HSHS St. Elizabeth's Hospital

2024 Community Health Needs Assessment

An assessment of St. Clair County, Illinois, conducted jointly by HSHS St. Elizabeth's Hospital, BJC Memorial Hospital, St. Clair County Health Department, and East Side Health District.

HSHS St. Elizabeth's Hospital is an affiliate of Hospital Sisters Health System, a multi-institutional health care system comprised of 13 hospitals and an integrated physician network serving communities throughout Illinois and Wisconsin.

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Executive Summary

Background

Provisions in the 2010 Patient Protection and Affordable Care Act (ACA) require charitable hospitals to conduct a triennial community health needs assessment (CHNA) and accompanying implementation plan to address the identified needs. The CHNA asks the community to identify and analyze community health needs, as well as community assets and resources to plan and act upon priority community health needs. This process results in a CHNA report used to develop implementation strategies based on the evidence, assets and resources identified in the CHNA process.

Triennially, HSHS St. Elizabeth's Hospital conducts a CHNA, adopts an implementation plan by an authorized body of the hospital and makes the report widely available to the public. The hospital's previous CHNA report and implementation plan was conducted and adopted in FY2021.

In FY2024 (July 1, 2023 through June 30, 2024), St. Elizabeth's Hospital conducted a collaborative CHNA in partnership with BJC Memorial Hospital, East Side Health District, and the St. Clair County Health Department. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. The population of St. Clair County was assessed.

Data collected was supplemented with:

- Community gaps analysis review
- Community assets review
- Qualitative data gathered through a CHNA core group
- Qualitative data reviewed by a community advisory council with broad community representation
- Surveys, including input from area health and social service providers, as well as community members who identify with the needs addressed
- Local leader input
- Internal advisory council

Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA core group identified 14 health focus areas from extant data sources. A pre-determined set of criteria (Diagram One: Defined Criteria for Community Health Needs Assessment) was used to narrow the health focus areas.

Diagram One: Defined Criteria for Community Health Needs Assessment

HSHS Community Health identifies three guiding principles to achieving sustainable community health. Those principles are considered throughout each step in this process:

1. Health care is efficient and equitable.
2. Good health flourishes across geographic, demographic and social sectors.
3. Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health. (See Appendix I: Community Health Principles).

The CHNA core group provided a thorough review of existing and supplemental data sets around the 14 identified health focus areas to the community advisory council. The community advisory council (CAC) used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas to nine. A survey was conducted to solicit community feedback on the issue areas. Upon survey closure, 419 responses were received and analyzed to further prioritize the needs based on community perceptions and experiences.

Results from the survey were then presented to the CHNA core group's respective internal advisory councils for further review and approval. St. Elizabeth's internal advisory council approved of the three priority areas recommended through the CAC and survey process. See Appendix II for a complete list of needs considered.

These were the top three health needs identified based on the defined criteria, survey results, stakeholder input from the CAC and internal input from St. Elizabeth's leaders.

- Access to mental and behavioral health services.
- Chronic conditions – including healthy behavior awareness and education; and disease prevention and management.
- Healthy lifestyle.

Implementation Plan Development

As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the implementation plan. The implementation plan is considered a "living document" – a set of strategies that can be adapted to the lessons learned while implementing community benefit activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

Hospital Background

St. Elizabeth's Hospital in O'Fallon is a regional referral hospital located in St. Clair County, Illinois. For more than 140 years, the hospital has been the leader in health and wellness in St. Clair County.

St. Elizabeth's Hospital partners with area organizations to address the health needs of the community, with a focus on the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly integrated health care delivery system serving more than 2.6 million people in rural and midsized communities in Illinois and Wisconsin. HSHS generates approximately $2 billion in operating revenue with 13 hospitals and more than 200 physician practice sites. HSHS is committed to its mission "to reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry." This mission is carried out by more than 11,000 colleagues and over 1,000 physicians who care for patients and their families in both states.

St. Elizabeth's Hospital has a rich and long tradition of addressing the health of the community. This flows directly from its Catholic identity. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through its broader community benefit program including health professions education, subsidized health services, research and community building activities. In FY2023, the hospital's community benefit contributions totaled more than $12 million.

Current Hospital Services and Assets

Major Centers and Services	Statistics
• Prairie Heart Institute • Emergency services • Rehabilitation center • ICU • Laboratory • Women's health • O'Fallon Medical Building • Outpatient infusion services • Pain management • Cancer Care Center • Radiology/Imaging • Cardiopulmonary department • Sleep disorders center • Surgical services • UrgiCare • Wound care center • Diabetes care • Digestive health • Pulmonary • Home health • Pediatric surgery (Outpatient only) • Outpatient therapy clinic in Edwardsville • Rehab gym converting to inpatient beds • Open MRI at O'Fallon Medical Building	• Total Beds: 144 • Total Colleagues: 1,347 • RNs: 725 • Physicians: 410 • Inpatient admissions: 7,419 • ED visits: 43,268 • Births: 841 • Surgical Cases: 6,746 • Volunteers: 49 • Community Benefit: $12,661,056

Hospital Accreditations and Awards

- American Heart Association - Get with the Guidelines®-Stroke Gold Plus Quality Achievement Award
- Healthgrades - Coronary Intervention Excellence Award
- Healogics - Center of Distinction Award - Wound Care Center
- Leapfrog Hospital Safety Grade - Leapfrog Hospital Safety Grade "A"
- Cribs for Kids® and the National Safe Sleep Hospital Certification Program - Gold Safe Sleep Hospital - National Safe Sleep Hospital Certification
- Press Ganey - Guardian of Excellence Award
- Healthgrades - Outstanding Patient Experience Award
- The Joint Commission - The Joint Commission Hospital Accreditation

Community Served by the Hospital

Although St. Elizabeth's Hospital serves multiple counties – Clinton, Monroe, Madison and St. Clair – for the purposes of the CHNA, the hospital defined its primary service area and populations as those individuals residing in St. Clair County. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Data Source: US Census Bureau QuickFacts report period: 2017 – 2021; 2022 Estimates

Characteristics	Illinois	St. Clair 2022	St. Clair 2019	%Change for County
Total Population	12,812,508	252,671	259,686	-2.78%
Median Age (years)	38.3	40	38.6	3.5%
Age				
Under 5 years	5.6	5.8	6.3	-8.62%
Under 18 years	22.1	22.9	23.3	-1.75%
65 years and over	16.6	17.5	16.4	6.29%
Gender				
Female	50.6	51.4	51.8	-0.78%
Male	49.4	48.6	48.2	0.82%
Race and Ethnicity				
White (non-Hispanic)	76.3	64.2	64.8	-0.93%
Black or African American	14.7	30.8	30.6	0.65%
Native American or Alaska Native	0.1	0.4	0.4	0%
Asian	6.1	1.6	1.6	0%
Hispanic or Latino	18	4.7	4.3	8.51%
Speaks language other than English at home	23.2	4.8	5.7	-18.75%
Median household income	78,433	63,017	55,179	12.44%
Percent below poverty in the last 12 months	11.9	13.3	13.3	0%
High School graduate or higher, percent of persons age 25+	90.1	92.3	91.1	1.30%

Process and Methods Used to Conduct the Assessment

St. Elizabeth's Hospital collaborated in the planning, implementation and completion of the community health needs assessment in partnership with the BJC Memorial Hospital, East Side Health District and the St. Clair County Health Department.

