Development
- Mary Burgen - Board Member & Community Member
- Bill Beck - Foundation President & Community Member
- Marlene Almaroad, RN – Clinical Director & Community Member
- Teresa Brake – Employee & Community Member
- Mike Rednour – Employee & Community Member
- Dan Hoffman, MD - Medical Director / Good Samaritan, Practicing Physician within the Community
- Mayor Mary Jane Chesley - Mt. Vernon
- Pastor Ron Lash - Ministerial Alliance & 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 which would likely lead to improvement
- Alignment with the Mission of the hospital

Five key priorities emerged to guide Good Samaritan’s action plans and resource allocation for short and long term community health strategies. The top priorities identified are:

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



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.

Jefferson 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.

- 16.8% of Jefferson County's Population is over age 65 – over 5 percentage points higher than national average
- Average Population-to-Physician Ratio for Jefferson County is 1,577:1 compared to the state average of 778:1
- 24.8% of children in Jefferson 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.

Approximately 17% of adults in Jefferson 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.

Jefferson County has been designated as a Health Professional Shortage Area (HPSA) for mental health, low income dental, and primary medical care. Portions of the county are designated as Medically Underserved Areas (MUA) and as low income Medically Underserved Populations (MUP).

Community Needs Identified by the Prioritization Team

- Increase access to primary care
- Improve availability of affordable options for health services and tests
- Significant shortage in providers
- Increase screening and education options
- Lack of knowledge throughout the community of services, screenings, etc.

What will Good Samaritan do to increase access to care?

Objective #1 Increase access to health care services

- Continue assertive physician recruitment priorities based on Physician Needs Analysis. Recruit primary care Nurse Practitioners and Physician Assistants
- Expand primary clinic hours
- Actively enroll appropriate patients in Medicaid
- Provide medication assistance resources to receive medications at little or no out of pocket costs
- Expand primary care base through the implementation of medical home concepts

- Implement telemedicine partnership with SSM Cardinal Glennon to improve access to pediatric specialty services and pediatric emergency services
- Partner with employers to explore workplace clinics
- Install and implement EPIC- electronic health record- at each hospital and the employed Medical Group; develop a plan to integrate independent physicians with the platform
- Utilize telemedicine to access physician specialists which are needed

Objective #2 Increase community awareness of services and screenings

- Host an annual Uninsured and Underinsured educational and screening event
- 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
- Implement social media strategy to effectively reach a broader audience, broadly showcase specialists & technology, introduce virtual tours of new medical campus, complement & enhance traditional marketing campaigns.



Key Priority #2: 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 Good Samaritan 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 risk factors associated with it
- Profile best practices and resources to fight against obesity in Good Samaritan'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
- Host weekly Friday morning yoga sessions at the new campus free of charge to members of the community

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 Good Samaritan 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
- Implement walking trails surrounding the new medical campus
- 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 #3: 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.

Needs Identified by the Prioritization Team

- Significant shortage in providers
- Dramatic cuts in reimbursement for behavioral health care and substance abuse treatment
- 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 Good Samaritan 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 Health Care 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

ence Abuse

Objective #2 Improve Access

- 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

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
- 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 FQHC and 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



Key Priority #4: Heart Disease

Heart disease is the leading cause of death for both men and women in Jefferson County, and was ranked as the top priority in the county's IPLAN. 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 Good Samaritan 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

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

- Recruit and retain cardiologists, geriatricians and primary care physicians to Jefferson 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 risk factors associated with it
- Profile best practices and resources to fight against heart disease in Good Samaritan’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



Key Priority #5: Cancer

Cancer is the second most common cause of death in the United States, exceeded only by heart disease. It is attributed to approximately one in every four deaths. Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. Cancer is caused by both external factors (tobacco, infectious organisms, chemicals, and radiation) and genetics / internal factors. These causal factors may act together or in sequence to initiate or promote the development of cancer. Ten or more years often pass between exposure to external factors and detectable cancer. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, biological therapy, and targeted therapy.

