

# Presence St. Mary's Hospital In Partnership with our Community

## Community Health Needs Assessment Report 2015-2018



# Table of Contents

- Ministry Overview ..... 3
- Target Areas and Populations ..... 4
- CHNA Steering Committee ..... 7
- CHNA Process ..... 8
- Mission, Vision and Values ..... 9
- Community Health Profile Summary ..... 10
- Community Input Summary ..... 11
- Community Asset Analysis ..... 16
- Prioritized Health Needs ..... 17
- Action Teams ..... 18
- CHNA Report Approval ..... 19

## Ministry Overview

Provena Health and Resurrection Health Care merged on November 1, 2011 to form a new health system, Presence Health, creating a comprehensive family of not-for-profit health care services and the single largest Catholic health system in Illinois. Presence Health embodies the act of being present in every moment we share with those we serve and is the cornerstone of a patient, resident and family-centered care environment. “Presence” Health embodies the way we choose to be present in our communities, as well as with one another and those we serve.

Presence Health is sponsored by five congregations of Catholic religious women: the Franciscan Sisters of the Sacred Heart, the Servants of the Holy Heart of Mary, the Sisters of the Holy Family of Nazareth, Sisters of Mercy of the Americas and the Sisters of the Resurrection.

Our Mission guides all of our work: Inspired by the healing ministry of Jesus Christ, we Presence Health, a Catholic health system, provide compassionate, holistic care with a spirit of healing and hope in the communities we serve.

Building on the faith and heritage of our founding religious congregations, we commit ourselves to these values that flow from our mission and our identity as a Catholic health care ministry:

- **Honesty:** The value of Honesty instills in us the courage to always speak the truth, to act in ways consistent with our Mission and Values and to choose to do the right thing.
- **Oneness:** The value of Oneness inspires us to recognize that we are interdependent, interrelated and interconnected with each other and all those we are called to serve.
- **People:** The value of People encourages us to honor the diversity and dignity of each individual as a person created and loved by God, bestowed with unique and personal gifts and blessings, and an inherently sacred and valuable member of the community.
- **Excellence:** The value of Excellence empowers us to always strive for exceptional performance as we work individually and collectively to best serve those in need.

Presence St. Mary’s Hospital has been meeting the health needs of Kankakee County residents for over 117 years. Founded by the Sister of the holy Heart of Mary, Presence St. Mary’s Hospital continues to carry out its mission of providing “compassionate, holistic care with a spirit of healing and hope in the communities” it serves.

PSMH is located 500 West Court Street in Kankakee, Illinois a 182 bed acute care facility with a Level II Emergency/Trauma Center and provides many health care services to all of Kankakee county and surrounding areas such as a Regional Cancer Center, Rehabilitation Services, Family Birthing Center, Pediatric Unit, Mental Health Services, Sleep Disorder Center, Breast Health Center, Renal Dialysis Center, Cardiac Rehab, Accredited Heart Failure Center, Endocrine Clinic, Accredited Chest Pain Center, Certified Primary Stroke Center, Wound Care, Infusion Center and Occupational Health.

During 2015, a Community Health Needs Assessment (CHNA) was facilitated by Presence St. Mary’s Hospital, Riverside Medical Center and Kankakee County Health Department. This report summarizes the health profile and community input findings of the CHNA conducted for the population served by PSMH and identifies the top priority health issues for the community to focus on in developing its implementation strategies.

## Target Areas & Demographics

### Defining the CHNA Service Area

Kankakee County is the service area for PSMH's CHNA. Kankakee County is located in Northeastern, IL. Kankakee lies on the Kankakee River about 60 miles south of Chicago. The estimated population in 2014 was 111,375 persons. Kankakee County population is made up of 45.6% Caucasian, 40.8% African-American, and 18.5% Hispanic.

### Target Service Area

PSMH's target CHNA service area is defined by the zip codes below.