Internal

St. Elizabeth's Hospital undertook an eight-month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

1. Identified the CHNA core group comprised of leaders from St. Elizabeth's Hospital, BJC Memorial Hospital, East Side Health District and the St. Clair County Health Department.
2. Convened a CAC to solicit input and help narrow identified priorities.

3. Conducted a community survey to get input from community members around the priorities identified.
4. Convened an internal advisory committee respective to each organization to force rank the final priorities and select the FY2025-FY2027 CHNA priorities.

External

St. Elizabeth's Hospital worked with core group partners to leverage existing relationships and provide diverse input for a comprehensive review and analysis of community health needs in St. Clair County.

Representation on the community advisory council (CAC) was sought from health and social service organizations that:

1. Serve low-income populations.
2. Serve at-risk populations.
3. Serve minority members of the community.
4. Represent the general community.

The following community stakeholders were invited to serve on the CAC:
- East Side Health District
- Gateway Region YMCA
- Lindenwood University-Belleville
- McKendree University
- Memorial Regional Health Services
- Regional Office of Education
- Scott Air Force Base
- Southern Illinois University Edwardsville School of Nursing
- St. Elizabeth's Hospital
- Southern Illinois Healthcare Foundation
- Southwest Illinois College, Programs & Services for Older Persons
- St. Clair County Health Department
- St. Clair County Medical Society
- St. Clair County Mental Health Board
- St. Clair County Office on Aging
- Touchette Regional Hospital

** Denotes groups representing medically underserved, low-income and minority populations.*

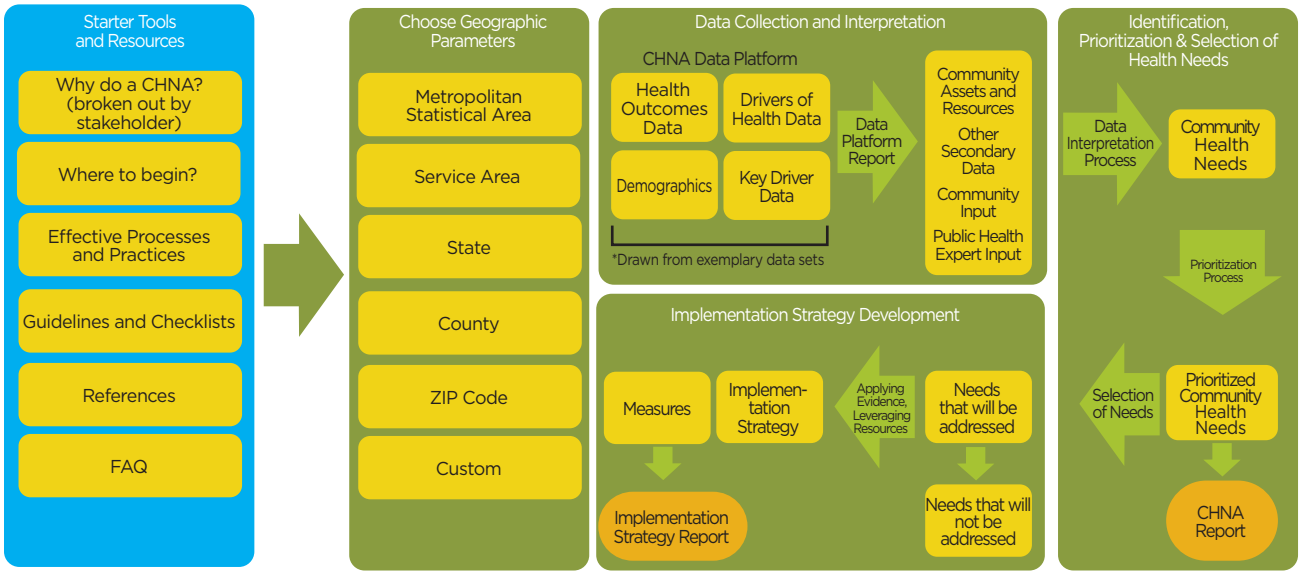
The CAC helped the core group review existing data and offer insights into community issues affecting that data. The council helped identify local community assets and gaps in the priority areas and offered advice on which issues were the highest priority. See Appendix III for the CAC charter and meetings.

Defining the Purpose and Scope

The purpose of the CHNA was to:
1. Evaluate current health needs of the hospital's service area.
2. Identify resources and assets available to support initiatives to address the health priorities identified.
3. Develop an implementation plan to organize and help coordinate collaborative efforts impacting the identified health priorities.
4. Establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis.

Data Collection and Analysis

The overarching framework used to guide the CHNA planning and implementation process is based on the Catholic Health Association's (CHA) Community Commons CHNA flow chart below:



Data Sources

The CHNA process uses primary data including hospital data, focus groups, key stakeholder meetings, and secondary data. Secondary data sources include Behavioral Risk Factor Surveillance System (BRFSS), the U.S. Census Bureau and Centers for Disease Control and Prevention (CDC) data sources. In addition, this data was supplemented with data from:

- U.S. Census 2022
- U.S. Census Bureau Data St. Clair County
- Advisory Board 2023
- County Health Rankings 2023
- Town Charts
- Healthy Communities Institute 2021
- World Population Review
- Kids Count Data Center 2020
- End Homelessness
- United for ALICE
- Illinois Report Cared 2021-2022
- Feeding America
- Illinois Department of Public Health Behavioral Risk Factor Surveillance System
- COMPdata: St. Clair County Patients Discharged
- Illinois Department of Public Health (IDPH) Opioid Data Dashboard 2022
- Illinois Public Health Community Map

The data was gathered into a written report/presentation and shared with community members through virtual surveys and key stakeholder meetings as described below.

The data shared generated dialogue and discussion among the community leaders. As part of the discussion, they were asked to rank the identified need and the ability to collaborate to meet the health need.

Input from Persons Who Represent the Broad Interests of the Community

St. Elizabeth's Hospital is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2021 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top three identified community health needs: access to mental and behavioral health services, chronic conditions, and workforce development. This year's assessment sought input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus on human, material and financial resources.

Input from Community Stakeholders

The CAC was used as the primary stakeholder group to review and force rank data. During a one-hour, in-person meeting, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. The CAC also helped identify community assets and gaps which were weighed when considering the magnitude and feasibility of the priority areas.

The core group developed and circulated a community survey (Appendix IV) to solicit first-person feedback on the health issue areas. In November 2023, 419 individuals completed the survey. The core group analyzed and presented the results (Appendix V) to internal teams and the CAC. The results were used to guide further discussion around final priority selection.

More information on survey analysis will be documented in the community health improvement plan (CHIP) to be completed and approved by November 15, 2024.

