



Touchette Regional Hospital
**2022 COMMUNITY HEALTH
NEEDS ASSESSMENT**





INTRODUCTION

Touchette Regional Hospital is a general acute care hospital located in Cahokia Heights, Illinois. Since its opening as Centreville Township Hospital in 1958, Touchette Regional Hospital has provided healthcare services to metro-east communities including Alorton, Cahokia, Centreville, East St. Louis, and Washington Park, as well as the surrounding area. For over 60 years Touchette has delivered services in cardiopulmonary, laboratory, radiology, physical therapy, 24-hour emergency services, medical and surgical, and intensive care. Progressively, several ancillary departments have been added to meet the health needs of the community including behavioral health, pediatric sedation dental services, sleep lab services, and substance use disorder services. Transportation services are available to and from the hospital, local health centers, and physician's offices.

Touchette addresses priority needs through community programs that aim to educate the population served on awareness and prevention health strategies. The Seniors I.Q. (Improving Quality) Program offers a coordinated and community-based approach to improve the quality of life for seniors 60 and older. The overall goal of the Seniors I.Q. Program is to provide free aftercare services to the elderly to promote the best quality of life. Through this program, seniors continue living independently in their own homes and participating in the daily activities they enjoy. These seniors experience greater life satisfaction, which helps reduce the stressors associated with aging.

Archview Medical Center in nearby Sauget is home to the hospital's multi-specialty group. Archview Medical Specialists is a group of physicians dedicated to the provision of quality specialty healthcare to Touchette's patient population. Specialty services offered include cardiology, gastroenterology, nephrology, ophthalmology, orthopedics, otolaryngology, podiatry, pulmonology, and urology.

COMMUNITY SERVED

Touchette's primary service area consists of Cahokia Heights, East St. Louis, and the surrounding Illinois communities of Washington Park and Sauget. The primary service area is identified by specific zip codes: 62201, 62203, 62204, 62205, 62206, and 62207. The secondary service area consists of Belleville, Collinsville, Granite City, Fairview Heights, O'Fallon, and other close communities. Ninety-two (92) percent of Touchette Regional Hospital's patients come from the primary service area, and eight (8) percent of the patients come from the secondary service area.

BACKGROUND

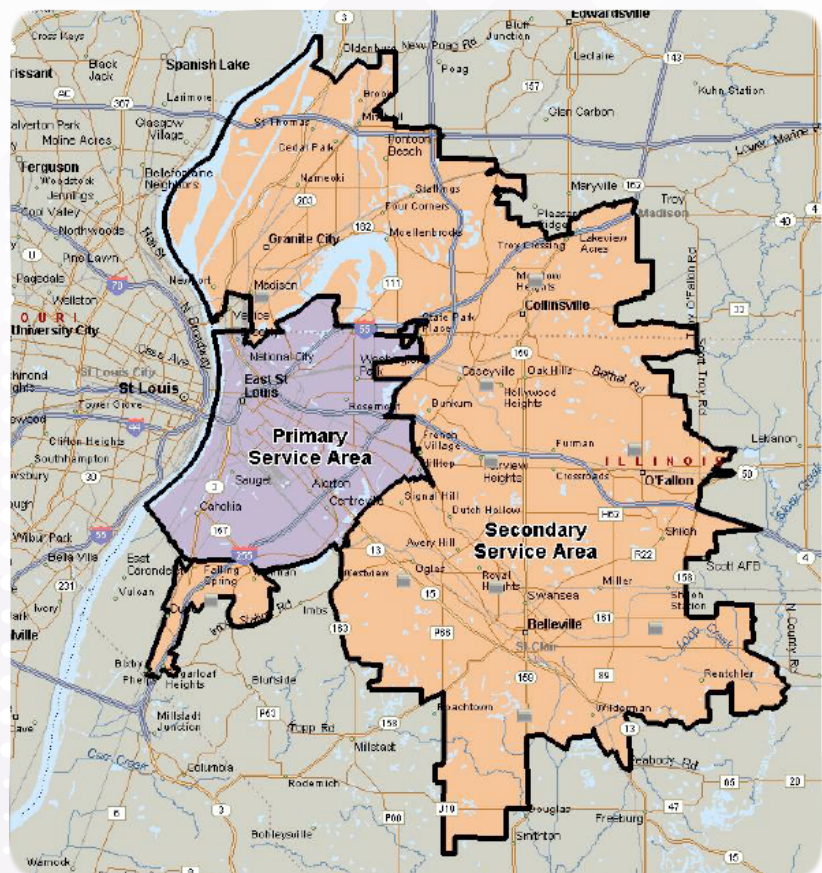
East St. Louis and the surrounding communities were once an industrious area. Many large manufacturing industries had a strong presence, including steel, railroading, and meatpacking. The area took a significant downturn during the second half of the 20th Century. Restructuring of heavy industry and railroads led to significant job losses. Many factories closed or moved out of the area. These economic factors led to high rates of poverty in the area, spanning several generations. Today, the area continues to be plagued by poverty and associated social issues including increased crime, adverse social determinants, and decreased health status. The entire community is a designated Health Provider Shortage Area (HPSA) with shortages in primary care, dental, and mental health providers. The entire community is also a designated Medically Underserved Area (MUA) for having too few primary care providers and high rates of poverty. Generally, Touchette Regional Hospital's primary and secondary medical service areas consist of the following communities and zip codes:

Primary Service Area (PSA)

- 62201 East Saint Louis
- 62203 East Saint Louis
- 62204 East Saint Louis
- 62205 East Saint Louis
- 62206 East Saint Louis
- 62207 East Saint Louis

Secondary Service Area (SSA)

- 62040 Granite City
- 62060 Madison
- 62208 Fairview Heights
- 62220 Belleville
- 62221 Belleville
- 62223 Belleville
- 62226 Belleville
- 62232 Caseyville
- 62234 Collinsville
- 62239 Dupu
- 62269 O'Fallon



DEMOGRAPHIC ANALYSIS

The demographics of Touchette’s primary service area contrast significantly with those of the secondary service area. It is important to note, however, that residents in the secondary service area utilizing Touchette’s services often share characteristics of the primary service area. Therefore, a Touchette patient who lives in the secondary service area is likely to have characteristics comparable to the primary service area population. The following chart presents an overview of the demographics of both the primary and secondary service areas:

	PRIMARY SERVICE AREA	SECONDARY SERVICE AREA
TOTAL POPULATION	54,884	231,775
RACE		
African American	83.02%	16.68%
Caucasian	13.12%	75.60%
Other	3.86%	7.72%
ETHNICITY		
Hispanic	4.76%	5.45%
Not Hispanic	95.24%	94.55%
INCOME		
Below Poverty (<100%)	34.61%	11.41%
100-200% of Poverty	27.24%	26.77%
>200% of Poverty	38.15%	61.82%
EDUCATION		
Below H.S.	20.30%	7.80%
H.S. Grad. (includes equivalency)	69.99%	54.83%
College Grad.	9.71%	37.37%
AGE		
0-19	28.49%	22.10%
20-59	48.09%	53.94%
60+	23.42%	23.95%
UNEMPLOYMENT		
Total Rate of Unemployment	12.52%	4.66%
HOUSING		
Vacancies	17.24%	10.01%

COMMUNITY HEALTH STATUS

One effective tool used for comparative analysis is the annual County Health Rankings and Roadmaps report. The program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings are determined by assessing health factors and health outcomes in a community. Health outcomes are measured by length and quality of life. Health factors are measured using multiple indicators including healthy behaviors, access to clinic care, social and environmental factors, and physical environment. The goal of the rankings is to provide a snapshot of how the population's health status is influenced by societal conditions of the community.

This makes up nearly a quarter of St. Clair County and is expected to have significantly worse health outcomes than the rest of the county. However, for the purpose of defining the community by health rankings, St. Clair County provides the most comprehensive and applicable information available to Touchette Regional Hospital's primary population. St. Clair County ranks near the bottom, 92nd out of 102 Illinois counties for both health outcomes and 86th out of 102 counties for health factors. Below is an inclusive list of health measures, descriptions, and the associated health ranking for each.

MEASURE	DESCRIPTION	RANKING
HEALTH OUTCOMES		92
Length of Life	Premature death	93
Quality of Life	Poor or fair health, poor physical health days, poor mental health days, low birthweight	83
HEALTH FACTORS		86
Health Behaviors	Adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births	71
Access to Clinical Care	Uninsured rates, primary care physicians, dentists, mental health providers, preventable hospital stays, diabetic monitoring, mammography screenings	67
Social and Economic Factors	High school graduation rates, some college attendance, unemployment, children in poverty, income equality, children in single-parent households, social associations, violent crime, injury deaths	86
Physical Environment	Air pollution (particulate matter), drinking water violations, severe housing problems, driving alone to work, long commute (driving alone)	94

COMMUNITY INPUT

Touchette Regional Hospital continues to employ a collaborative approach to ensure the Community Health Needs Assessment is completed thoroughly. Therefore, we requested input from key stakeholders in the community. Stakeholder input along with quantitative data was used to identify primary community health needs and to prioritize these issues. The East Side Health District Needs Assessment and St. Clair County Health District information were also used in this Community Health Needs Assessment. East Side Health District's population served is virtually synonymous with the primary service area of Touchette Regional Hospital.

Data analysis was provided by planning and development staff at the local Federally Qualified Health Center (FQHC). The FQHC is recognized for their proficiency of conducting such assessments. For many years the planning and development department has collaborated with several local organizations assisting in the performance of needs assessments within the community. The FQHC is also noted for its success in using these assessments to secure competitive grant funding for both ongoing and new projects.

Community Input was gathered through multiple means. TRH staff participates in multiple community-wide groups that seek to ensure community input into healthcare decisions. TRH has worked with the St. Clair County Community Impact work group to share community input and health data with representatives of all other local hospitals, the St. Clair County and East Side Health departments, and representatives of Healthier Together. Healthier Together is a 100% volunteer driven organization governed by an independent Council of Partners whose members include leaders in the healthcare, business, faith, education, and local government sectors. Healthier Together supports the efforts of community work groups targeting Chronic Disease Prevention, Community Safety, Education, Maternal and Child Health, Mental Health, and Substance Use Disorder. Healthier Together brings over 70 organizations, currently dedicated to working together to improve community health and overall quality of life to this project. TRH staff serves directly on the Senior Council for Healthier Together and in addition to the Collective Impact Meetings, meets Bi-Monthly to discuss ways to best address community health.

Beyond these efforts, TRH works again with SIHF in order to seek direct patient input throughout the service area. A Cahokia Heights Community Needs Assessment Survey was undertaken through online data collection of responses from community residents. The survey was publicized through the many TRH community linkages as well as through direct mailings to community residents. An additional patient input survey was conducted in conjunction with the TRH Metro East Health Transformation project. In preparation for the implementation of our transformation project TRH engaged HMA Consultants to conduct one-on-one interviews with our elected officials, local leaders, church leaders, community agencies, Sheriff, Mental Health Board, Memorial Hospital, and the Board of Directors for TRH and SIHF. The existing services, needs of the communities, care gaps, and considerations for our transformation plans were presented to 28 individuals during this input process.

Throughout the above processes, the leadership of SIHF has been holding meetings with local, state, county, and federal elected officials on the components of our transformation. Officials consulted for this project include: Mayor Jackson of Centreville, Lamar Gentry of Alorton, Curtis McCall Township Supervisor and future Mayor of Cahokia Heights, Representative Latoya Jackson, Senator Chris Belt, Congressman Bost U.S. Representative for Illinois's 12th congressional district, Sen. Duckworth, Sen. Durbin, and Mayor Robert Eastern of East St. Louis. These elected officials provided invaluable feedback on needs, locations, services, and their involvement have been included. In fact, some of our previous efforts have resulted in continued participation in our efforts to improve the health of our community. Our most recent engagement with some of the same officials led to extensive feedback on some of our COVID testing and vaccine clinics.

HEALTHCARE TRANSFORMATION COLLABORATE PARTNERSHIP

With the East St. Louis community suffering from substantial economic and health disparities when compared to much of Illinois, the East St. Louis Health Transformation Partnership (“Partnership”) was recently selected by the Illinois Department of Human Services as a targeted community for a major Healthcare Transformation investment. Touchette Regional Hospital was the lead applicant from this partnership, which is one of eight awarded throughout the state of Illinois. This designation triggers additional state funding to improve the health and well-being of the local community to create community-based programs in an effort to reduce health disparities and expand access to quality, affordable healthcare.

In a press release announcing the awards, Governor JB Pritzker said, “These funds allow some of our most distressed communities to decide exactly what they need – and how to get there – when it comes to whole health. Healthcare is a right for all people, and I’m proud that these partnerships will take us one step closer to truly honoring that right as a state.” He continues, “The collaboratives receiving funding in this first round demonstrated real, innovative visions and presented solutions that also address social determinants of health which heavily impact health outcomes.”

The Partnership seeks to affect large scale realignment of the health delivery system and improve the life circumstances of those living in the East St. Louis Metro Area through a coordinated series of programs designed to meet the specific needs of these communities. These programs include significant capital investment for a new Health Care Campus for ambulatory and hospital complexes, renovation funds for the development of an Urgent Care Center in midtown East St. Louis, a new Workforce Development and Training Center in nearby Venice, Supportive Housing and Services, and an extensive community housing project to improve living conditions of individuals in the community and eventually the repurposing of the current Touchette Regional Hospital campus for a Diversion Center.

This long-term project is funded for an initial five-year period and will be the foundation for Touchette Regional Hospital’s community improvement efforts. Additional activities will grow from this series of programs and will seek to improve the overall health status of everyone living in the East St. Louis Metro Area, which includes Cahokia Heights, Washington Park, and Sauget.



PRIORITY HEALTH NEEDS

In summary, Touchette Regional Hospital's health priorities for the 2022 Community Health Needs Assessment can be categorized into five focus areas for the hospital to address, which are:

1. Mental Health
2. Chronic Diseases/Access to Specialty Services
3. Medical Needs of Older Populations, with a focus on Nursing Home residents
4. Substance Use Disorders, with a specific focus on Suboxone Treatment expansion
5. Social Determinants of Health, specifically affordable housing and workforce development

1. MENTAL HEALTH

Understanding the Impact of Mental Health

A mental illness is a condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day. Each person will have different experiences, even people with the same diagnosis. <https://www.nami.org/Learn-More/Mental-Health-Conditions>. In terms of lost income, mental illness can be one of the most costly diseases.

