MISSION: TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

Community Health Needs Assessment and Implementation Plan

2022

MEMORIAL HOSPITAL
BJC

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Executive Summary

Memorial Hospital Belleville (MHB) has provided comprehensive health care services to the St. Clair County community since 1958. In 2016, Memorial Hospital Shiloh (MHS) opened to further serve the needs of county residents. That same year, both hospitals became members of BJC HealthCare. The hospitals have established effective partnerships toward the goal of improving the health of their communities. (See Appendix A for additional information).

In 2021, these two hospitals began operating under a single license to provide greater efficiencies and convenience for patients. Therefore, MHB and MHS completed one community health needs assessment (CHNA). In the past, these hospitals provided individual assessments.

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals are mandated to conduct CHNA reports every three years. As part of that process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge and expertise in public health and underserved populations.

As part of this assessment, each hospital is required to define its community. Once the community is defined, input must be solicited from those who represent the broad interests of the community served by the hospital, as well as those who have special knowledge and expertise in the area of public health. This process occurred in two phases.

In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. Due to COVID-19, BJC HealthCare, along with collaborative health system and hospital partners, conducted an online survey for the safety of community stakeholders. The survey provided stakeholders an opportunity to rank community health needs compiled by these partners.

During phase two, findings from the stakeholder survey were reviewed and analyzed by an internal hospital work group of clinical and non-clinical staff. Using multiple sources, including Conduent Healthy Communities Institute, a secondary data analysis was conducted to further assess the identified needs. This analysis identified unique health disparities and trends evident in St. Clair County when compared to the state.

After completion of the comprehensive assessment process, the hospitals will focus on three priorities: Mental Health, Drug Abuse and Maternal/Infant Health.

The analysis and conclusions will be presented and reviewed for approval by the Board of Directors at MHB-MHS.

Community Description

GEOGRAPHY

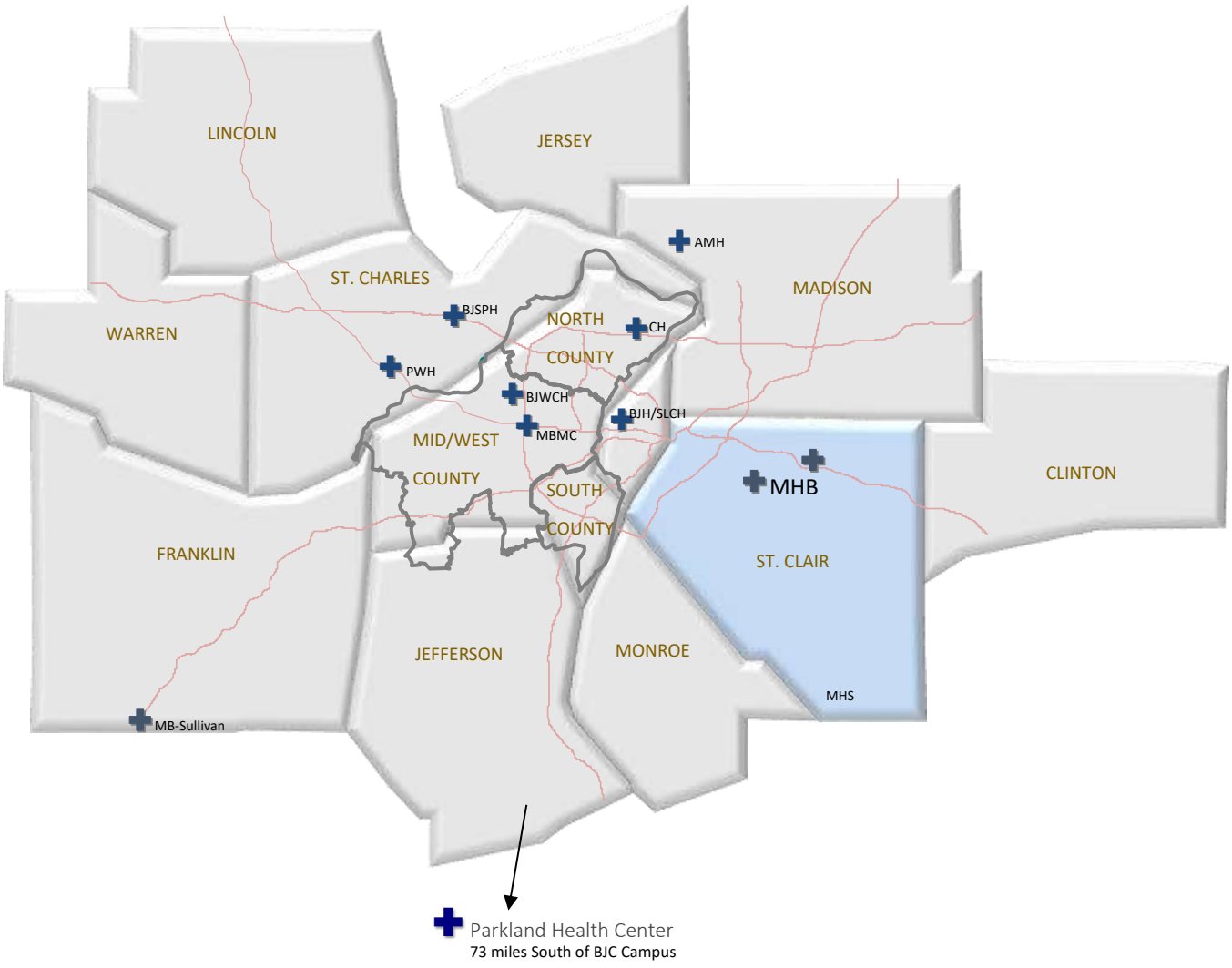
MHB and MHS are members of BJC HealthCare, one of the largest, nonprofit health care organizations in the country. BJC HealthCare hospitals serve urban, suburban, and rural communities through 15 hospitals and multiple community health locations primarily in the greater St. Louis, southern Illinois, and mid-Missouri regions.

MHB is located in Belleville, Illinois and MHS is in Shiloh, Illinois. The hospitals are in St. Clair County and considered part of the greater St. Louis metropolitan area.

For the CHNA, MHB and MHS defined St. Clair County as their community. The following map outlines the primary service areas of these hospitals.

MHB-MHS's Primary Service Area:

St. Clair County IL *(shaded in blue below)*



POPULATION

Population and demographic data are necessary to understand the health of the community and plan for future needs. In 2021, St. Clair County reported a total population estimate of 254,796 compared to the state population of 12,671,469. St. Clair County comprised 2.0 percent of the state population. From April 2020 to July 2021, the county population decreased 1.0 percent and the state population decreased 1.1 percent.

INCOME

St. Clair County's median household income was $57,473 while the state's median household income was $68,428. The rate of persons living below the poverty level in St. Clair County was 13.8 percent compared to 11.4 percent in the state (2016-2020).

AGE

The age structure of a community is an important determinant of the health and health services it will need. The distribution of the population across age groups in the county was similar to the state.

SOCIAL-ECONOMIC INDICATORS

The percentage of children (21 percent) and families (10.1 percent) living below the poverty level was higher in the county when compared to the state (16.2 percent; 8.4 percent respectively) and the U.S. (17.5 percent; 9.1 percent) (2016-2020).

EDUCATION

Individuals who do not finish high school are more likely than those who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance or involved in crime. The Healthy People 2030 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in ninth grade to 90.7 percent. In St. Clair County, 91.7 percent of the population ages 25 and over had a high school diploma or higher education attainment compared to 89.7 percent in the state.

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures and communities. Having a college degree also opens career opportunities in a variety of fields and is often the prerequisite to a higher-paying job. It is estimated that college graduates have about $1 million more in lifetime earnings than their peers without college degrees. In St. Clair County, 29.0 percent of the population ages 25 and older held a bachelor's degree or higher compared to 35.5 percent in the state.

Additional demographic data on St. Clair County is available in Appendix C.

Previous CHNA Measurement and Outcomes Results

At the completion of the 2019 CHNA, MHB identified Mental/Behavioral Health: Substance Abuse, Heart and Vascular: Stroke and Nutrition and MHS identified Heart and Vascular: Heart Health and Nutrition Education are areas where focus was most needed to improve the health of the community served by the hospital. This section of the report details goals and status of these community health needs. Due to COVID-19, programs were paused for the safety and health of the community and staff.

TABLE 1: MEMORIAL HOSPITAL BELLEVILLE 2019 CHNA OUTCOMES	
MENTAL/BEHAVIORAL HEALTH: SUBSTANCE ABUSE	HEART & VASCULAR: HEART HEALTH
PROGRAM GOAL	PROGRAM GOAL
Intervene and educate patients in the emergenecy department to decrease substance abuse in the community.	**I.** Improve cardiovascular health and quality of life through prevention, detection and treatment of risk factors for heart failure (Healthy People 2020 Goal). **II.** Provide optimal heart failure disease management with focus on improving and maintaining Centers for Medicare and Medicaid Services (CMS) score measures.
PROGRAM OBJECTIVES	PROGRAM OBJECTIVES
I. Screen 100 percent of individuals who presented to the emergency room with substance abuse-related diseases or have substance abuse issues between the hours of 10 am-6 pm. **II.** Refer those with substance abuse issues or related substance abuse diseases to a treatment center. **III.** Follow-up with at least 10 percent of those referred to see if individuals have enrolled in treatment.	Reduce readmission of St. Clair County residents who are admitted to Memorial Hospital Belleville and Memorial Hospital East for heart failure within 30 days to 3 percent from 2019 baseline percent.
CURRENT STATUS	CURRENT STATUS
During most of 2020 and 2021, Memorial Hospital Belleville did not have an emergency department social worker. A new social worker was hired in 2022.	COVID-19 significantly impacted the hospital's ability to do continued follow-up with heart failure patients, particularly those in cardiac rehab, which was discontinued during parts of the pandemic.

TABLE 2: MEMORIAL HOSPITAL BELLEVILLE 2019 CHNA OUTCOMES		
NUTRITION EDUCATION: "FUN'TASTIC"	NUTRITION EDUCATION: EXPLORE HEALTH	NUTRITION EDUCATION: SNEAKERS
PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL
To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.	To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.	To improve knowledge and emphasize the importance of the relationship between how the body systems work and relate to physical activity.
PROGRAM OBJECTIVE	PROGRAM OBJECTIVE	PROGRAM OBJECTIVE
Improve overall knowledge of healthy eating and nutritional habits of students by 10 percent from pre- to post-test assessment.	Improve overall knowledge of healthy eating and nutritional habits of students by 10 percent from pre- to post-test assessment.	Improve overall knowledge of cardiovascular health and fitness principles of students by 10 percent from pre- to post-test assessment.
CURRENT STATUS	CURRENT STATUS	CURRENT STATUS
Due to Covid-19 schools did not allow in person learning and the program was suspended in March 2020.	Due to Covid-19 schools did not allow in person learning and the program was suspended in March 2020.	Due to Covid-19 schools did not allow in person learning and the program was suspended in March 2020.

TABLE 3: MEMORIAL HOSPITAL SHILOH 2019 CHNA OUTCOMES			
HEART & VASCULAR: HEART HEALTH	NUTRITION EDUCATION: FUN'TASTIC	NUTRITION EDUCATION: EXPLORE HEALTH	NUTRITION EDUCATION: SNEAKERS
PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL
I. Improve cardiovascular health and quality of life through prevention, detection and treatment of risk factors for heart failure (Healthy People 2020 Goal). **II.** Provide optimal heart failure disease management with focus on improving and maintaining Centers for Medicare & Medicaid Services (CMS) score measures.	To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.	To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.	To improve knowledge and emphasize the importance of the relationship between how the body systems work and relate to physical activity.
PROGRAM OBJECTIVE	PROGRAM OBJECTIVE	PROGRAM OBJECTIVE	PROGRAM OBJECTIVE
Reduce readmission of St. Clair County residents who are admitted to Memorial Hospital Belleville and Memorial Hospital East for heart failure within 30 days to three (3) percent from 2019 baseline percent.	Improve overall knowledge of healthy eating and nutritional habits of students by 10 percent from pre- to post-test assessment.	Improve overall knowledge of healthy eating and nutritional habits of students by 10 percent from pre- to post-test assessment.	Improve overall knowledge of cardiovascular health and fitness principles of students by 10 percent from pre- to post-test assessment.
CURRENT STATUS	CURRENT STATUS	CURRENT STATUS	CURRENT STATUS
COVID-19 significantly impacted the hospital's ability to do continued follow-up with heart failure patients, particularly those in cardiac rehab, which was discontinued during parts of the pandemic.	Due to Covid-19 schools did not allow in-person learning and the program was suspended in March 2020.	Due to Covid-19 schools did not allow in-person learning and the program was suspended in March 2020.	Due to Covid-19 schools did not allow in-person learning and the program was suspended in March 2020.

Conducting the 2020 CHNA

Primary Data Collection: Focus Group

Due to COVID-19, BJC HealthCare, along with collaborative partners SSM Health; Mercy Hospital St. Louis and Mercy Hospital South; and the St. Luke's network of care, which includes St. Luke's Hospital and St. Luke's Des Peres Hospital, conducted online surveys for the safety of our employees and of our community stakeholders who represent the broad interests of the community served by each hospital and those with special knowledge or expertise in public health. In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. (See Appendix D for the Stakeholder Assessment Report and Appendix E for the list of Participating Community Stakeholders)

Summary: Stakeholder Key Findings

Mental health, drug abuse and immunizations and infectious diseases were identified as the needs of greatest concern.

The lack of local mental health services was identified as the greatest barrier to access in St. Clair County. Lack of substance abuse treatment, health literacy and the financial aspects of paying for health care were all seen as limiting access to about the same degree.

Low-income populations were identified as being at greatest risk for poor health outcomes in St. Clair County, followed by the homeless.

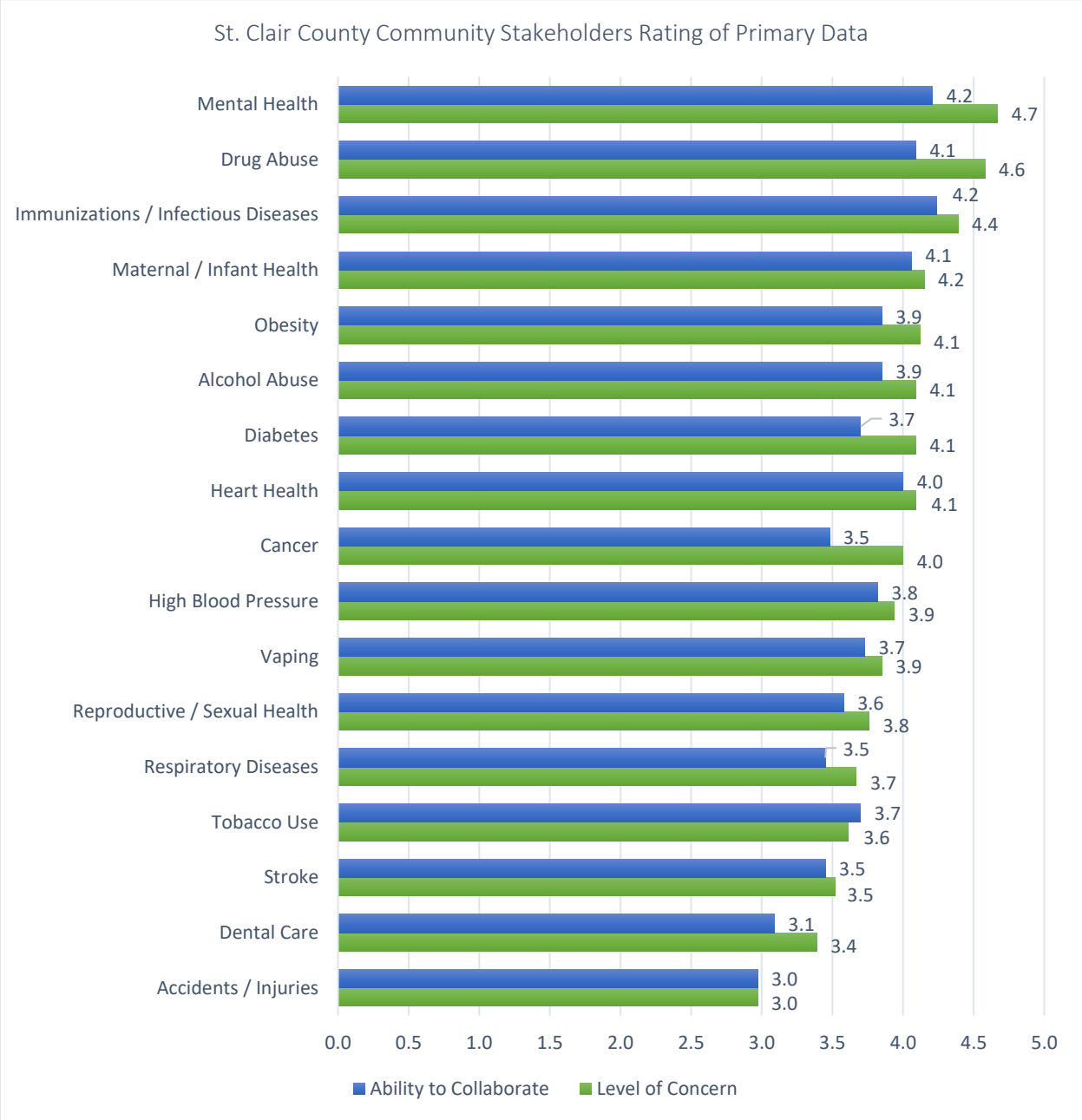
Most stakeholders agreed that poverty had the greatest impact on the health of those living in St. Clair County. Exposure to drugs, crime and violence and access to affordable healthy food all ranked second.

The greatest impact of COVID-19 has been on the mental health of St. Clair County residents. About half were concerned about the financial hardship the pandemic has caused area residents, including loss of regular income.

Cahokia and East. St. Louis were identified as communities at greatest risk, followed by Belleville and Washington Park.

RATING OF NEEDS

Community stakeholders were given the list of community health needs compiled by survey partners using results from the previous CHNA. Stakeholders were directed to rank these needs on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate in addressing.



Mental health ranked highest in terms of level of concern. Mental health and immunizations/ infectious diseases ranked highest on ability to collaborate.

Secondary Data Summary

Based on the needs reviewed by community stakeholders (see graph on previous page), key areas were identified for a secondary data analysis. These represent the areas of greatest concern identified by the stakeholders.

The majority of the analysis was completed comparing St. Clair County and Illinois. In order to provide a comprehensive overview (analysis of disparity and trend) the most up-to-date secondary data from Conduent Healthy Communities Institute (HCI) was included for the needs listed below.

Conduent Healthy Communities Institute (HCI), an online dashboard of health indicators for St. Clair County offers the ability to evaluate and track the information against state and national data and Healthy People 2020 and 2030 goals. Sources of data include the National Cancer Institute, Environmental Protection Agency, U.S. Census Bureau, U.S. Department of Education, and other national, state, and regional sources.

- Asthma
- Cancer
- Diabetes
- Heart Disease
- Obesity
- Maternal Health
- Sexually Transmitted Infections
- Mental/Behavioral Health: Mental Health
- Mental/Behavioral Health: Substance Abuse

A summary of the secondary data follows below. Additional secondary data is available in Appendix G. All mortality and incidence rates are per 100,000 population.

ASTHMA

Asthma is a chronic lung disease characterized by periods of wheezing, chest tightness, shortness of breath and coughing. Symptoms often occur or worsen at night or in the early morning. These occurrences, often referred to as “asthma attacks,” are the result of inflammation and narrowing of the airways due to a variety of factors or “triggers.”

For the three-year period 2016-2018, the average percentage of the Medicare population with asthma was 5.6 percent compared to the state rate of 4.9 percent. When comparing the overall adult population in St. Clair County, Fairview Heights, Fayetteville and Lebanon all ranked among the cities with the highest rates (all 9.5 percent or higher) (2019).

CANCER

Cancer is a leading cause of death in the U.S., with more than 100 different types of the disease. According to the National Cancer Institute, lung, colon and rectal, breast, pancreatic and prostate cancer lead in the greatest number of annual deaths.

For the six-year period ending 2019, St. Clair County had a higher all-cancers incident rate (6.6) compared to the state rate (473.4 vs. 466.8); however, the age-adjusted all-cancers death rate (13.8) in St. Clair County was higher than the rate in the state (172.3 vs. 158.5 for the five-year period ending 2019).

For the six-year period ending 2019, males in St. Clair County had a 20.1 higher age-adjusted all-cancer death rate compared to males in the state (207.9 vs. 187.8).

DIABETES

Diabetes is a leading cause of death in the U.S. This disease can have harmful effects on most of the organ systems in the human body. It is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for coronary heart disease, neuropathy and stroke. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population becomes older.

In 2018, 29.4 percent of St. Clair County's Medicare population had diabetes, which was 2.3 points higher than the Illinois rate of 27.1 percent. This higher rate was consistent with the prior four years.

HEART DISEASE

Heart disease and stroke are among the most preventable diseases in the U.S. yet are the most widespread and costly health conditions facing the nation today. Heart disease and stroke are the first and third leading causes of death for both women and men.

Cerebrovascular disease is a leading cause of death in the United States, and although it is more common in older adults, it can occur at any age. The most important modifiable risk factor for cerebrovascular disease and stroke is high blood pressure. Other risk factors include high cholesterol, heart disease, diabetes mellitus, physical inactivity, obesity, excessive alcohol use and tobacco use.

For the three-year period ending 2020, St. Clair County had a 21.9 percent decrease of the age-adjusted death rate due to coronary heart disease when compared to the three-year period ending 2016. In comparison, Illinois had a 11.7 percent decrease during the same period.

For the three-year period ending 2020, St. Clair County's age-adjusted death rate due to stroke increased to 51.8. This rate was 31.1 percent higher than the state rate and 31.8 percent higher than the county's rate for the three-year period ending 2016.

OBESITY

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis.

For the five-year period ending 2019, 66.3 percent of St. Clair adults were overweight or obese. This is a 6.9 percent decline from the five-year period ending 2014, but an 8.9 percent increase from the five-year period ending 2009.

MATERNAL HEALTH

The infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects; preterm delivery; low birth weight; sudden infant death syndrome (SIDS); and maternal complications during pregnancy. This is a Healthy People 2030 Leading Health Indicator. The Healthy People 2030 national health target is to reduce the rate of infant deaths to 5.0 deaths per 1,000 live births.