Input from Members of Medically Underserved, Low Income and Minority Populations

The CHNA process must be informed by input from the poor and vulnerable populations served by HSHS and St. Elizabeth's Hospital. To ensure the needs of these groups were adequately represented, the CHNA process included representatives from such organizations as noted above. These organizations serve the under-resourced in the community, including low-income seniors, children living in poverty and families who struggle with shelter and food insecurity. Representatives of these organizations have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure that the needs of the most vulnerable persons in the community were addressed in the CHNA process and during development of related implementation strategies.

Input on FY2021 CHNA

No written comments were received regarding the FY2021 CHNA.

Prioritizing Significant Health Needs

Members of St. Elizabeth's Hospital's administration team collaborated with key department leaders in the review and analysis of CHNA data.

As part of the identification and prioritization of health needs, the hospital considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity or urgency of the health need; and the health disparities associated with the health needs. The hospital also weighed the importance the community places on addressing the health need, as well as other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

Based on the CHNA planning and development process described, the following community health needs were identified:

1. Access to mental and behavioral health services
2. Chronic conditions
3. Healthy lifestyle

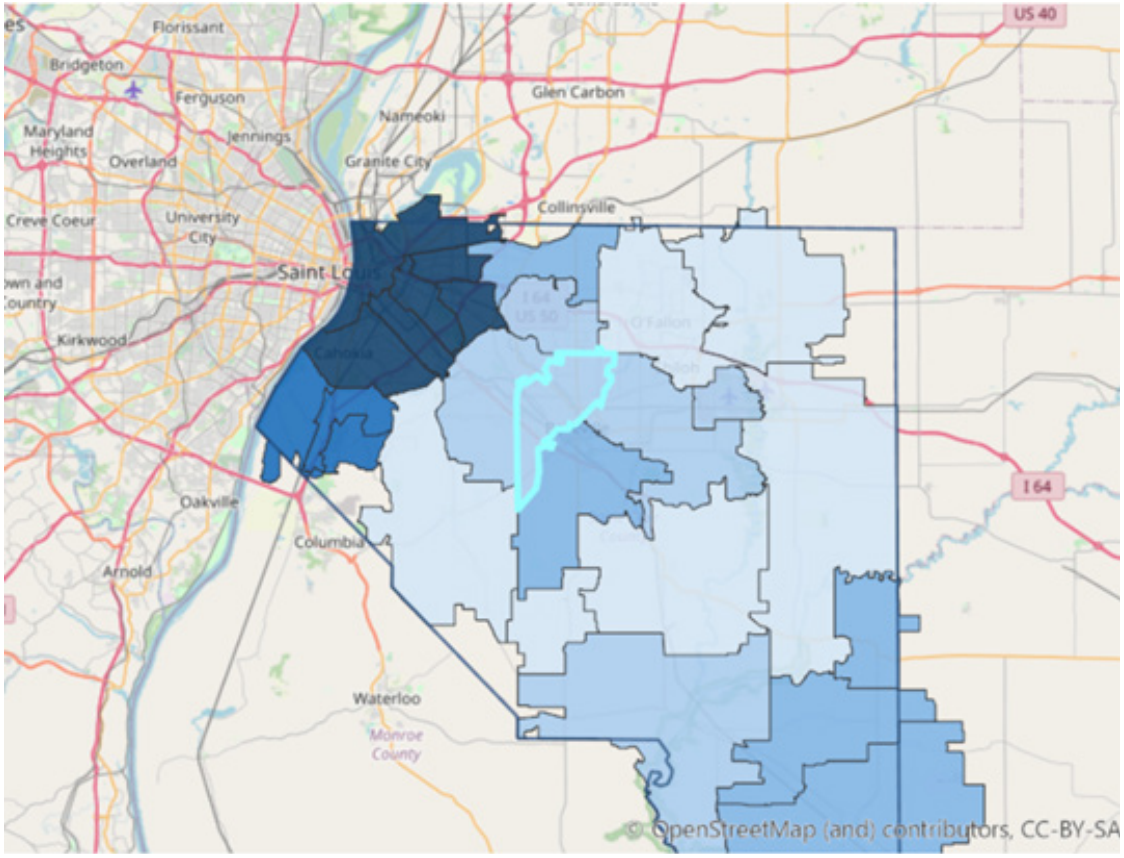
As an outcome of the prioritization process, the following community health needs were also identified but will not be addressed directly by the hospital for the reasons indicated:

- Food insecurity: While not a direct priority issue, food insecurity will be addressed within the strategic plan for chronic conditions.
- Maternal and infant health: St. Elizabeth's Hospital continues to serve as the hospital of choice for families seeking a family-centered, high-quality, maternity experience. The hospital offers a wide range of resources, services and special touches to help mothers during pregnancy and delivery.

Overview of Priorities

When addressing the top three health needs for St. Clair County, it is important to note how poverty and safety impact health outcomes overall and in specific areas. For example, the below zip codes represent 20% of St. Clair County, population 58,304, and have a small footprint in the overall county. Combined, these zip codes rank highest in the SocioNeeds Index, all coming in at or above 95 with 100 being the highest need. Unemployment in these areas remains high at 10.4%, and schools in these areas are largely testing below average.

ZIP Codes – 62201, 62203, 62204, 62205, 62206, 62207:



Source: Healthy Communities Institute, 2021

Access to Mental Health and Behavioral Health Services

Individuals living in St. Elizabeth's service area have less access to mental health care providers. While it's difficult to measure the rate of individuals in the service area suffering from mental illness, there is some data available that can aid in assessing the need. When looking at St. Clair County, 17% of adults report binge or heavy drinking. As of 2020, St. Clair County experienced a death-by-homicide rate of 16 per 100,000 population and a suicide rate of 11 per 100,000 population. According to the CDC, St. Clair County has a higher rate of suicide than the state but lower than the U.S. rate. The male death rate due to suicide is significantly higher and the suicide rate trend has continued to increase over the years.

The U.S. Health Resources & Services Administration (HRSA) classifies St. Clair County as a health professional shortage area for mental health providers. The chart below compares the number of providers per residents for the county and the state. Top U.S. performers have 270 residents per one provider.

Report Area	Ratio of Population to Mental Health Providers
St. Clair County	830:1
Illinois	410:1

Source: Health Professional Shortage Area: https://data.hrsa.gov/tools/shortage-area/hpsa-find

Data available through the Illinois Department of Public Health Opioid Data Dashboard provides an overview of mortality trends by type of opioid. In 2022, more than 80 deaths were reported due to overdose. According to the dashboard, St. Clair County opioid deaths were largely related to synthetic-involved (fentanyl, carfentanil) and natural or semi-synthetic-involved (morphine, codeine, oxycodone, hydrocodone – i.e. pain relievers) opiods.

When compared to the state of Illinois, St. Clair County has a younger population impacted by drug use leading to hospitalization. The majority of cases in Illinois are ages 45 and above.