Touchette Regional Hospital continues to make significant gains in the services offered for behavioral health in the community, most notably by expanding the Behavioral Health and Wellness Center. Despite these gains, mental health still has a large impact on the community. According to the National Alliance of Mental Illness (NAMI), one in five adults in the United States experiences mental illness each year. The hospital's primary population served and similar individuals are more frequently subject to mental illness and are a higher risk to delay or forgo mental health care. While this population suffers from extensive mental illness, African Americans and Hispanic Americans are only half as likely to seek out and receive mental health services compared to Caucasian Americans (NAMI, 2020).

An individual's physical health is also affected by mental illness - people with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population (NAMI, 2020). Among the hospital's primary population served, the link between mental illness and experiences of distress are common.

Mental Health as a Priority Need

For the purpose of this Community Health Needs Assessment, Touchette Regional Hospital will continue to expand mental health services.

2. CHRONIC DISEASES

Understanding the Impact of Chronic Diseases

Chronic diseases are long-lasting conditions that usually can be controlled but not cured. People living with chronic illnesses often must manage daily symptoms that affect their quality of life, and experience acute health problems and complications that can shorten their life expectancy. According to the CDC, chronic disease is the leading cause of death and disability in the United States, accounting for 70% of all deaths. Examples of chronic diseases include, but are not limited to:

- Cardiovascular Disease
- Diabetes
- Hypertension
- Obesity
- Stroke
- Depression/Substance Use Disorders
- Renal Disease

Left untreated, chronic diseases can have a negative influence on one's quality of life. Individuals who do not manage their chronic disease are at a significantly higher risk to suffer from critical health issues and difficulties that often lead to premature death. Decreased productivity and increased healthcare costs are also some of the residual effects caused by chronic conditions.

Chronic Diseases as a Priority Need

While chronic diseases can be diagnosed by a primary care physician, patients suffering from chronic diseases would benefit most from ongoing specialized care. As part of the 2022 Community Health Needs Assessment, Touchette Regional Hospital recognizes that providing access to specialists such as cardiologists, endocrinologists, etc. for its primary population is a priority.

3. MEDICAL NEEDS OF NURSING HOME RESIDENTS

Understanding the Impact of the Medical Needs of Nursing Home Residents

Nursing home residents face unique health challenges. The majority are experiencing significant health issues that require extended observation. Unfortunately, a large number of facilities in Touchette Regional Hospital's primary service area are understaffed and lack the medical service offerings that residents need. As patients age, the number of health issues they experience increase. This is especially true for patients residing in nursing homes, who often have multiple chronic health issues which effects their ability to live independently. The majority of patients in nursing homes in Touchette Regional Hospital's primary service area are on Medicaid which leads to limited resources for both the patient and the facilities due to low reimbursement rates. In low-income communities, this also leads to a lack of direct medical care within the nursing home.

Medical Needs of Nursing Home Residents as a Priority Need

Touchette Regional Hospital recognizes this medical need in the community for the 2022 Community Health Needs Assessment and will work with facilities in the primary service area to provide direct medical care to nursing home residents on a regular basis.

4. SUBSTANCE USE DISORDERS

Understanding the Impact of Substance Use Disorders

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance use disorders are often co-occurring disorders with mental illness.

The misuse of alcohol, tobacco, marijuana, illegal drugs, and prescription medications affect the health and well-being of millions of Americans. Substance use disorders can have both immediate and long-term health effects. Immediate effects include but are not limited to: impaired judgment, distorted perception, confusion, and loss of motor skills. Opioid misuse is a rapidly growing area of concern that brings its own unique challenges with an average of 130 Americans dying every day from an opioid overdose. <https://www.samhsa.gov/find-help/atod>

Substance Use Disorders as a Priority Need

Substance use disorders are often categorized under behavioral health services. For the 2022 Community Health Needs Assessment, they continue to be prioritized under a distinct category to recognize the significant impact this epidemic has on the hospital's primary population. The hospital also recognizes the likelihood of co-occurring mental illness and substance use disorders and the importance of trauma-informed care when treating both.

5. SOCIAL DETERMINANTS OF HEALTH

Understanding the Impact of Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 5 domains:

- Economic Stability
- Education Access and Quality
- Healthcare Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

<https://health.gov/healthypeople/priority-areas/social-determinants-health>

The conditions in which we live explain, in part, why some of the population in this country is healthier than others. The primary population served by Touchette Regional Hospital experiences high levels of multiple social determinants of health that have a negative impact. These include poverty, lack of educational attainment, access to reliable transportation, lack of safe and affordable housing, food insecurity, and exposure to crime and violence, to name a few.

Social Determinants of Health as a Priority Need

Social determinants of health do not address a specific health issue or disease, but rather are factors that influence the overall health of the patient population which is affected by many of these. For this Community Health Needs Assessment, Touchette Regional Hospital recognizes the significant impact on the primary patient population of social determinants of health and aims to explore ways the hospital can have a significant impact in this area. Touchette Regional Hospital will on workforce development (Economic Stability), as the unemployment rate in the primary service area is extremely high at 12.5%, which is more than double that of the statewide unemployment rate for the same period (6.0%). The second focus will be on safe and affordable housing (Neighborhood and Build Environment), as over 37% of households in the primary service area spend more than 30% of their total household income on housing, leaving fewer funds available for other basic needs such as groceries, transportation, and medical needs.

APPENDICES

DEMOGRAPHICS

AGE

Figure 1 illustrates the distribution of age of residents in the East St. Louis Health District. As shown, there is generally an inverse relationship between age and percent of population – older individuals make up a less overall percentage of the population, with the exception of a few outliers.

The age ranges with the highest number of individuals per population are ≤9, 10 - 19, and 60 - 69. Figure 2 provides the numbers that are associated with each age range provided in Figure 1.

FIGURE 2

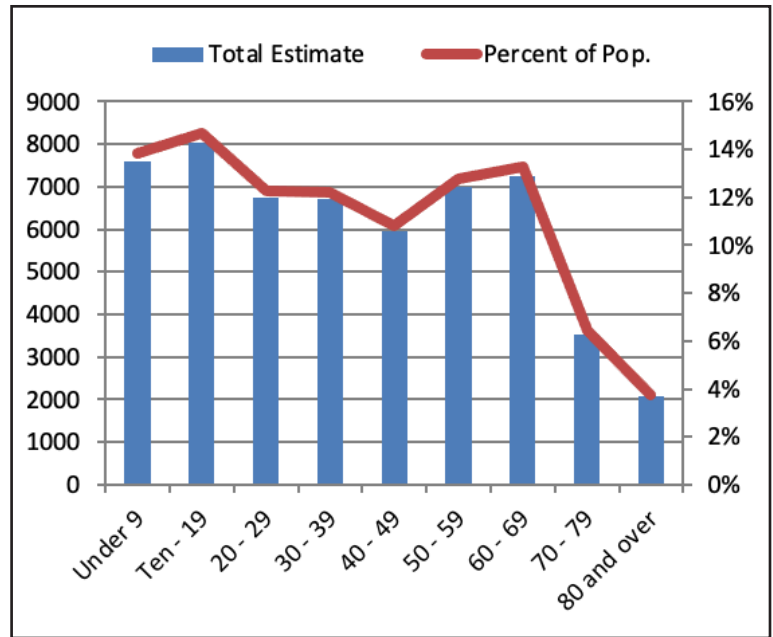
Percentage of Population Categorized by Age in East St. Louis Health District (2020)

Age	Total Estimate, ESLHD	Percent of Population, ESLHD	Percent of Population, State of Illinois
Under 9	7,589	13.83%	11.9%
Ten - 19	8,047	14.66%	13.0%
20 - 29	6,731	12.26%	13.6%
30 - 39	6,711	12.23%	13.4%
40 - 49	5,941	10.82%	12.7%
50 - 59	7,008	12.77%	13.3%
60 - 69	7,260	13.28%	11.4%
70 - 79	3,530	6.43%	6.6%
80 and over	2,067	3.77%	3.9%
Total	54,884		

Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

FIGURE 1

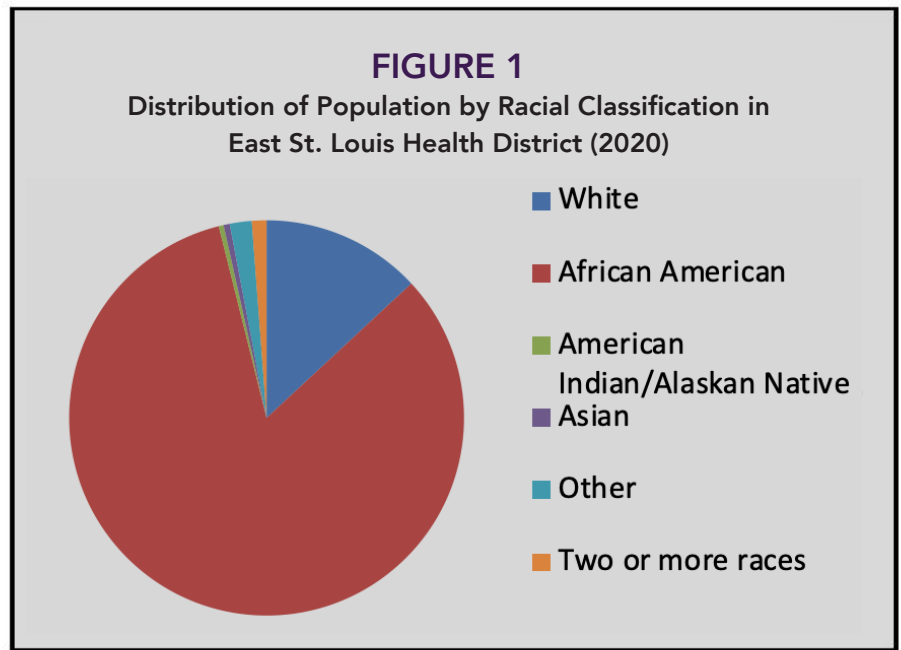
Distribution of Population by Age in East St. Louis Health District (2020)



Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

RACE

The information presented in Figures 1 and 2 show the distribution of East St. Louis Health District's population categorized by race. Based on the information from the United States Census Bureau, the majority of the East St. Louis Health District's population (83.0%) identify as African-American (non-Hispanic). This is followed by White (non-Hispanic) at 13.1%, "two or more races" at approximately 1.2%, and "other" at 1.8%. The remaining classifications each fall under 1%.



Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

Figure 2 shows the approximate percentages of the population associated with each racial classification.

FIGURE 2
Percent of Population Categorized by Racial Classification in East St. Louis Health District (2020)

Race	Total Estimate, ESL Health District	Percent of Population	Percent of Population, State of Illinois
White	7,199	13.1%	69.8%
African American	45,563	83.0%	14.1%
American Indian/Alaska Native	198	0.4%	0.3%
Asian	297	0.5%	5.6%
Other	999	1.8%	6.0%
Two or more races	628	1.2%	4.2%
Total	54,884		

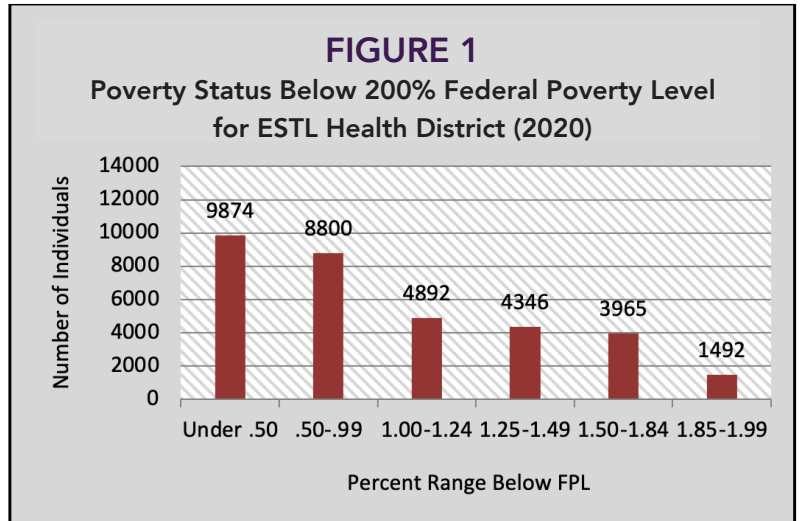
Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS

POVERTY

Social determinants, such as poverty status, education level, and unemployment have a major effect on adverse health outcomes. They play significant roles in access to and use of health services.

Figure 1 illustrates the number of individuals that experience poverty at different levels, up to 200% of the Federal Poverty Guidelines. Low-income status is indicated by an income less than 200% of the guidelines. Population counts are broken up into increments below the standard low-income level. Overall, approximately 33,369 residents in the East St. Louis Health District are living with low-income status. This number accounts for 62% of the East St. Louis Health District's entire population.

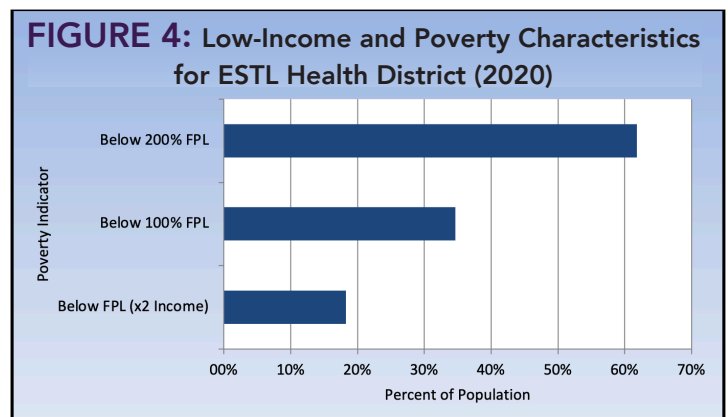
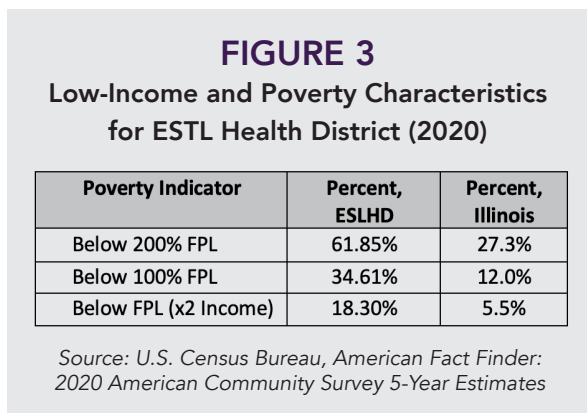
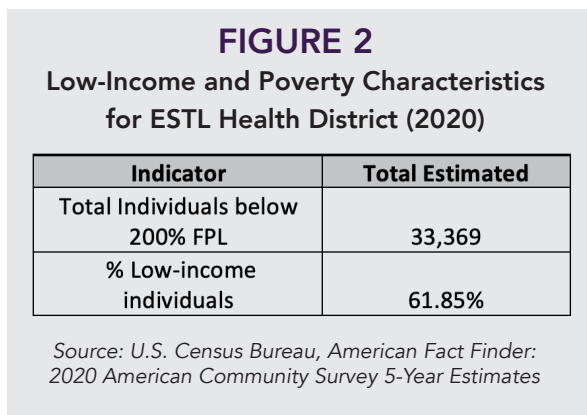


Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

Individuals whose income is below 100% of the Federal Poverty Guidelines are considered to be living in poverty. In the ESTL Health District, the majority of low-income individuals are also considered poverty-stricken (22,079 total individuals).