Zip Codes	Cities
60401	Beecher
60917	Buckley
60913	Bonfield
60935	Essex
60940	Grant Park
60941	Hersher
60944	Hopkins Park
60950	Manteno
60961	Reddick
60958	Pembroke
60964	St. Anne
60969	Union Hill
60901	Kankakee
60914	Bourbonnais
60915	Bradley
60922	Chebanse
60917	Buckingham
60919	Cabrey
60901	Irwin
60913	Limestone
60954	Momence
60901	Otto

## Target Areas & Demographics

The communities with the greatest needs are east and south Kankakee (60901), parts of Momence (60954), Grant Park (60940), St. Anne (60964) and most of Pembroke Township (60944). Pembroke Township is a food desert. Fresh fruits and vegetables are available only in the summer. There have been many efforts to create community gardens, which would supply the area with fresh vegetables for freezing and canning for use later in the year. However, many of the residents of Pembroke Township live on a minimal budget and safe food storage is a problem.

### Target Populations

The population in Kankakee County grew 9.3% from 2000 to 2010. The population is approximately divided among the 0-20, 40-60, and over 60 age groups; the average age is 36.7. Males and females are roughly in equal proportion, with the gender ratio leaning towards males until age 60. Bourbonnais and Bradley have grown faster than the county, at 22% and 24% respectively, while Kankakee has remained essentially the same. Cabery and Chebanse villages also grew over 100%. By township, Manteno had the most population growth at 40%, while Pembroke and Aroma Park each lost 10% of their population.

### Ethnicity

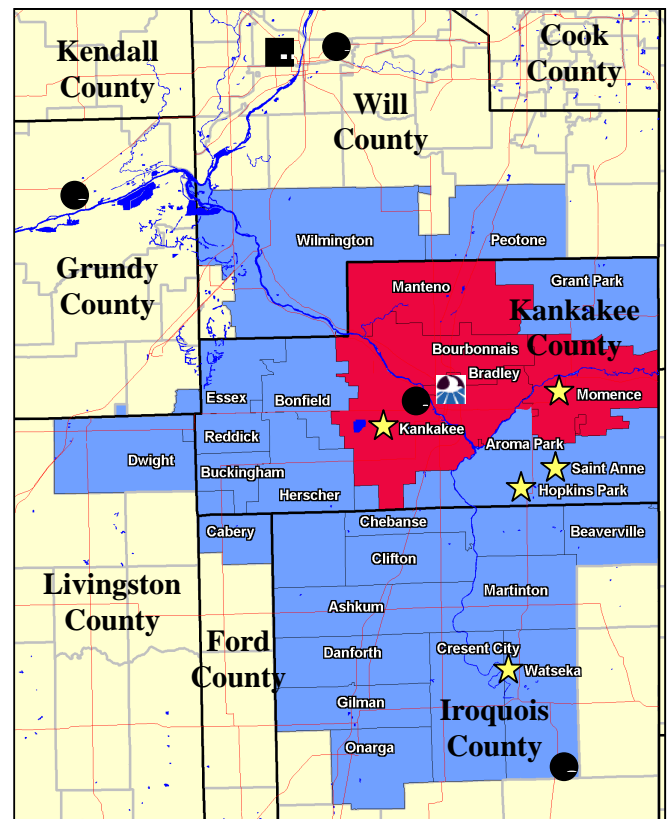
Kankakee County is predominantly white (77.56%). This percentage increased slightly since 2013, while the black population had a slight increase of 15.15% and the Hispanic population stayed the same at 9%. Most of the Hispanic population is Mexican. While Bourbonnais and Bradley reflect the county pattern, Kankakee is less than 50% white, 40% Black and almost 20% Hispanic. In Kankakee County, the white population is older (median age 39.8) compared to the black (median age 29.5) and Hispanic (median age 23.1) populations. This suggests that the population will continue to shift. Most of the population, 95.5%, is native-born.

### Language Spoken

Between 2008 and 2012 the primary language spoken in Kankakee County was English with 89.55% of the population speaking predominately English. Approximately 8.71% of the population speaks Spanish as their primary language, and 1.48% of the population speaks other languages.

### Income

Median household income for Kankakee County increased from \$44,784 to \$49,994 between 2008 and 2012. The 2012 median income was below the median for Illinois \$56,583, and the U.S. \$53,046. Median income increased both for whites (from \$52,300 to \$56,094) and decreased for Hispanics (from \$44,750 to \$41,250) during this time. Median income for blacks decreased from \$26,817 to \$25,657, in 2012, which is lower than the median income for blacks for both Illinois and the U.S. (\$34,735 and \$35,564 respectively).