Source: Illinois Department of Public Health Opioid Data Dashboard, 2022: https://idph.illinois.gov/OpioidDataDashboard/

Chronic Conditions – including food access and disease prevention and education

According to the County Health Rankings, St. Clair County is ranked among the least healthy counties in Illinois (lowest: 0%-25%). Unhealthy lifestyle choices and reduced access to disease awareness, prevention and management lead to poor health outcomes in a community. According to IHA COMPdata, approximately 60% of St. Clair County patients who presented in the ED had one or more chronic conditions such as obesity, depression, hypertension or diabetes. There is a higher incidence of adult smoking, physical inactivity, mental health disorders and premature mortality in St. Clair County as compared to the state.

According to the Behavioral Risk Factor Surveillance System, St. Clair County adults are surpassing other counties in the state of Illinois in risk factors leading to chronic conditions and in chronic conditions such as diabetes, high blood pressure and more, as shown in the chart below. Additionally, the leading causes of premature death in St. Clair County are heart disease and cancer, both of which may be preventable and/or manageable with healthy behaviors and early detection and intervention.

Condition	St. Clair County	Illinois
Adult obesity	37%	30%
Physical inactivity	31%	22%
Arthritis	31.3%	24.7%
Asthma	10.3%	8.2%
High blood pressure	37.1%	32.2%
Cancer	7.3%	6.4%
High Cholesterol	35.1%	31.5%
Diabetes	12%	11.3%

Source: Illinois Department of Public Health Behavioral Risk Factor Surveillance System & County Health Rankings

St. Elizabeth Hospital partners with HSHS Medical Group Diabetes and Endocrinology in O'Fallon to offer diabetes and endocrinology care. Combining comprehensive experience and expertise with the latest advances in research and treatment, the clinic also offers self-care, self-management and individual education for persons living with diabetes.

Healthy Lifestyle

According to the St. Clair County Census Reporter, the county has higher instances of adult smoking, excessive drinking, STDs, teen births, motor vehicle crash deaths, and injury deaths than the state average while having less access to exercise.

Health Behaviors/Socioeconomic Factors	Data Year	Measurement	St. Clair Co.	Illinois
Adult Smoking	2023*	% adult population	17%	13%
Adult Obesity	2023*	% adult population	39%	33%
Access to Exercise	2023*	% adult with adequate access	80%	90%
Excessive Drinking	2023*	% adults reported heavy drinking or binge drinking	17%	15%
Alcohol-impaired Deaths	2023*	% of driving deaths with alcohol involvement	35%	29%
Sexually Transmitted Diseases	2023*	Number of newly diagnosed chlamydia cases per 100,000 population.	841.8	542.3
Teen Births	2023*	Number of births per 1,000 female population ages 15-19.	25	18
Drug Overdose	2023*	Number of drug poisoning deaths per 100,000 population.	31	24
Motor Vehicle Crash Deaths	2023*	Number of motor vehicle crash deaths per 100,000 people.	13	9
Injury Deaths	2023*	Number of deaths due to injury per 100,000 population.	91	70

With less access to exercise opportunities and higher instances of unhealthy and damaging lifestyles, many of these risk factors can be focused on as preventable.

Potential Resources to Address the Significant Health Needs

As part of the focus groups and key stakeholders' meetings, community assets and resources that currently support health or could be used to improve health were identified. The following resources will be considered to develop the implementation plan to address the prioritized community health needs:

Hospitals and health care organizations:

- HSHS St. Elizabeth's Hospital
- HSHS Medical Group
- BJC Memorial Belleville
- BJC Memorial East
- Touchette Regional Hospital
- SIHF Healthcare
- BJC Memorial Medical Group
- SSM Health Cardinal Glennon Children's Hospital
- St. Clair County Health Department
- East Side Health District

Other Community Organizations and Government Agencies:

- Alcoholics Anonymous
- Chestnut Health Systems
- Centerstone
- Gateway Foundation Alcohol and Drug Treatment
- New Vision
- Narcotics Anonymous Metro East
- Recovery 360
- Intensive outpatient program centers
- Treatment Alternatives for Safe Communities
- Comprehensive Behavioral Health Center
- Provident Life Crisis Services
- St. Clair County 708 Mental Health Board
- Violence Prevention Center
- Scott Air Force Base
- Partnership for Drug-Free Communities
- Make Health Happen
- America Heart Association
- Local food pantries
- University of Illinois
- East Side Health District
- St. Clair County Health Department
- Others not listed will be considered as well

Next Steps

After completing the FY2024 CHNA process and identifying the top priority health needs, next steps include:

- Collaborate with community organizations and government agencies to develop or enhance existing implementation strategies.
- Develop a three-year implementation plan (FY2025-FY2027) to address priority health needs identified in the FY2024 CHNA process.
- Integrate the implementation plan into organizational strategic planning and budgeting to ensure alignment and allocation of human, material and financial resources.
- Present and receive approval of the CHNA report and implementation plan by the hospital's governing board.
- Publicize the CHNA report and implementation plan widely on the hospital website and CHNA partner websites and make accessible in public venues such as town halls, etc.

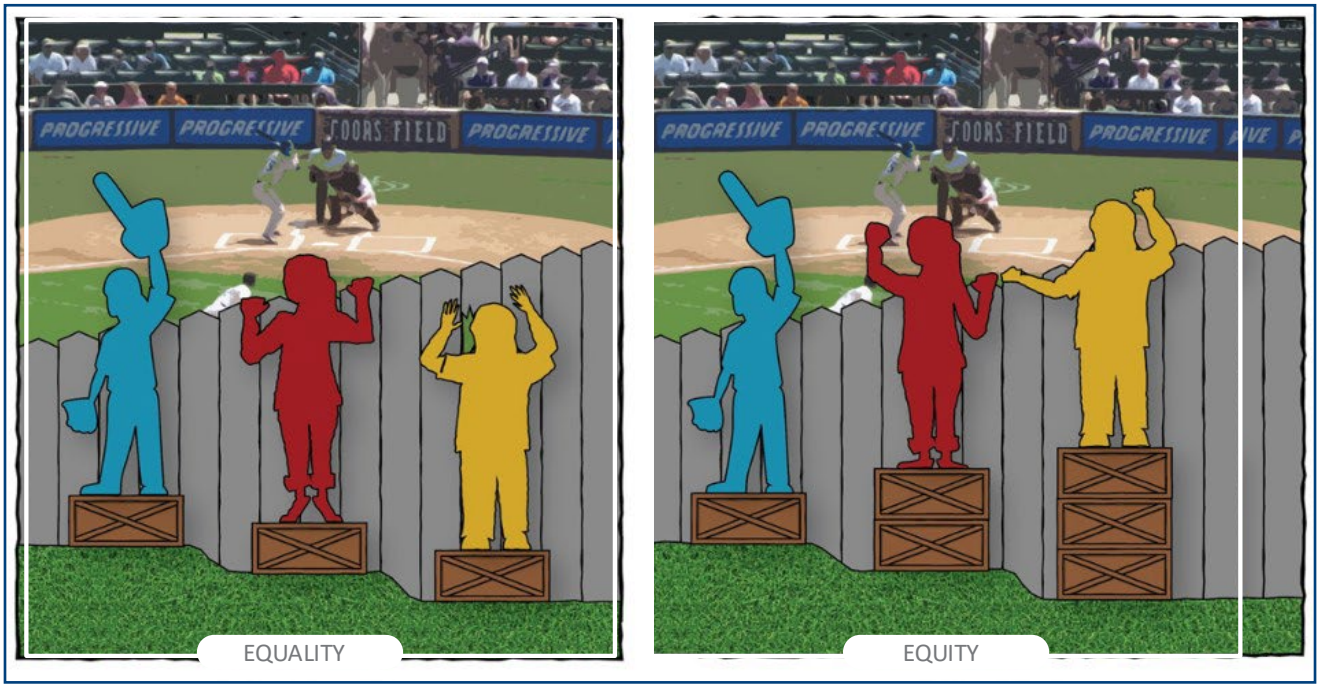
Approval

The FY2024 CHNA Report was adopted by the hospital's governing board on May 23, 2024.