Community Needs Identified by the Prioritization Team

- Increase the number of people screened each year for cancer
- Decrease smoking rates
- Increase education / prevention programming in the school systems
- Increase access to care

What will Good Samaritan do to address cancer rates in the community?

Objective #1 Increase the number of people who participate in cancer screenings and improve overall awareness about risk factors, early detection & prevention

- Host annual skin cancer screening each May
- Host annual prostate cancer screening each September
- Coordinate colorectal screening kit distribution at annual health fair
- Explore feasible options for lung cancer screenings for at-risk individuals
- Host "Look Good, Feel Better" program at the Cancer Center each quarter
- Host monthly support groups for cancer patients
- Maintain the Breast Center of Excellence designation to provide local excellence in breast screening
- Explore development of smoking cessation program at the new medical campus
- Support American Cancer Society's Relay for Life with Regional Sponsorship

Objective #2 Implement care coordination processes for cancer patients

- Utilize nurse navigator position to coordinate care for cancer patients and their families, and provide a trusted resource for questions/concerns
- Explore low-cost or no-cost options to contract with transportation providers to provide rides to follow-up medical appointments for those in need
- Monitor immunization rates for influenza and pneumonia
- Increase community understanding of advance directives and end-of-life care issues
- Expand and improve the Palliative Care program

Objective #3 Improve access to care for cancer programs and services

- Leverage the Little Egypt Program to expand access to mammograms and cervical cancer screenings for uninsured women
- Enroll qualified women for Medicaid if cancer is detected to ensure access to treatment
- Continue assertive physician recruitment priorities based on the Physician Needs Analysis for primary care, oncology, surgery, and other related specialties
- Ensure patients have access to needed medications and chemotherapy by helping those who qualify apply for medication assistance programs



Going Forward

Over the next three years, the physicians and staff of Good Samaritan 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 Good Samaritan's website, www.smsgsi.com.

St. Mary's Good Samaritan
operated by Illinois American & IGA Health Care

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 400 N. Pleasant Ave.
 Centralia, IL 62801
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Community Dashboard

Search All Indicators

Location Type: Location:

Breakout By: Order By:

Indicators for Jefferson County [View the Legend](#)

Health

Access to Health Services

- 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

- 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

Hospital News

Joy discusses Medical Home philosophy at Connections Event.
 Advanced ICU Care begins 24/7 coverage and a Tele-ICU solution to critically ill patients at St. Mary's Hospital.
 St. Mary's Good Samaritan Receives Distinguished 2011 Gold Award For Achievement of Excellence from Illinois Performance Excellence.
 ICU, Linear Accelerator blessed, dedicated at St. Mary's Hospital.
 Good Samaritan volunteer selected to chair state committee.
 Unprecedented gift of \$730,000 made to Good Samaritan.
 St. Mary's Hospital Receives 2011 Summit Awards, Marks Eighth National Recognition For the Year.
 Foundation pledges \$270,000 to St. Mary's Hospital.

News Room

Health News

U.S. Sees Drop in Deaths Linked to Diabetes.
 U.S. Liver Transplants Declining.
 U.S. Advisers Say No to Routine PSA Tests for Prostate Cancer.

Need a





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- Large, all-private rooms with family accommodations that encourage loved ones to stay in comfort overnight with patients
- Decentralized nursing stations that literally bring staff within footsteps and view of patients for optimal safety, service and response
- Easily accessible outpatient services designed for maximum convenience with close parking and multiple building entrances
- This highest standards of health care technology designed to improve patient outcomes in safety and healing
- Physicians offices on campus, located just footsteps away from the hospital's imaging, lab and procedure areas
- A healing environment that offers comforting views, water features, artwork and pleasing interiors that benefits patients, families and staff



Good Samaritan
Regional Health Center
co-sponsored by Felician Services & SSM Health Care

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

605 North 12th Street, Mt. Vernon, Illinois 62864
In January 2013, the new hospital is at Veterans Memorial Drive,
157/164 at exit 94

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Our Mission

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