★ Underserved population

## Target Areas & Demographics

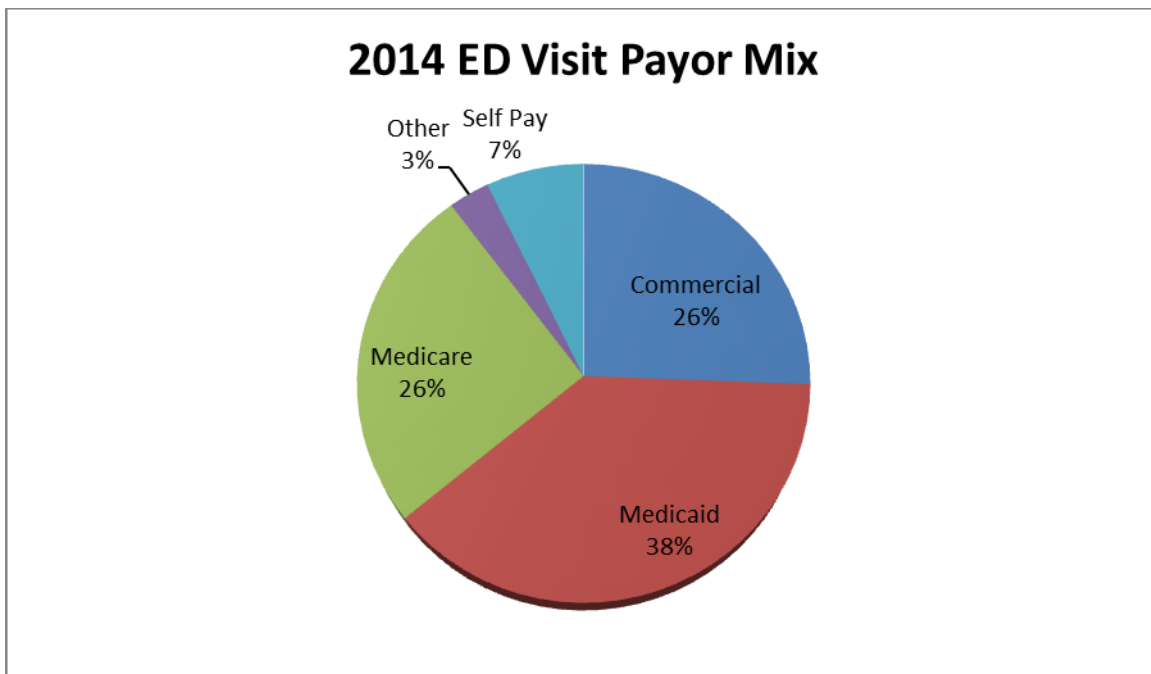
### Education

The percentage of individuals with a high school degree or higher increased in Kankakee County from 86.4% between 2009 to 2013 as did the percentage with a bachelor's degree or higher (16.1% to 17.1%). The breakdown for Kankakee County is as follows:

<b>No school</b>	<b>13.3%</b>
<b>Some school</b>	14.3%
<b>Some college</b>	38.8%
<b>Associate Degree</b>	14.3%
<b>Bachelor Degree</b>	16.6%
<b>Graduate</b>	13.3%

All school districts showed chronic truancy rates in 2010 that were below the Illinois rate of 3.6% except Kankakee District #111 at 4.4%, Momence District #1 at 3.9% and St. Anne District # 302, which was far above all others at 30.3%.

PSMH also reviewed its own Emergency Department (ED) data to determine if there were ways to target access to care by identifying those patients in need of primary care services that were presenting to the ED. From January 2014 through December 2014, the payor distribution of patients for all ED visits is listed below.



The target areas for PSMH's community benefit initiatives are disproportionate unmet health-related needs (DUHN) communities.

## CHNA Steering Committee

### Engagement of Public Health Expertise

The Kankakee County Health Department and PSMH co-facilitated the CHNA process by using the Mobilizing for Action through Planning and Partnerships (MAPP) tool. The Partnership for a Healthy Community formally engaged the Illinois Public Health Institute (IPHI) for assistance in planning and executing the CHNA process. IPHI served as an expert public health consultant throughout the CHNA timeline.