APPENDIX I

Community Health Guiding Principles

Principle One: Health Care is Efficient and Equitable

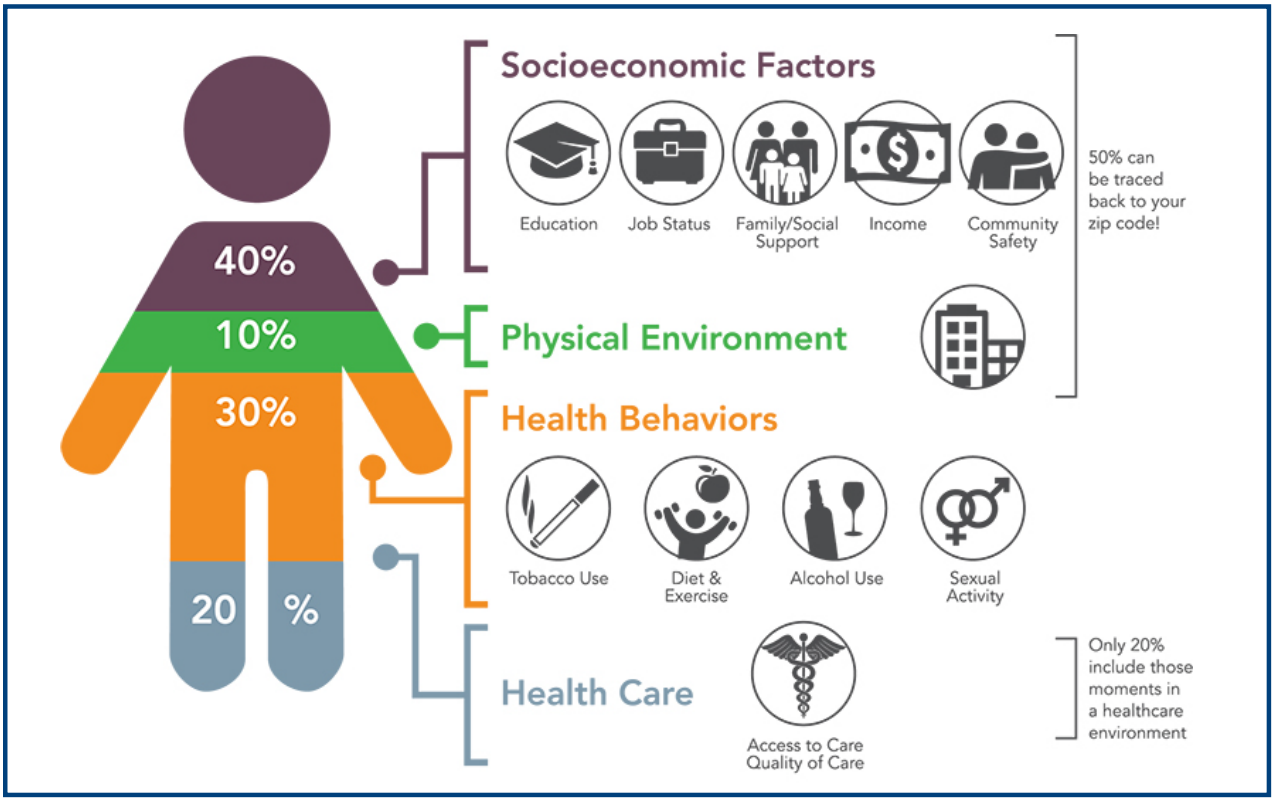


This graph challenges us to redefine our basic expectations for fairness and success as contingent upon those individual differences.

- **Equality** is treating everyone **the same.** It **ignores** our **differences,** and it **ignores** our **unique** needs.
- Equality can only work if everyone **starts from the same place.** Often, we are starting from different places and need resources allocated accordingly.
- Equality recognizes that **fairness means equality** — every person gets one box.

- **Equity** actively **moves everyone closer to success** by leveling the playing field.
- Equity recognizes **not everyone starts at the same place,** and not everyone has the same needs.
- Equity recognizes that fairness means **each person has the same access based on resources needed.**

Principle Two: Good health flourishes across geographic, demographic and social sectors



Good health flourishes when we acknowledge and address disparities that affect a wide range of health risks and outcomes

Socioeconomic factors:

Influence of financial resources on health including availability of services due to financial constraints. Service limitations include safe housing, nutritive food, exercise, socialization and more.

Neighborhood and Physical Environment:

1. Where someone lives impacts wellbeing.
2. Robert Wood Johnson analysis of life expectancy by ZIP code found that where one lives is one of the leading predictors of life expectancy.

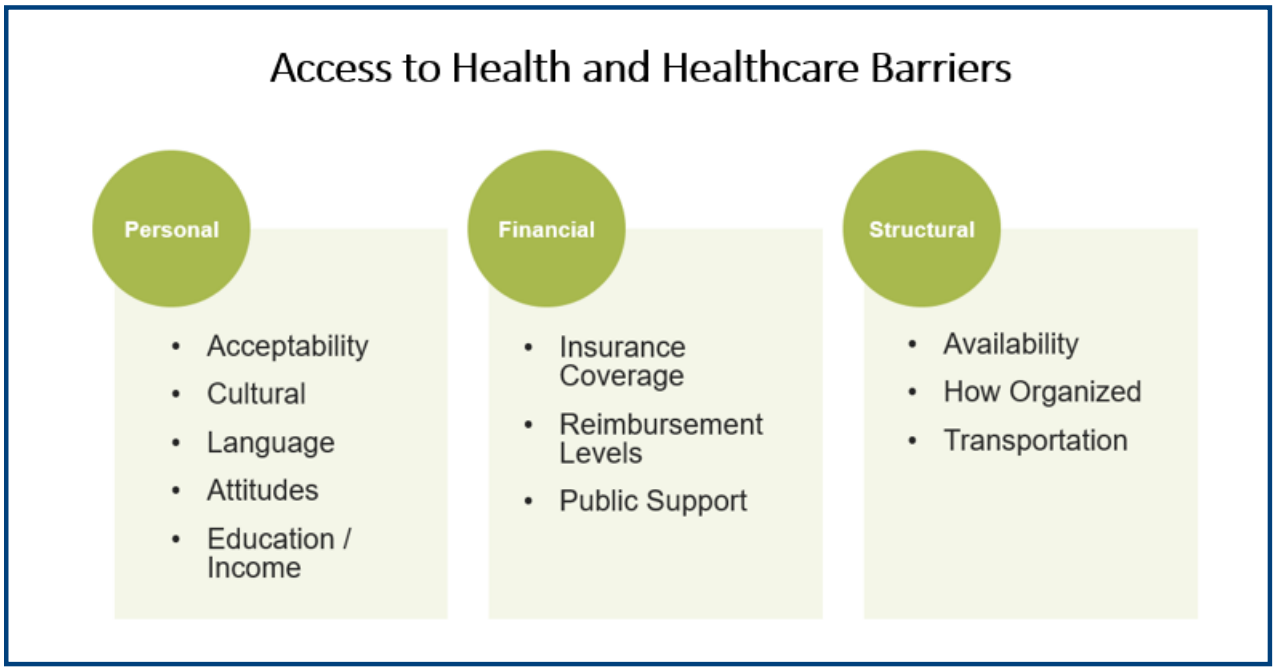
Healthy Behaviors:

1. May be influenced by socioeconomic factors and physical environment.
2. Indicator of health outcomes.
3. Consideration must be given to unhealthy behaviors as a coping mechanism of a past or current trauma.

Health Care:

1. Note 20% (some RWJ studies indicate 10% - 20%).
2. If our emphasis is on health care access, we are missing the opportunity for clinical and non-clinical community-based linkages to drive sustainable individual and population health improvement.

Principle Three: Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health.



The reality is that health starts long before illness and even long before birth. The measurement of factors such as equity, health disparities, social determinants of health and cultural indicators can be used to support the advancement of health equity.

These principles show the foundation HSHS ministries use to progress toward more equitable communities while addressing the top needs identified through the triennial CHNA process.

APPENDIX II

2024 St. Clair County Community Health Needs Assessment

Priorities Analyzed, Reviewed and Prioritized

Fourteen original needs were identified by the core group using existing secondary data. The needs identified were:

- Academic achievement
- Access to behavioral health services
- Access to healthy lifestyle
- Access to mental health services
- Chronic diseases
- Community safety
- Food insecurity
- Housing
- Maternal and infant health
- Poverty
- Sexually transmitted infection
- Substance use disorder
- Suicide
- Workforce preparedness

The core group presented the fourteen needs to the CAC and led them through a forced ranking exercise. At that time, the needs were narrowed to the following five:

1. Behavioral health
2. Chronic disease
3. Food insecurity
4. Healthy lifestyle
5. Maternal and infant health

The core group then solicited input from community members on the five priorities identified through the CHNA process. Following a survey analysis, each organization presented the findings to their respective internal committees. St. Elizabeth's Hospital's internal committee approved the recommended priorities which were adopted by the board of directors as the FY2024 CHNA priorities:

1. Mental and behavioral health
2. Chronic conditions
3. Healthy lifestyle

APPENDIX III

2024 St. Clair County Community Health Needs Assessment

Community Advisory Committee Letter and Meeting Dates

St. Clair County Community Health Needs Assessment
Community Advisory Council

Background
In compliance with regulations of the Affordable Care Act and the Illinois Department of Public Health, non-profit hospital HSHS St. Elizabeth's Hospital (SEO) must complete a triennial community health needs assessment (CHNA); and St. Clair County Health Department (SCCHD) must complete the Illinois Planning for Local Assessment of Need (IPLAN) every five years. Need assessments include several requirements that the organizations must meet within specific timelines.

We would like to ask if you would join us for an ad hoc Community Advisory Council (CAC) meeting being convened during the next Health Care Commission meeting on September 12th.

Community Advisory Council Charter
The Advisory Council of the St. Clair County Community Health Need Assessment will help SEO and SCCHD review existing data and offer insights into community issues affecting health outcomes. The Council will help identify local community assets and gaps in the priority areas and will offer advice on which issues are the highest priority.

Representation is being sought from health and social service organizations that serve low-income or at-risk populations as well as minority members of the community. Representation is also being sought from organizations representing diverse ages and the general population.

Timeline and Commitment
We would like to ask you to attend a 90-minute virtual meeting from 9-10:30am on September 12th. One week prior to the meeting, you will receive a PowerPoint presentation. We ask all participants to familiarize themselves with the data shared and be prepared to discuss and rank top health priorities.

Community Advisory Council Meeting:
September 12th, 2023, 9– 10:30am

Agenda:
1. Introduction
2. Data discussion: a thorough data dive will be sent to you one week prior to the meeting. The data will include information surrounding the priorities we are asking you to rank.
3. Forced ranking: you will be asked to rank the priorities.
4. Closing

First Person Data:
Following the CAC meeting, we will also conduct surveys with St. Clair County organizations and community members.

Final Priority Areas:
Information learned throughout this process will help inform the final selection of three to four health issue areas for SEO and SCCHD, respectively. Once the final CHNA priorities have been identified, we will call upon you once again as we develop workgroups to address the identified needs.

We value your knowledge of our community, the work you do with your constituents and the experience and wisdom you bring to the discussion. Thank you in advance for considering participating in the Advisory Council.

Please do not hesitate to reach out to us with any questions or further discussion.

Sincerely,

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APPENDIX IV

2024 St. Clair County Community Health Needs Assessment Community Survey

St. Clair County Community Health Needs Survey

Thank you very much for taking time to complete this anonymous survey. The data gathered will help St. Clair County to identify and address health & quality-of-life issues in our community.

Do you work or live in St. Clair County? ☐ Yes ☐ No

City you live in: _____ Residential ZIP Code: _____

How would you describe your overall health?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

How would you rate the health of the Community you live in?

☐ Not Very Healthy ☐ Somewhat Healthy ☐ Healthy ☐ Very Healthy ☐ Not Sure

What Health Problems do you or your family have?

☐ Cancer ☐ Diabetes ☐ Obesity ☐ Lung Disease/Asthma
☐ High Blood Pressure ☐ Heart Disease ☐ Mental Health ☐ Joint Pains
☐ Alcohol Misuse ☐ Drug/Substance Misuse ☐ Domestic Abuse ☐ No health issues
☐ Sexually Transmitted Diseases ☐ Dental ☐ COVID-19 ☐Pregnancy Complications
☐ Others _____

Select **THREE issues you feel are** top priority for the county. Mark your highest priority 1, next highest priority 2 and your third highest as 3. **Please use each number only once.**

Health Issue	Priority (1,2, or 3 – Use each only once)
Behavioral Health (Substance use disorders such as: alcohol, prescription drugs, legal substances like marijuana, illegal drugs)	
Chronic Disease (e.g., Obesity, Diabetes, Heart Disease)	
Food Insecurity (access to nutritional food)	
Healthy Lifestyle (e.g., Exercise, Handwashing, eating healthy, smoking)	
Maternal & Infant Health (e.g., health issues for women of child-bearing ages, poor birth outcomes, infant mortality)	
Mental Health (e.g., Counseling services, coping techniques, reduction of isolation and loneliness)	

Do you have health insurance? ☐ Yes ☐ No

Where do you normally go for routine healthcare?