Additionally, individuals whose income is below 50% of the Federal Poverty Guidelines (indicated on Figure 1 as under .50) could double their income next year and still live in poverty.

Figures 3 and 4 depict the percent of population that identify as either low-income or living in poverty. More than half of the previously mentioned 62% low-income population are considered to be living in poverty. Even more telling, over 18% of the population could double their income next year and still qualify as individuals living in poverty.

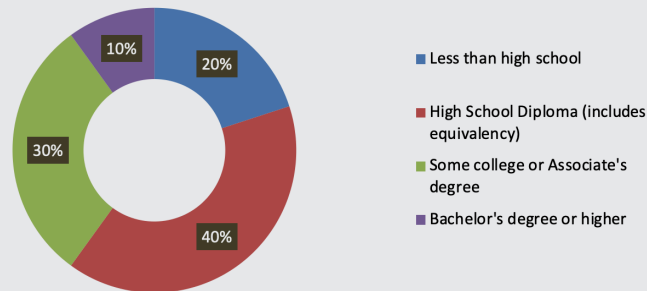


Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

EDUCATION

Figures 1 and 2 show the various levels of education attained by the population of the East St. Louis Health District. Overall, the largest group of individuals has acquired a high school diploma or general education equivalent (GED) (40.0%). The next largest group of individuals have obtained an Associate's Degree or completed some college courses (30.0%).

FIGURE 1
Percentage of Population with Achieved Education Attainment in East St. Louis Health District (2020)



Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

Figure 2 provides the total number of individuals for the categories introduced in Figure 1.

FIGURE 2
Total Estimate of Population and Highest Level of Completed Education in East St. Louis Health District (2020)

Level of Education	Total Estimate – ESTHD	Total Percentage – ESLHD	Total Percentage - Illinois
Less than high school graduate	8,364	20.0%	10.8%
High school graduate (including equivalency)	16,476	40.0%	26.1%
<u>Associate's</u> degree or some college	12,362	30.0%	30.4%
Bachelor's degree or higher	4,002	10.0%	33.0%

Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

UNEMPLOYMENT

Figure 1 depicts the percent of unemployed individuals in the East St. Louis Health District. The population is listed by zip code. According to the United States Census Bureau, over 12% of the East St. Louis Health District population is unemployed. For comparison, the unemployment rate for the State of Illinois was 6.0% for the same period.

FIGURE 1
Unemployment Status of Individuals Ages ≥ 16 in East St. Louis Health District (2020)

Zip Code	Total Estimated Population	Unemployment Rate	Total Estimated Unemployed
62201	4,775	5.4%	258
62203	7,447	17.8%	1,330
62204	6,073	12.9%	783
62205	5,763	15.7%	905
62206	10,932	9.5%	1,039
62207	6,950	13.8%	959
Total	41,967	12.5%	5,274

Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

HOUSING

Housing continues to be a significant issue in the East St. Louis Health District. Often during discharge planning, Touchette Regional Hospital is unable to make adequate arrangements for patients because they are homeless. For those who have a safe home, the monthly cost of their home is usually very high, leaving less funds available for other needs such as groceries, transportation, and medical needs.

Figure 1 depicts the total number of homes where the monthly housing costs exceeds 30% of the total household income. According to the United States Census Bureau, 37.18% of homes in the East St. Louis Health District exceed this threshold.

FIGURE 1

Units Where Monthly Housing Costs Exceed 30% of Household Income in East St. Louis Health District (2020)

Figure 1: Units Where Monthly Housing Costs Exceed 30% of Household Income in East St. Louis Health District (2020)	
Zip	Percentage
62201	38.34%
62203	36.92%
62204	36.83%
62205	34.55%
62206	36.56%
62207	40.86%
Total	37.18%

Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

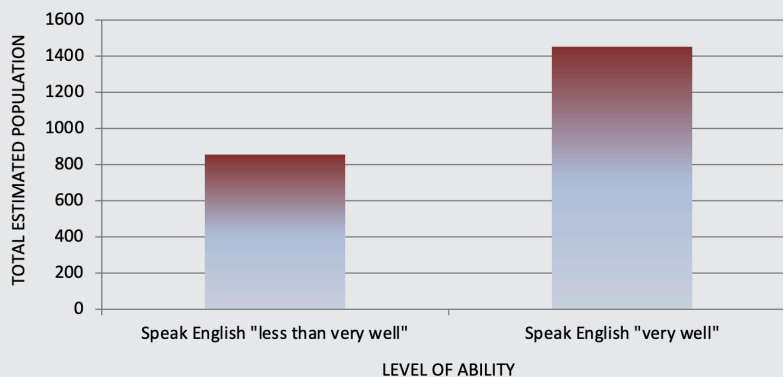
LANGUAGE BARRIERS

The information provided below is self-reported from individuals who speak a language other than English at home. Language barriers can make it very difficult for patients to understand how to effectively treat conditions and diseases following discharge. Touchette Regional Hospital's primary service area falls within a Health Provider Shortage Area (HPSA). The gap between the number of patients who do not speak English well and providers who can speak other languages is greater on average.

Based on the information from the United States Census Bureau, Figure 1 shows that a significant number of individuals living in the East St. Louis Health District with a primary language other than English are unable to speak English "very well."

FIGURE 1

Self-Reported English Speaking Ability in East St. Louis Health District (2020)



Source: U.S. Census Bureau, American Fact Finder: 2020 American Community Survey 5-Year Estimates

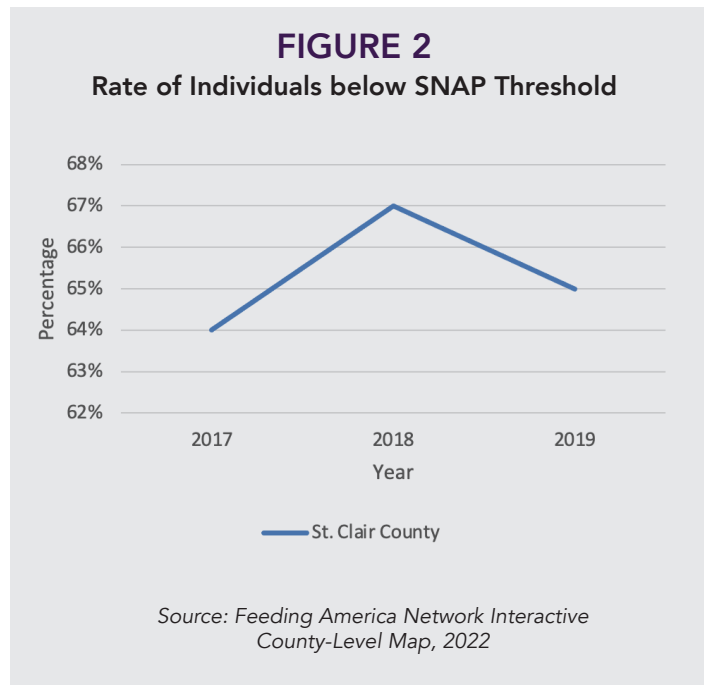
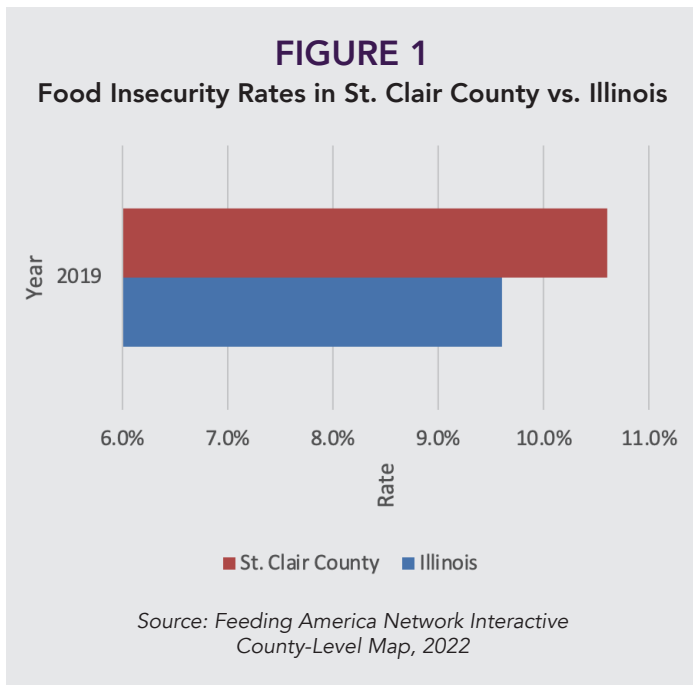
RESOURCE ACCESS

FOOD INSECURITY

Food security is a household-level measure of economic and social conditions that limit or restrict access to adequate food, including amount of food and nutritional food options. Likewise, food insecurity refers to a household that has inadequate accessibility to sufficient amounts and choices of foods. The figure is assessed using the food security survey represented in the USDA food security reports. When households are deemed inadequate, it does not signify indefinite food insecurity. It is important to note that the survey takes into account the exchange of other daily living necessities in order to purchase satisfactory foods. For example, a mother might forgo medical treatment or paying a medical bill to ensure the family has enough resources to purchase food (Feeding America, 2019).

Most recent data from the Feeding America Network reveals approximately 27,690 individuals in St. Clair County experienced food insecurity in 2019. As shown in Figure 1, the overall rate of food insecurity in St. Clair County is higher than that of the state.

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, is a federal program providing assistance to low-income individuals and families for acquiring adequate food amounts and nutritional options. The program is offered through the United States Department of Agriculture (USDA), and eligibility is based on income, employment requirements, immigration status, and other resources generally specified by the state (USDA, n.d.). The program partners with state agencies and nutrition educators as well as community and faith-based organizations to provide their services through local food banks. Figure 2 shows the percentage of individuals and families in St. Clair County who are eligible for SNAP benefits. While the rate has remained relatively steady, it also has remained high. This reinforces the indication of significant poverty levels in the area because eligibility for the program is largely dependent on income and resource level.

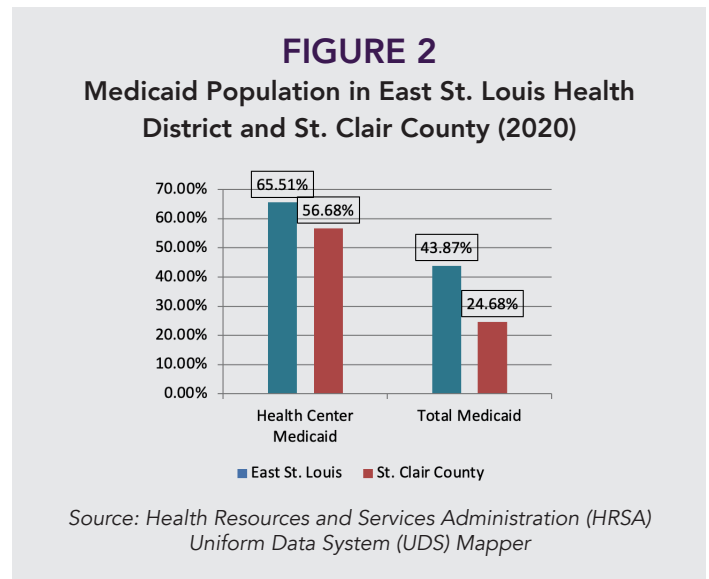
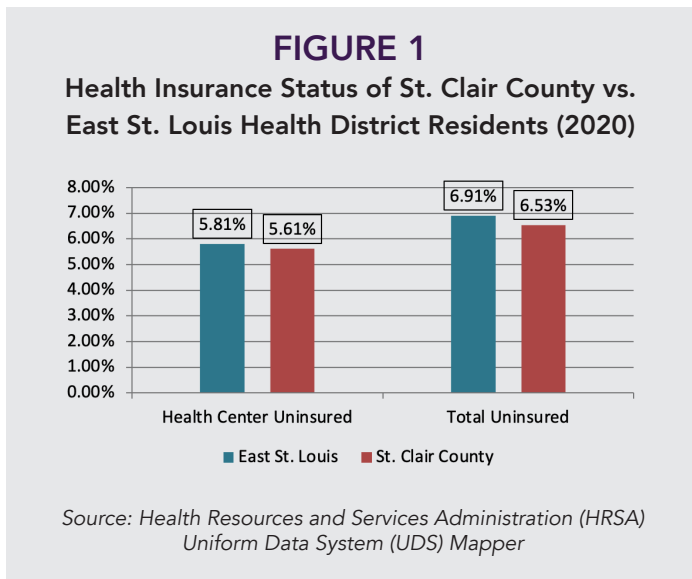


INSURANCE STATUS

To determine the significance of uninsured individuals in the area, East St. Louis Health District (Touchette’s primary population served) was compared against St. Clair County as a whole. Two measures are reported. The first is the overall percent of uninsured individuals in the perspective areas. The second is the percent of individuals who were uninsured at the time health services were acquired in a health center within the respective areas. This information was collected from payer mix data and provided by participating health centers.

According to Figure 1, the overall percent of individuals who make up the uninsured population is very similar for East St. Louis Health District residents (6.91%) and St. Clair County residents (6.53%). Similarly, health center patients in the East St. Louis Health District are uninsured at a similar rate to those in St. Clair County

It is important to note that in the East St. Louis Health district, the overall percentage of the population without health coverage is slightly greater than the number of individuals who have been treated at a health center in the area. This suggests that there are more individuals in the area that are forgoing medical treatment. This could be due to several reasons: their uninsured status, transportation difficulties, inability to get time away from work, or other social and cultural barriers.



PUBLIC INSURANCE

Figure 1 represents the percentage of individuals in the East St. Louis Health District and St. Clair County that are covered by governmental health insurance programs, Medicare and Medicaid.