In 2019, St. Clair County had 11.9 percent of babies with low birth rate compared to 8.4 percent in the state. The 2019 level was a 15 percent increase from 2017.

SEXUALLY TRANSMITTED INFECTIONS

Chlamydia, one of the most frequently reported bacterial sexually transmitted infections (STIs) in the United States, is caused by the bacterium, Chlamydia trachomatis. Although symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia can also be transmitted via discharge from the penis of an infected man. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing. The Centers for Disease Control and Prevention recommends that all sexually active women aged 25 or younger be tested annually for chlamydia. Females aged 15 to 19 consistently have the highest rate of chlamydia compared with any other age or sex group according to the Centers for Disease Control and Prevention. This group may be particularly susceptible because the cervix is not yet fully developed. Increased screening in this group, however, may partially contribute to increased rates of reported chlamydia.

St. Clair County had a 22.7 percent increase of chlamydia, 62.4 percent increase of gonorrhea and 200.0 percent increase in syphilis cases in 2019 vs. 2015.

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH

Individuals struggling with serious mental illness are at higher risk for homicide, suicide, and accidents as well as chronic conditions including cardiovascular and respiratory diseases and substance use disorders.

Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. More than 33,000 people kill themselves each year according to the Centers for Disease Control and Prevention.

For the three-year period ending 2020, the age-adjusted death rate due to suicide was 10.0. This was 8.3 percent lower than the state rate and 20.0 percent lower than the county rate for the three-year period ending 2018.

MENTAL/BEHAVIORAL HEALTH: SUBSTANCE ABUSE

The majority of drug overdose deaths involve an opioid, and at least half of all opioid overdose deaths involve a prescription opioid. Since 1999, the rate of overdose deaths involving opioids (including prescription opioid pain relievers) has nearly quadrupled. According to the CDC, overdoses from prescription opioid pain relievers are a driving factor in the increase in opioid overdose deaths.

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last few decades. The majority of deaths due to pharmaceutical overdose involve opioid analgesics (prescription painkillers). Those who die from drug overdose are more likely to be male, Caucasian, or between the ages of 45 and 49. Although the majority of drug overdose deaths are accidental, they may also be intentional or of undetermined intent.

In 2018 vs. 2010, St. Clair County teens had a 24.0 percent increase in marijuana use and a 15.6 percent decrease in alcohol use.

Internal Work Group Prioritization Meetings

MHB and MHS chose 8 employees and 1 board member to participate on an internal CHNA work group. (See Appendix F)

The work group met March 4, 2022, to review the purpose for the CHNA, role of the work group and goals for the project. The team reviewed the key findings from the 2019 CHNA report and from the 2021 community stakeholder report.

The 17 health needs identified by the stakeholders were reviewed and discussed. (Table 4)

TABLE 4: LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED BY ST. CLAIR COUNTY COMMUNITY STAKEHOLDERS		
Accidents /Injuries	Heart Health	Reproductive/ Sexual Health
Alcohol Abuse	High Blood Pressure	Respiratory Diseases
Cancer	Immunizations /Infectious Diseases	Stroke
Dental Care	Maternal/ Infant Health	Tobacco Use
Diabetes	Mental Health	Vaping
Drug Abuse	Obesity	

Discussion points around these needs included:

- Similar needs were found in the Foundation Survey
- Violence did not appear on the list

Of the needs identified by the stakeholders, the work group discussed each need and eliminated 12 needs. (Table 5)

TABLE 5: MEMORIAL HOSPITALS INTERNAL TEAM WORK GROUP TOP FIVE HEALTH NEEDS SELECTED
Diabetes
Drug Abuse
Heart Health
Maternal/Infant Health
Mental Health

During this meeting, the work group also reviewed the criteria to rank the top health needs. The criteria for prioritizing the needs identified by the stakeholders was agreed upon by the work group.

The work group used a ranking process to assign weight to criteria by using the established criteria for priority setting above. Criteria of overriding importance were weighted as "3," important criteria were weighted as "2," and criteria worthy of consideration, but not a major factor, were weighted as "1." Health needs were then assigned a rating ranging from one (low need) to five (high need) for each criteria. The total score for each need was calculated by

multiplying weights by rating." This process was done individually. (Table 5)

TABLE 5: CRITERIA FOR PRIORITY SETTING			
	RATING	WEIGHT	SCORE
How many people are affected by the problem?			
What are the consequences of not addressing this problem?			
Are existing programs addressing this issue?			
How important is this problem to community members?			
How does this problem affect vulnerable populations?			
THE TOTAL SCORE			

Source: Catholic Health Association

Following the ranking, mental health received the highest score of 61, followed by drug abuse at 51 and maternal/infant health at 48. (Table 7)

TABLE 7: MEMORIAL HOSPITALS INTERNAL TEAM RANKING OF HEALTH NEEDS: HIGHEST TO LOWEST	
COMMUNITY HEALTH NEEDS	TOTAL SCORE
Mental Health	61
Drug Abuse	51
Maternal/Infant Health	48
Heart Health	39
Diabetes	35

Table 8 shows the needs ranked by the stakeholders and results of the secondary data using Healthy Communities Institute scoring tools that compared data from similar communities in the nation.

Similarities observed in the top tier of needs included maternal/infant health and drug and alcohol abuse. Stakeholders ranked mental health first, which was ranked 12th by the secondary data. Conversely, the secondary data ranked sexually transmitted infections first, while this need was ranked 12th by the stakeholders.

TABLE 8: CONDUENT HEALTHY COMMUNITIES INSTITUTE VS ST. CLAIR COUNTY STAKEHOLDERS RANKINGS: HIGHEST TO LOWEST

RANK	CONDUENT HEALTHY COMMUNITIES INSTITUTE SECONDARY DATA RANKING	RANK	ST. CLAIR COUNTY STAKEHOLDERS COMMUNITY HEALTH NEEDS RANKING
1	Sexually Transmitted Infections	1	Mental Health
2	Maternal, Fetal & Infant Health	2	Drug Abuse
3	Alcohol & Drug Use	3	Immunization/Infectious Diseases
3	Older Adults	4	Maternal/Infant Health
5	Wellness & Lifestyle	5	Obesity
6	Heart Disease & Stroke	6	Alcohol Abuse
7	Children's Health	6	Diabetes
8	Physical Activity	6	Heart Health
9	Environmental Health	9	Cancer
10	Cancer	10	High Blood Pressure
11	Oral Health	11	Vaping
12	Mental Health & Mental Disorders	12	Reproductive/Sexual Health
13	Respiratory Diseases	13	Respiratory Diseases
14	Immunizations & Infectious Diseases	14	Tobacco Use
14	Women's Health	15	Stroke
16	Adolescent Health	16	Dental Care
17	Health Care Access & Quality	17	Accidents / Injuries

Table 9 shows:

- Results of the secondary data using Healthy Communities Institute scoring tools that compared data from similar communities in the nation
- Primary data from the stakeholder ranking
- Needs identified by the internal work group ranking

TABLE 9: CONDUENT HEALTHY COMMUNITIES INSTITUTE VS. ST. CLAIR COUNTY STAKEHOLDERS VS. MEMORIAL HOSPITALS INTERNAL WORK GROUP TOP FIVE RANKINGS

CONDUENT HEALTHY COMMUNITIES INSTITUTE	ST.CLAIR COUNTY STAKEHOLDERS	MEMORIAL HOPSITALS INTERNAL WORK GROUP
Sexually Transmitted Infections	Mental Health	Mental Health
Maternal, Fetal & Infant Health	Drug Abuse	Drug Abuse
Alcohol & Drug Use	Immunization/Infectious Diseases	Maternal/Infant Health
Wellness & Lifestyle	Maternal/Infant Health	Heart Health
Heart Disease & Stroke	Obesity	Diabetes

- Mental health was ranked first by both the stakeholders and the work group. This need was not observed in the top ranking from the secondary data.
- Drug abuse was ranked second by the stakeholders and the work group and third by the secondary data.
- Maternal health was ranked second by the secondary data; fourth by the stakeholders and third by the work group.
- Heart disease was ranked fifth by the secondary data and fourth by the work group.

SUMMARY

After the comprehensive assessment process to determine the most critical needs in the St. Clair County community, the group concluded that based on available resources the hospitals will focus on three priorities: mental health, drug abuse and maternal/infant health.

Appendices

Appendix A: About Memorial Hospital Belleville | Shiloh

Memorial is integrated with BJC HealthCare, one of the largest non-profit healthcare organizations in the United States with annual net revenues of $5 billion and more than 31,000 employees in the greater St. Louis, Southern Illinois, and mid-Missouri regions. In 2021, Memorial Hospital Belleville (MHB) and Memorial Hospital Shiloh (MHS) began operating under a single license to provide greater efficiencies and convenience for patients.

- MHB is a 222-bed, acute care MAGNET-designated hospital offering emergency and critical care services as well as medical and surgical services along with a full complement of diagnostic and treatment modalities. Also located on the Belleville campus, The Orthopedic and Neurosciences Center offers a comprehensive rehabilitation program that includes physical, occupational, speech and hand therapy.
- MHS is a 97 all-private-bed MAGNET-designated hospital located in Shiloh, Illinois. MHS offers a 24/7 emergency department, medical, surgical and diagnostic services, including cardiac catheterization, imaging and laboratory. The Family Care Birthing Center features 18 spacious LDRP suites, two dedicated c-section rooms, OB Emergency Department, 24/7 OB hospitalists and neonatology coverage. The Shiloh campus also has the only Illinois Siteman Cancer Center location.
- Memorial Care Center, managed by Bethesda Health Group, is an award winning short-term skilled rehab nursing facility located adjacent to MHB.

For this report, each hospital reported separate Community Benefit Expenses for 2020. (Appendix B)
MHB provided $16,572,839.00 in community benefits and served 64,742 persons. This total includes:

- $8,179,092.00 in financial assistance and means-tested programs serving 1,813 individuals
- 24,472 individuals on Medicaid at a total net benefit of $7,816,600

MHB also provided a total of $8,393,747 to 62,929 persons in other community benefits including, community health improvement services, subsidized health services and in-kind donations.

MHS provided $6,628,127.00 in community benefits and served 22,717 persons. This total includes:

- $3,957,901.00 in financial assistance and means-tested programs serving 14,284 individuals
- 13,550 individuals on Medicaid at a total net benefit of $3,822,401.

MHS also provided a total of $2,670,226 to 8,433 persons in other community benefits including, community health improvement services, subsidized health services and in-kind donations.

Appendix B: 2020 Total Net Community Benefit

MEMORIAL HOSPITAL BELLEVILLE: 2020 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	1,801	$362,492
Medicaid	24,472	$7,816,600
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	26,273	$8,179,092
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	3,026	$605,127
Health Professional	193	$106,582
Subsidized Health Services	59,710	$7,667,933
In-Kind Donation		$14,105
TOTAL OTHER COMMUNITY BENEFITS	62,929	$8,393,747
GRAND TOTAL	89,202	$16,572,839

MEMORIAL HOSPITAL SHILOH: 2020 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	734	$135,500
Medicaid	13,550	$3,822,401
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	14,284	$3,957,901
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	695	$289,299
Health Professional	46	$29,152
Subsidized Health Services	7,692	$2,350,399
In-Kind Donation		$1,376
TOTAL OTHER COMMUNITY BENEFITS	8,433	$2,670,226
GRAND TOTAL	22,717	$6,628,127

Appendix C: St. Clair County Demographic

ST. CLAIR COUNTY VS. ILLINOIS DEMOGRAPHIC		
GEOGRAPHY	ST. CLAIR COUNTY	ILLINOIS
Land area in square miles, 2010	657.8	55,518.9
Persons per square mile, 2010	410.6	231.1
POPULATION		
Population, Percent, April, 2010	270,056	12,830,632
Population, Percent, April 1, 2020	257,400	12,812,508
Population Estimate, Percent, July 1 2021	254,796	12,671,469
Population, Percent Change -April 1, 2020 (estimate base) to July 1, 2021	-1.0	-1.1
AGE		
Persons under 5 years, Percent, 2020	6.3	5.9
Persons under 18 years, Percent, 2020	23.3	22.2
Persons 65 years and over, Percent, 2020	16.4	16.1
GENDER		
Female persons, Percent, 2020	51.8	50.9
Male persons, Percent, 2020	48.2	49.1
RACE / ETHNICITY		
White alone, Percent, 2020	64.8	76.8
White alone, not Hispanic or Latino, Percent, 2020	61.2	60.8
Black or African American alone, percent, 2020	30.6	14.6
Hispanic or Latino, Percent, 2020	4.3	17.5
Two or More Races, Percent, 2020	2.6	2.1
Asian alone, Percent, 2020	1.6	5.9
American Indian and Alaska Native alone, Percent, 2020	0.4	0.6
Native Hawaiian and Other Pacific Islander alone, Percent, 2020	0.1	0.1
Foreign Born Persons, Percent, 2016-2020	2.8	14.0
LANGUAGE		
Population Age 5+ with Language other than English Spoken at Home, Percent, 2016-2020	5.2	23.0

Source: Conduent Healthy Communities Institute

ST. CLAIR COUNTY VS. ILLINOIS DEMOGRAPHIC INCLUDING EDUCATION, INCOME & HOUSING		
	ST. CLAIR COUNTY	ILLINOIS
HOUSING		
Housing Units, Julu 1, 2021	115,117	5,440,401
Owner-Occupied Housing Unit Rate, Percent 2016-2020	65.9	66.3
Median Value of Owner-Occupied Housing Units, dollars, 2016-2020	$134,800	$202,100
FAMILY & LIVING ARRANGEMENTS		
Households, 2016-2020	104,631	4,884,061
Persons Per Household Size, 2016-2020	2.46	2.54
EDUCATION		
High School Graduate or Higher, Percent of Persons Age 25+, 2016-2020	91.7	89.7
Bachelor's Degree or Higher, Percent of Persons Age 25+, 2016-2020	29.0	35.5
INCOME		
Median Household Income, (in 2020 dollars), 2016-2020	$57,473	$68,428
Per Capita Income in past 12 months, (in 2020 dollars), 2016-2020	$31,511	$37,306
Person in Poverty, Percent, 2016-2020	13.8	11.4

Conduent Healthy Communities Institute

ST. CLAIR COUNTY VS. ILLINOIS & U.S. SOCIAL-ECONOMIC INDICATORS			
INDICATORS	ST. CLAIR COUNTY	ILLINOIS	U.S.
Percent Students Eligible for Free Lunch Program (2019-2020)	48.2	46.7	43.1
Percent Children Living Below Poverty Level (2016-2020)	21	16.2	17.5
Percent Families Living Below Poverty Level (2016-2020)	10.1	8.4	9.1
Percent Renters spending >30% of Household Income on Rent (2016-2020)	49.6	47	49.1
Percent Households With Cash Public Assistance (2016-2020)	2.6	2.3	2.4
Percent Homeownership (2016-2020)	57.1	60.3	56.9
Percent Unemployed Workers in Civilian Labor Force (February 2022)	5.1	5.0	4.1

Source: Conduent Healthy Communities Institute

Appendix D: St. Clair County Community Online Survey Report

STAKEHOLDER ASSESSMENT OF THE HEALTH NEEDS OF ST. CLAIR COUNTY

Prepared by: BJC Market Research
Revised February 23, 2022

BACKGROUND

The Patient Protection and Affordable Care Act (PPACA) was passed in March 2010. It required that

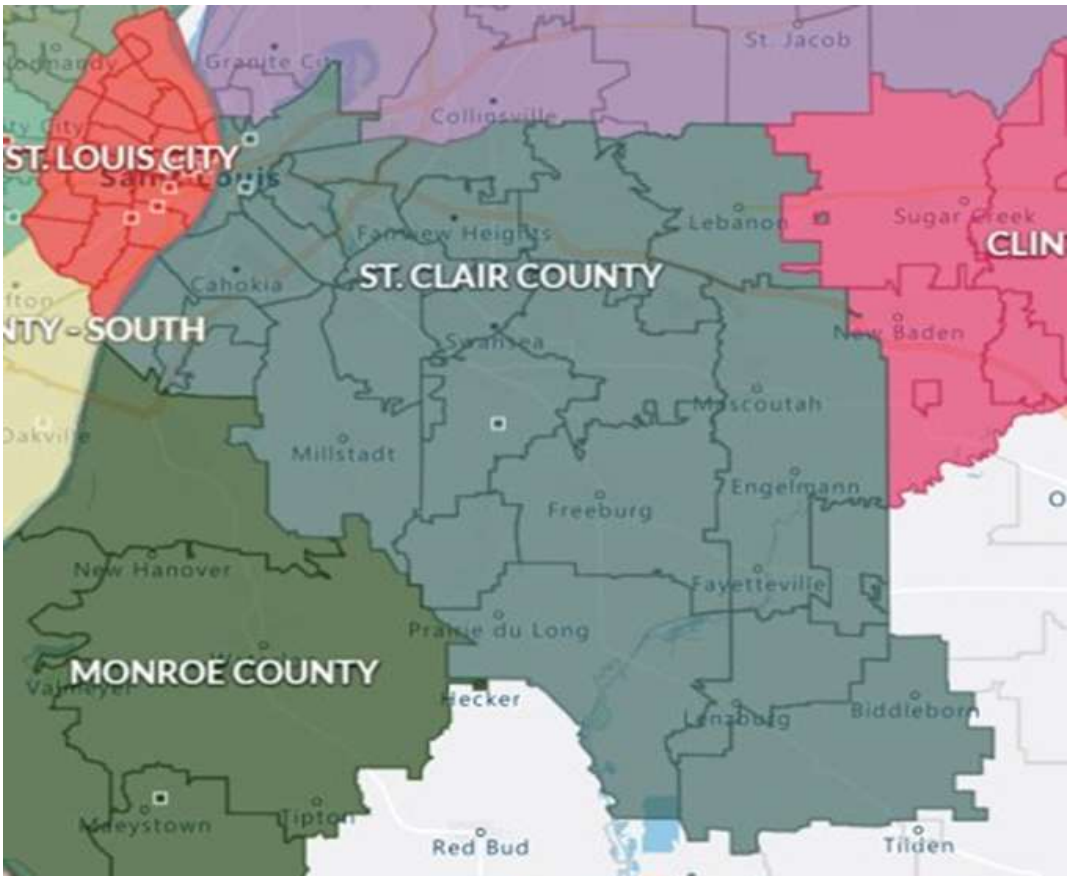
- Each 501(c)3 hospital must conduct a Community Health Need Assessment (CHNA) every three years.
- Each hospital must adopt an implementation strategy to meet the community health needs identified in the CHNA
- The CHNA and Implementation Plan must be widely available to the public.

The assessment is required to consider **input from those who represent the broad interests of the community served by the hospital**, including those with special knowledge or expertise in public health.

METHODOLOGY

- In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion.
- Due to COVID-19, BJC HealthCare, along with its collaborative partners, decided to conduct an online survey for the safety of our community stakeholders.
- An email invitation was sent out by Memorial Hospital chaplain Douglas Stewart, around June 7th to 52 St. Clair County community stakeholders. Several reminders were sent out before the survey was closed for analysis on June 30th.
- 33 community stakeholders completed the survey for a 63% response rate.

MARKET DEFINITION: ST. CLAIR COUNTY



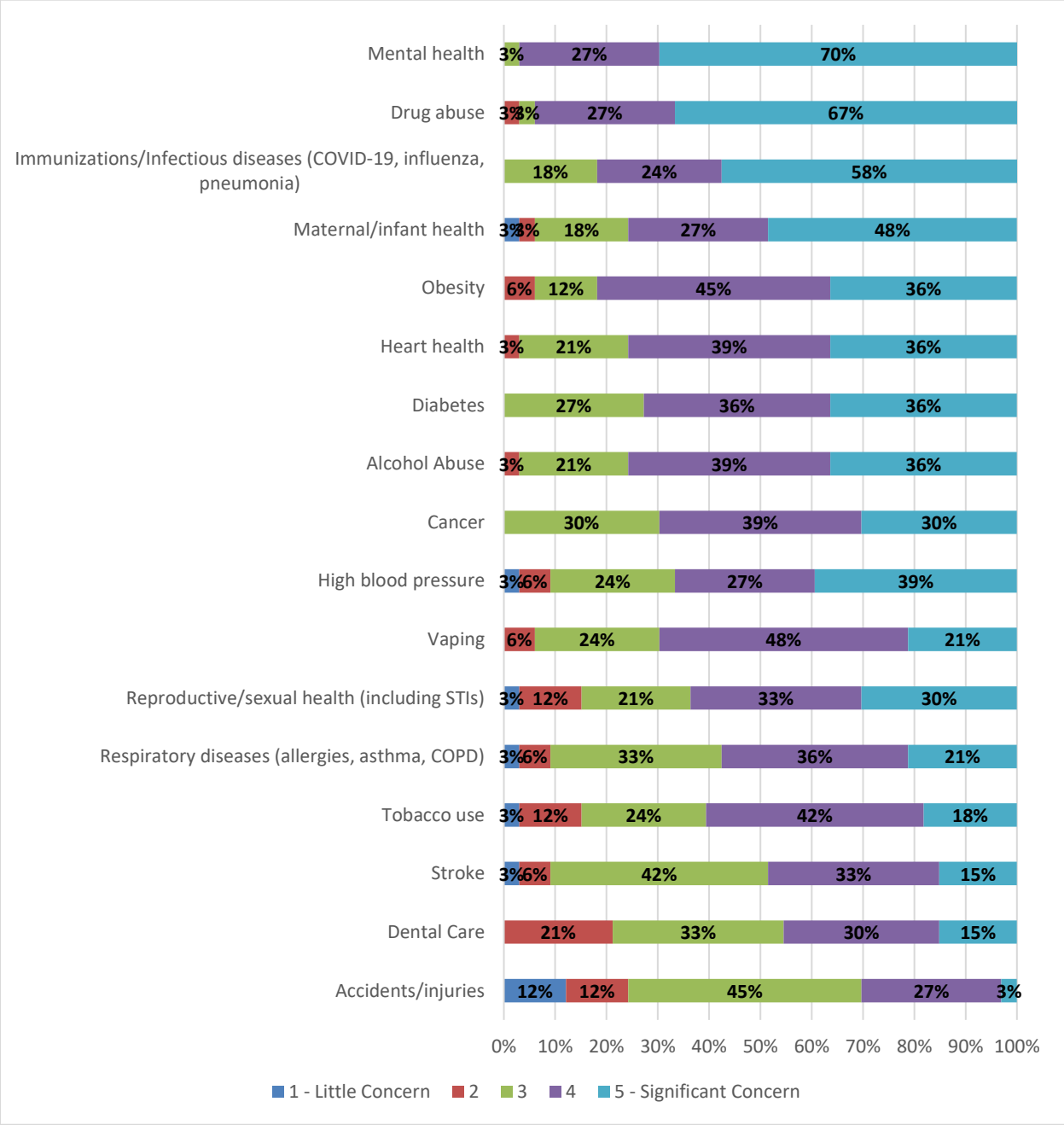
KEY FINDINGS

- The three needs that are of greatest concern in St. Clair County are: **mental health**, **drug abuse** and **immunizations and infectious diseases**.
- There is the **greatest potential to work together** around the issues of **immunizations and infectious diseases** and **mental health**. **Drug abuse**, **maternal and infant health** and **heart health** are also ranked among the top five for collaboration.
- **Mental health**, **drug abuse** and **immunizations/infectious disease are rated highest in both level of concern and ability to collaborate**. Five conditions were ranked next with the same sense of importance and collaboration : maternal/infant health, obesity, alcohol abuse, diabetes and heart health.
- The **lack of local mental health services** is the **greatest barrier to access** in St. Clair County. Lack of substance abuse treatment, health literacy and the financial aspects of paying for health care are all seen as limiting access to about the same degree.
- **Low-income populations** are identified as being **at greatest risk for poor health outcomes** in St. Clair County, followed by the **homeless**. About half identify those suffering from substance abuse as at high risk.