☐ Doctor's office ☐ Emergency Room ☐ Urgent Care Clinic
☐ Health Department ☐ No Routine Healthcare ☐ Other: _____

Where do you get most of your health information?

☐ Doctor's office ☐ Facebook/Social Media ☐ Family /Friends ☐ TV
☐ Health Department ☐ Internet ☐ Newspaper ☐ Radio
☐ Church/Faith based Org. ☐ Worksite ☐ Other: _____

What services are needed to improve the health of your community? (Check all that apply)

☐ Healthier Food/Grocery Stores ☐ Transportation ☐ Free Health Screenings
☐ Job Opportunities ☐ Wellness Services ☐ Safe place to Walk/Play
☐ Mental Health Services ☐Maternity care ☐Well Woman Exams ☐ Substance Use Services
☐ Recreational Facilities ☐ Domestic Violence Support/Shelters ☐ Dental Services
☐ Other: _____

In the past 12 months my family skipped meals because we did not have money to buy food.

☐ Very Often ☐ Sometimes ☐ Never

How many times have you visited a food pantry or received free food in the past 12 months?

☐ 3-5 times per month ☐ 1-2 times per month ☐ Once every 2 months ☐ Never

Please choose all the statements that apply to you:

☐ I exercise at least 3 times a week ☐ I eat at least 5 servings of fruits & vegetables each day
☐ I eat fast food more than once a week ☐ I do not know how to cook
☐ I smoke cigarettes/E-Cigarettes/Marijuana ☐ I chew tobacco ☐ I use illegal/street drugs

Do you regularly drink any of the following? (2 or more servings per day)

☐ Beer, wine or drinks with alcohol ☐ Coffee or tea ☐ Water
☐ 100% fruit juice ☐ Soda, fruit drinks/sports drinks ☐ Milk
☐ Energy Drinks ☐ Sweetened teas

What is your current employment status?

☐ Full Time ☐ Part Time ☐ Retired
☐ Student ☐ Unemployed-looking for work ☐ Unemployed-not looking for work
☐ Disabled/Not able to work ☐ Stay at home parent

What is your Educational Level?

☐ Less than High School ☐ High School Diploma/GED ☐ Some College/Associates
☐ 4 Year College Degree ☐ Graduate (+) Degree ☐ Trade/Technical School

What is your Annual Household Income?

☐ Less than $20,000 ☐ $20,000 to $40,000 ☐ $40,000 to $60,000
☐ $60,000 to $80,000 ☐ $ 80,000 to $100,000 ☐ $100,000 +

How do you identify yourself?

☐ African-American/Black ☐ American Indian ☐ Asian
☐ Caucasian/White ☐ Hispanic/Latino ☐ More than one race

What is your gender?

☐ Male ☐ Female
☐ Other: Please Specify: _____ ☐ Prefer not to say

My **Age:**

☐ Less than 18 ☐ 18-24 ☐ 25-34
☐ 35-49 ☐ 50-64 ☐ 65+

Other Comments: _____

_____

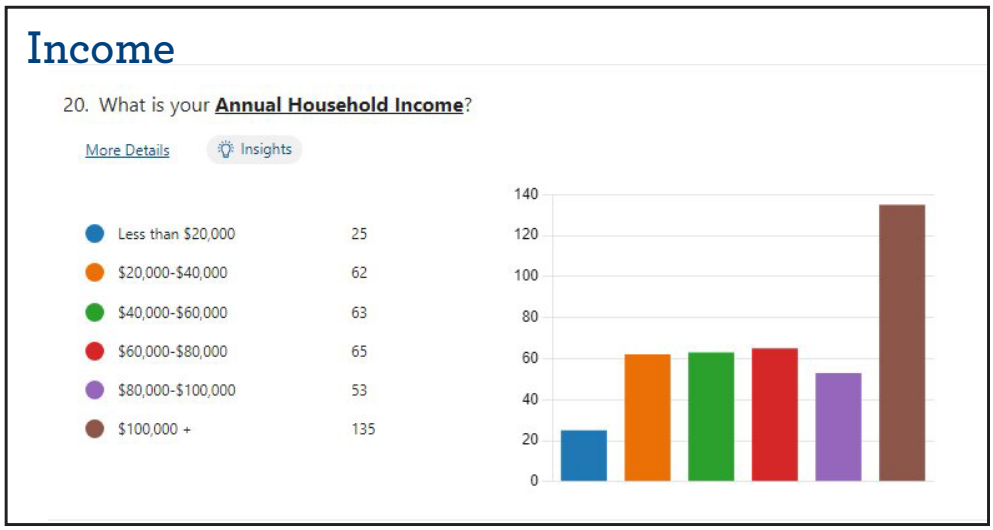
APPENDIX V

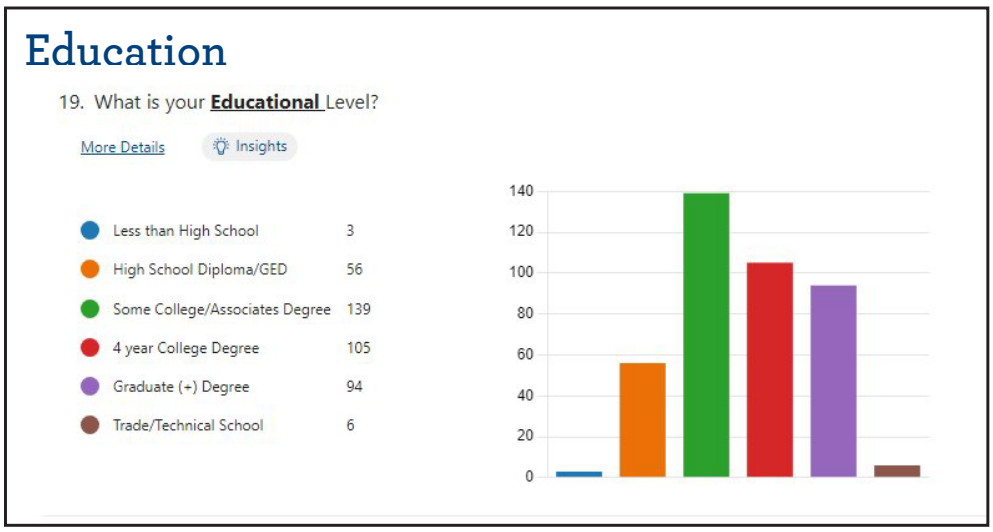
2024 St. Clair County Community Health Needs Assessment Community Survey Results