As Figure 1 demonstrates, there is a higher percentage of individuals covered by Medicaid in the East St. Louis Health District. This is true for both health center patients and the total population.

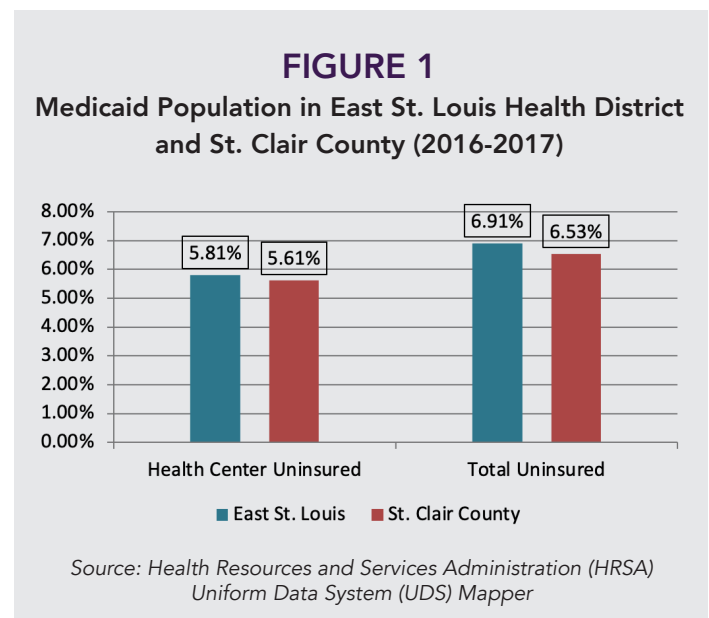
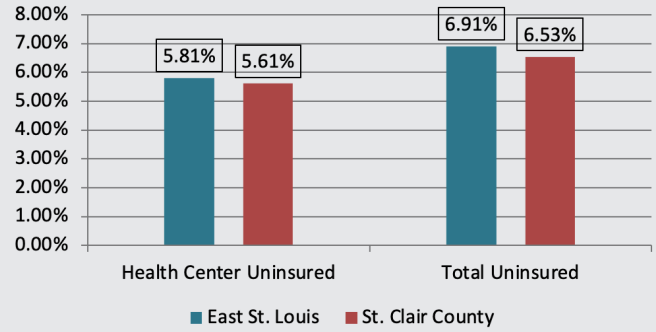
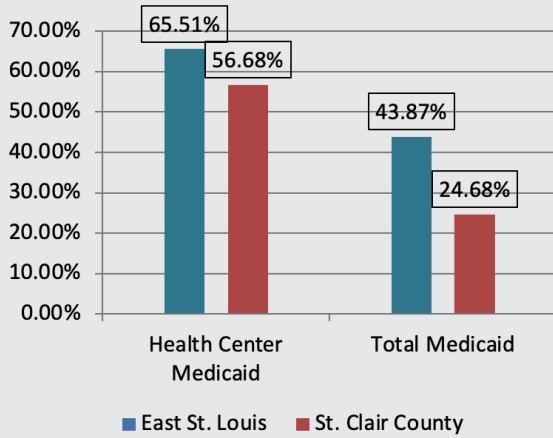


FIGURE 1
Health Insurance Status of St. Clair County vs.
East St. Louis Health District Residents (2020)



Source: Health Resources and Services Administration (HRSA) Uniform Data System (UDS) Mapper

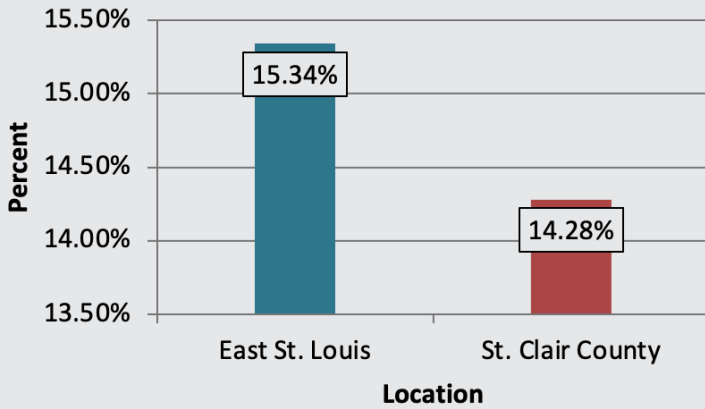
FIGURE 2
Medicaid Population in East St. Louis Health
District and St. Clair County (2020)



UTILIZATION

FIGURE 1

Utilization of Health Services Delayed or Forgone Due to High Cost



Source: Health Resources and Services Administration (HRSA) Uniform Data System (UDS) Mapper

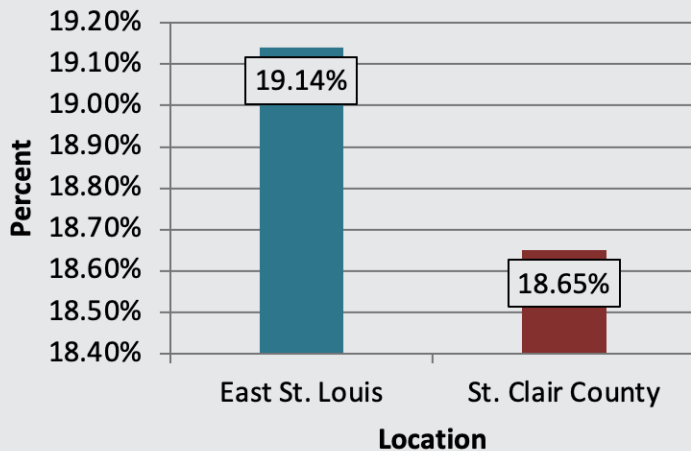
Utilization of health services is commonly defined as a population’s use of the health services that area available to them. Generally, this includes (but is not limited to) hospital services, physician services, and home health care.

Figure 1 provides information on the percent of adults who choose to neglect health services by either delaying or foregoing care. The graph reveals that more residents of East St. Louis Health District compared to St. Clair County do not seek necessary healthcare services at an appropriate time, at 15.34% and 14.28%, respectively.

Figure 2 describes the utilization of a usual source of care by individuals. Usual source of care refers to a specific physician, physicians’ office, health center or clinic, or other residence of medical care that an individual makes routine visits to for healthcare advice or treatment. According to information provided from HRSA’s Uniform Data System (UDS) Mapper, East St. Louis Health District has a slightly higher percentage of the population (19.14%) without a usual source of care than that of St. Clair County (18.65%).

FIGURE 2

Utilization of Health Services Based on Usual Source of Care



Source: Health Resources and Services Administration (HRSA) Uniform Data System (UDS) Mapper

BEHAVIORAL WELLNESS

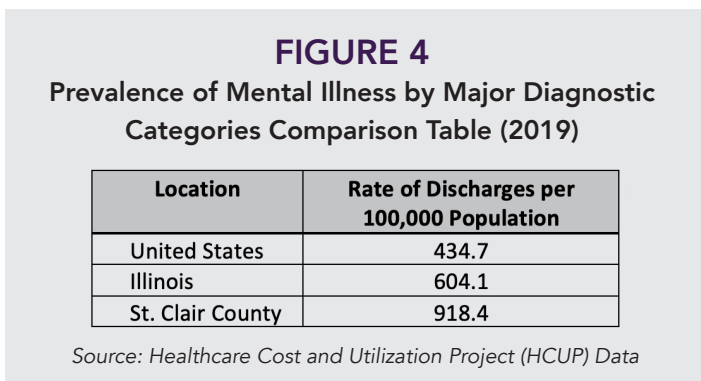
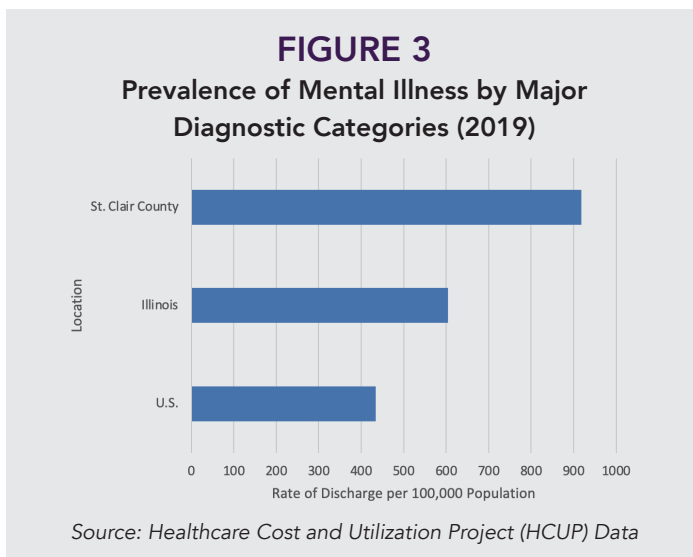
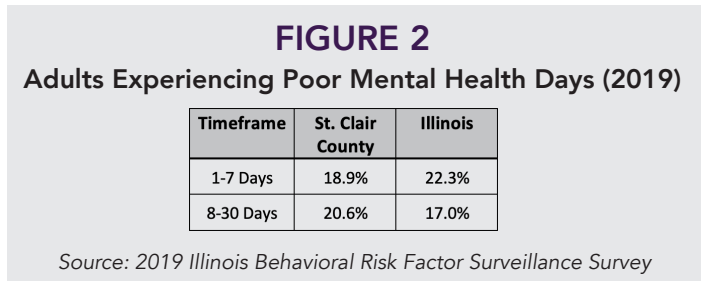
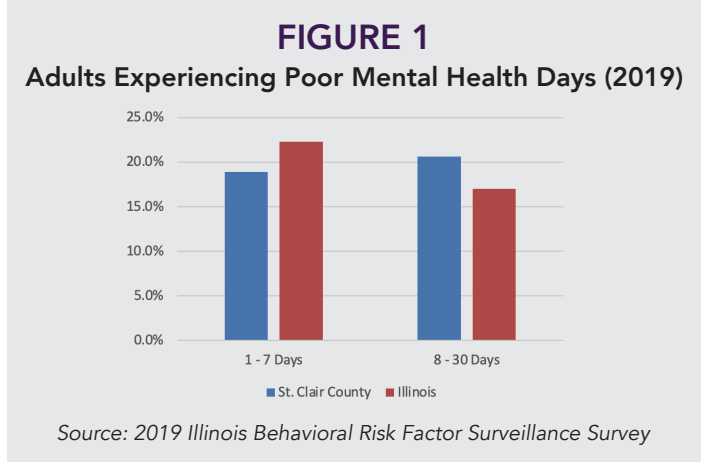
MENTAL ILLNESS

Mental health is an important part of overall health and well-being. It affects how we think, feel, and act; it also determines how we cope with stress and relate to others. (CDC) Serious Mental Illness is defined as an individual (age 18+) experiencing a diagnosable mental, emotional, or behavioral condition. The condition is the basis for the impairment which seriously interferes with or restricts major life activities. (SAMHSA)

The Illinois Behavioral Risk Factor Surveillance Survey is a monthly evaluation of risk factors associated with behavioral, emotional, and mental disorders. Figures 1 and 2 show the percent of surveyed adults (18+) who reported experiencing 1-30 days of poor mental health within the last month.

The Illinois Behavioral Risk Factor Surveillance Survey is a monthly evaluation of risk factors associated with behavioral, emotional, and mental disorders. Figures 1 and 2 show the percent of surveyed adults (18+) who reported experiencing 1-30 days of poor mental health within the last month. A slightly higher percentage of adults in St. Clair County reported having experienced poor mental health for prolonged periods of time (8-30 days) as the entire state of Illinois. It is unknown why this percentage is high, at nearly 1 out of every 5 adults. It may suggest that adults are either delaying or completely forgoing mental health treatment.

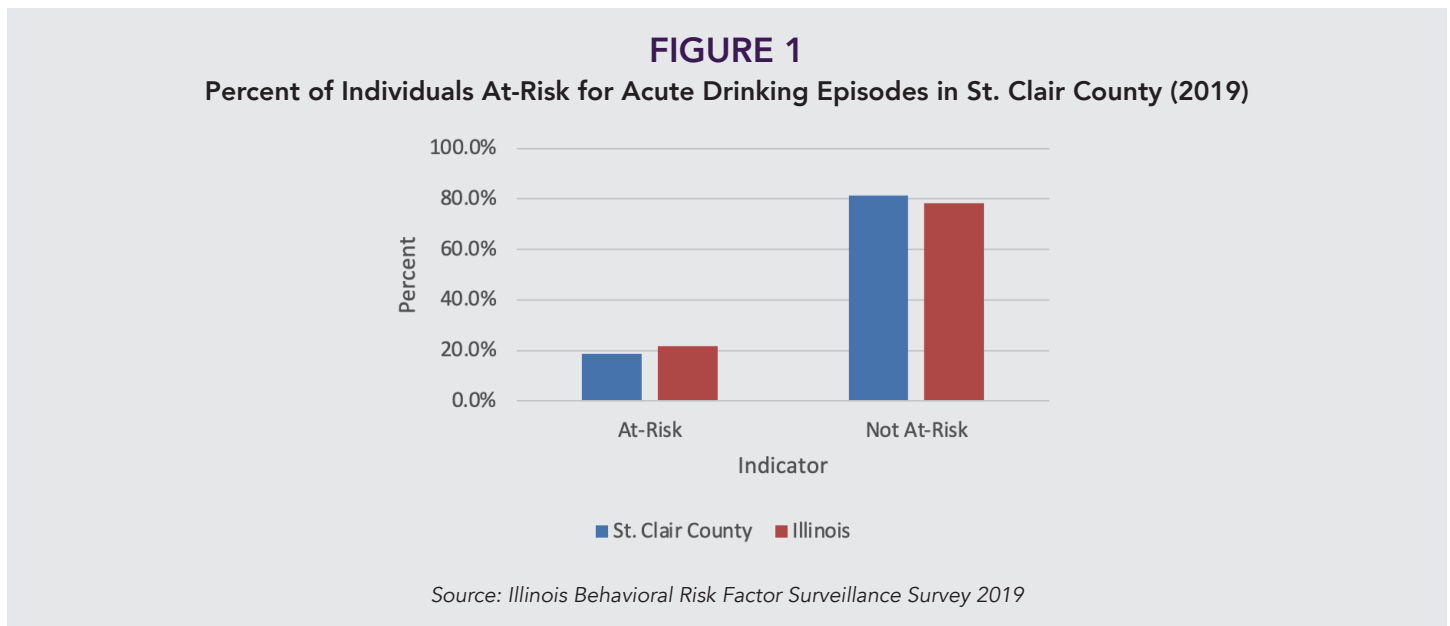
While this self-reporting appears to show St. Clair County with only a slight mental health disparity, additional information points out a much more severe difference. In fact, St. Clair County has a severe disparity in mental health compared to the rest of the state as demonstrated by hospital discharge rates. Major Diagnostic Categories (MDC) are comprised of subdivided diagnoses, or Diagnostic Related Groups (DRGs), related to a more general diagnosis. The information provided in Figures 3 and 4 uses hospital inpatient data to determine how many discharged patients had a primary diagnosis related to mental illness. According to Healthcare Cost and Utilization Project (HCUP) data, St. Clair County has a significantly higher rate of discharges associated with mental illness (918.4 per 100,000 population) compared to Illinois (604.1 per 100,000). The United States discharge rate associated with mental illness is 434.7 per 100,000 - over two times less than St. Clair County.