### CHNA Steering Committee

To provide community level oversight for the process, a diverse group of community stakeholders and PSMH representatives were invited to participate on the CHNA Steering Committee. To ensure representative engagement, personal invitations were sent to organizations representing cultural, linguistic, racial, ethnic, and other minority groups. In addition, individuals with specialized qualifications in dealing with special populations or clinical groups were solicited for their participation. Finally, efforts were made to include individuals on the CHNA Steering Committee with public health expertise. Those who committed to the assessment and planning process became the 11 members of the CHNA Steering Committee, which continues to meet regularly to provide feedback and oversight, assess progress, and modify plans as needed.

John Avendano	Kankakee Community College
Nick Allen	United Way of Kankakee County
Debra Ann Caise	Presence St. Mary's Hospital
Torrie Carter	Presence St. Mary's Hospital
Carole Franke	I-Kan Regional Office of Education & NAACP
Pastor Larry Garcia	New Life Pentecostal Church & Hispanic Partnership
Pam Gulczynski	Presence Health Home Health Care
Jackie Haas	The Helen Wheeler Center for Community Mental Health
Matthew McAllister	Riverside Medical Center
Matt McBurnie	Riverside Medical Center
Bonnie Schaafsma	Kankakee County Health Department

## CHNA Process

### Process Used to Identify Community Needs

Every five years, local health departments in Illinois must complete a community health needs assessment (CHNA) and health plan as a requirement for recertification with the Illinois Department of Public Health (IDPH). This process is known as Illinois Project for Local Assessment of Need, (IPLAN). Hospitals are required by the IRS to complete a CHNA every three years.

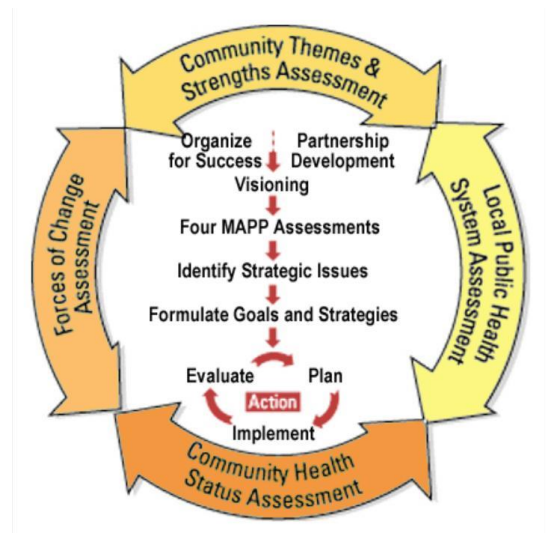
For the 2015 assessment and planning process, the Partnership for a Healthy Community used the Mobilizing for Action through Planning and Partnerships (MAPP) process as an equivalent for IPLAN. The Kankakee County Health Department and PSMH partnered to facilitate the MAPP process in 2012 and again in 2015.

From June 2014 through July 2015 four separate assessments were conducted.

MAPP is a process that provides a comprehensive framework for assessing community needs, and developing and addressing strategic issues. The purpose of the Kankakee County MAPP process is to provide a community plan that is developed **by** and **for** the community. The benefits of Kankakee County engaging in this process include:

- A healthier community that improves the quality of life for the people who live and work in it.
- Increased visibility of public health in the community.
- Increased awareness and knowledge about public health issues.
- Preparation of our local public health system to better anticipate, manage and respond to changes in the county.
- Greater collaboration and sharing of resources among partners.
- Reflection of priorities in hospital implementation strategies.

MAPP has six phases. The first five phases were completed over twenty-two months. Phase six, the action cycle, is an ongoing process of planning, implementing and evaluating. Kankakee County is currently in phase six of the process.





## Mission, Vision & Values

The CHNA Steering Committee developed the following mission, vision, and values in 2012. It was important to develop a mission, vision and values to guide their work and interactions throughout the process and beyond.

### **Mission**

We are committed to creating a healthy community through comprehensive assessments and the implementation of effective plans.

### **Vision**

Partnership for a Healthy Community, building a strong, healthy and safe Kankakee County

### **Values**

- ❖ We commit to collaborate with active engagement, commitment, and accountability of all partners.
- ❖ We commit to open communication, understanding, and respect for the needs and viewpoints of all partners.
- ❖ We commit to gathering comprehensive quality data in order to identify and prioritize community needs.
- ❖ We commit to sharing the findings of our assessment in order to inform and educate the community.
- ❖ We commit to creating and implementing realistic plans, measuring the impact, and communicating our results.