- Most stakeholders agree that **poverty** has had the greatest impact on the health of those living in St. Clair County. **Exposure to drugs**, **crime and violence** and **access to affordable healthy food** all rank second.
- The **greatest impact of COVID-19** has been on the **mental health** of St. Clair County residents. About half are concerned about the financial hardship the pandemic has caused area residents, including loss of regular income.
- Stakeholders identified the **largest gaps** around **employment resources**, **access to health and mental health services**. They also mentioned gaps around **affordable housing**, **awareness of available resources** and **transportation**. To a lesser extent, stakeholders mentioned gaps in by **substance abuse treatment**, **education** and **access**.
- Stakeholders identified **additional needs** around **mental health**, **housing**, and **access** to health services.
- Stakeholders most frequently mentioned **community agencies** as local assets for promoting health.
- Stakeholders suggested specific ways that community partners can work together through **better collaboration and the sharing of information.**
- When asked to identify the communities at greatest risk, stakeholders referenced both ZIP codes and town/area names. These were mapped to each other to identify the communities perceived to be at highest risk.
    - **Cahokia** and **East. St. Louis** were identified most frequently, followed by **Belleville** and **Washington Park**.

PRIORITY HEALTH NEEDS FOR ST. CLAIR COUNTY

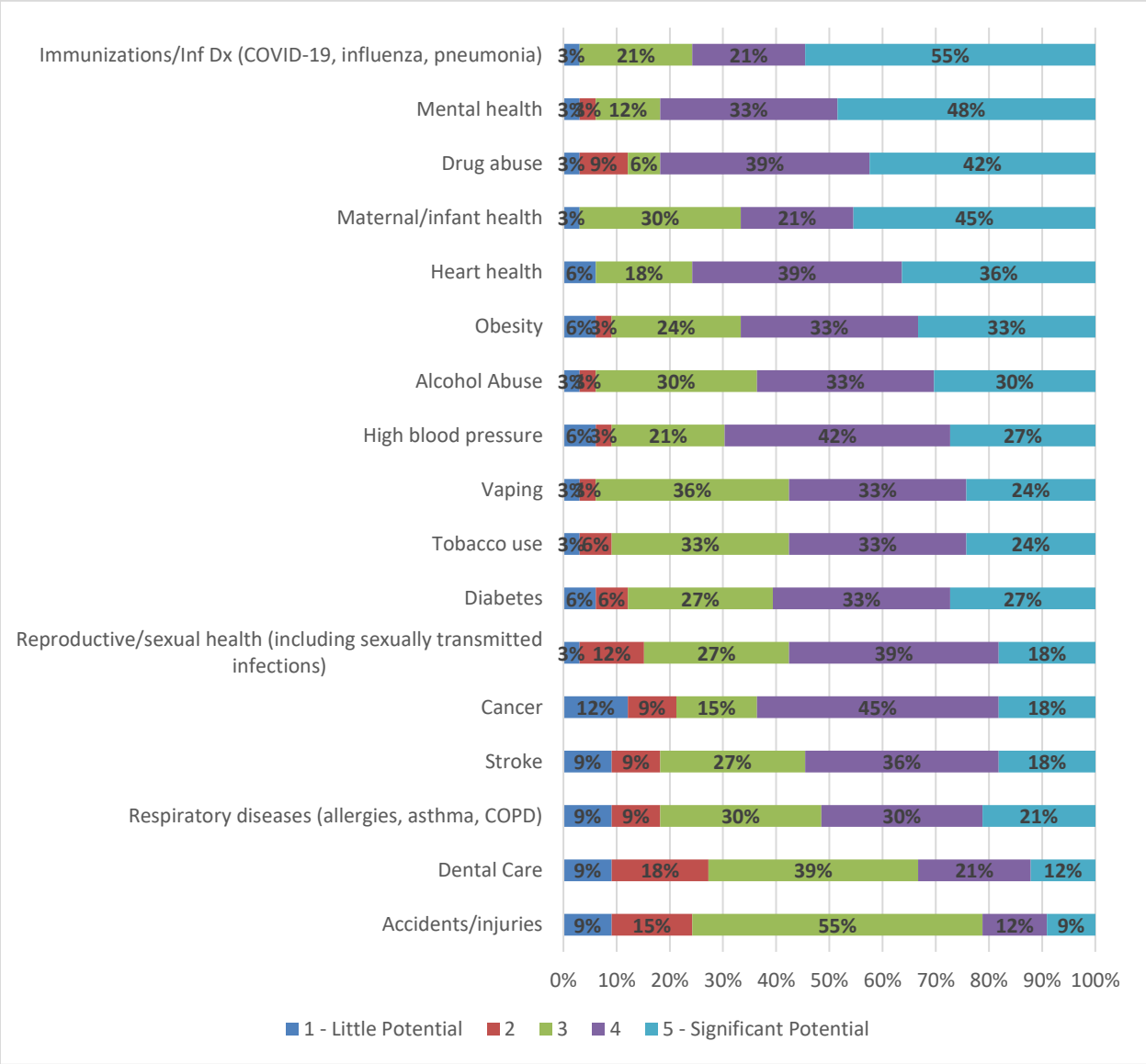
There are three needs that are of greatest concern in St. Clair County: mental health, drug abuse and immunizations and infectious diseases.



Q3 & Q4: Thinking about St. Clair County, please rate your level of concern about each of these health needs on a scale 1 (little concern) to 5 (significant concern).

NEEDS WITH GREATEST POTENTIAL FOR COLLABORATION IN ST. CLAIR COUNTY

Stakeholders feel that there is the greatest potential to work together around the issues of **immunizations** and **infectious diseases** and **mental health**. **Drug abuse**, **maternal and infant health** and **heart health** are also ranked among the top five.

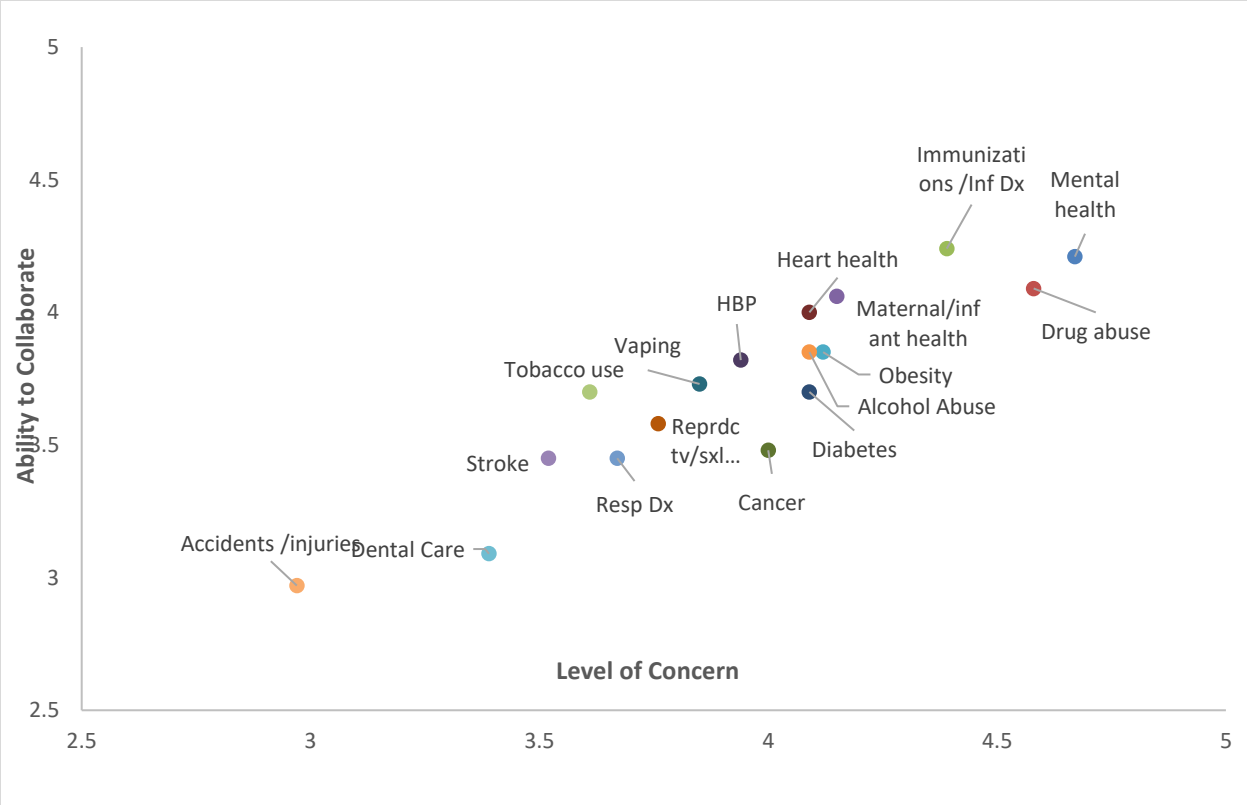


Q5 & Q6: *How would you rate the potential of community partners in St. Clair County to work together to address each of these health needs? Please rate each on a scale 1 (little potential) – 5 (significant potential).*

LEVEL OF CONCERN BY ABILITY TO COLLABORATE

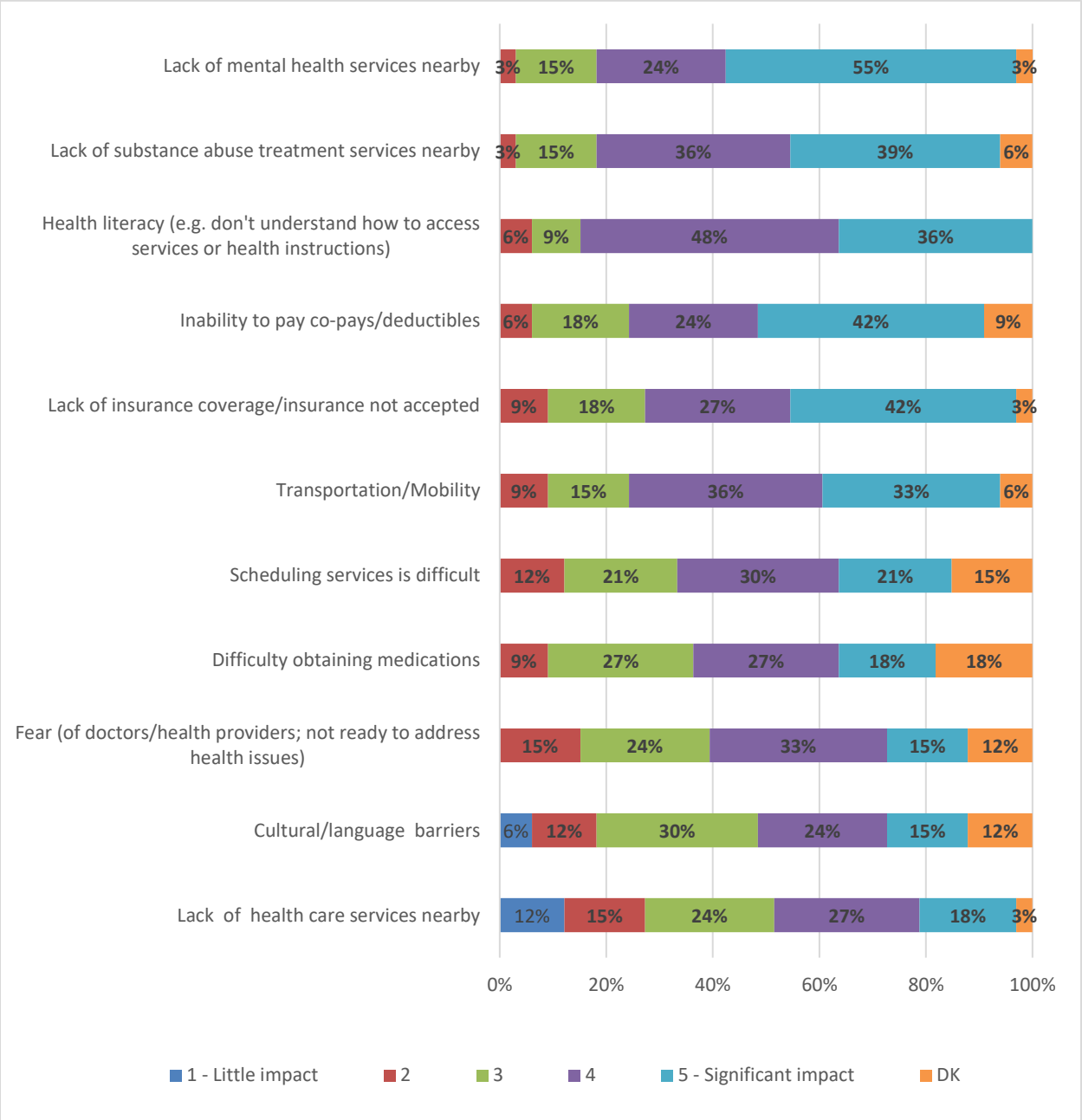
Stakeholders rated **mental health**, **drug abuse** and **immunizations/infectious disease** highest in both level of concern and ability to collaborate. Five conditions were ranked next with the same sense of importance and collaboration : **maternal/infant health**, **obesity, alcohol abuse, diabetes** and **heart health**.

	Level of Concern	Ability to Collaborate
Mental Health	4.7	4.2
Drug Abuse	4.6	4.1
Immunizations /Infectious Diseases	4.4	4.2
Maternal/ Infant Health	4.2	4.1
Obesity	4.1	3.9
Alcohol Abuse	4.1	3.9
Diabetes	4.1	3.7
Heart Health	4.1	4.0
Cancer	4.0	3.5
High Blood Pressure	3.9	3.8
Vaping	3.9	3.7
Reproductive/ Sexual Health	3.8	3.6
Respiratory Diseases	3.7	3.5
Tobacco Use	3.6	3.7
Stroke	3.5	3.5
Dental Care	3.4	3.1
Accidents /Injuries	3.0	3.0


Ability to Collaborate
Level of Concern
5
4.5
4
3.5
3
2.5
2.5
3
3.5
4
4.5
5
Immunizations /Inf Dx
Mental health
Heart health
HBP
Maternal/infant health
Drug abuse
Vaping
Tobacco use
Obesity
Alcohol Abuse
Reprdctv/sxl...
Diabetes
Stroke
Resp Dx
Cancer
Accidents /injuries
Dental Care

GREATEST BARRIERS TO ACCESS IN ST. CLAIR COUNTY

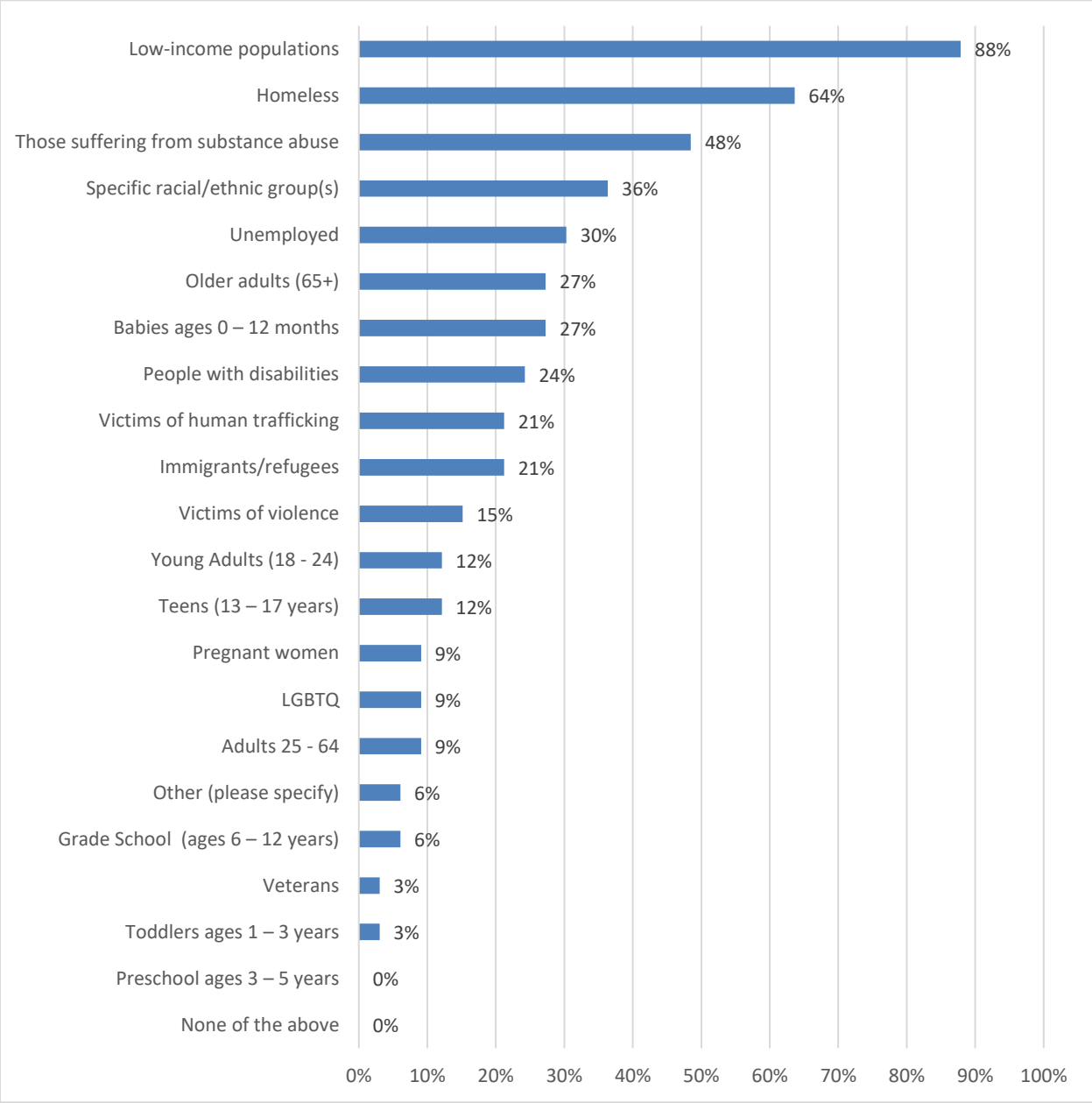
Stakeholders feel that the lack of local **mental health services** is the greatest barrier to access in St. Clair County. Lack of **substance abuse treatment**, **health literacy** and the **financial aspects of paying for health care** are all seen as limiting access to about the same degree.



Q7: *How impactful are each of the following barriers in St. Clair County to accessing health care? Rate each on a scale of 1 (little impact) – 5 (significant impact).*

POPULATIONS AT GREATEST RISK IN ST. CLAIR COUNTY

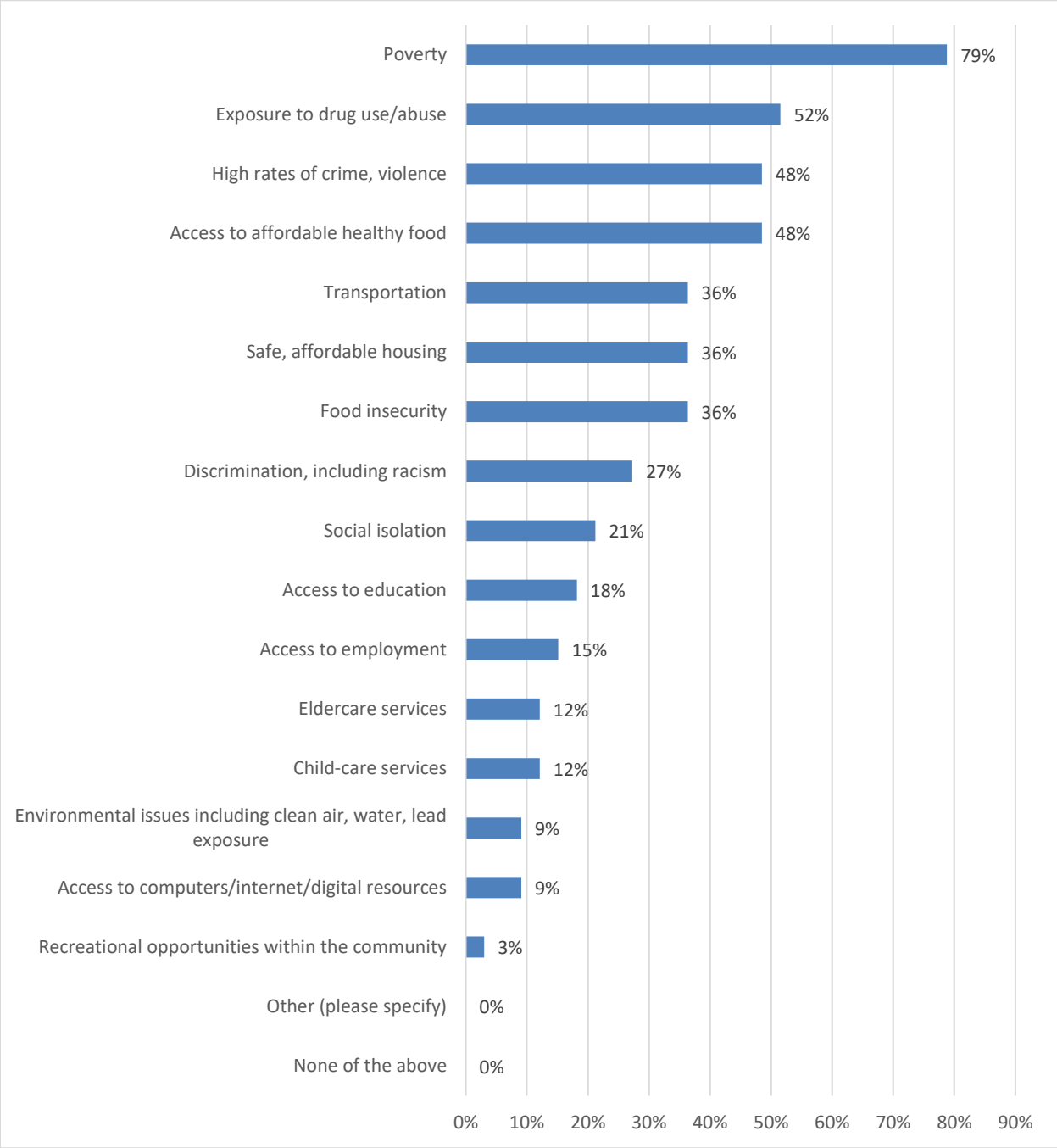
Most stakeholders identify **low-income populations** as being at greatest risk for poor health outcomes in St. Clair County, followed by the **homeless**. About half identify those suffering from **substance abuse** as at high risk.