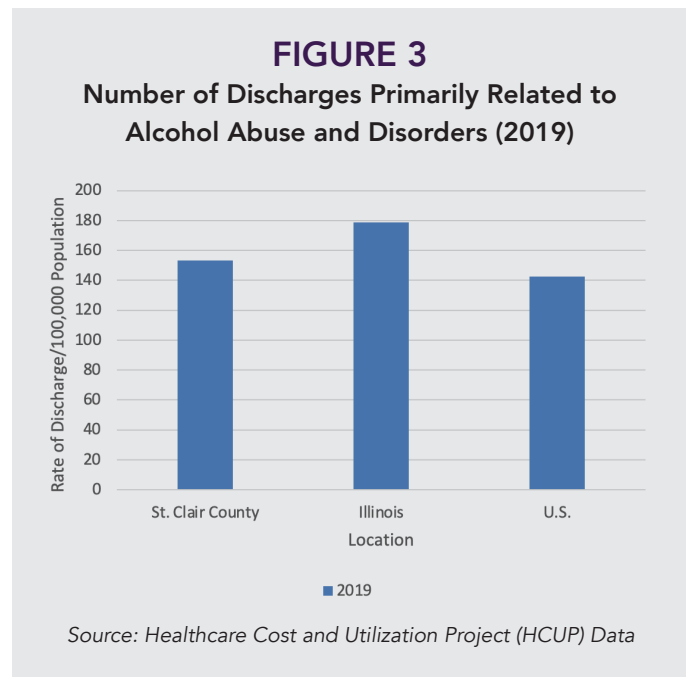
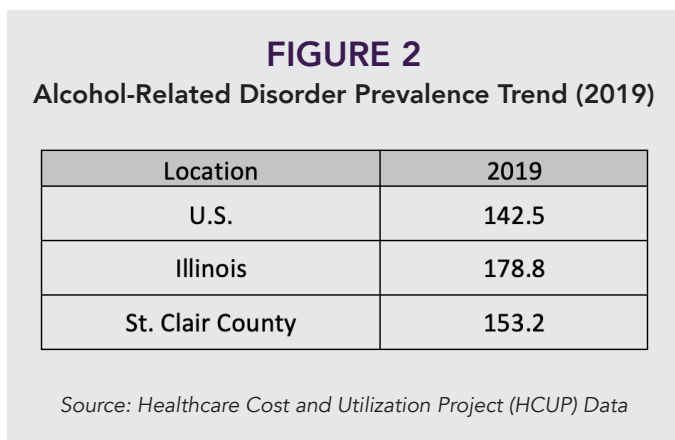
SUBSTANCE ABUSE

Substance abuse disorders refer to impairments caused by significant and frequent use of alcohol and/or drugs, either prescription or non-prescription. Incapacitation is relevant both clinically and with regard to daily activities. Substance abuse can cause health problems, physical and mental disability, and inability to participate in core responsibilities in daily life (SAMHSA).

Figure 1 shows the percent of individuals in St. Clair County who are at-risk for an acute drinking episode to occur. According to the Illinois Behavioral Risk Factor Surveillance Survey, less individuals report being at-risk for severe alcohol bingeing. However, it should be noted that the IBRFSS is comprised of information self-reported by respondents. This could produce skewed results from people withholding information or unknowingly providing false information.



Figures 2 and 3 use HCUP data to show the percent of inpatient discharges primarily related to alcohol-induced disorders for St. Clair County, Illinois, and the United States. The given results show St. Clair County consistently has a higher rate of people discharged with health conditions related to alcohol abuse (153.2 per 100,000 population in 2019), compared to the national level (142.5 per 100,000 population in 2019) but lower than the rate in Illinois (178.8 per 100,000 population in 2019).



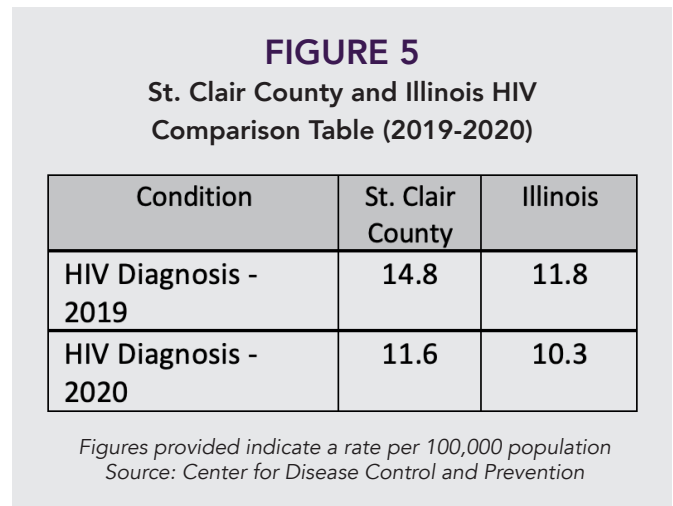
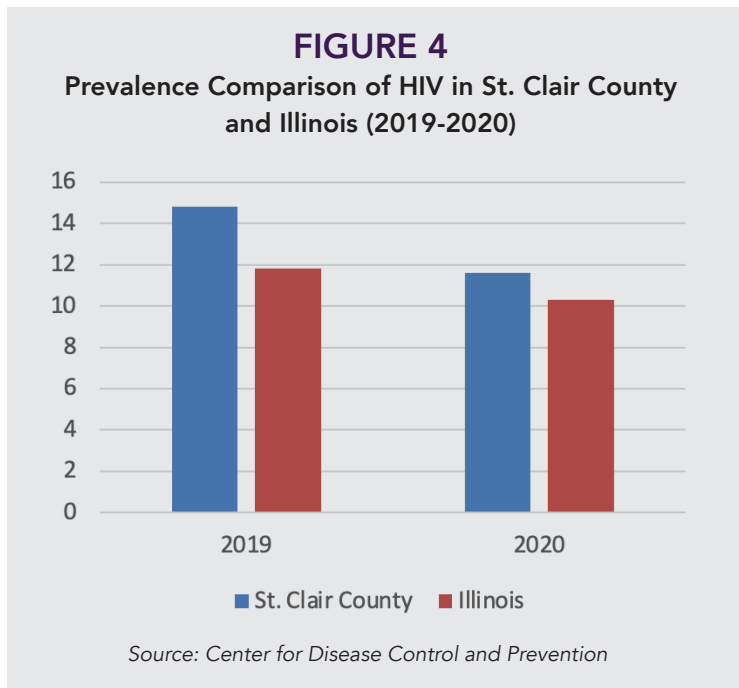
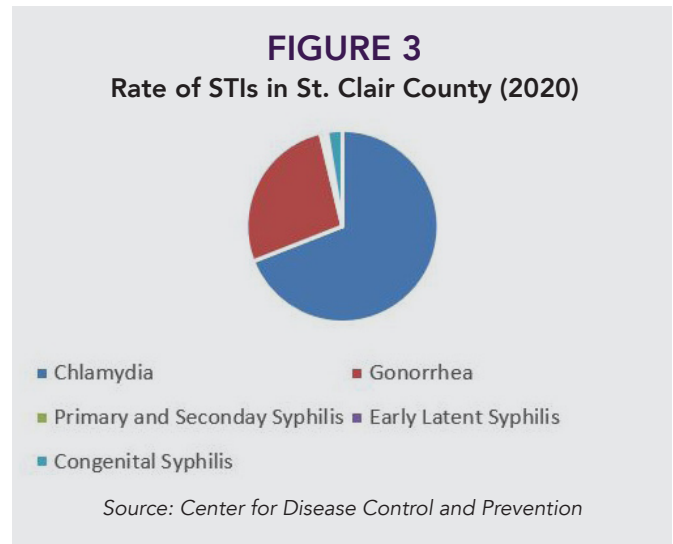
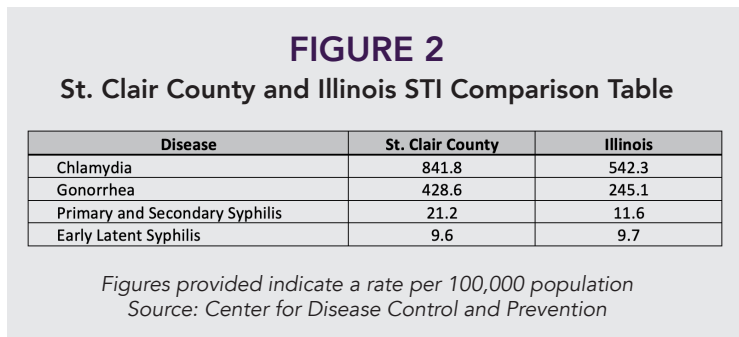
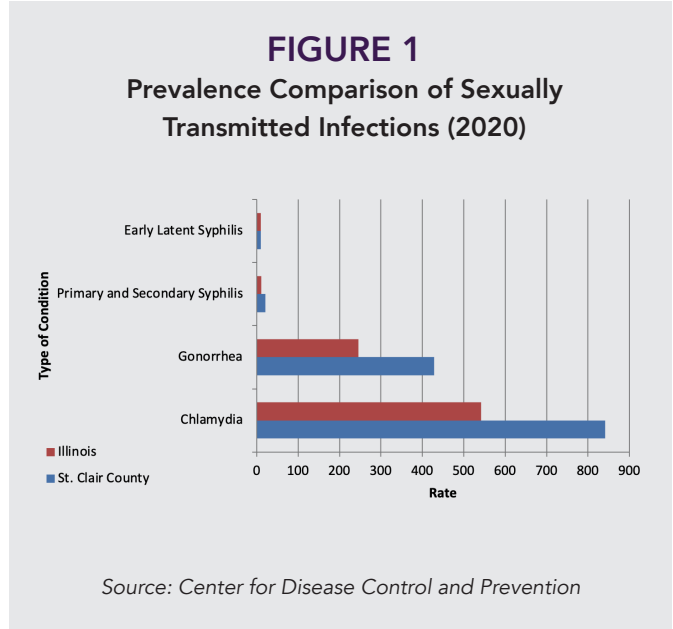
INFECTIOUS DISEASES

SEXUALLY TRANSMITTED INFECTIONS (STIs)

Figures 1 and 2 depict the prevalence of sexually transmitted infections in St. Clair County and Illinois. It is evident that St. Clair County has higher rates of gonorrhea and chlamydia than the state of Illinois. While the rate of syphilis is markedly lower and has a much less significant impact on the community, St. Clair County has a higher rate of primary and secondary syphilis, and nearly equal frequency of early latent syphilis with the state.

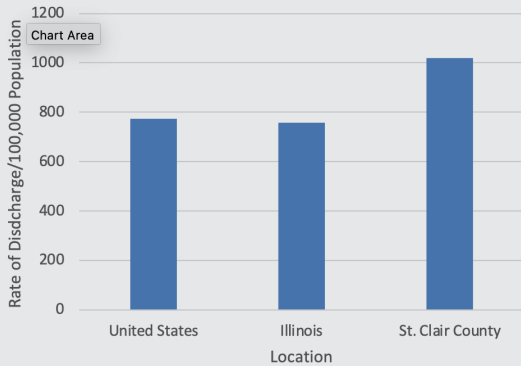
Figure 3 shows the rate of each STI previously reported in St. Clair County. In 2020, chlamydia and gonorrhea were by far the dominant STIs in St. Clair County.

Figures 4 and 5 indicate the prevalence of Human Immunodeficiency Virus (HIV) in St. Clair County compared to Illinois. St. Clair County has a higher rate of HIV diagnoses, though both rates saw a slight decrease from 2019 to 2020.



SEPTICEMIA

FIGURE 1
Comparison of Septicemia Prevalence (Excluding Labor-Induced) in St. Clair County Illinois, and U.S. (2019)



Source: Healthcare Cost and Utilization Project (HCUP)

Septicemia (or sepsis) is an infection of the blood in response to infection elsewhere in the body such as skin, lungs (e.g. pneumonia), urinary tract, stomach (e.g. appendicitis), etc. It can cause significant organ and tissue damage, illness, and mortality. Individuals at higher risk for developing sepsis are:

- Individuals with weak immunity
- Babies and youth
- Elderly individuals
- Individuals suffering from chronic illness (e.g. diabetes, AIDS, cancer, kidney, or liver disease)
- Individuals suffering from significant burn wounds

Figures 1 and 2 show the comparison between St. Clair County, Illinois, and the United States of prevalence of septicemia. Both figures clearly illustrate a much higher rate of septicemia among the St. Clair County population versus the state and national prevalence rate.

FIGURE 2
Comparison of Septicemia Prevalence (Excluding Labor-Induced) of St. Clair County, Illinois, and U.S. (2019)

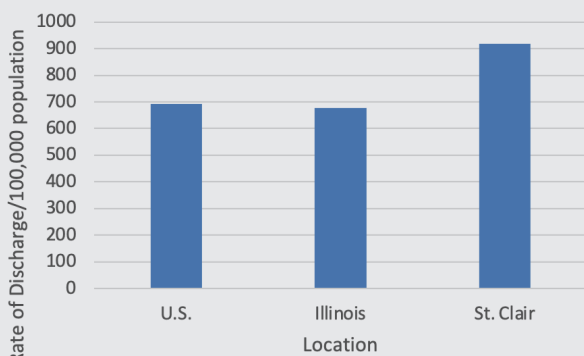
Location	Rate of Discharges per 100,000 Population
U.S. Total	692.2
Illinois Total	676.7
St. Clair County Total	918.4

Source: Healthcare Cost and Utilization Project (HCUP)

Figures 3 and 4 present HCUP data to compare the prevalence of infectious disease in St. Clair County to the prevalence of infectious disease in Illinois and the United States. This data is compiled from hospital inpatient discharge records. It accounts for all individuals discharged from participating hospitals with a primary diagnosis related to infectious disease.