This mission, vision and values were reviewed by the Steering Committee as part of the 2015 MAPP Process.

# Community Health Profile Summary

## Data Indicators

The data committee is comprised of MAPP Steering Committee members, data and planning staff from the two local hospitals as well as public health interns. This team reviewed key health indicators and analyzed the data gathered to provide insight into the trends and top issues.

Indicators were broken down into the following categories:

- Demographic
- Socioeconomic
- Health Resource Availability
- Social and Mental Health
- Maternal and Child Health
- Death, Illness and Injury
- Infectious Disease
- Sentinel Events
- Environment

Data from *Illinois Project for Local Assessment of Need (IPLAN)*, and the *Community Health Indicator Status Report (CHIS)* were reviewed and discussed. Many of the indicators for MAPP are found in the IPLAN data sets. This data was used when available, as well as data from the local hospitals. Statistical Indicators from the 2012 needs assessment were also reviewed in order to look at the data for comparison. Additional data was gathered from a variety of sources, including the U.S. Census and American Community Survey, Illinois state agencies, United States Department of Health and Human Services and community organizations.

Benchmarks are included wherever possible and come from either Healthy People 2020 (<http://healthypeople.gov/2020/topicsobjectives2020/>) or the County Health Rankings (CHR)'s National Benchmark (<http://www.countyhealthrankings.org/>). The Healthy People 2020 (HP2020) goals are set every 10 years by the U.S. Department of Health and Human Services. CHR is run by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The CHR standards are set at the 90th percentile of the current data; this means the goal is for all counties to be as healthy as the top 10% of counties are now.

## Community Health Profile Report

The complete version of the Community Health Profile is posted on the Presence Health website at [www.presencehealth.org/community](http://www.presencehealth.org/community), including citations for the information included in this document.

## Community Health Input Summary

An essential part of the CHNA process is collecting community input and insights to understand health needs and perceptions about quality of life and barriers to health. The goal of this community input process was to gather information about the needs of the uninsured and underinsured in PSMH's CHNA service area so as to: 1) provide a comparison for the data obtained for the Community Health Profile, and 2) fill knowledge gaps in the existing data with respect to both more targeted geography and marginalized or hard-to-reach population groups.

### Analysis and Summary

#### **Local Public Health System Assessment (LPHSA)**

The assessment retreat was held on March 21, 2015 and began with a 60-minute plenary presentation to welcome participants, provide an overview of the process, introduce the staff and answer questions. Participants were then broken into five groups; each breakout group was responsible for conducting the assessment for two essential public health services, as follows:

Over 100 public health system partners were invited to participate in the Partnership for a Healthy Community forum held at the First Church of the Nazarene. There were 42 partners participated in assessing how well the Kankakee County public health system provides the ten Essential Public Health Services (EPHS) in Kankakee County.

LPHSA Breakout Groups	
Group	LPHSA Group Responsibilities
<b>A</b>	EPHS 1 – Monitor health status to identify community health problems. EPHS 2 – Diagnose and investigate health problems and health hazards in the community.
<b>B</b>	EPHS 3 – Inform, educate, and empower people about health issues. EPHS 4 – Mobilize community partnerships to identify and solve health problems.
<b>C</b>	EPHS 5 – Develop policies and plans that support individual and community health efforts. EPHS 6 – Enforce laws and regulations that protect health and ensure safety.
<b>D</b>	EPHS 7 – Link people to needed personal health services and assure the provision of health services. EPHS 9 – Evaluate effectiveness, accessibility and quality of personal/population-based health services.
<b>E</b>	EPHS 8 – Assure a competent public and personal health care workforce. EPHS 10 – Research for new insights and innovative solutions to health problems.

Each group was professionally facilitated, recorded, and staffed by a note taker. The program ended with a plenary session where highlights were reported by members of each group. Event organizers facilitated the end-of-day dialogue, outlined next steps to enter, analyze and report assessment findings to the Kankakee County MAPP Executive Committee and retreat participants.

## Community Health Input Summary

The table and graph below together provide an overview of the local public health system’s performance in each of the 10 EPHS.