Q8: *Among those you serve in St. Clair County, which of the following populations are most at risk for poor health outcomes? Pick no more than five.*

SOCIAL FACTORS IMPACTING ST. CLAIR COUNTY

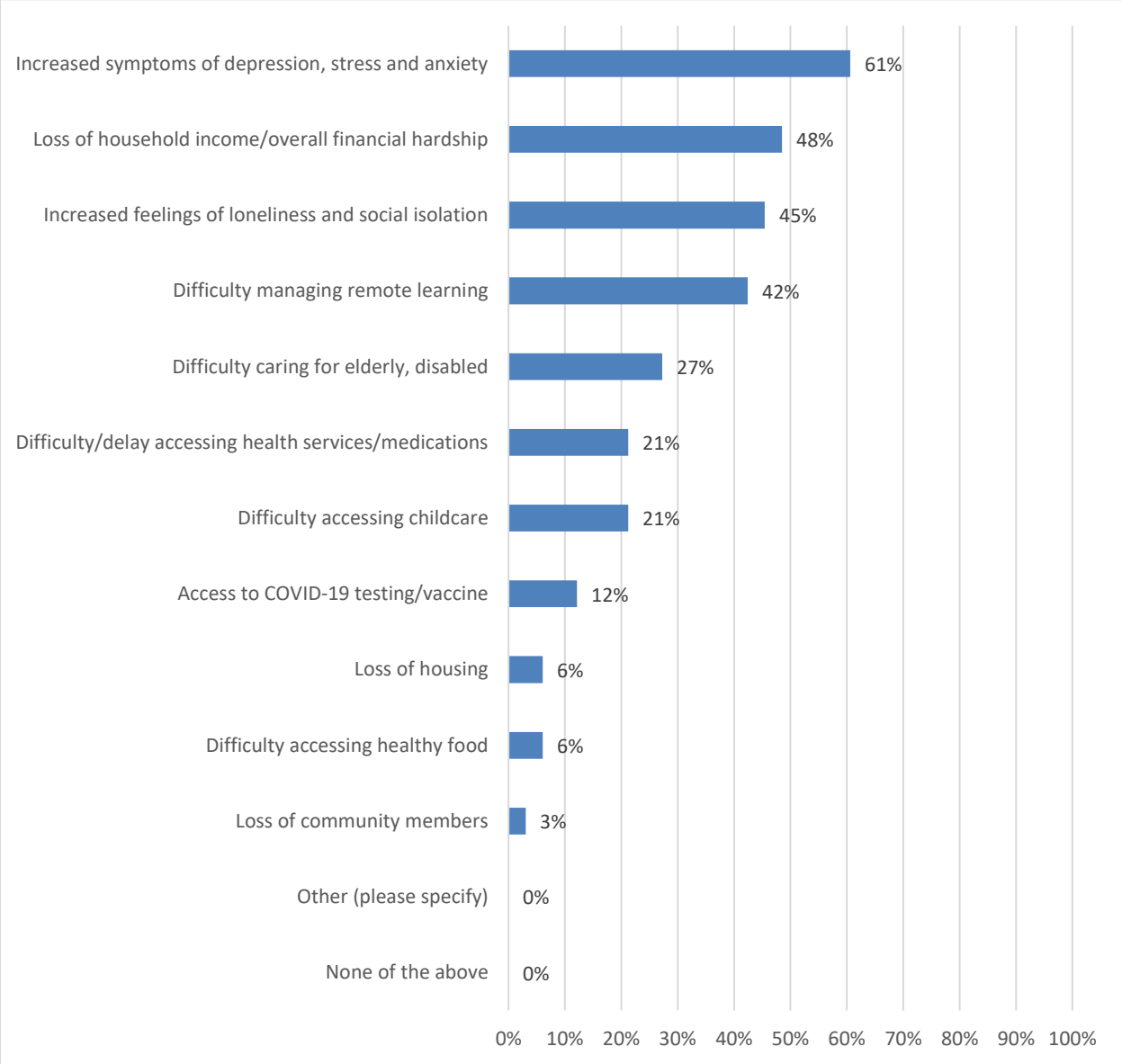
Most stakeholders agree that **poverty** has had the greatest impact on the health of those living in St. Clair County. **Exposure to drugs, crime and violence and access to affordable healthy food** all rank second.



Q9: *Which of the following social factors have historically had the greatest impact on the health of the communities you serve in St. Clair County. Pick no more than five.*

COVID-19'S IMPACT ON ST. CLAIR COUNTY

Most stakeholders agree that the greatest impact of COVID-19 has been on the **mental health** of St. Clair County residents. About half are concerned about the **financial hardship** the pandemic has caused area residents, including **loss of regular income**. Slightly less are concerned about **loneliness** and **social isolation** along with managing remote learning.



Q10: *Thinking about the COVID-19 pandemic and its impact on St. Clair County, which of the following have had the greatest impact on the health of the community? Pick no more than three.*

BIGGEST GAPS IN RESOURCES

Stakeholders identified the largest gaps around employment resources, access to health and mental health services. They also mentioned gaps around affordable housing, awareness of available resources and transportation. To a lesser extent, stakeholders mentioned gaps in by substance abuse treatment, education, and access.

NEED	GAP
Employment Resources (6 comments)	Employment and the resources available to individuals & companies
	Employment for individuals with a criminal background.
	Financial opportunities,
	Socio economic status seems to be the major determining factor creating gaps.
	The lack of socio-economic equity in St. Clair County drives many of the issues we currently face. This inequity leads to poor health outcomes, high rates of alcohol and drug use, and lack of quality education opportunity.
	Lack of Income: workforce development and training in unemployed - not so much lack of job opportunity; rather lack of skills needed for gainful employment.
Access to Health Services (5 comments)	Health care workforce issues----need a healthy reliable pipeline of skilled workers now and into the future
	Access to specialty medical care
	Local health services or satellite clinics.
	More MHC providers for pediatric and adult
	In Home health services for elderly who do not qualify for Medicaid.
Access to Mental Health Services (5 comments)	Increased feelings of loneliness and isolation - I think this goes hand in hand with increased anxiety and depression. Senior Loneliness was becoming a leading indicator for premature death in the senior population before the pandemic. Statewide it has become an issue. Throughout COVID hospitalization for depression in Medicare populations has continued to increase.
	MENTAL HEALTH ASSISTANCE
	Access to mental health services
	Mental health. Insufficient practitioners to meet the need
	Also appropriately addressing social/emotional concerns in both children and adults.
Affordable Housing (4 comments)	Affordable quality housing
	St. Clair County has a significant number of individuals and families living in poverty. These individuals and families are already struggling with a broad range of social and economic problems that require a lot of their time and energy. It is my opinion that they simply have to address the most basic of issues like keeping a roof over their head and food on the table and that Health related issues are put on the back burner, not because they do not care about themselves for their families but because again they have to address other pressing issues.
	There is also a significant need for safe and affordable housing. It is incredibly difficult to find safe and affordable housing for those in need (landlords with difficult requirements, rent that is too high, and living conditions that are unsafe).
	Affordable housing - Difficulty in having suitable housing for persons with special needs.
Communication about Available Resources (3 comments)	As a senior services org. I find they are not aware of resources (transportation, benefits and state programs) and also need explanation when mentioned. Some do not have a support system.
	I think the resources are there, we just need to get the word out about them. It takes longer to get into see a doctor right now, because some held off for so long, but I think that will ease up in the near future.
	Awareness to what services are available to those in need
Transportation (3 comments)	Access to public and alternative transportation for the disabled is spotty, especially in the outer rural part of the county.
	There is significant need for affordable and reliable transportation, with an inadequate and unreliable bus system.
	Getting people to the care or services they need. Ease of access to appointments or simple services such as shopping or routine social events.
Substance abuse (2 comments)	There is a need for substance-drug abuse resident facilities for those with no insurance or those on aid. If a drug addict does not have private insurance they have no rehab place to go or if they do only able to stay 2-3 days. Drug overdoses are tragic but we need to provide long term for those that have aid insurance.
	Access to same day detox and continued residential substance use treatment.

Q11: *What are the biggest gaps in resources within this community to address the needs that you have identified? Please mention the need along with the missing resources.*

BIGGEST GAPS IN RESOURCES (CONTINUED)

Stakeholders identified the largest gaps around employment resources, access to health and mental health services. They also mentioned gaps around affordable housing, awareness of available resources and transportation. To a lesser extent, stakeholders mentioned gaps in by substance abuse treatment, education and access.

NEED	GAP
Education (2 comments)	Education
	Education,
Inequitable Access (2 comments)	diversity gaps in outcomes and care
	Access to equitable services such as technology for learning.
Health Lifestyle	Healthy lifestyle
Healthy Food Options	Retail outlets that focus on healthy foods such as fresh fruits and vegetables.
Homelessness	HOMELESSNESS
Internet Access	Internet services for distance learning.
Sex Education	Comprehensive sexual health education in the schools.

Q11: What are the biggest gaps in resources within this community to address the needs that you have identified? Please mention the need along with the missing resources.

NEW/ADDITIONAL HEALTH/SOCIAL ISSUES

Stakeholders identified additional needs around **mental health, housing**, and **access to health services**. Stakeholders identified several other issues to a lesser degree.

NEED	DESCRIPTION
Mental Health/Substance Abuse (5 Comments)	The high levels of depression, anxiety, suicidal thoughts, and other mental health concerns in children and teens.
	Mental Health from COVID-19
	It has always been there, but it is not magnified - mental illness - availability of quality professionals for children.
	Mental health is an issue that needs to be brought to the forefront. The stigma that goes along with mental health needs to be replaced with effective and readily available resources, care and compassion.
	Social, emotional, and mental health.
Housing (3 comments)	Deterioration of housing and infrastructure; roads, sewers, electrical.
	Overnight Center for the Homeless and or a transitional program-center to help get them out of poverty and be self-sufficient. Same for drug addicts.
	Housing security will continue to be an issue as the moratorium on eviction is lifted and housing resources dry up.
Impacts of COVID-19 (2 comments)	Delayed diagnosis from screening tests secondary to Covid
	Further polarization of educational gaps due to Covid
	We need to get a higher percentage of people vaccinated. I am concern about young people going back to school in the fall. I think the hospitals and all health care related institutions should work together to help the community talk about and discuss the best options.
Access to Health Services (2 comments)	Making sure everyone has access to prevention and quality care
	Lack of affordable home care services for older adults.
Climate change	climate change impact on vulnerable communities
Collaboration among health care providers	lack of collaboration between health care providers in the area, unhealthy competition.
Disparities in educational outcomes	I don't think it is new but the disparity between educational outcomes in the metro east and other parts of St. Clair County (and even in Madison County) is staggering. Zip Codes closest to St. Louis (MO) rank high on the SocioNeeds Index and poor academic outcomes are drivers for economic and health disparities.
Employment	Impact of Employment on business and getting workers back in the work place.
Obesity	Obesity
Recreational options	Free or low-cost healthy outdoor recreation options
Social determinants of health	impact of trauma, violence, poverty will have health impacts down stream financially for impacted populations
Substance abuse	Continued opioid issues

Q12: *What new/additional health or social issues are you aware of in this community that may not be widely known, yet are a concern for the future?*

COMMUNITY ASSETS THAT PROMOTE COMMUNITY HEALTH

Stakeholders most frequently mentioned **community agencies** as local assets for promoting health.

RESOURCE TYPE	GAP
Community Agencies (7 comments)	Healthier Together www.healthiertogether.net
	Many social services and church organizations people are not aware exist
	Churches, civic organizations
	Salvation Army Drop In Center-Hot Lunch Belleville, Local Churches providing a lunch or dinner. PSOP Programs & Services for Older Persons, Catholic Urban Programs-CUP support several after school programs, shelter care, available job help. PC's for People-Belleville Provide PC's and laptops for low income. St. Clair County Workforce Dev help with financial assistance for utilities, hardships and job connections.
	Good service coordination and social service resources.
	There is a growing interest in community organizations such as churches, civic clubs, schools, neighborhoods and businesses willing to pool their resources and volunteer spirit around practical efforts to reach local needs.
	Need an easily accessible resource that lists all services available to the community
	Too many to name in a survey! Healthier Together has a pretty comprehensive list of community partners and resources. The Healthcare Commission is another extensive list.
Parks and bike trails (2 mentions)	Bike trails and park systems.
	Bike trail.
Community Volunteers	Our community volunteers are one of our greatest, untapped resources. Get the community educated about the issues the county is facing. Use the brain power, financial resources, and desire for a healthier community to make a difference.
Easily accessible	Easily Accessible and Safety.
Health services providers	Excellent healthcare in area (except mental health and pediatric dental).
Organizations focusing on the underserved	I think we have some good hospitals, and a stronger relationship needs to be developed with Southern Illinois and Touchette since they are eligible for special funding that the other hospitals are not eligible for.
Safe	Easily Accessible and Safety.
St. Clair County Health Dept	As a member of the Health Department, I think we have a good Health Department, but it could be doing a lot more. to educate the community on health care and be more pro active. Health Department around the nation need more funding and should work closer with the hospitals and other health care institutions.

Q13: *Think about health assets or resources as people, institutions, services, supports built resources (i.e. parks) or natural resources that promote a culture or health. What are the health assets or resources in St. Clair County that we may not be aware of?*

IDEAS FOR IMPROVING THE HEALTH OF THE COMMUNITY

Stakeholders suggested specific ways that community partners can work together to use their limited resources to have a larger impact through better collaboration and the sharing of information.

NEED	DESCRIPTION
Better Collaboration among Community Partners (21 comments)	By networking and communicating about services and resources. Building a CMDB of service providers and services that can be shared county wide, and allow them to work collaboratively to meet the needs in there geographic areas or areas of expertise.
	Better communications among duplication of services
	Gather a small group of leaders for discussion, then evolve to a larger committee.
	Resource coordination
	Healthier Together is a great start
	Collaborate efforts between both Health Departments to make a larger impact.
	Systems working together and setting aside competitive inclinations
	Create a community awareness program that meet the community where they are at events. Start utilizing school partnerships and other NFP partnerships
	I believe that it would be helpful for the community to hear a coordinated, agreed upon understanding of the health care needs in the community. The community could then target specific Health Care Issues as a community rather than having each institution try to address an issue on their own.
	Volunteer with Healthier Together St. Clair County.
	Better at marketing services; Collaborate
	By working together to address specific problems (one at a time if necessary) by pooling resources and connections and making a tangible difference
	Come together and discuss available resources and how these resources can be pooled together for the greatest effect.
	An organization like Healthier Together is a prime example of collective impact alive and well i our community. Community partners from all sectors work together to address some of the most important concerns related to health outcomes in our area.
	I think it's really just about information sharing and reaching the right people.
	Promote improved integration of physical and behavioral health care.
	Sharing of data and resources
	Allowing community-based healthcare providers the ability to access hospital services for their patients causing patients to become lost in the process
	In St. Clair County, Illinois, health and human service partners have been co-participating in each other's CHNA and CHIP activities. After nearly 20 years of working together, this partnership is able to mobilize resources around solutions to address community health problems through coalitions made up of representatives from as many as 45 different organizations. This type of cooperation should not only continue but look to establish locally relevant long term community outcome goals and objectives similar to some of the National Healthy People Goals and Objectives.
	Agree on a common goal and work from there.
	Transformation dollars putting multiple resources together to mitigate barriers in communication and access

Q14: *How can community stakeholders in St. Clair County work together to use their collective strengths to improve the health of the community?*

IDEAS FOR IMPROVING THE HEALTH OF THE COMMUNITY (CONTINUED)

Stakeholders suggested specific ways that community partners can work together to use their limited resources to have a larger impact through better collaboration and the sharing of information.

NEED	DESCRIPTION
Focus on Youth (2 comments)	Get into schools by 5th grade educating
	Invest in our youths with the opportunity of having a safe place to socialize and being engage in healthy and educational activities. To find a way to educate and engage parents in living a healthy lifestyle. Provide the opportunity for family where both parents are not working 2-3 jobs to make ends meet Lessing them from being engage with their kids.
Prioritize Mental Health	Mental Health - that needs to be a priority in developing community wide services with easy access, and with the ability to go and find those in need as opposed to those that are troubled self identifying.

Q14: *How can community stakeholders in St. Clair County work together to use their collective strengths to improve the health of the community?*

COMMUNITIES AT GREATEST RISK

When asked to identify the communities at greatest risk, stakeholders identified both ZIP codes and town/area names. These were mapped against each other to identify the communities perceived to be at highest risk.

Cahokia and East. St. Louis were identified most frequently, followed by Belleville and Washington Park.

AREA NAMES	# OF TIME NAME MENTIONS	ZIP CODES	# of TIMES ZIPMENTIONS	TOTAL MENTIONS
Cahokia	6	62205 (5) 62206 (6)	11	17
East St. Louis (non specifi	13	62201 (1)	3	16
		62203 (3)		
Belleville	8	62220 (2)	6	14
		62221 (1)		
		62223 (2)		
		62226 (1)		
Washington Park	8	62204	5	13
Alorton	2	62207	2	6
Centreville	2			
Fairmont City	1	62201	3	4
Fairview Heights	2			2
Caseyville	1	62232	1	2
Brooklyn	1			1
East Carondolet		62240	1	1
Franklin	1			1
Granite City	1			1
Lenzburg		62255	1	1
Madison, IL		62060	1	1
O'Fallon	1			1
State Park	1			1
Summerfield		62289	1	1

Q15: *Within St. Clair County, which communities, neighborhoods, or ZIP codes are especially vulnerable or at risk?*

SOME OF THE OTHER COMMENTS THAT STAKEHOLDERS OFFERED ON THIS TOPIC (Q15).

- The American Bottoms (East St. Louis, Brooklyn, Cahokia, etc.), any community or pocket within a community which is underserved, undereducated, high unemployment, and in poverty.
- Most people would say, and be correct, that the greater East St. Louis community, including Washington Park, Cahokia Heights are the most vulnerable. However, I think the 2020 Census will show a large number of families have moved up to the surrounding communities of O'Fallon, Belleville, and Fairview Heights, and many of these families are low-income families who are struggling with health care related issues.
- Washington Park and other East Side Health District Communities and Belleville although there are neighborhoods in most all communities
- There are individuals vulnerable in each zip code, however, those will higher poverty rates are more vulnerable.
- There are pockets of high risk throughout all of St. Clair County.
- A strategic and targeted approach with a focus on sustainability (residential engagement, by-in, and support) is crucial to the long-term impact of any effort.
- It's always been difficult to get everyone to agree to work together. Thanks for trying and never give up.
- The community I serve it's an elderly population. I have a fair amount of people who come to the door in need of transportation.
- Thank you providing this opportunity. I think all hospitals in St. Clair County should once again employ social work staff to improve referral and linkage to human service organizations. This would also assist in the transfer and admission to inpatient psychiatric facilities.
- Work is being done to address health issues through Healthier Together and the current needs assessment. I hope all healthcare partners: St. Elizabeth's Hospital, Memorial/BJC, Touchette Regional Hospital, and the two health departments can work together as opposed in silos on a collaborative health improvement plan

NEXT STEPS

Using the input received from community stakeholders, Barnes-Jewish St. Peters Hospital and Progress West Hospital will consult with their internal workgroup to evaluate this feedback. They will also consider other secondary data and determine whether/how their priorities should change. The final needs assessment and implementation plan is due by December 31, 2022.