Both Figures depict a significantly larger rate of discharge attributed to infectious disease in St. Clair County versus both the state and national rates. In fact, the St. Clair County rate of 1,019.9/100,000 population is nearly one and a half times the Illinois rate of 757.3/100,000 population.

FIGURE 3
Comparison of Infectious Disease Prevalence by Major Diagnostic Category of St. Clair County, Illinois, and the U.S. (2019)



Source: Healthcare Cost and Utilization Project (HCUP)

FIGURE 4
Comparison of Infectious Disease Prevalence by Major Diagnostic Category of St. Clair County, Illinois, and the U.S. (2019)

Location	Rate of Discharges per 100,000 Population
U.S. Total	772.6
Illinois Total	757.3
St. Clair County Total	1,019.9

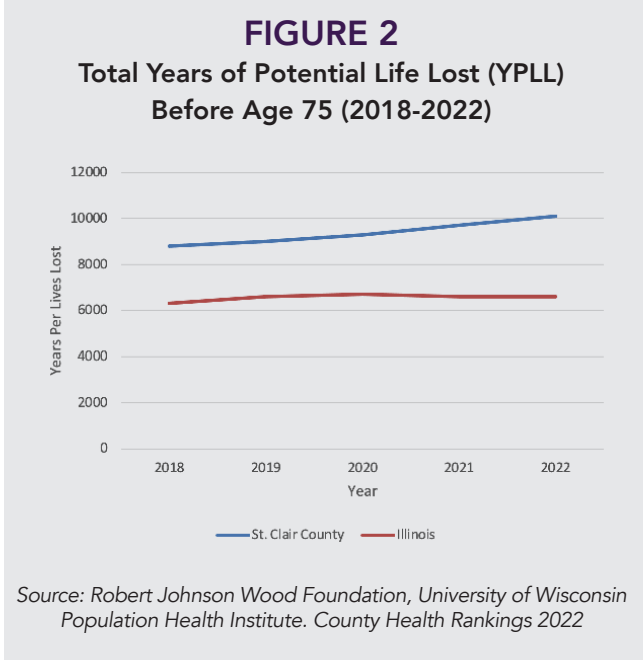
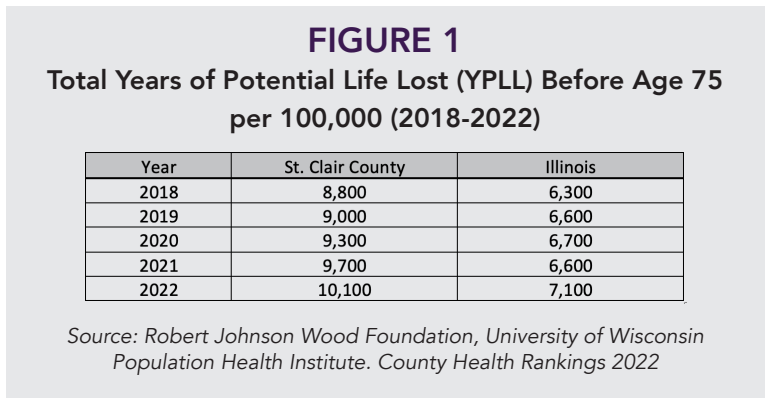
Source: Healthcare Cost and Utilization Project (HCUP)

CHRONIC DISEASES

PREMATURE DEATH

The figures provided in Figure 1 represent the rate of years per lives lost (YPLL) before age 75 per 100,000 population. This accounts for any mortalities that occur before age 75. For example, an individual who dies at 25 years of age contributes 50 years of potential life lost.

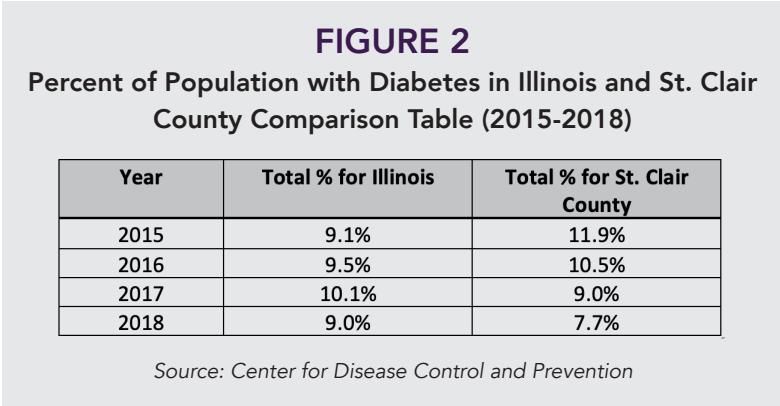
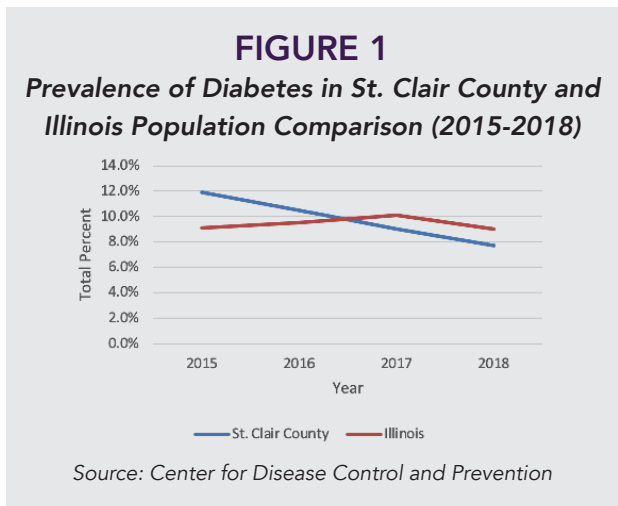
Figure 2 shows that the number of total years of potential life lost (YPLL) in St. Clair County is consistently greater than Illinois as a whole. This means that more individuals living in or visiting St. Clair County are experiencing death prematurely more frequently than in Illinois.



DIABETES

Diabetes is a metabolic disorder in which an individual has higher than average blood sugar (blood glucose levels) because insulin production is inadequate, because the body does not respond correctly to insulin, or both. Type I Diabetes is the medical term used to describe individuals whose body does not produce enough insulin. Type II Diabetes refers to the improper function or response to insulin produced. The majority of diabetes cases fall under the Type II category. It is a long-term condition that can be easily managed effectively when an individual is armed with appropriate information.

Figures 1 and 2 illustrate the trend in diabetes prevalence (both Type I and Type II) in St. Clair County compared to Illinois. As depicted in Figure 1, the Illinois line shows a fairly steady level of percent of individuals with diabetes diagnoses. The St. Clair County line shows on average a prevalence rate higher than that of Illinois, until the last year, where there is a sharp decrease in prevalence.



OBESITY

Identifying overweight and obesity refers to determining an individual's Body Mass Index (BMI). A BMI greater than 25 is considered overweight. A BMI greater than 30 is considered obese. There are three classes of obesity associated with ranges of BMI. Increased BMI is also positively associated with other adverse health outcomes.

The obesity health ranking is provided from the Robert Wood Johnson Foundation County Health Rankings tool. Figure 1 indicates that out of the 102 counties in Illinois, St. Clair County ranks 92nd with regard to obesity prevalence. The higher the ranking, the lower the health outcomes.

Figure 2 provides information on the prevalence of obesity in St. Clair County and Illinois over the last five years. Gestational diabetes (pregnancy-induced diabetes) reports were excluded from the following information.

The graph illustrates a fluctuating rate of obesity for both St. Clair County and Illinois. The percentage of individuals considered obese in St. Clair County is significantly greater than Illinois during this timeframe.

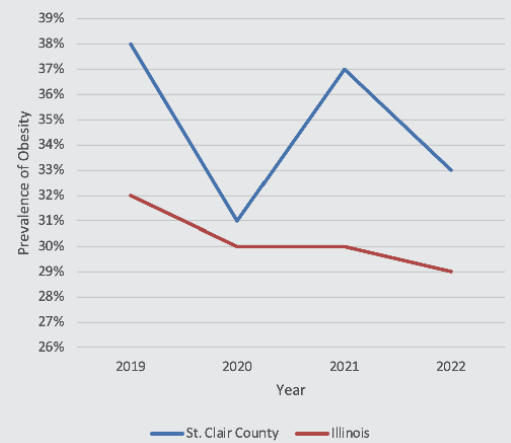
Figure 3 depicts the prevalence of obesity by race. The graph illustrates a significantly higher prevalence of obesity (BMI>30) for the African-American, Hispanic, and Multiracial groups. These groups also make up the majority of the hospital's primary population served.

FIGURE 1
Obesity 2022 Ranking

Total Illinois Counties	102
St. Clair County	92

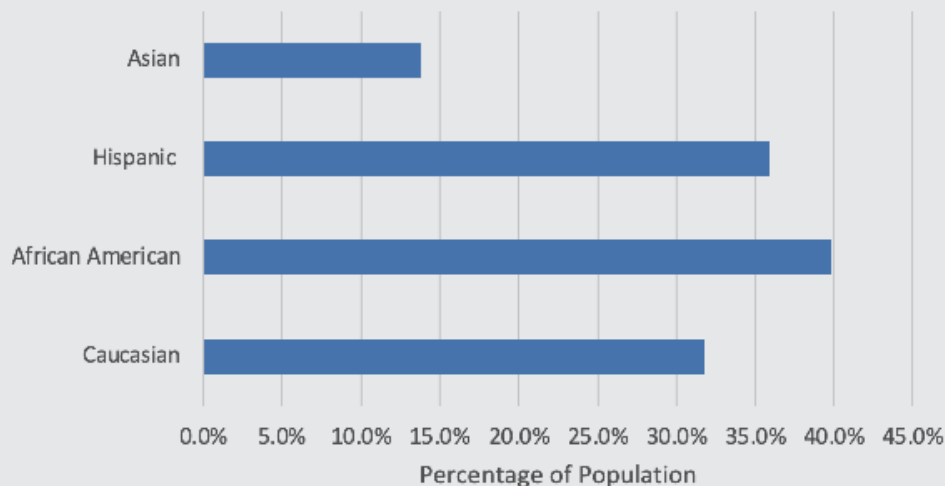
Source: Robert Johnson Wood Foundation, University of Wisconsin Population Health Institute. County Health Rankings 2022

FIGURE 2
Trend Report of Individuals with Body Mass Index (BMI) > 30



Source: Robert Johnson Wood Foundation, University of Wisconsin Population Health Institute. County Health Rankings 2022

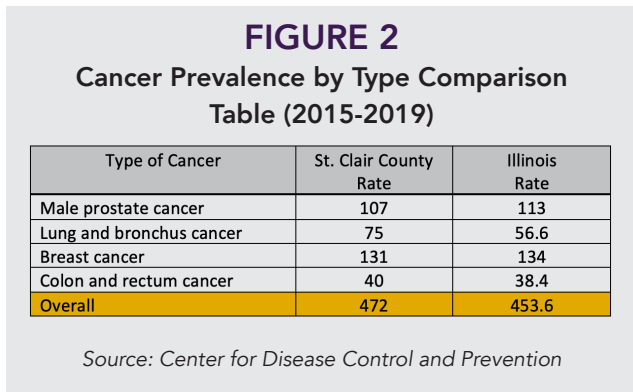
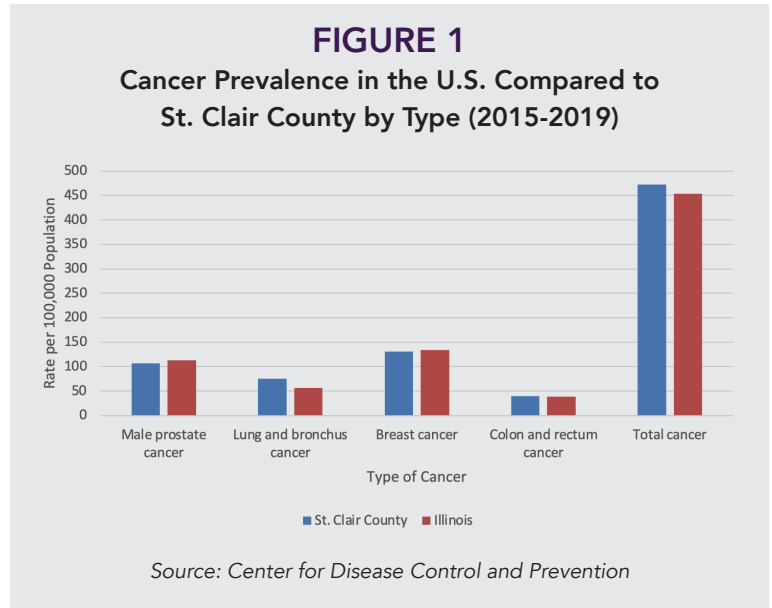
FIGURE 3
Obesity Prevalence in Illinois by Race (2020)



Source: Center for Disease Control and Prevention

CANCER

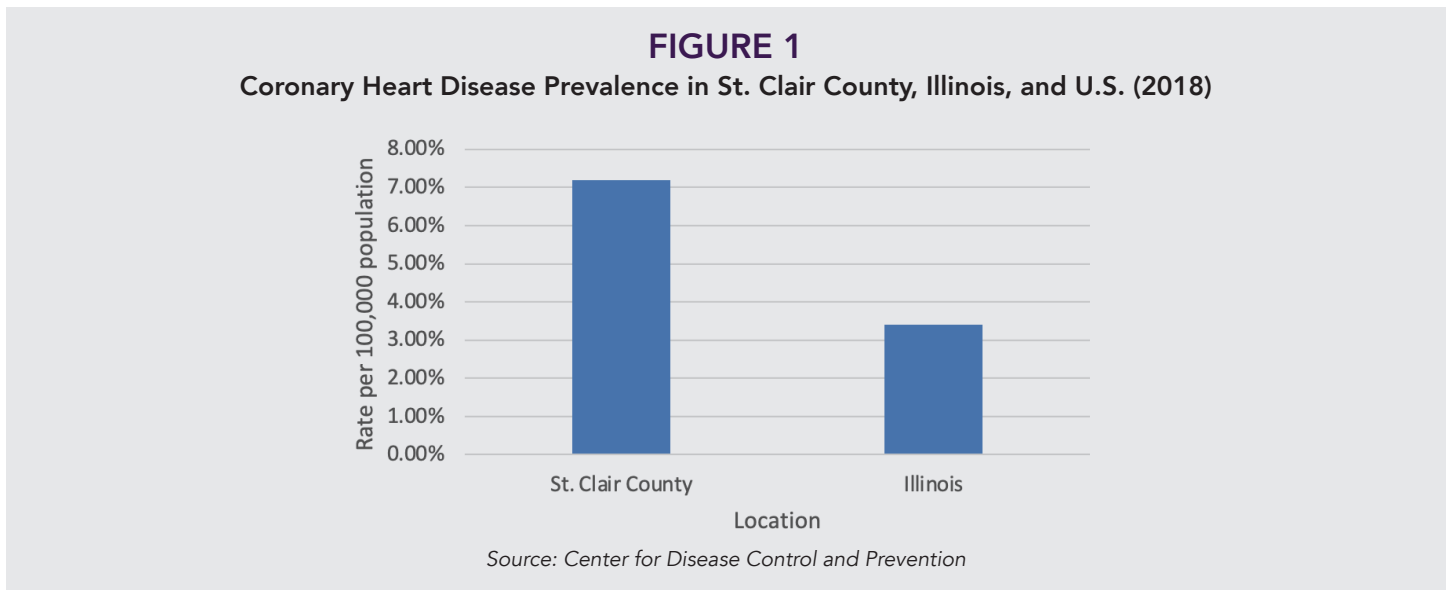
Figures 1 and 2 depict the prevalence of cancer in St. Clair County compared to Illinois as a whole. This information is illustrated by type of cancer including: male prostate, lung and bronchus, breast, and colon and rectum cancer. As shown in Figure 1, the total rate per 100,000 population is approximately 472 in St. Clair County versus 453.6 statewide. Each type of cancer is nearly equal or slightly higher rates in St. Clair County compared to statewide rates. Figure 2 provides the rates per 100,000 population associated with each type of cancer and respective locations.