<b>Summary Essential Public Health Service Scores</b>			
<b>EPHS</b>	<b>EPHS Description</b>	<b>2015 Score</b>	<b>Overall Ranking</b>
<b>1</b>	Monitor health status to identify community health problems.	81	2 <sup>nd</sup>
<b>2</b>	Diagnose and investigate health problems and health hazards in the community.	100	1 <sup>st</sup>
<b>3</b>	Inform, educate, and empower people about health issues.	61	7 <sup>th</sup>
<b>4</b>	Mobilize community partnerships to identify and solve health problems.	56	8 <sup>th</sup>
<b>5</b>	Develop policies and plans that support individual and community health efforts.	77	3 <sup>rd</sup>
<b>6</b>	Enforce laws and regulations that protect health and ensure safety.	70	5 <sup>th</sup>
<b>7</b>	Link people to needed personal health services and assure the provision of health services.	47	10 <sup>th</sup>
<b>8</b>	Assure a competent public and personal health care workforce.	61	6 <sup>th</sup>
<b>9</b>	Evaluate effectiveness, accessibility, and quality of personal/population-based health services.	71	4 <sup>th</sup>
<b>10</b>	Research for new insights and innovative solutions to health problems.	54	9 <sup>th</sup>
<b>Overall LPHS Performance Score</b>		<b>68</b>	

### Key Strengths:

- Strong partnerships
- Robust assessment and planning activities
- Willingness to align and share resources to achieve goals

### Areas for Improvement:

- Greater data sharing among agencies
- Better system-wide communication
- Increased outreach to nontraditional partners
- Increased emphasis on collective implementation of the shared Community Health Improvement Plan

## Community Health Input Summary

### **Community Themes and Strengths Assessment (CTSA)**

The Kankakee County Partnership for a Healthy Community developed a 45-question survey for Kankakee County residents. The survey included questions on the perceptions of various health and social issues within their homes, community, and county. The survey was conducted in the second quarter of 2015.

A total of 493 residents completed the survey online via Survey Monkey. Basic analysis and cross tabulation of the data was conducted to identify themes and strengths of the community.

Of the 493 Survey Respondents:

- 95% English, 5% Spanish surveys
- 86% Female, 14% Male
- Race/Ethnicity:
  - 55% Caucasian/White
  - 33% African American/Black
  - 10% Hispanic/Latino
  - 2% Other

Respondent Demographics Compared to County Overall		
	Survey Sample	Census Demographics
Gender	Men: 14% Women: 86%	Men: 49% Women: 50.9%
Age*	18-25: 27.8% 26-39: 24.9% 40-54: 11.8% 55-64: 11.6% 65+: 24.0%	18-24:10.3% 25-34: 12.4% 35-44: 12.6 45-54: 14.1% 55-64: 11.9% 65+: 13.4%
Race/Ethnicity	Caucasian: 55% African American: 33% Hispanic: 10%	Caucasian: 80% African American: 15% Hispanic: 9%
Educational Attainment	Less than HS: 9% HS Diploma/GED: 35% Some College: 28% College Degree+: 28%	Less than HS: 14.4% HS Diploma/GED: 85.6% Some College: 25.9% College Degree+:17.1%

# Community Health Input Summary

## Top Issues Raised in Comments:

- Safety and violence as a concern
- Depends on area you live in
- Limited access to resources
- Poor environment

## Also mentioned several times:

- Good community
- Improvement needed
- Poor education system
- Poor economy
- Discrimination
- Politics

## Social Issues of Concern:

- Finding good jobs and living in a healthy economy
- Living in a safe neighborhood
- Ability to participate in arts and cultural events
- Finding importance in racial/ethnic diversity
- Health Issues of Concern
- Drug Abuse
- Violence
- Underage Drinking and Excessive Drinking
- At Home: Depression/Anxiety Disorder
- Depending on the location of residency, safety and violence, limited access to resources, and quality of the environment are pressing concerns for survey respondents

## **Community Health Status Assessment (CHSA)**

This report comprises comprehensive data describing who resides in Kankakee County, the community's health status, and strengths and risks that may be contributing to residents' well-being. Through the review of the *2011-2016 Kankakee County Community Health Needs Assessment and Community Health Plan* and collaborative decision-making and local guidance by the *Partnership for a Healthy Community's* Kankakee County Community Health Status Assessment Subcommittee, more than 100 key health indicators were identified for this report. Indicators include population demographics, household characteristics, education, employment, income and poverty statistics, birth and death rates, health status and resource information.