APPENDIX E: ST. CLAIR COUNTY ONLINE SURVEY PARICIPATING STAKEHOLDERS

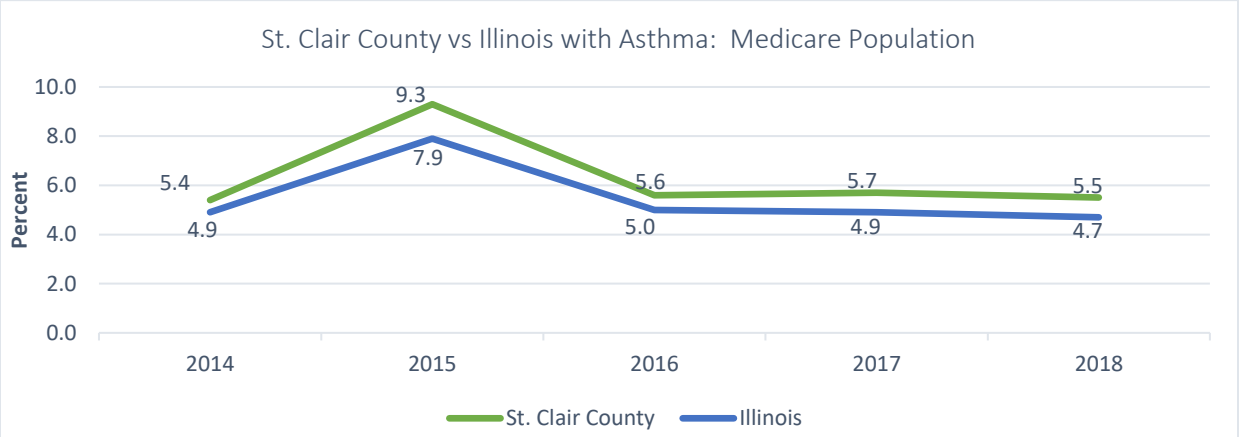
ST. CLAIR COUNTY ONLINE SURVEY PARTICIPATING COMMUNITY STAKEHOLDERS				
LAST NAME	FIRST NAME	ORGANIZATION	TITLE	CITY
Arell-Martinez	Debbie	O'Fallon-Shiloh Chamber of Commerce	Executive Director	O'Fallon
Bauer	Laura A.	Community Volunteer	Volunteer	Belleville
Braundmeier	Heather	375th MDG	Health Promotion Coordinator	Scott AFB
Brauss RN, CHPN	Matthew E.	Family Hospice of Belleville	Executive Director	Bellville
Deets	Dr. Dave	Harmony-Emge SD 175	Superintendent	Belleville
Denton	Walter	City of O'Fallon	City Administrator	O'Fallon
Eichenlaub	Mark	St. Clair County Regional Office of Education #50	Regional Superintendent of Schools	Belleville
Farmer	Bob	Touchette and SIHF Healthcare	VP of Medical Affairs	Centreville
Forrester	Lennox	Downtown Belleville YMCA	Executive Director	Belleville
Galati	Katrina	University of Illinois Extension	SNAP Education Educator	Swansea
Gomric	Jim	St. Clair County Il. State's Attorney	State's Attorney	Belleville
Gregory	Patty	City of Belleville	Mayor	Belleville
Hannon	Robin A.	St. Clair County Health Department	Administrative Advisor	Swansea
Jackson	Rachel R.	Project Compassion, NFP	Executive Director	Belleville
Kern	Mark	St. Clair County	St. Clair County Board Chairman	Belleville
Kreeb	William	St. Clair County Health Department	Vice President of Board of Directors	Belleville
Luz	Kimberly	HSHS St. Elizabeth's Hospital	Division Director of Community Outreach	O'Fallon
Lysdahl	Alexandra	First United Presbyterian Church	Reverend	Belleville
Mercer	Orville	Chestnut Health Systems	Vice President Strategy and Innovation	Troy
Meyer	Jenny Gain	City Of Belleville	City Clerk	Belleville
Mullins	Kristy	St. Clair County Health Department	Systems Quality Manager	Belleville
Nowak	John E.	MedStar Ambulance Inc.	General Manager of Operations	Belleville
Paeth	Joy	AgeSmart Community Resources	Cief Executive Officer	O'Fallon
Peters	Mark L.	Healthier Together	Executive Director	Belleville
Pfeil	Wendy	Greater Belleville Chamber of Commerce	President/Cief Executive Officer	Belleville
Rehrig	Susan	St. Clair County Health Department	Director of Infectious Disease Prevention	Belleville,
Riley	Mike	Professional Therapy Services, Inc	President	Belleville
Rogers	Charles	MTC Community Outreach Corp.	President	Washington Park
Rosenzweig	Dana	St. Clair County Mental Health Board	Executive Director	Belleville
Schifferdecker	Peggy	Greater Belleville Chamber of Commerce	Membership Event Manager	Belleville
Stidham	Michael	Beacon Ministry	Director	Belleville
Verdu	Eugene	Office on Aging	Director	Belleville
Weisenstein	Kathryn	St. Clair County Health Department	Deputy Executive Director	Belleville
Yokley	Katy	HealthVisions Midwest	Program Director	East St. Louis
York	Rev. Kenneth	Saint Henry Catholic Church	Pastor	Belleville

APPENDIX F: MEMORIAL HOSPITAL BELLEVILLE & MEMORIAL HOSPITAL SHILOH INTERNAL TEAM

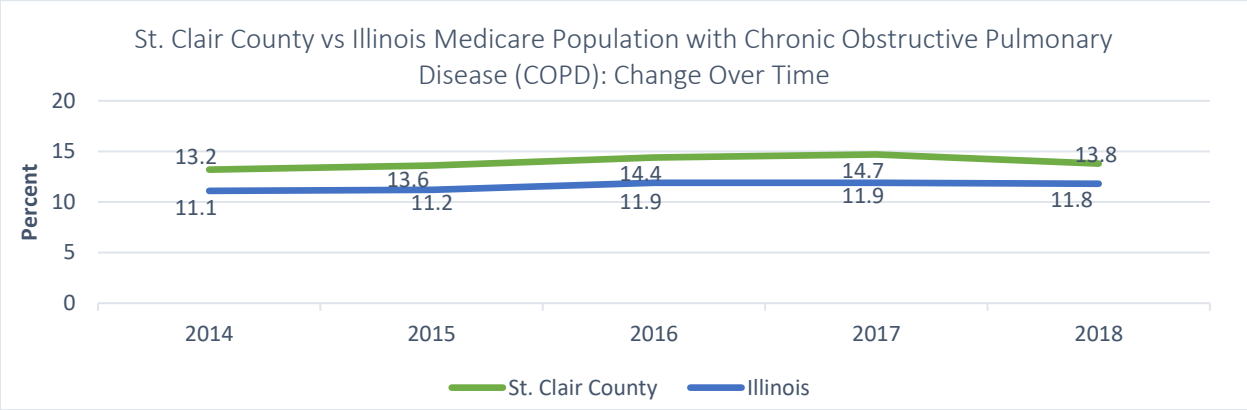
MEMORIAL HOSPITAL BELLEVILLE-SHILOH 2022 CHNA INTERNAL TEAM			
LAST NAME	FIRST NAME	TITLE	DEPARTMENT
Thomure	Anne	Director of Communications and Marketing	Public Relations
Batha	Abigail	Emergency Department Social Worker	Social Services
Marcia	Wuebbles	Manager, Emergency Department	Emergency Department
Stephens	Donna	Nursing Director - Shiloh	Nursing Administration
Stewart	Douglas	Manager of Spirutal Care	Pastoral Care
Boyer	Geri	Board Member	Board of Director
Otten	Lacy	Manager of Social Services	Social Services
Heshmat	Monica	Manager of Auxiliary	Auxiliary
King	Karley	Program Manager, Community Benefit	BJC Communication & Marketing

APPENDIX G: ST. CLAIR COUNTY SECONDARY DATA

ASTHMA / CHRONIC OBSTRUCTIVE PULMONARY DISEASES



Source: Conduent Healthy Communities Institute

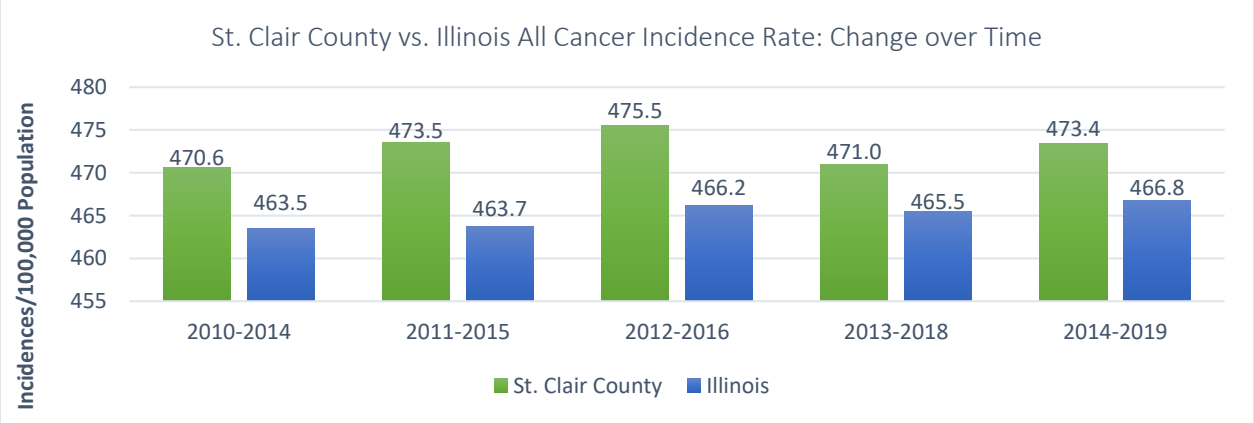


Source: Conduent Healthy Communities Institute

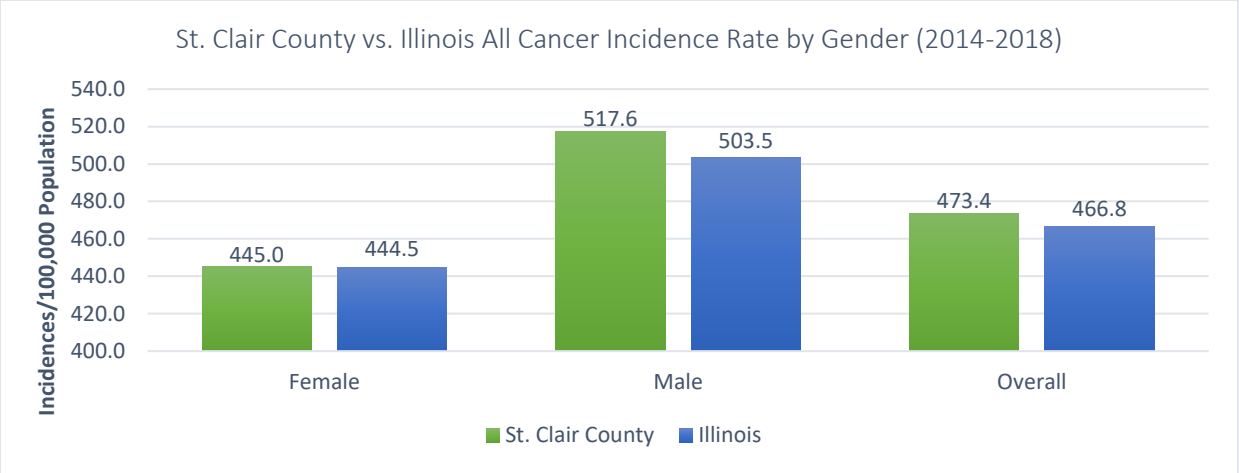
2018 VS. 2019 ST. CLAIR COUNTY TOP TEN CITIES PERCENT ADULTS WITH CURRENT ASTHMA					
RANK	CITIES	YEAR 2018	RANK	CITIES	YEAR 2019
1	Fayetteville	9.8	1	Fairview Heights	9.8
1	Lebanon	9.8	1	Fayetteville	9.8
3	Shiloh	9.6	3	Lebanon	9.6
3	Summerfield	9.6	4	Collinsville	9.4
5	New Baden	9.5	4	Mascoutah	9.4
6	Darmstadt	9.4	4	Shiloh	9.4
6	Mascoutah	9.4	4	Swansea	9.4
6	O'Fallon	9.4	8	Summerfield	9.3
6	Swansea	9.4	9	Darmstadt	9.2
10	New Athens	9.2	9	New Athens	9.2

Source: Conduent Healthy Communities Institute

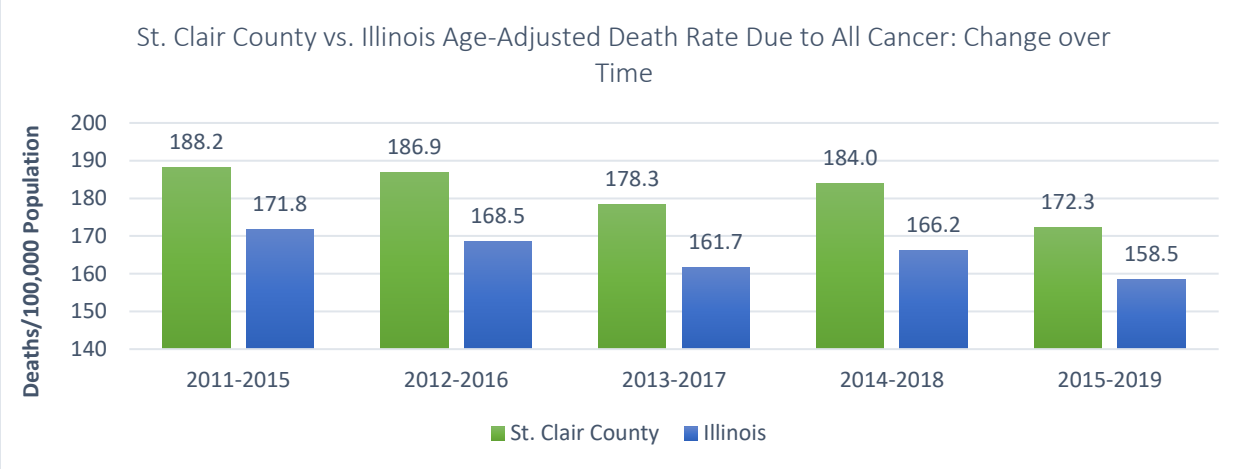
CANCER



Source: *Conduent Healthy Communities Institute*



Source: *Conduent Healthy Communities Institute*



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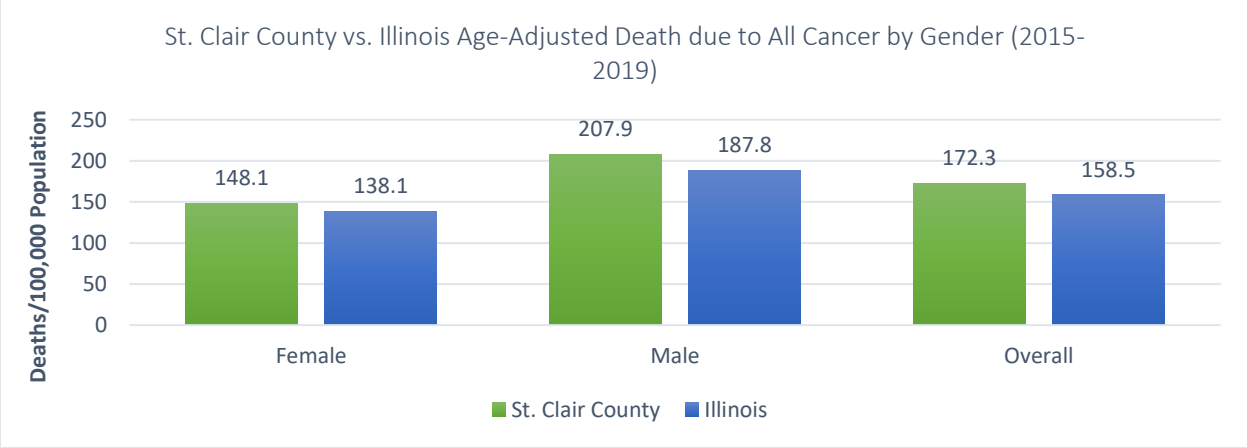

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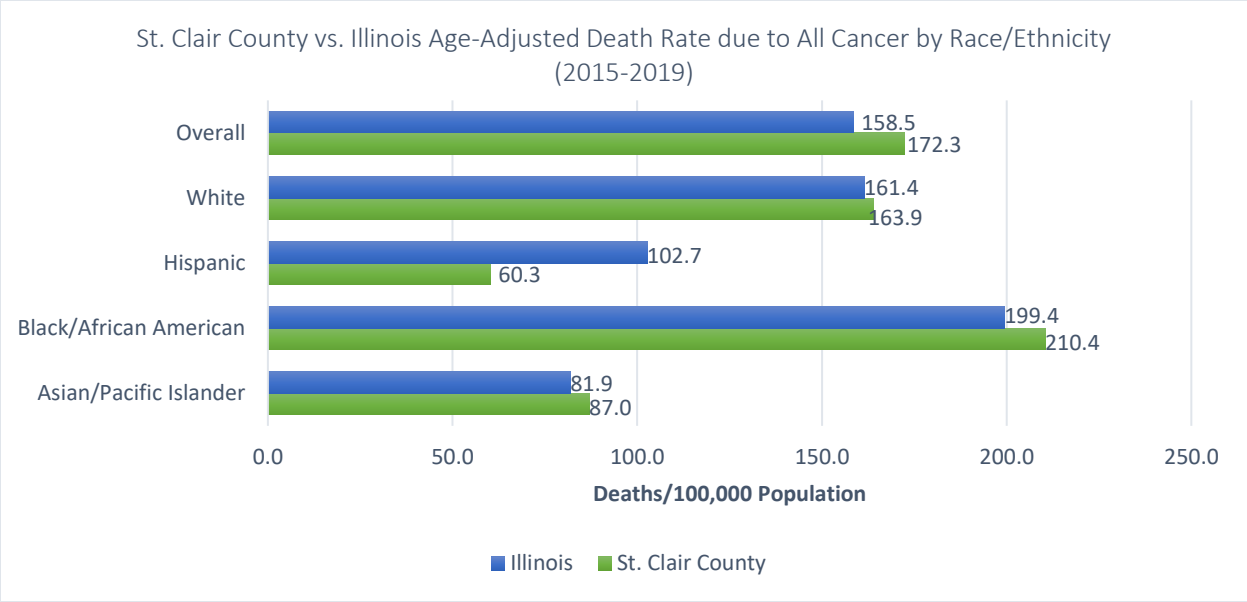
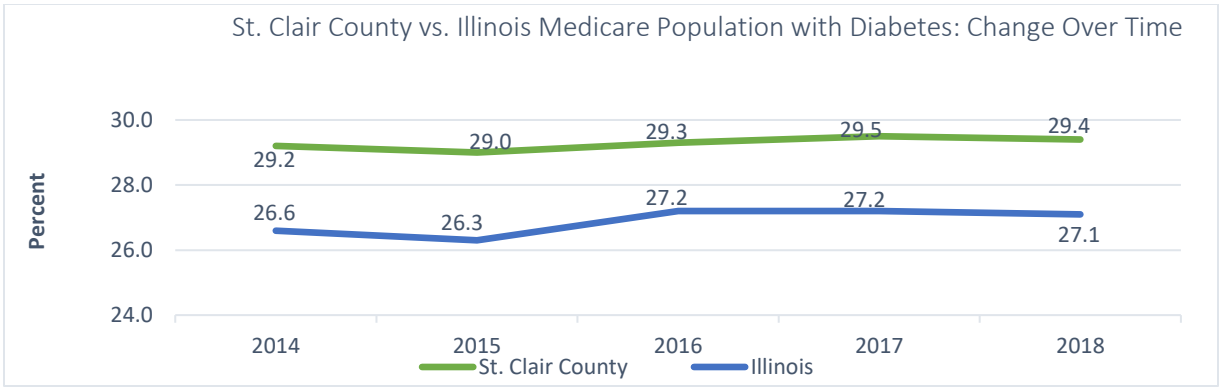


Source: *Conduent Healthy Communities Institute*

DIABETES



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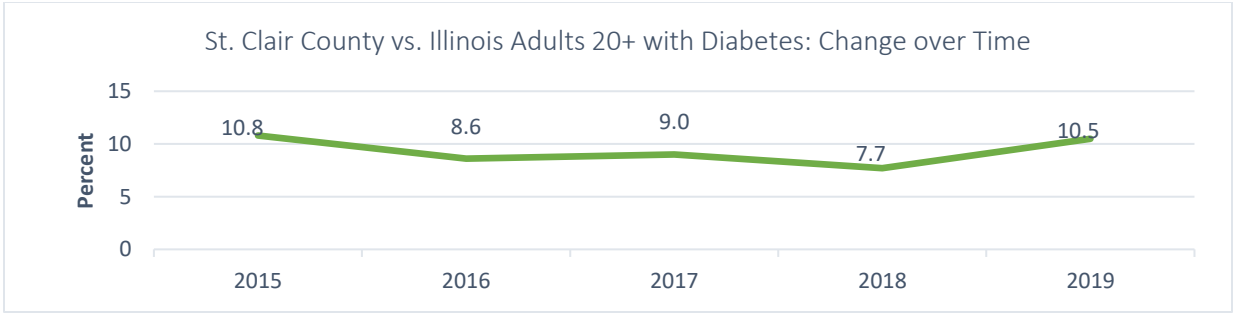
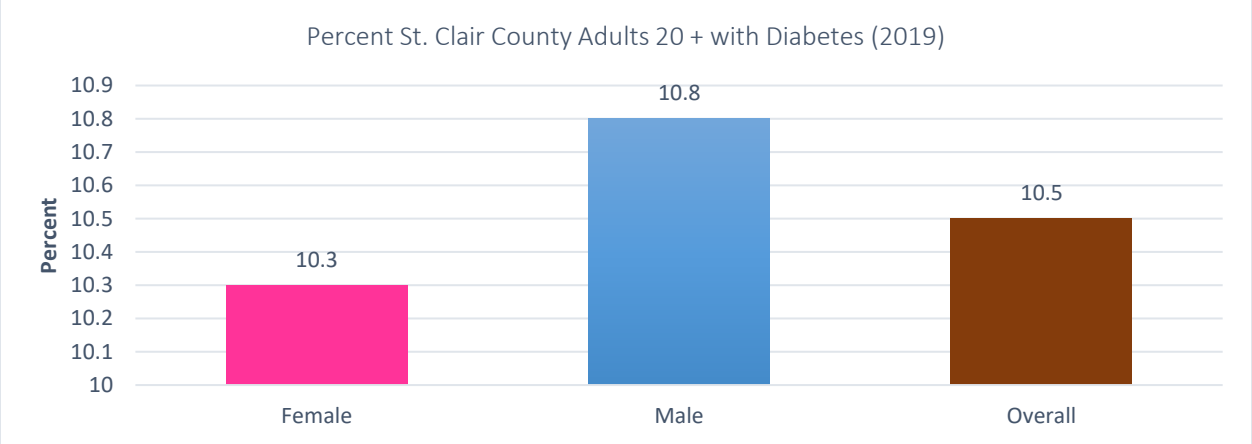