CARDIOVASCULAR DISEASE

Cardiovascular disease, more commonly referred to as heart disease, occurs when plaque builds up around the walls of the arteries of the heart. The accumulation of plaque makes it difficult for blood flow to move through the arteries, thus cutting off the blood and oxygen needed to keep the heart working. If the blood clot is substantial enough it can cause a heart attack, stroke, or other adverse health effects.

Figure 1 illustrates the prevalence of heart disease in St. Clair County and the state of Illinois. As shown, St. Clair County has a much higher prevalence of heart disease (7.2%) than Illinois (3.4%).



STROKE

A stroke occurs when the supply of blood to the brain is significantly reduced or blocked completely. This deprives brain cells of oxygen and nutrients, causing them to die. Symptoms, as well as long term effects, depend on the part of the brain affected and the extent of the damage.

Figures 1 and 2 illustrate the comparison of stroke-related mortalities in St. Clair County, Illinois, and the United States. As shown in Figure 1, St. Clair County has more deaths related to stroke than both Illinois and the U.S. Figure 2 provides the numbers associated with these rates.

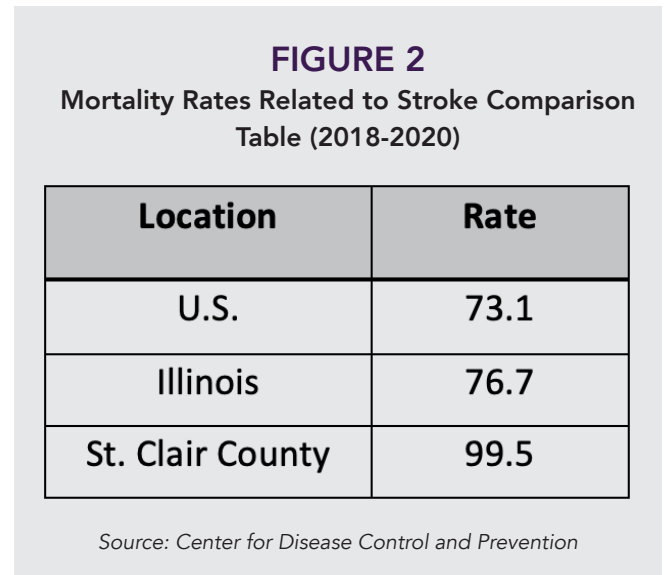
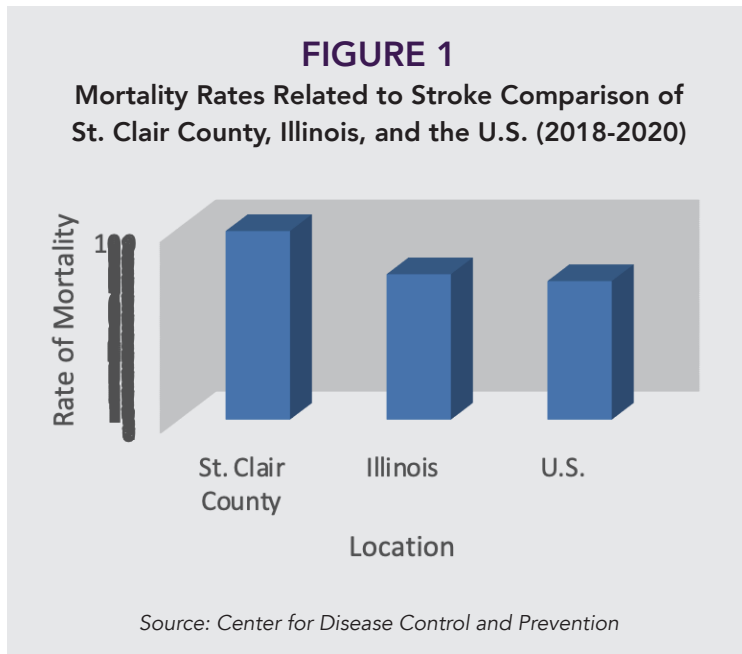
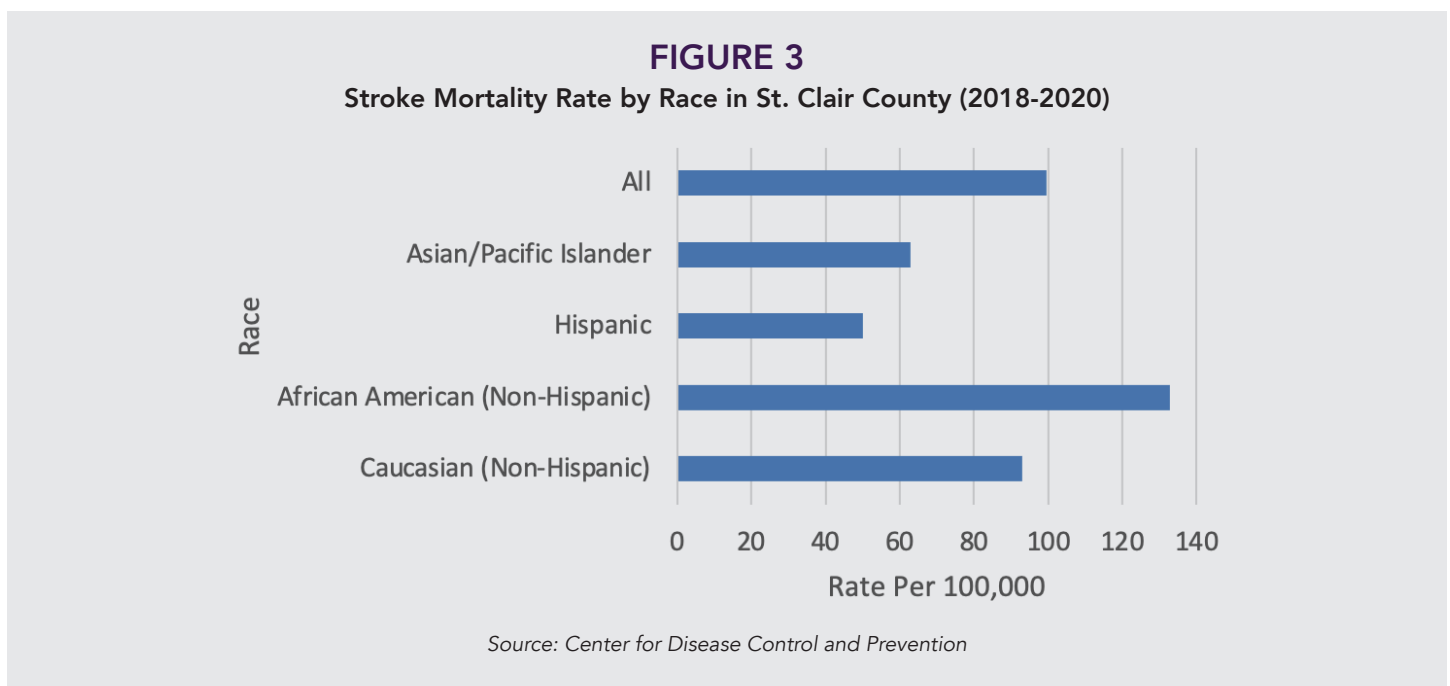


Figure 3 categorizes the stroke mortality rate in St. Clair County by race. As illustrated, African Americans (non-Hispanic) experience the highest rate of stroke-related deaths, followed by Caucasians (non-Hispanic). These two groups comprise the majority of St. Clair County's population. The data suggests that Touchette's primary population served is at high-risk for suffering from stroke and deaths related to stroke.

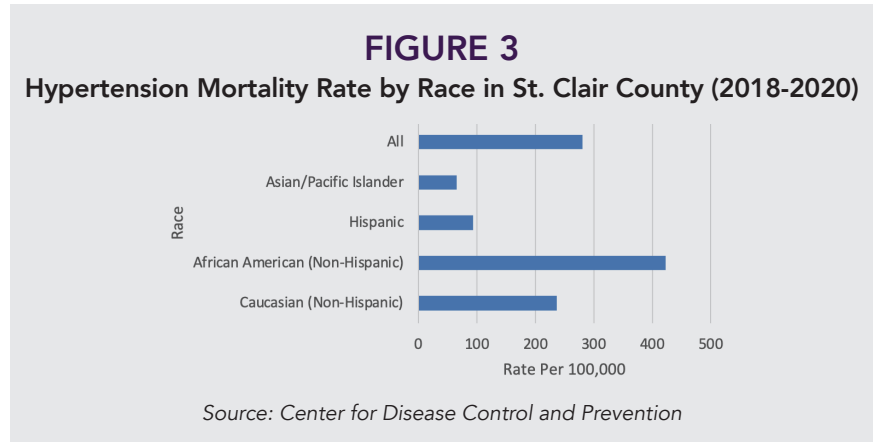
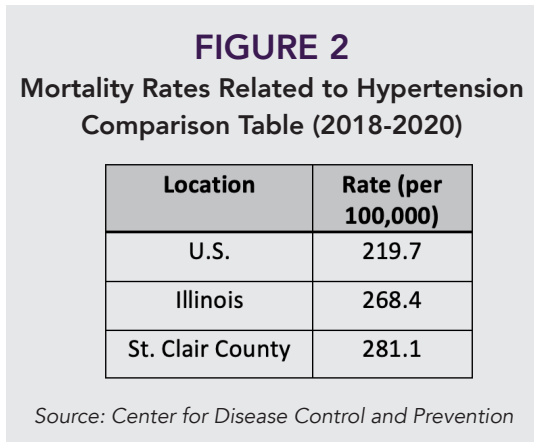
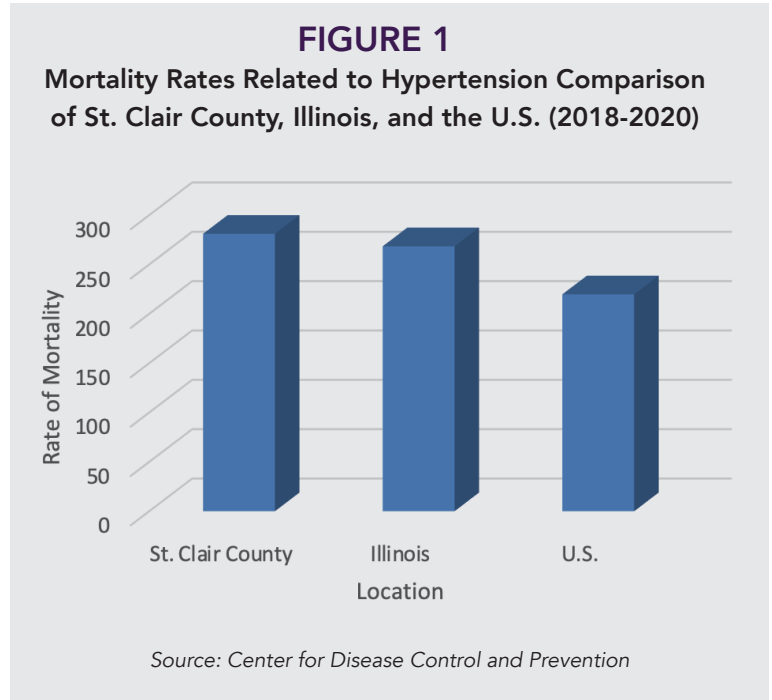


HYPERTENSION

Commonly referred to as high blood pressure, hypertension is a medical condition that occurs when blood flows with greater intensity through the blood vessels. This can damage the blood vessels, thus affecting vital organs requiring proper blood flow.

Figure 1 illustrates the comparison of hypertension-related mortalities in St. Clair County, Illinois, and the U.S. As shown, St. Clair County has a higher mortality rate than both Illinois and the U.S. The numbers associated with these rates are provided in Figure 2.

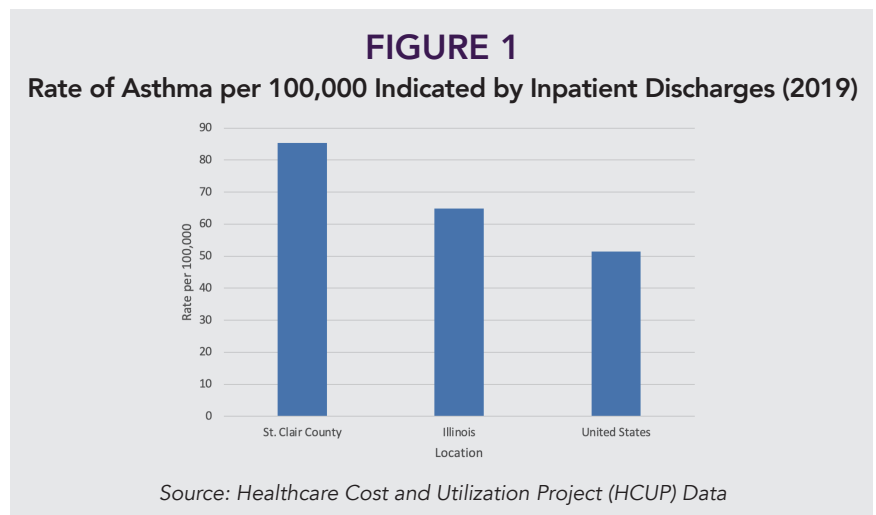
Figure 3 categorizes the hypertension mortality rate in St. Clair County by race. As shown, African Americans (non-Hispanic) experience the highest rate of hypertension-related mortalities among all of the classifications. In fact, the rate for African Americans (non-Hispanic) is nearly twice that of the next highest group, Caucasians (non-Hispanic).