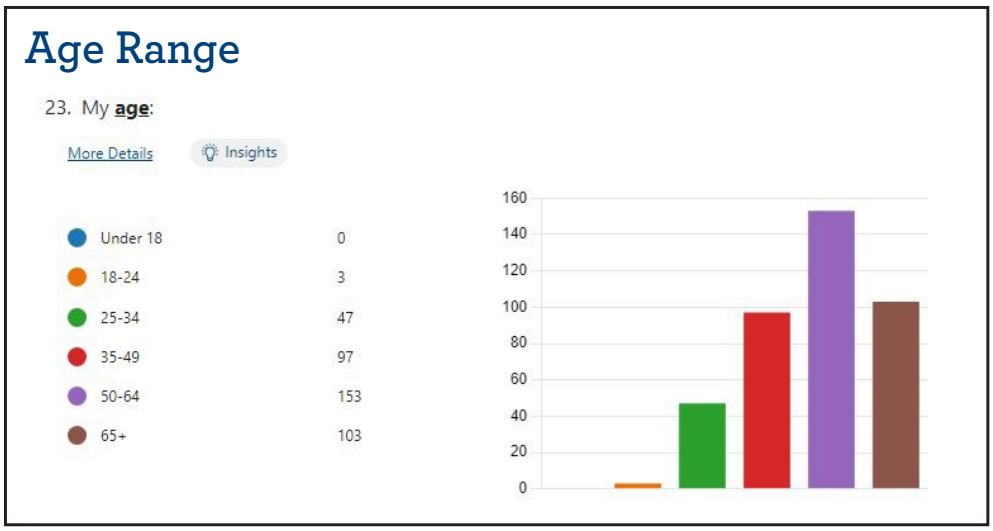
The community survey returned 403 completed surveys. Results represented a variety of income levels and good gender distribution; however, an inadequate representation by education, race and age was received. During the community health improvement plan (CHIP) process, additional feedback will be solicited from groups not represented through focus groups. More information on the CHIP process, focus group identification and analysis will be included in the final plan.

Below is demographic data representing the survey respondents:

Gender: Female	75.19%
Gender: Male	22.83%
White	77.67%
Living with a disability	17.62%







Participants were asked to rank the six priority areas in order of importance with 1 (one) being the most important, and 6 (six) being the least important.

1. Mental health
2. Behavioral health
3. Chronic disease
4. Healthy lifestyle
5. Food insecurity
6. Maternal & infant health

APPENDIX VI

Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2022 – FY2024 CHNA

In FY2021, HSHS St. Elizabeth's Hospital conducted a CHNA. The hospital partnered with other agencies and hospitals and reviewed primary and secondary data. Then the internal work group gathered and based on the data and the prioritization process, the following priority community health needs were selected:

1. Mental and behavioral health
2. Chronic conditions
3. Workforce development

Implementation strategies established to address these needs through specific initiatives included:

Mental and Behavioral Health

Goal: Enhance access to comprehensive, high-quality mental and behavioral health services to improve community well-being and reduce health disparities.

Strategy 1: Improve access to prevention and early intervention services.

St. Elizabeth's Hospital was deeply involved in the Healthier Together initiative, particularly in the mental health and substance abuse workgroups. These groups focus on community collaborations to understand and address mental health and substance abuse issues comprehensively. The hospital provides a venue for support groups which have seen steady growth in membership. These efforts are part of a broader strategy to prevent mental health crises and intervene early, particularly for substance abuse disorders.

Strategy 2: Improve access to care.

St. Elizabeth's Hospital has enhanced access to care through a robust partnership with the Gateway Foundation. This collaboration focuses on screening and intervening for patients in the Emergency Department who present with drug or alcohol-related issues. The program includes an engagement specialist, recovery coach and clinical supervisor to ensure that patients receive comprehensive care that addresses their immediate and long-term recovery needs. This systematic approach helps to integrate substance abuse treatment with regular medical care, improving overall patient outcomes.

Strategy 3: Unified planning and policy efforts.

The hospital's engagement in the Healthier Together initiative exemplifies its commitment to unified planning and policy efforts. By collaborating with local health commissions, St. Elizabeth's has been a key player in developing the Community Health Improvement Plan (CHIP) for St. Clair County. This includes funding and strategic support for the initiative, with significant contributions. St. Elizabeth's is actively involved in the both the St. Clair County Healthcare Commission, mental health and the substance abuse work groups and is leading the Behavioral Health Stakeholder meetings. A colleague also attends the meeting for Drug Free Alliance and the Suicide Preventions Partnership. These groups are working collaboratively to better address linkage and referral gaps to improve care coordination for substance use disorder and psychiatric patients.

Chronic Disease

Goal: Reduce the incidence and impact of chronic disease by enhancing preventive care, education and access to effective management resources.

Strategy 1: Improve access to prevention and early intervention services.

From 2021 to 2024, St. Elizabeth's Hospital focused on enhancing early intervention and preventive measures for chronic diseases through their Healthier Together initiative. Notably, the Chronic Disease Work Group and the Education Work Group collaborated to integrate nutrition and healthy lifestyles into curricula for summer programs targeting children in grades K-6. This initiative aimed to tackle poor nutrition—a major factor in chronic disease. Additionally, the healthy corner store initiative was launched to increase access to healthy

foods in underserved neighborhoods, directly combating diet-related chronic diseases.

Strategy 2: Improve access to care.

Throughout the same period, St. Elizabeth's operationalized a determinants of health screening tool introduced in FY2022. This tool was designed to screen every patient entering the hospital, with plans to expand its use to primary care settings. The objective was to streamline the referral process to social service agencies, thus addressing the social needs impacting chronic disease management. This tool facilitated improved care coordination and supported patients in managing their chronic conditions effectively.

Strategy 3: Unified planning and policy, and advocacy efforts.

St. Elizabeth's and other community partners in St. Clair County collaboratively developed a strategic plan as part of the Healthier Together initiative. This plan included deploying community health workers in FY2024 to manage patients with unmanaged chronic conditions presenting at emergency departments. This strategic move was aimed at enhancing the linkage between hospital care and community-based health services ensuring continuous care and support for chronic disease patients in the community setting.

Workforce Development and Barriers

Strategy 1: Integrated programs, long-term goals with workers at the center.

St. Elizabeth's Hospital's initiative from 2021-2024 emphasized the integration of health workers into community settings to bridge gaps in health care access and workforce development. A pivotal development was the Community Health Worker (CHW) model initiated in FY2022 in Washington Park, St. Clair County. This model aims to directly engage community members in health care roles, thereby fostering a workforce that is deeply integrated with the community it serves. The program's focus extends to long-term sustainability and scalability, positioning workers to address chronic diseases and mental health within their communities effectively.

Strategy 2: Develop workforce plan and training programs.

In response to the strategic objectives outlined in their CHIP, St. Elizabeth's drafted and began implementing a workforce development plan that included substantial financial investment in training and mentoring. By FY2023, the hospital had invested $2,584,813 in job shadowing and mentoring programs, facilitating training for 442 interns across various healthcare fields including nursing, pharmacy, rehabilitation, radiology, and laboratory services. This extensive training initiative not only prepared the next generation of health care workers but also ensured that the local workforce was well-equipped to meet the community's health needs.

Strategy 3: Unified planning and policy, and advocacy efforts.

St. Elizabeth's Hospital played a key role in the collaborative development and adoption of a three-year strategic plan in FY2023, working alongside five health care partners in St. Clair County. This unified approach to planning and policymaking focuses on enhancing health delivery across the board, with specific attention to mental and behavioral health issues. The plan included mechanisms for better coordination of care and management of chronic conditions, highlighting the hospital's commitment to integrated community efforts. This strategy underscores the hospital's role in aligning its objectives with broader county goals to optimize health service delivery.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Hospital