Source: *Conduent Healthy Communities Institute*

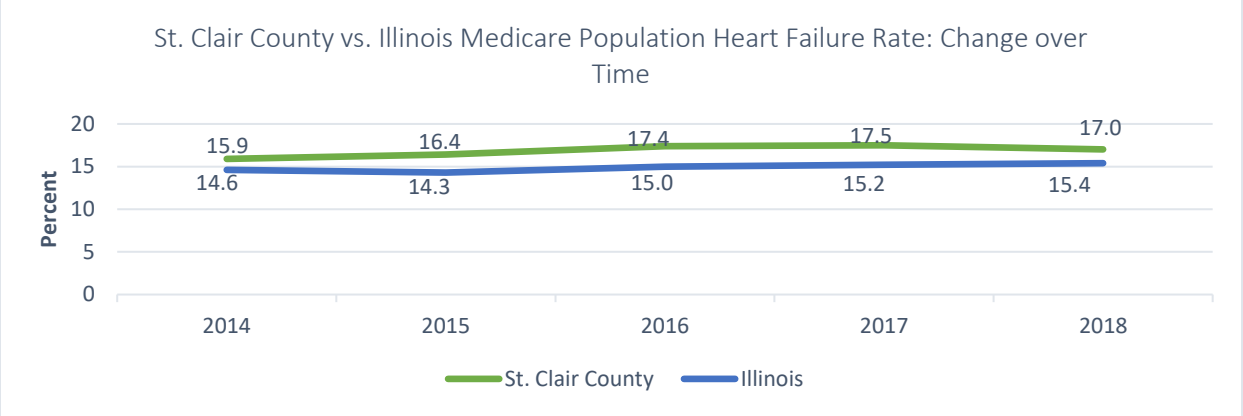
2018 VS. 2019 ST. CLAIR COUNTY TOP TEN CITIES PERCENT ADULTS WITH DIABETES				
RANK	CITIES	YEAR 2018	CITIES	YEAR 2019
1	Centreville	23.5	Centreville	24.3
2	Brooklyn	21.4	Brooklyn	23.0
3	East St. Louis	21.2	Alorton	22.4
4	Washington Park	20.0	East St. Louis	22.4
5	Madison	18.7	Washington Park	20.9
6	Sauget	16.5	Madison	17.6
7	Cahokia	14.6	Sauget	16.7
8	Fairmont City	14.1	Cahokia	15.1
9	Caseyville	12.7	Fairmont City	15.1
10	Darmstadt	11.8	Caseyville	13.4

Source: *Conduent Healthy Communities Institute*



Source: *Conduent Healthy Communities Institute*

HEART DISEASE



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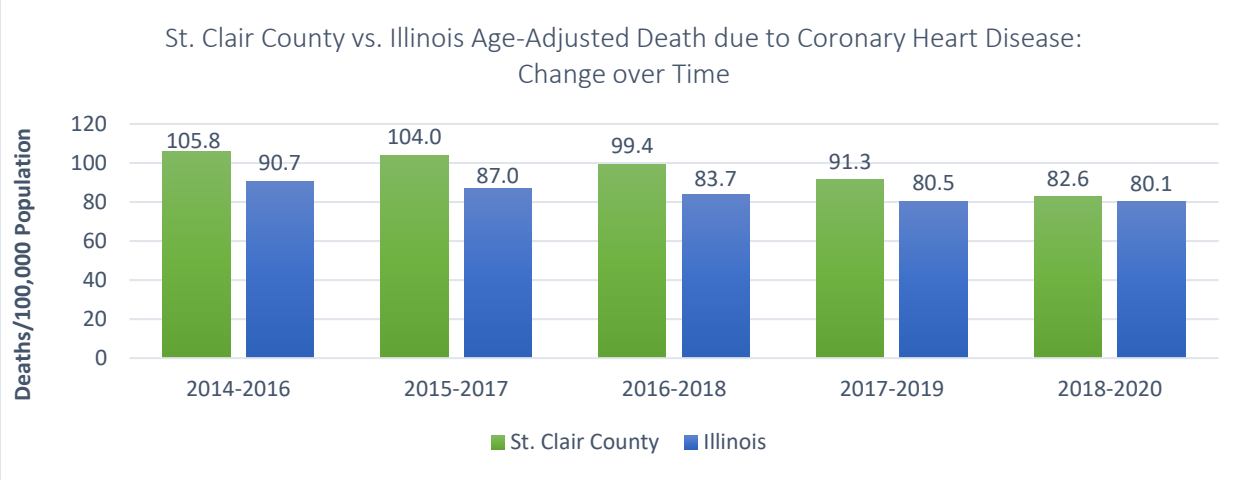

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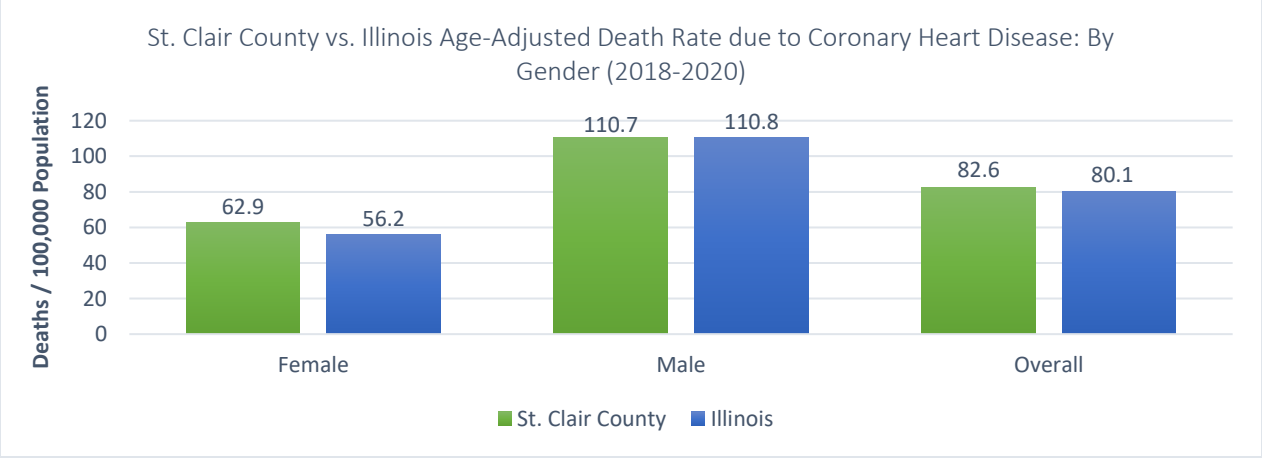

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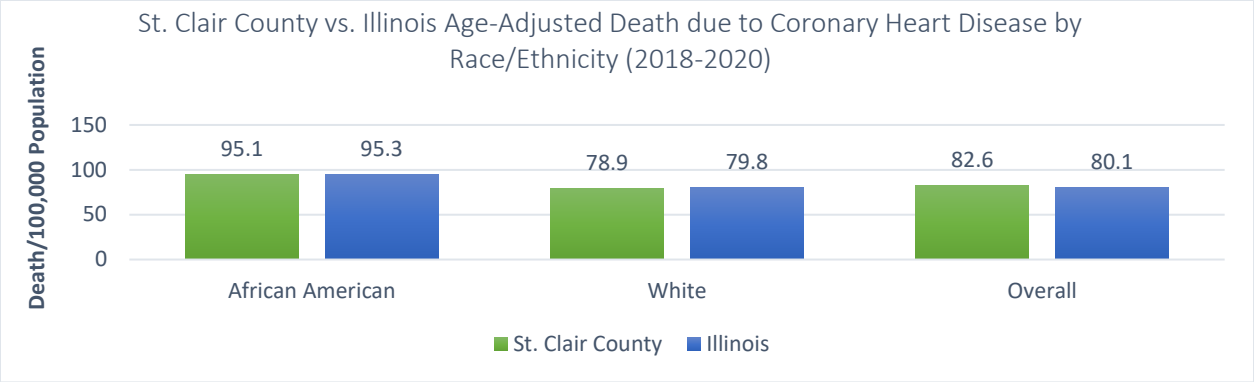

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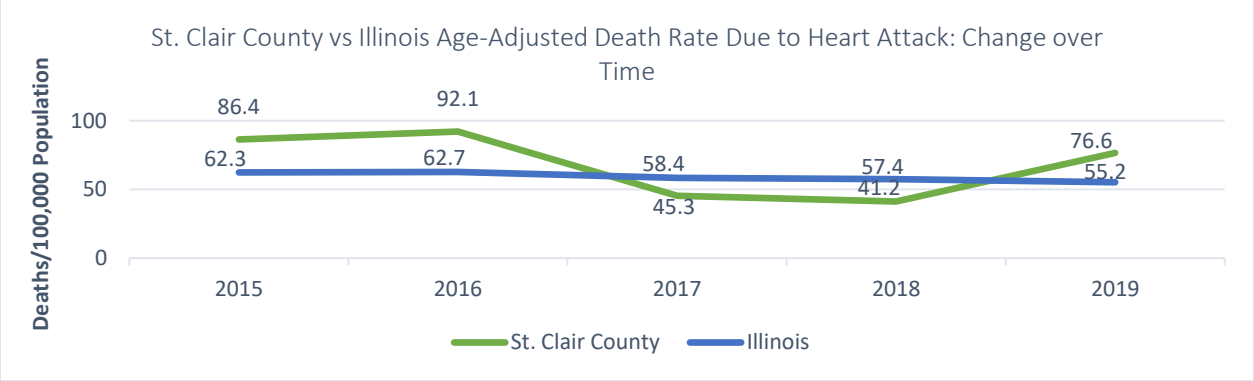

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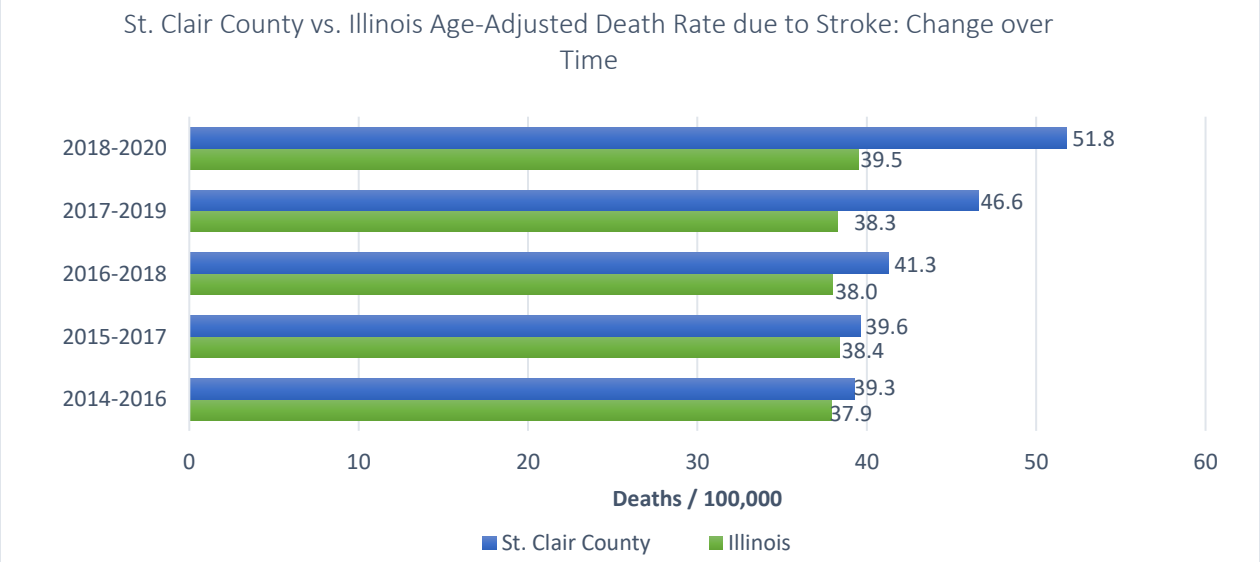

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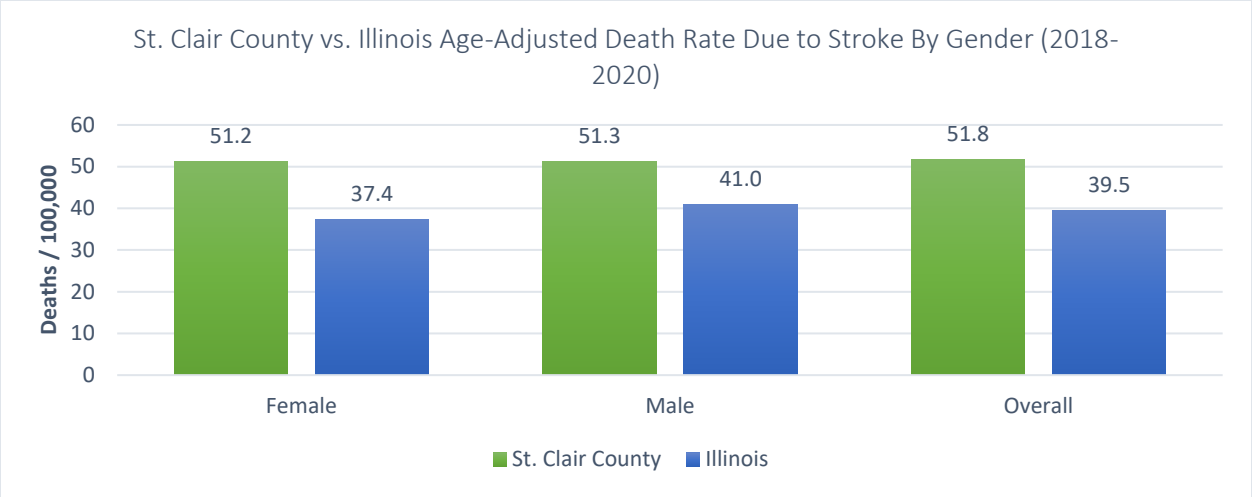

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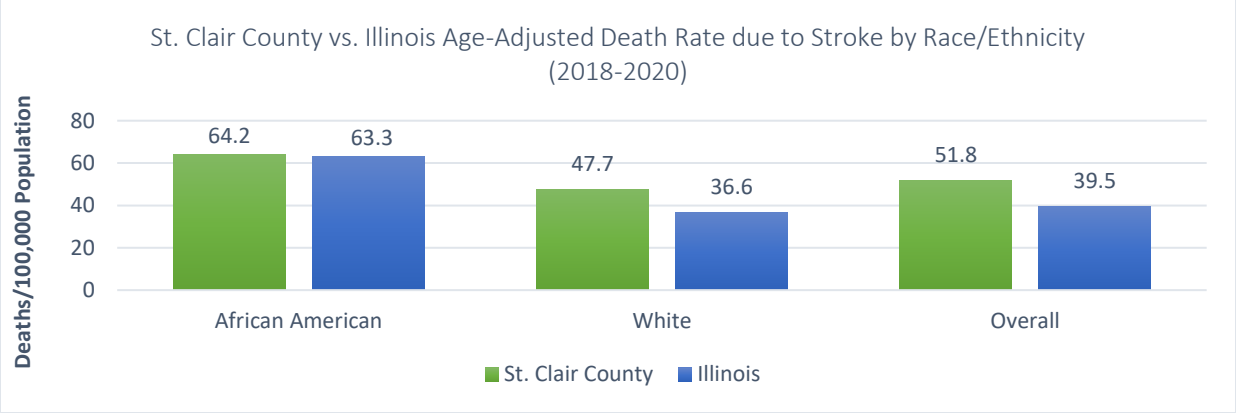

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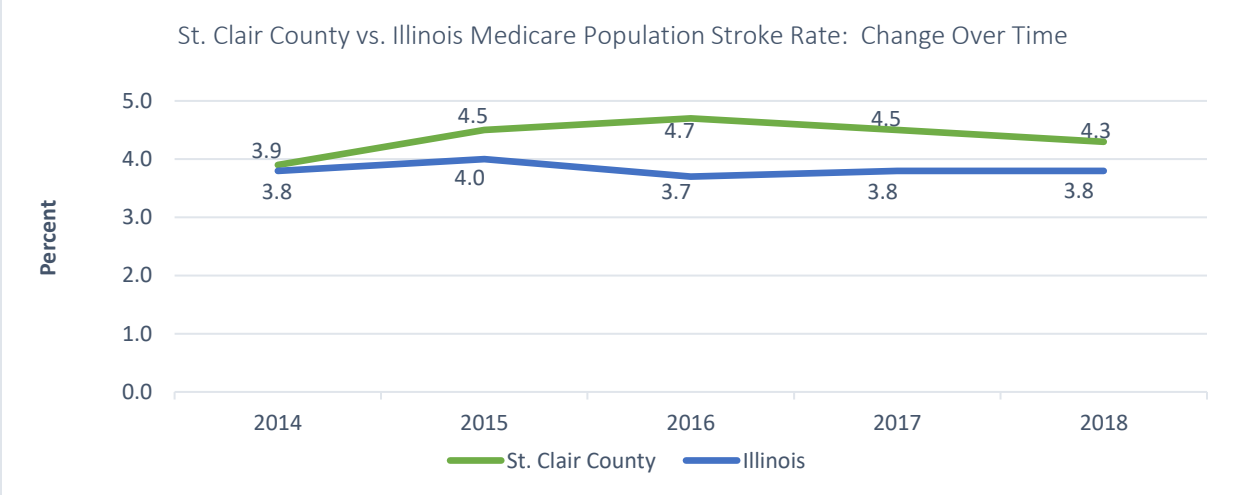

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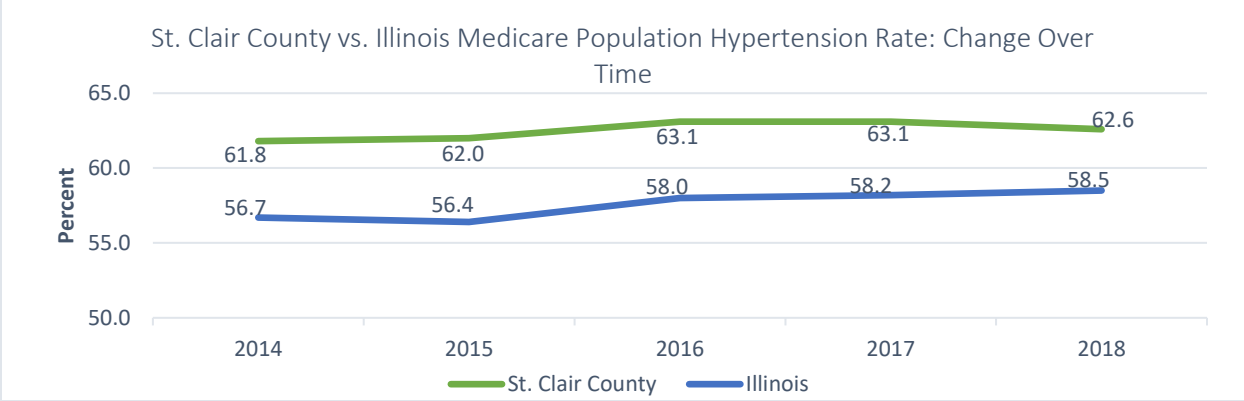
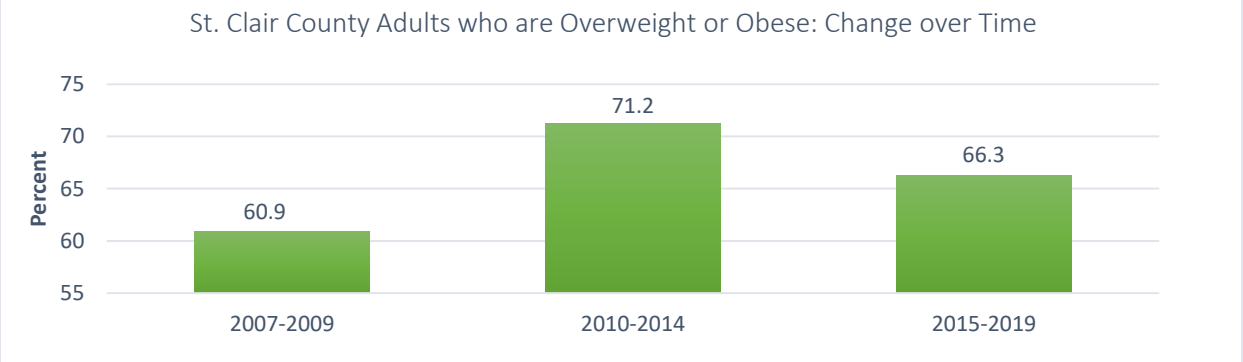


Source: *Conduent Healthy Communities Institute*

OBESITY



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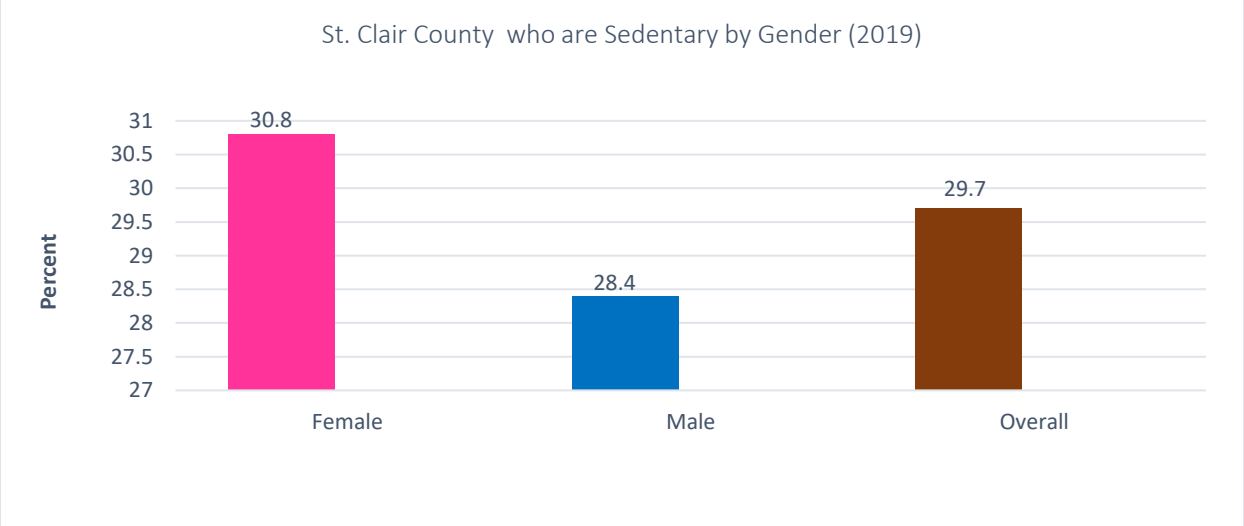