The following core indicators were analyzed for Kankakee County. By gathering data for each of the categories and assessing changes over time or the differences among population subgroups or with peer, state or national data, health issues are identified.

1. Demographics
2. Socioeconomics
3. Health Resource Availability
4. Quality of Life

## Community Health Input Summary

5. Behavioral Risk Factors
6. Environmental Health
7. Social and Mental Health
8. Maternal and Child Health
9. Death, Illness and Injury
10. Communicable Diseases
11. Sentinel Events
12. Senior Health

Key findings include:

- Population has increased 9.3% since 1990
- The median household income is \$33,160 which is about half of the median for Illinois.
- 50.2% of kids are eligible for free or reduced lunch and the unemployment rate is 11.3%
- Severe physician shortage leaves 45% of the population underserved and there is an additional shortage of mental health providers
- 18% of adults self-report having fair health which is higher than both IL and US averages
- 80% are consuming less than 5 servings fruits and vegetables per day and there are a fewer number of grocery stores per person than the IL average
- Infant mortality and teen birth rates are higher than IL and US averages
- Heart Disease is the number one cause of death
- Homicide and violent crime rates are below state and national averages
- Communicable disease rates are lower than national average however Chlamydia rates are significantly higher
- 10.79% of seniors live alone which is higher than IL average

### ***Forces of Change Assessment (FOCA)***

The Forces of Change identified in this assessment represent important issues affecting Kankakee County, and their potential implications on the health and quality of life of community members and on the local public health system. This FOCA was held in the fall of 2014.

The analysis of potential forces from all categories explored by members of the Kankakee County Partnership for a Healthy Community for the Forces of Change Assessment resulted in the following major cross-cutting themes:

- Local and State Fiscal Challenges
- Education and Workforce Development
- Sustainable Energy Development
- Low Homeownership Rates
- Transportation Expansion
- Changing Demographics
- Affordable Care Act and Changing Health Care Landscape
- Mental Health and Substance Abuse
- Legalization of Marijuana
- Establishment of the 211 Human Services Resource Line
- Increased Connectivity
- Chicago Bears Training Camp

# Community Health Input Summary

## **Community Input Report**

The complete version of the Community Input Report is posted on the Presence Health web site at [www.presencehealth.org/community](http://www.presencehealth.org/community), including citations for the information included in this document.



## Community Asset Analysis

In conjunction with the CHNA Steering Committee and numerous community stakeholders, an inventory of community assets was conducted so as to determine existing health resources that could be built upon or collaborated with to conduct the work of PSMH's ministry. Community assets compiled included, but were not limited to:

- health care facilities
- social service agencies
- community benefit organizations
- food pantries
- parks and recreation areas
- faith-based community groups
- coalitions and alliances
- advocacy groups

## Prioritized Health Needs

### Methodology and Prioritization Criteria

The Kankakee County Steering Committee developed a list of agencies to be invited to participate in a full day assessment retreat. The event organizers carefully considered how to balance participation across sectors and agencies and how to ensure that diverse perspectives as well as adequate expertise were represented in each breakout group.

The event drew 42 public health system partners that included public, private and voluntary sectors. The composition of attendees reflected a diverse representation of partners that was apportioned as follows:

Constituency Represented	Total Attended
Businesses	2
Coalitions	0
Colleges and Universities	4
Community-Based Organizations and Non Profits	5
Hospitals, Health Systems and Clinics	10
Local Health Department	6
Local Government	3
State Government	1

### Cross-cutting Themes and Issues Identified

Throughout the discussions of the 10 Essential Public Health Services, a number of cross-cutting themes emerged in the dialogue among each group. Key strengths that were noted throughout the system include strong partnerships, robust assessment and planning activities, and willingness to align and share resources to achieve common goals.

Dialogue throughout the 10 Essential Services revealed that while the Kankakee County LPHS has strong partnerships and commitment to collaborating for community health improvement, this partnership infrastructure could be strengthened through greater data sharing among agencies, better system-wide communication, increased outreach to nontraditional partners, and increased emphasis on collective implementation of the shared Community Health Improvement Plan.