ASTHMA

Asthma is a condition in which the airways narrow and swell and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing, and shortness of breath. Asthma can be a minor nuisance, but it can also be a major health issue that interferes with daily activities, and may lead to a life-threatening asthma attack.

Figure 1 shows the rate per 100,000 discharges with a primary diagnosis of asthma in St. Clair County, Illinois, and the United States. St. Clair County has a higher prevalence of asthma diagnoses than both the state and national rate.

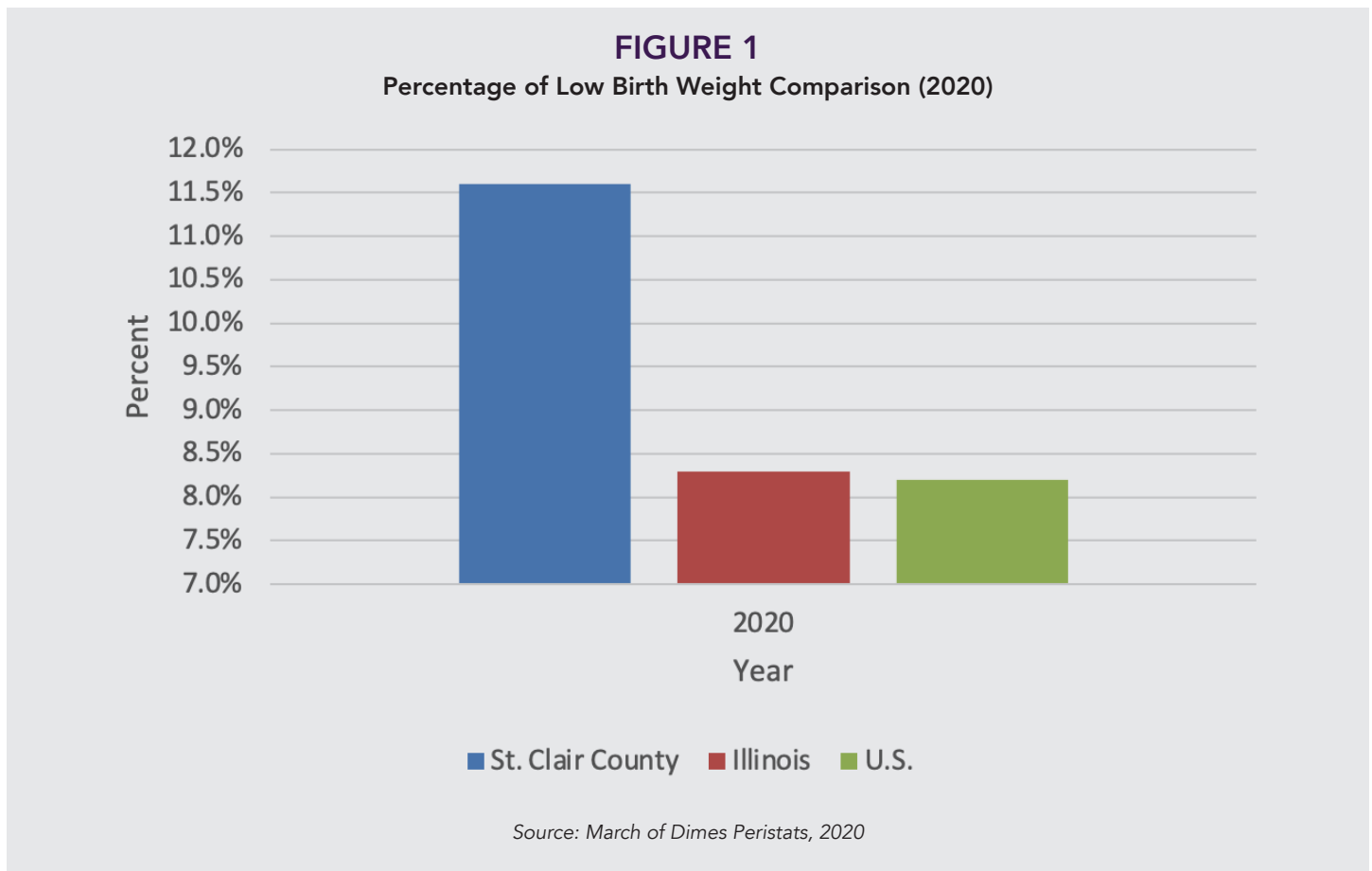


MATERNAL AND CHILD HEALTH

LOW BIRTH WEIGHT

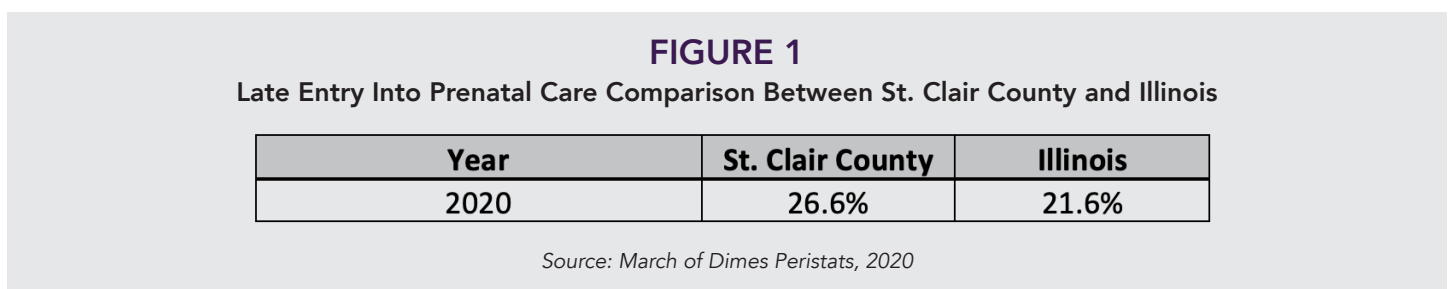
Low birth weight refers to babies that are born underweight as compared to their gestational age. Generally, a birth weight recorded of 5 pounds, 8 ounces is considered low birth weight. Any baby born weighing less than 3 pounds is considered very low.

Figure 1 illustrates the trend in prevalence of low birth weight in St. Clair County compared to Illinois and the United States. As shown, the percent of babies born with a low birth weight in St. Clair County is significantly higher than the state and national rates.



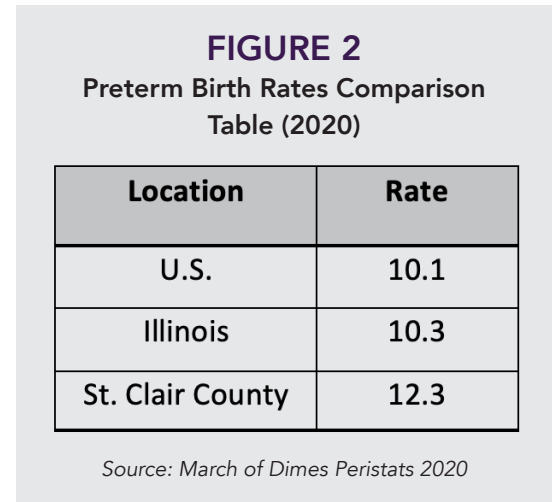
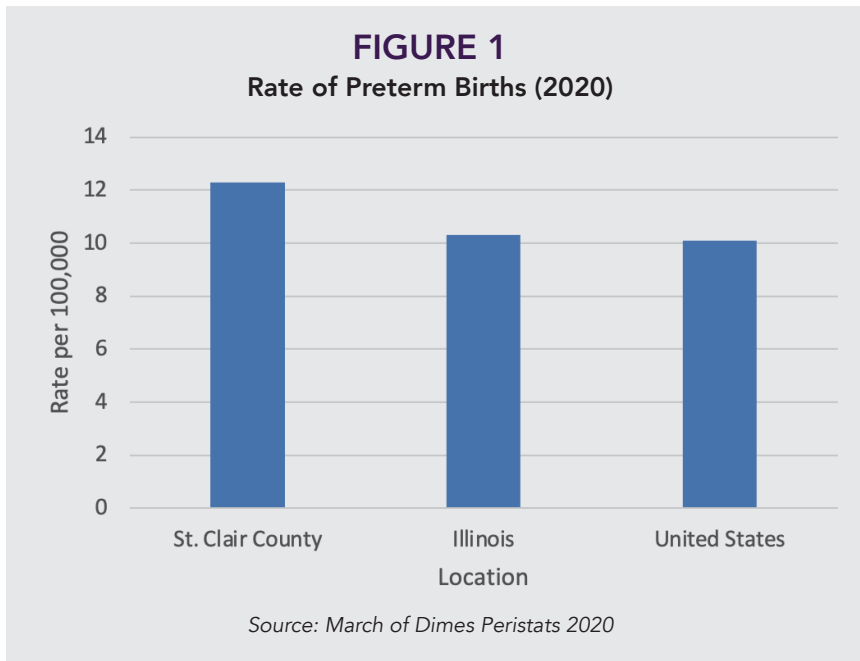
PRENATAL CARE

Prenatal care refers to medical care received during pregnancy, including checkups and prenatal medical tests. Late entry into prenatal care refers to mothers who begin prenatal care post-first trimester (anywhere from 4-9 months). Figure 1 shows the comparison between St. Clair County and Illinois for the prevalence of late entry into prenatal care.

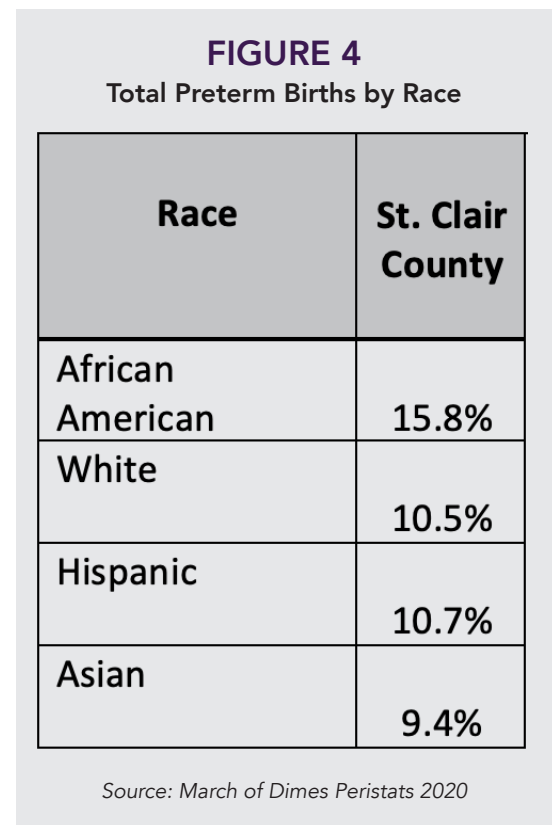
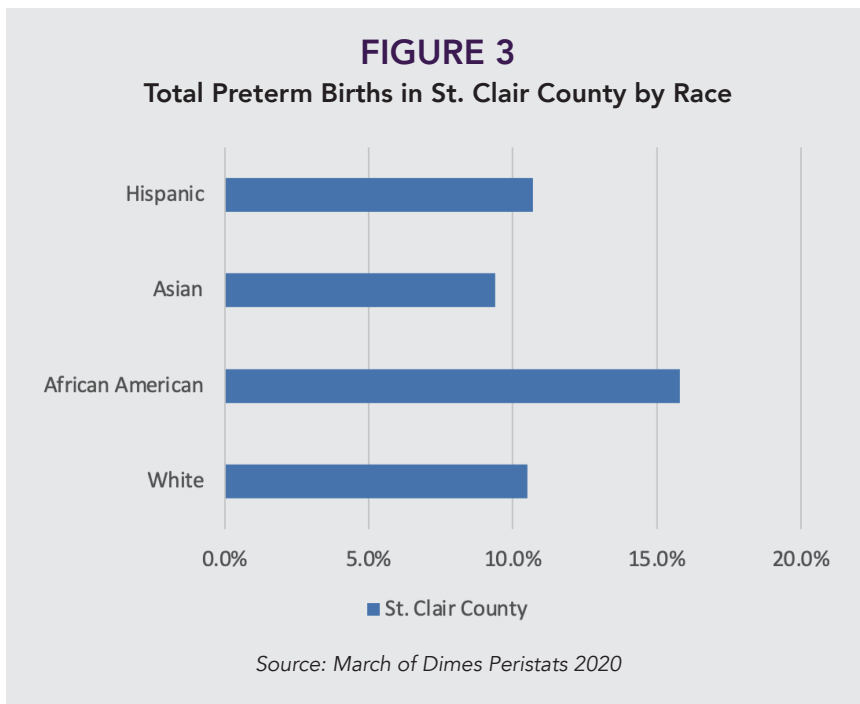


PRETERM BIRTH

Preterm birth refers to babies that are born before full term, or 37 weeks, has been reached. This generally occurs between 20 and 36 weeks. Premature babies may have more health problems and may need to stay in the hospital longer than babies born at full term. Figures 1 and 2 show the rate of preterm births in St. Clair County, Illinois, and the United States.



Figures 3 and 4 compare the percent of total preterm births that occur in St. Clair County and Illinois by race. As illustrated in Figure 3, preterm births are more common among African Americans overall.



VIOLENCE

VIOLENT CRIME

Repeated exposure to crime and violence can have a negative effect on a community's health outcomes. The data provided in this section is based on the Illinois Uniform Crime Reporting (UCR) Data that is offered by participating police departments and agencies. It is based on reports made to the police of certain violent crime offenses that include: homicide, rape, robbery, and aggravated assault.

Figure 1 illustrates the violent crime rate per 100,000 population in the United States, Illinois, and the five largest cities in Touchette Regional Hospital's primary service area. As the figures show, the violent crime rate in Illinois is slightly higher than the U.S. crime rate. The violent crime rate in Touchette's primary service area is alarmingly high, with the majority of cities nearly double the state rate. East St. Louis's violent crime rate is nearly 7 times the national rate.