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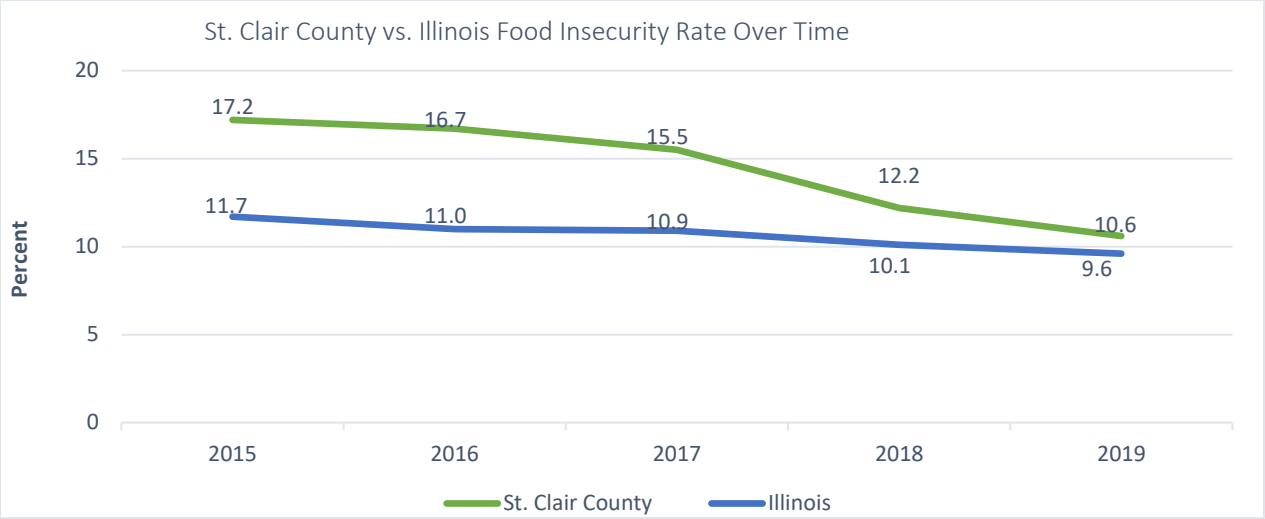

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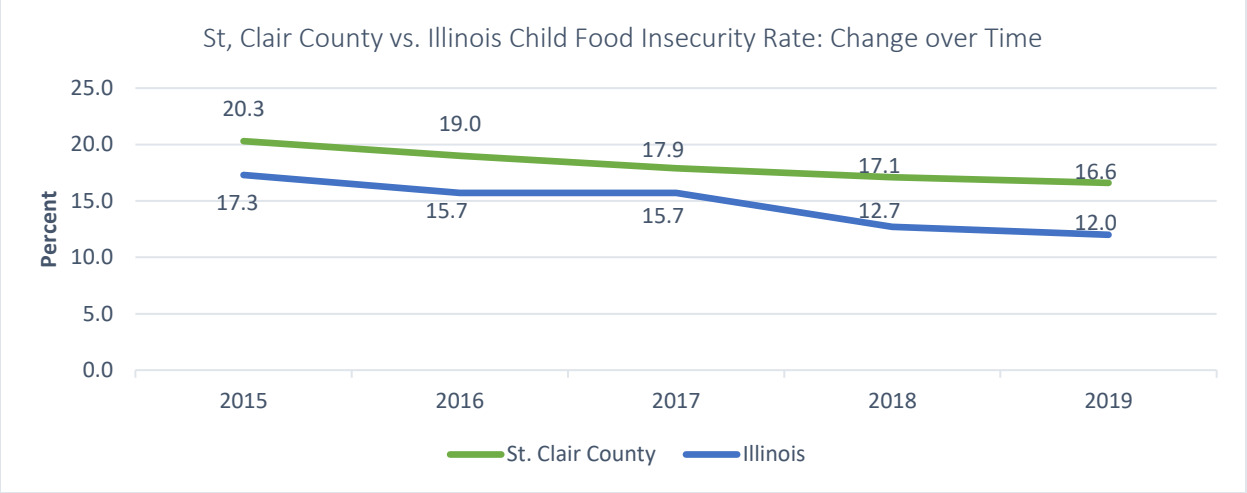
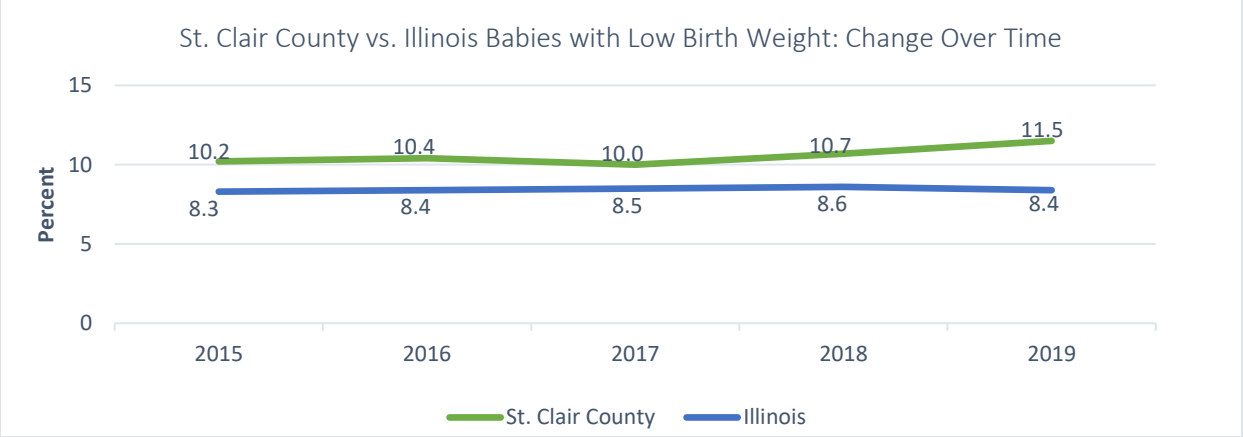


Source: *Conduent Healthy Communities Institute*

2018 VS. 2019 ST. CLAIR COUNTY TOP TEN CITIES PERCENT ADULTS WITH OBESITY					
RANK	CITIES	YEAR 2018		CITIES	YEAR 2019
1	Centreville	56.3		Alorton	53.0
2	Alorton	55.5		Centreville	52.9
3	Washington Park	55.1		Brooklyn	52.5
4	Brooklyn	54.9		Washington Park	52.0
5	East St. Louis	54.3		East St. Louis	51.4
6	Sauget	49.0		Madison	49.00
7	Cahokia	48.7		Sauget	45.5
8	Madison	47.5		Cahokia	45.4
9	Fairmont City	44.9		Fairmont City	42.3
10	Caseyville	41.1		East Carondelet	38.6

Source: *Conduent Healthy Communities Institute*

MATERNAL HEALTH



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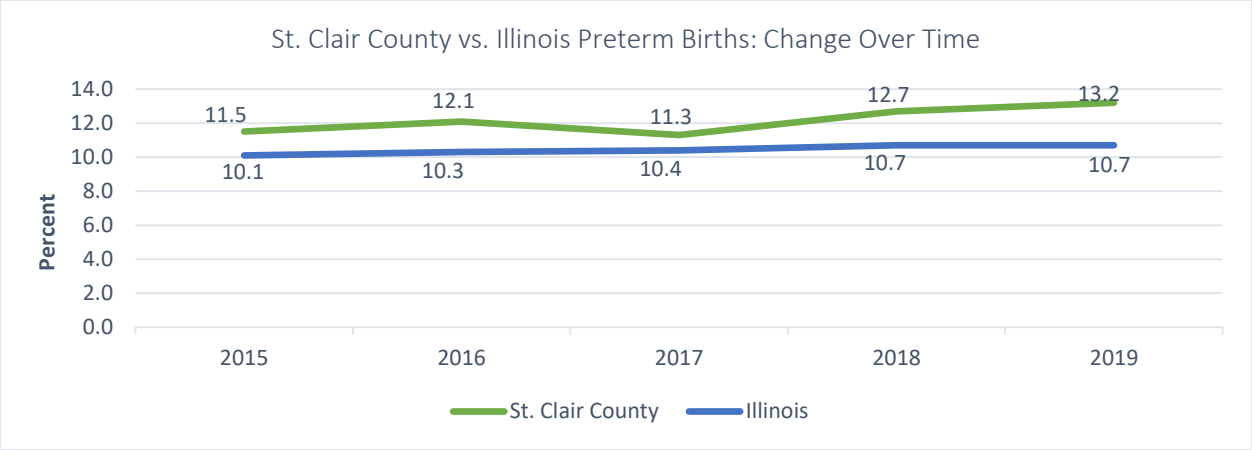

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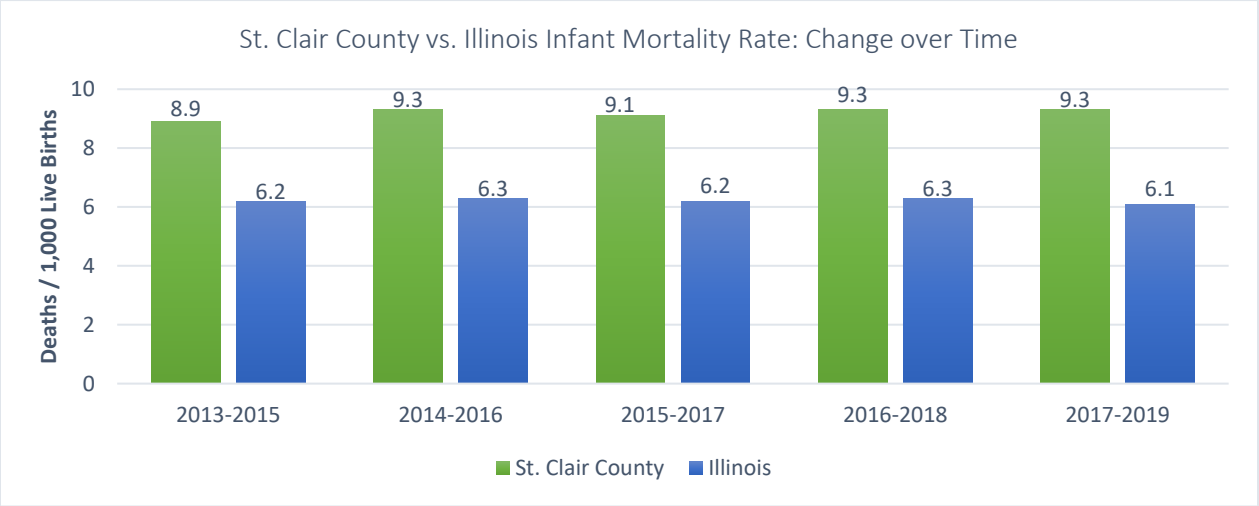

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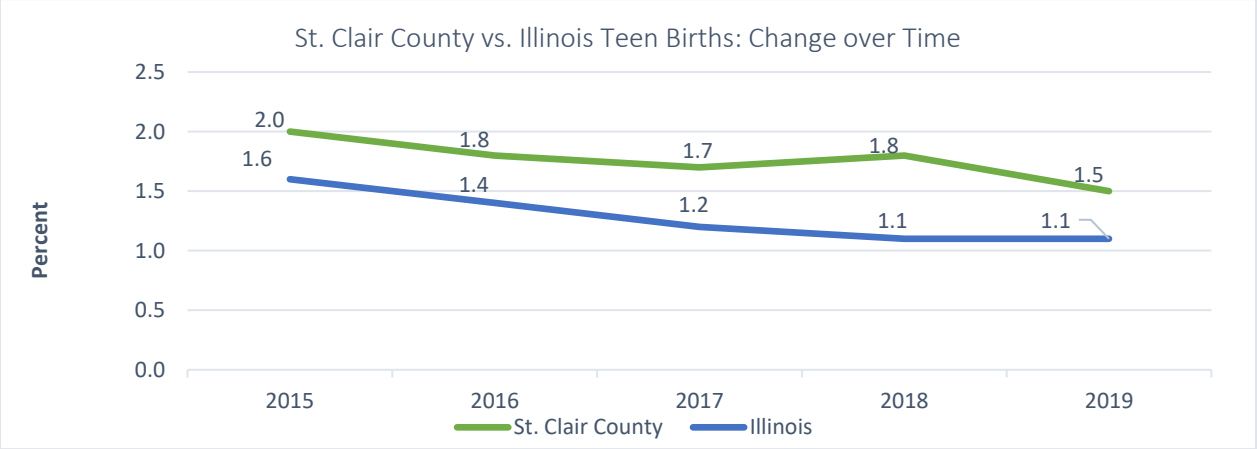
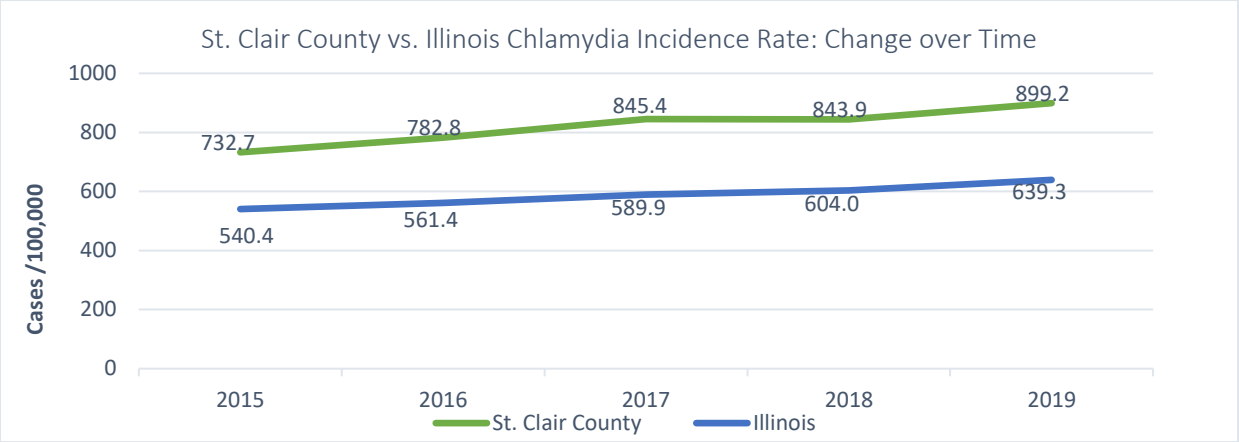


Source: Conduent Healthy Communities Institute

SEXUALLY TRANSMITTED INFECTIONS



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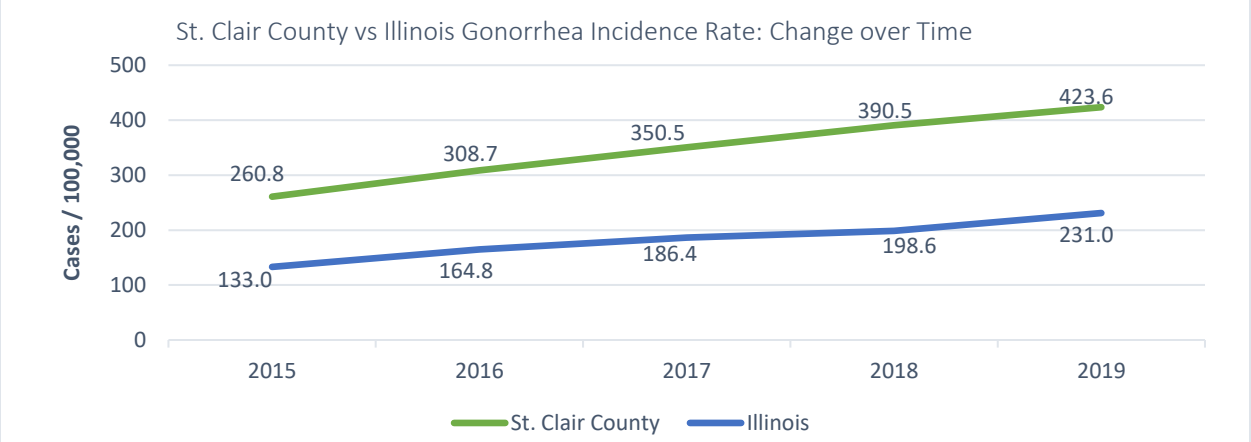

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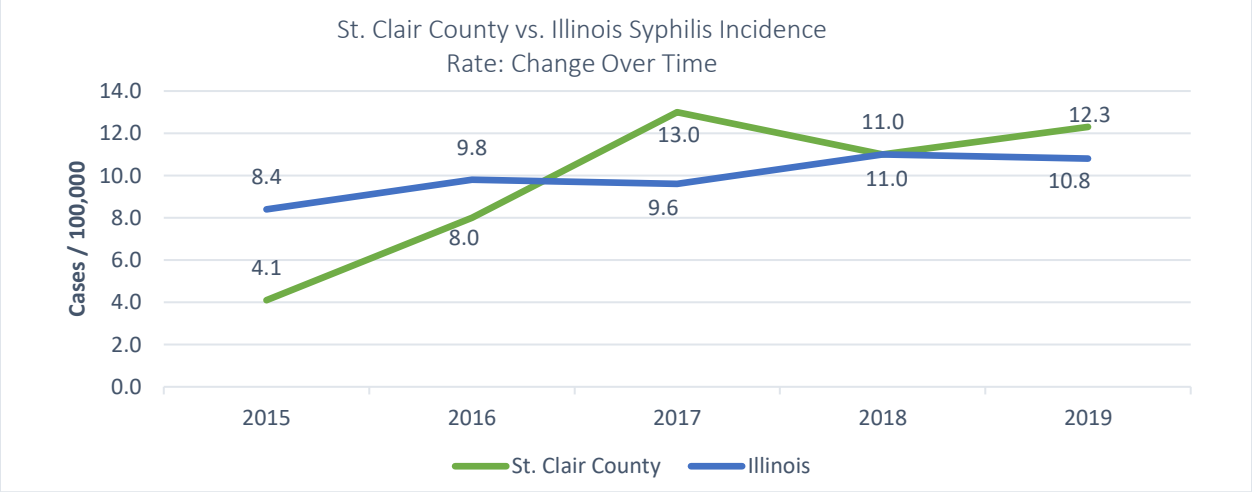

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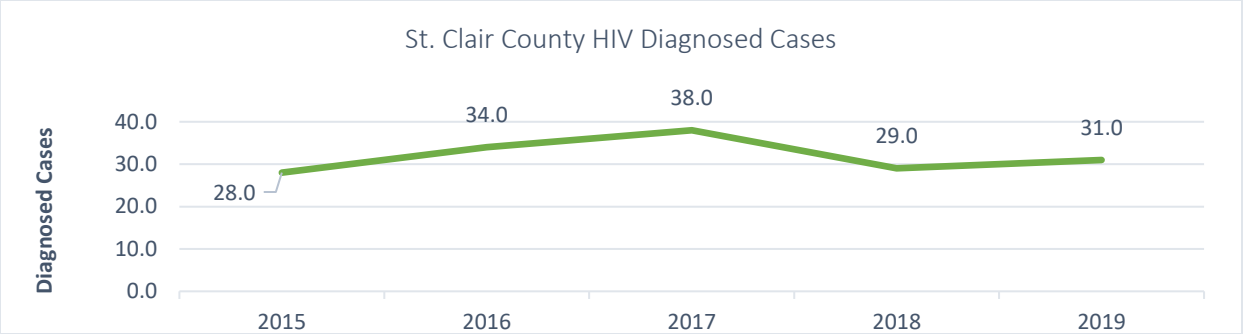

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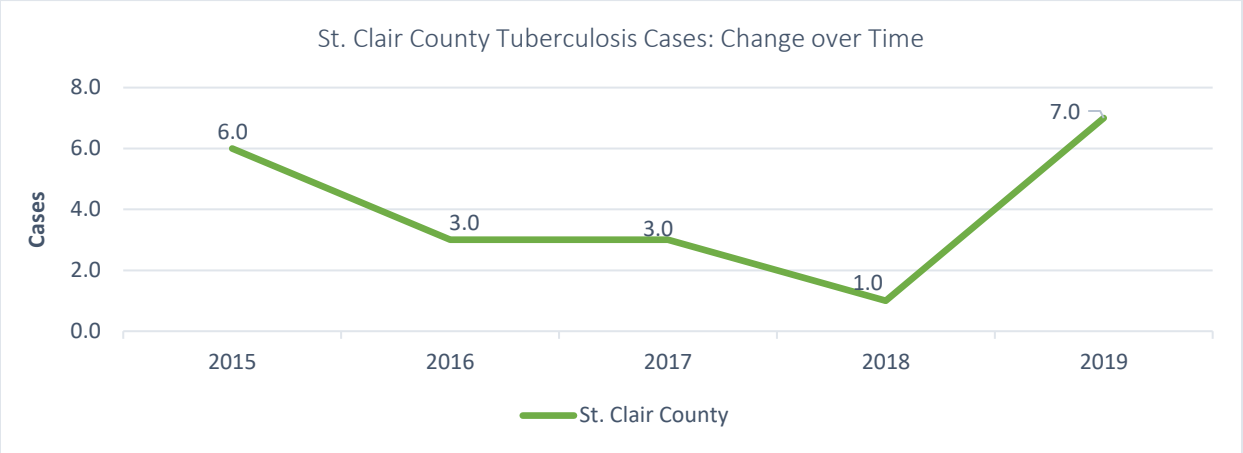
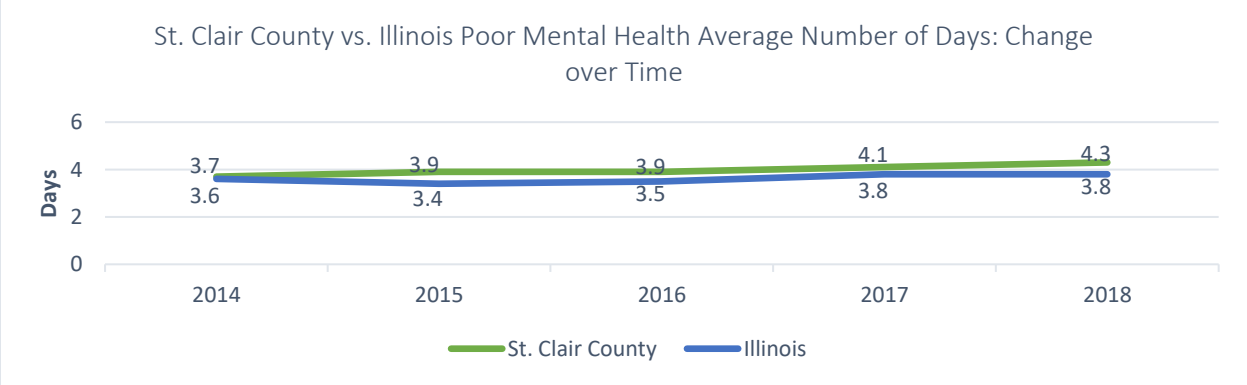