The findings of the Local Public Health System Assessment, along with the findings of three other assessments conducted through the Mobilizing Action through Planning and Partnerships (MAPP) process, will inform the creation of a collective strategic plan to address some of the community's most pressing health issues. The Kankakee County Partnership for a Healthy Community can serve as an infrastructure through which LPHS partner agencies can be mobilized for aligned action as a cohesive system to improve public health in Kankakee County.

The following six community needs were prioritized:

Teen pregnancy & Infant Mortality; Access to Care; Chronic Disease; Mental Health & Substance Abuse; Violence & Safety; Education.

## Action Teams

Action Teams were designated for each prioritized health need and were initially comprised of a co-chair member from the CHNA Steering Committee as well as a PSMH’s expert or champion of that particular specialty area. The two co-chairs then identified community partners and members to serve on the action team so as to foster a collaborative spirit consistent with the guiding mission, vision and values. Leaders of each of the action teams also committed to continued membership on the CHNA Steering Committee.

The CHNA Steering Committee will continue to meet to provide oversight and communication between the Action Teams throughout the three year period of the planning and implementation process.

<b>Action Team:</b>	<b>Chronic Disease</b>
Co-Chair(s):	Debra Caise & Laura Stzuba
Goal:	Reduce the incidence and prevalence of chronic disease among residents of Kankakee County
<b>Action Team:</b>	<b>Mental Health &amp; Substance Abuse</b>
Co-Chair(s):	Jackie Haas & Elizabeth DeLong
Goal:	Ensure that individuals seeking behavioral health services are aware of service availability, eligibility requirements, particularly those in need of specialized care services, and that those seeking services have access to the care necessary to meet their needs regardless of their economic situation.
<b>Action Team:</b>	<b>Violence &amp; Safety</b>
Co-Chair(s):	Carole Franke & Matthew McAllister
Goal:	Reduce bullying among children & adolescents. Reduce domestic violence, sexual violence, elder abuse, abuse against persons with disabilities & child abuse. Improve communities perception of safety related to social determinants of health
<b>Action Team:</b>	<b>Access to Care</b>
Co-Chair(s):	Bonnie Schaasfma & Pete Lamotte
Goal:	Decrease the discharge rate for Ambulatory Sensitive Conditions. Decrease hospital admissions for chronic disease conditions.
<b>Action Team:</b>	<b>Teen Pregnancy &amp; Infant Mortality</b>
Co-Chair(s):	Mary Lacy & Linda Hildebrandt
Goal:	Decrease 2014 Teen Birth Rates from 40 per 1000 to 35 per 1000 according County Health Rankings

There is an existing active coalition, called the Coalition for Hope and Excellence in Education (CHEE) which launched in 2014 and administered by the Economic Alliance of Kankakee County and Community Foundation of Kankakee River Valley. The mission of Coalition for Hope & Excellence in Education (CHEE) is to encourage student persistence and increase graduation rates in Kankakee County, Illinois, through the efforts of a broad coalition of community leaders using a comprehensive, evidenced-based Communities in Schools (CIS)\* model. CIS is nationwide effort that surrounds students with a community of support, empowering them to stay in school and achieve in life. Because this coalition exists, the Partnership for a Healthy Community did not form an education action team as the participants at the strategic priorities retreat did not want to duplicate efforts.

## CHNA Report Approval

In alignment with our mission of providing compassionate, holistic care with a spirit of healing and hope in the communities we serve, Presence Health is committed to providing meaningful and measurable community benefit activities. In order to accomplish our mission, a formal approval process has been established both at the board and leadership levels. The CHNA Report must be reviewed at the beginning of each CHNA cycle (at a minimum of every three years) and approved by the CHNA Steering Committee.

The below signature signifies that this plan has been reviewed and approved prior to its submission and dissemination to the public.

\_\_\_\_\_  
Regional President & CEO Kathleen Rhine  
Presence St. Mary's Hospital

\_\_\_\_\_  
Date

\_\_\_\_\_  
Regional Chief Mission Officer Lisa Lager  
Presence St. Mary's Hospital

\_\_\_\_\_  
Date

\_\_\_\_\_  
Report Prepared By Shannon Jermal, Regional Director Community Health Integration

\_\_\_\_\_  
Report Prepared By Torrie Carter, Community Benefit Manager