Source: Conduent Healthy Communities Institute

MENTAL /BEHAVIOR HEALTH: MENTAL HEALTH



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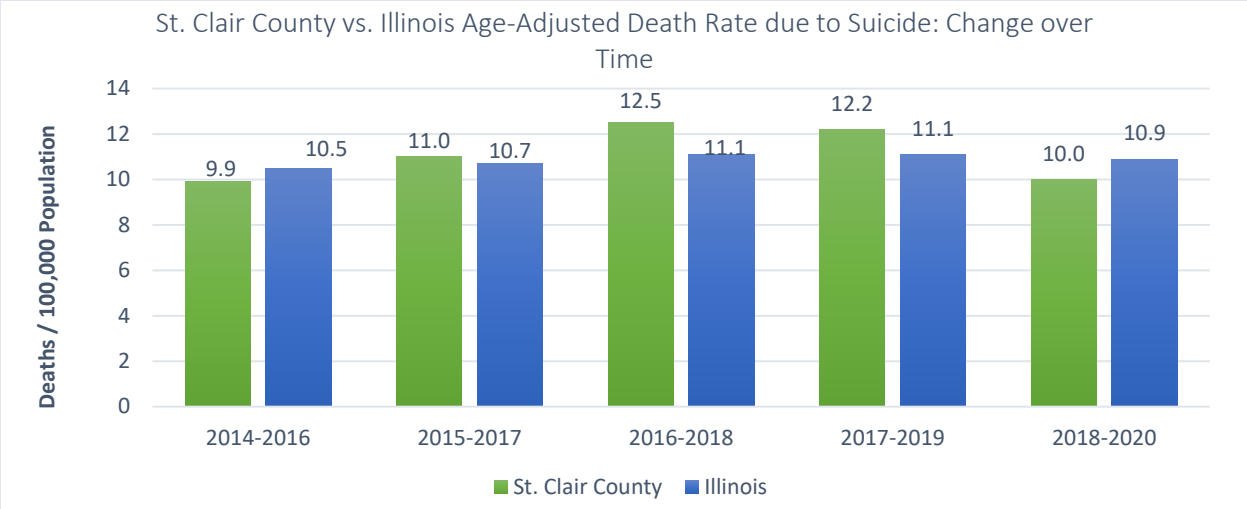

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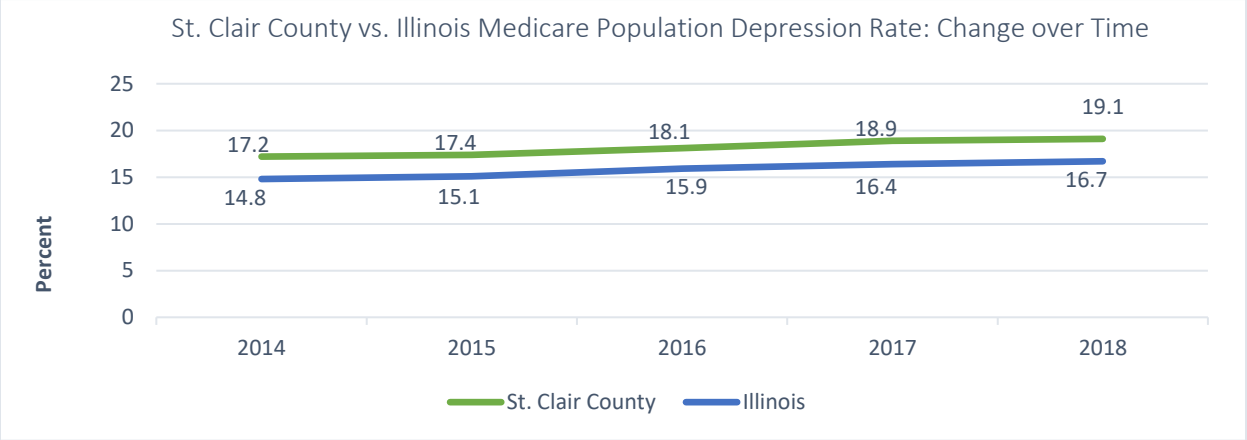
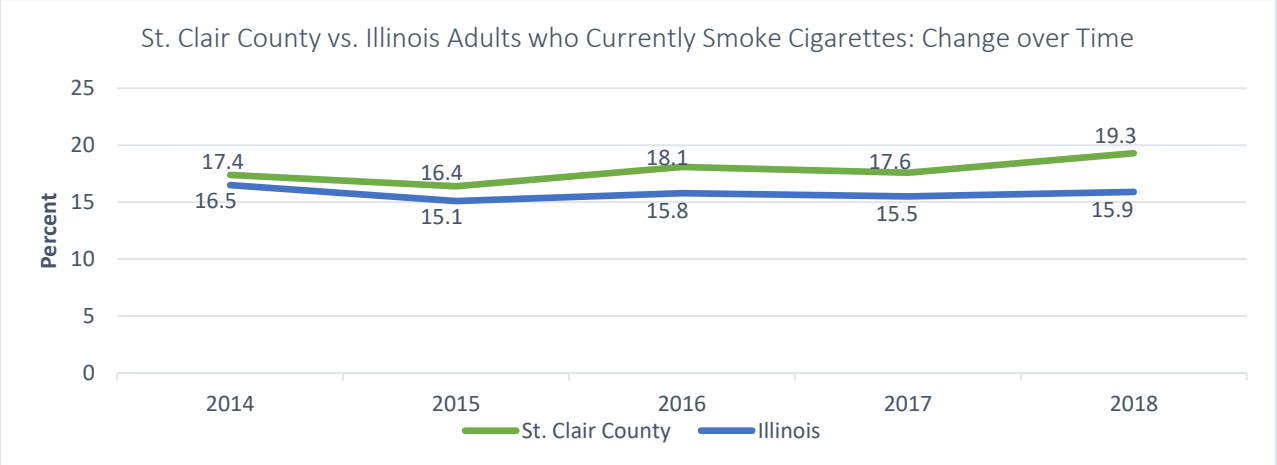


Source: Conduent Healthy Communities Institute

MENTAL / BEHAVIOR HEALTH: SUBSTANCE ABUSE



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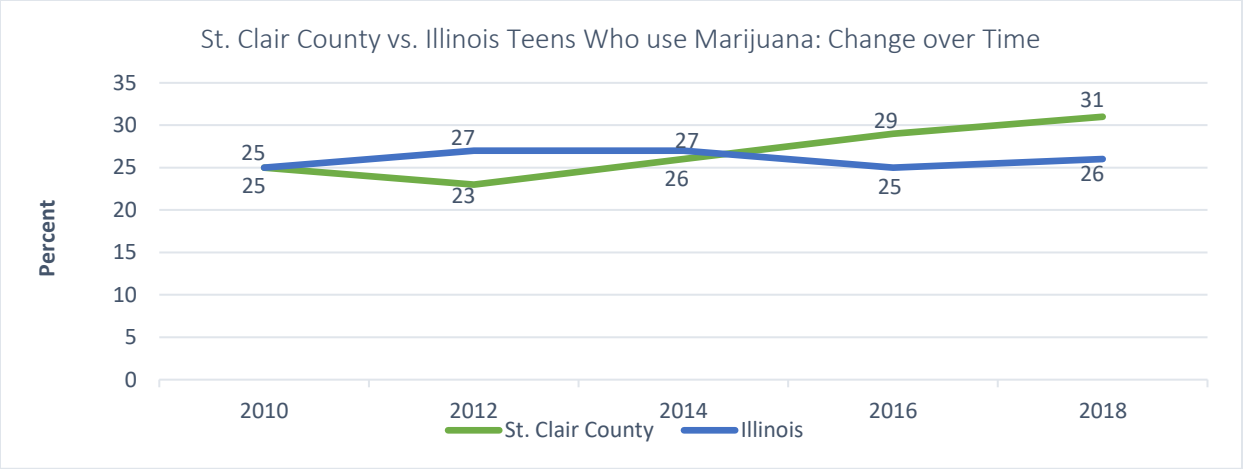

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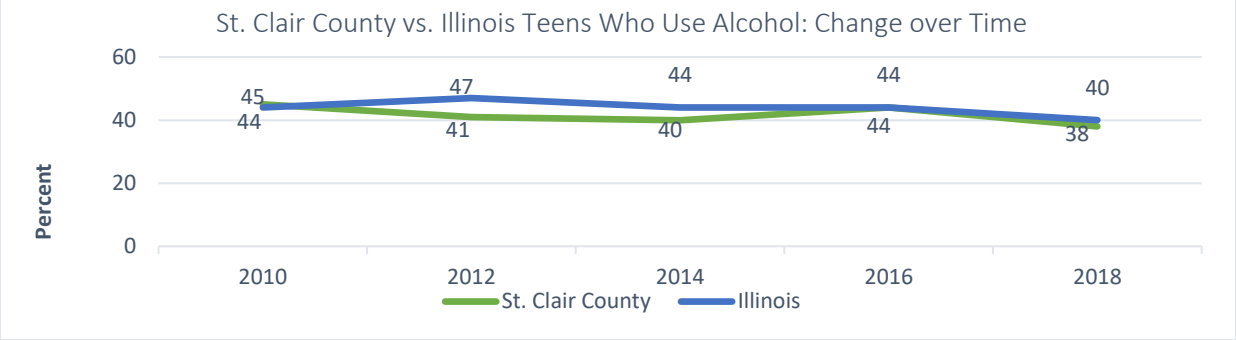

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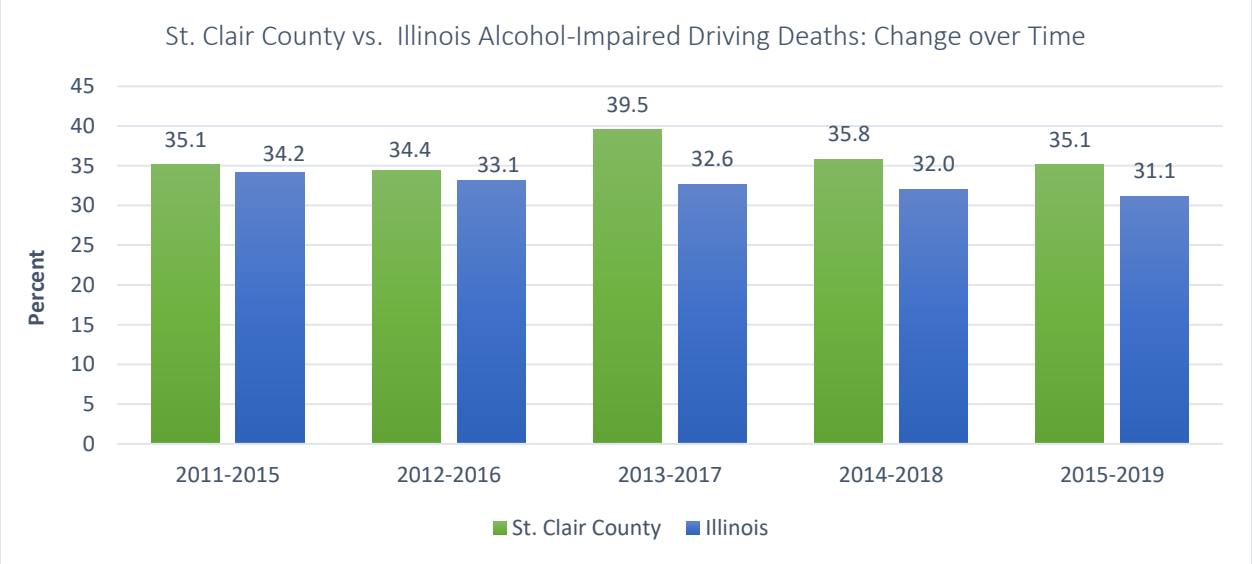

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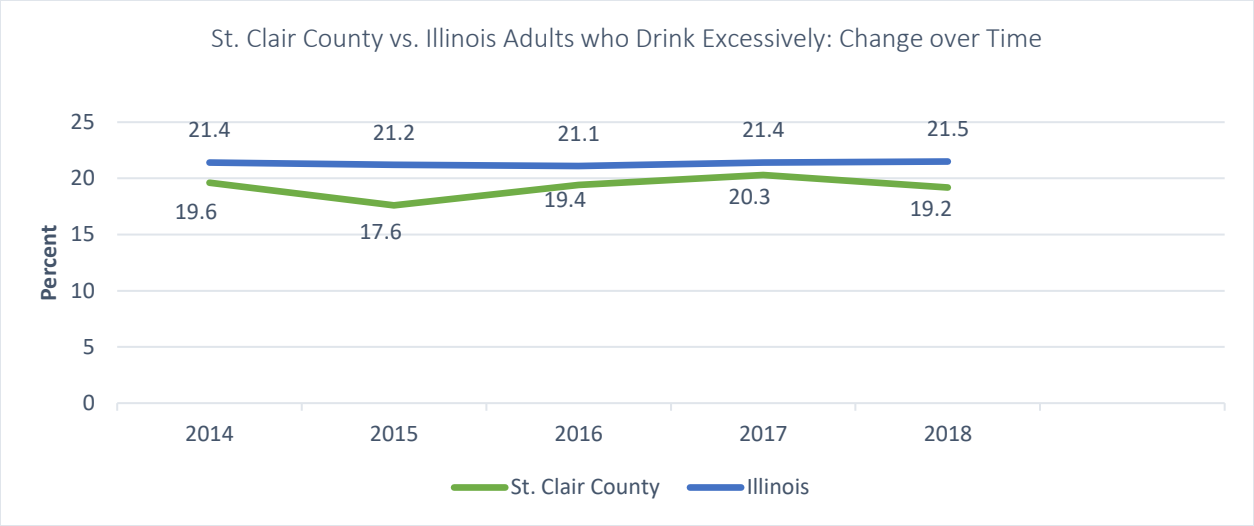

Source: Conduent Healthy Communities Institute

Implementation Strategy











I. Community Health Needs to be Addressed

A. MENTAL HEALTH

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need. (Healthy People 2030)

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders.

Memorial Hospital tapped its foundation to engage in a series of listening sessions and community interviews. Mental health emerged as a top priority. Therefore, the Memorial Foundation and hospital leaders decided to fund programs that take an "upstream" approach to addressing mental/behavioral health issues and sought partners from area school districts through a grant request and by:

- Providing Social Emotional Learning (SEL) programs in elementary and middle schools located in Memorial's primary service area, which is St. Clair County, as well as some fringe communities in neighboring counties.

The foundation and hospital leaders also decided to provide funding to other community organizations with a focus on mental health by:

- Supporting other initiatives impacting mental and emotional issues.
- Seeking to create partnerships with other community agencies.
- Identifying agencies and organizations whose mission and vision aligns with the Memorial Foundation and its strategic plan parameters.

The foundation will remain in close contact with funded community organizations to discuss progress. The foundation will document and report on the progress of each funded organization at the end of each year starting from 2023 until 2025.

B. MATERNAL / INFANT HEALTH: SAFE SLEEP

RATIONALE: Sudden Unexpected Infant Death is the most common cause of death in infants 29 days up to 1 year of age. Based on the 2017-2019, the mortality death rate in the US is 5.7 out of 1,000 live births of infants die within the first year of life; 5.7 out of 1,000 live births of infants die within the first year of life in Illinois; however, in St. Clair County, 9.3 out of 1,000 live births of infants die within the first year of life, higher than the state and national average.

Unsafe sleep practices lead to risk for sudden unexpected infant death. Families that lack the knowledge or resources to provide safe sleep are at higher risk. Therefore, upon admission to Memorial Hospital, staff will identify families in need of a safe sleep space at home to enroll them in the infant's safe sleep program where they will receive cribs and safe sleep education.

STRATEGY GOAL:

- In our region, reduce infant mortality and improve disparity in infant mortality by reducing unsafe sleep deaths.

STRATEGY OBJECTIVE:

- St. Clair County families in need of a safe sleep space at home upon admission to Memorial Hospital will improve their knowledge level of safe sleep from pre- to post-test by 10 percent upon discharge from the hospital.

STRATEGY ACTION PLAN:

- All staff will be educated on safe sleep.
- Safe sleep is modeled in the hospital by all staff.
- Staff will identify families in need of safe sleep space upon admission to labor & delivery.
- Staff will provide families in need of safe sleep with cribs for their home.
- Families identified as needing a safe sleep space will be provided a pre-test on safe sleep.
- Staff will educate those families identified in need of safe sleep areas about safe sleep.
- Staff will administer post-test on safe sleep to those families identified if there is an increase on the knowledge level of the individuals.
- Staff will audit each identified family on safe sleep behavior before discharge.
- Staff will provide portable cribs to each identified families in need upon discharge.

STRATEGY EXPECTED OUTCOME:

- Increased awareness of safe sleep practices and reduced infant mortality.

STRATEGY OUTCOME MEASUREMENT:

- All patients identified of needing a safe sleep space at home will receive a portable crib. Volume of cribs distributed will be monitored.
- Documentation of safe sleep space provided to the families. Documented pre- and post-test results for all families identified as needing a safe sleep space and education. Documented scores of pre- and post-test results, showing an increase in safe sleep space knowledge.
- The infant mortality rate in our region will be monitored.

C. SUBSTANCE USE DISORDER:

Peer Recovery Specialist Program – *Walking Together*

RATIONALE: More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. Substance use disorders can involve illicit drugs, prescription drugs or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems. Addiction and drug and or alcohol abuse can lead to long-term, life-threatening consequences for both an individual's physical and mental health and overdoses can lead to frequent emergency department visits and deaths.

Substance abuse disorder affects a large percentage of St. Clair County residents, which is seen in our Emergency Department. We know that this population is vulnerable and is often lost in follow-up. It has been shown that adding a Peer Recovery Specialist will increase the likelihood that someone in need will make positive steps towards recovery. According to SAMHSA, Peer Support Workers are people who have been successful in the recovery process who help others experiencing similar situations. Peer Recovery Specialists help people become and stay engaged in the recovery process and reduce the likelihood of relapse. We hope that by linking patients with Peer Recovery Specialists we will increase the number of patients who are able to overcome their substance abuse disorder, succeed in recovery and reduce the number of emergency visits.

STRATEGY GOAL: Prevent individual relapse of substance use disorder in St. Clair County.

STRATEGY OBJECTIVES:

I. At least 50 percent of all Memorial Hospital patients with substance use disorder will be linked to a Peer Recovery Specialist.
II. At least five percent of the 50 percent of patients with substance use disorder will remain sober at the end of the first year that they were linked to a Peer Recovery Specialist and thereafter.

STRATEGY ACTION PLAN:

- Identify patients in the Memorial Hospital Belleville and Shiloh emergency departments (ED) who need support/services for their substance abuse disorder.
- Provide education to these patients regarding our Peer Recovery Program and provide them with additional community resources as appropriate.
    - If a social worker is onsite during ED Visit, the social worker will meet with patient and provide support/community resources.
    - If during weekends/after-hours – nurses will keep list of patients who come to the ED for substance abuse disorder. Social worker will follow-up within 24-48 hours.
    - Social worker to attempt to follow-up for up to three times.

- Either during onsite conversation or telephone conversation social worker will explain Peer Recovery in the hopes of obtaining consent to link patient with a Peer Recovery Specialist.
- Social worker identifies Peer Recovery Specialist that will be notified when a patient is agreeable. Peer Recovery Specialist will then take the lead and connect with patient.
- If during conversation with individual, if they are agreeable to a direct referral to a rehabilitation program, social work will also assist with this.

STRATEGY EXPECTED OUTCOME: Healthy behavior among those with substance use disorder.

STRATEGY OUTCOME MEASUREMENT:

- All patients who come to the ED who are identified as having substance abuse disorder will be connected to a social worker to discuss the Peer Recovery Specialist program and linked with an appropriate specialist.
- All patients will be tracked by a social worker as well as the outcome of their participation in the program. Social worker will document if patient declines all services if they were agreeable to Peer Recovery Specialist or if they wanted a direct referral to rehab.
- Track substance abuse disorder enrolled patients who agree to the peer recovery specialist every three months to check if they have relapsed or not.

II. Community Health Needs that Will Not be Addressed

ACCIDENTS/ INJURIES: Memorial Hospital is not a Trauma Center and lacks the resources to address this need.

ALCOHOL ABUSE: Memorial is addressing substance abuse in the implementation strategy. The strategy will also address alcohol abuse as part of substance abuse.

CANCER: Cancer is a concern for this community, but Memorial has chosen to address other issues where we are better resourced to support.

DIABETES: Other community partners are addressing this issue. Memorial has chosen to address other issues where we are better resourced to support.

DENTAL CARE: Memorial does not have onsite staff or the resources to address this issue.

HEART HEALTH: Other community partners are addressing this issue. Memorial has chosen to address other needs where we are better resourced to support.

HIGH BLOOD PRESSURE: Other community partners are addressing this issue. Memorial has chosen to address other needs where we are better resourced to address.

IMMUNIZATIONS/ INFECTIOUS DISEASES: Other community partners, in particular the health departments, are addressing this issue. Memorial has chosen to address other needs where we are better resourced to support.

OBESITY: Other community partners are addressing this issue. Memorial has chosen to address other needs where we are better resourced to support.

REPRODUCTIVE/ SEXUAL HEALTH: Other community partners, in particular the health departments, are addressing this issue. Memorial has chosen to address other needs where we are better resourced to support.

RESPIRATORY DISEASES: Many of the respiratory diseases are caused by tobacco uses, for example smoking. Other community partners, in particular the health departments, are addressing this issue. Memorial has chosen to address other needs where we are better resourced to support.

STROKE: Other community partners are addressing this issue. Memorial has chosen to address other needs where we are better resourced to support.

TOBACCO USE: Other community partners, in particular the health departments are addressing this issue. Memorial has chosen to address other needs where we are better resourced to support.

VAPING: Other community partners, in particular the health departments, are addressing this issue. Memorial has chosen to address other needs where we are better resourced to support.