



Touchette Regional Hospital

**2019 COMMUNITY HEALTH  
NEEDS ASSESSMENT**





## INTRODUCTION

Touchette Regional Hospital is located in Centreville, Illinois. Since its opening as Centreville Township Hospital in 1958, the 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, obstetrical services, 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.

Touchette addresses priority needs through community programs that aim to educate the population served on awareness and prevention health strategies. Complete Care was developed by Touchette and added to its services in 2009. The program aims to increase education on prevention and care management of chronic diseases impacting the community. While the current focus of the program is diabetes, the complete care model is also effective in addressing other significant chronic illnesses such as congestive heart failure, kidney disease, and hypertension.

In addition to hospital services, Touchette delivers home healthcare in St. Clair, Madison, and Monroe counties through Southern Illinois Home Care. These services are offered to disabled, chronically ill, and terminally ill patients. Physical and occupational therapies, as well as nursing services, are also provided in-home. Transportation services are available to and from the hospital, local health centers, and physician's offices.

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 Centreville, East St. Louis, and the surrounding Illinois communities of Cahokia, Alorton, 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

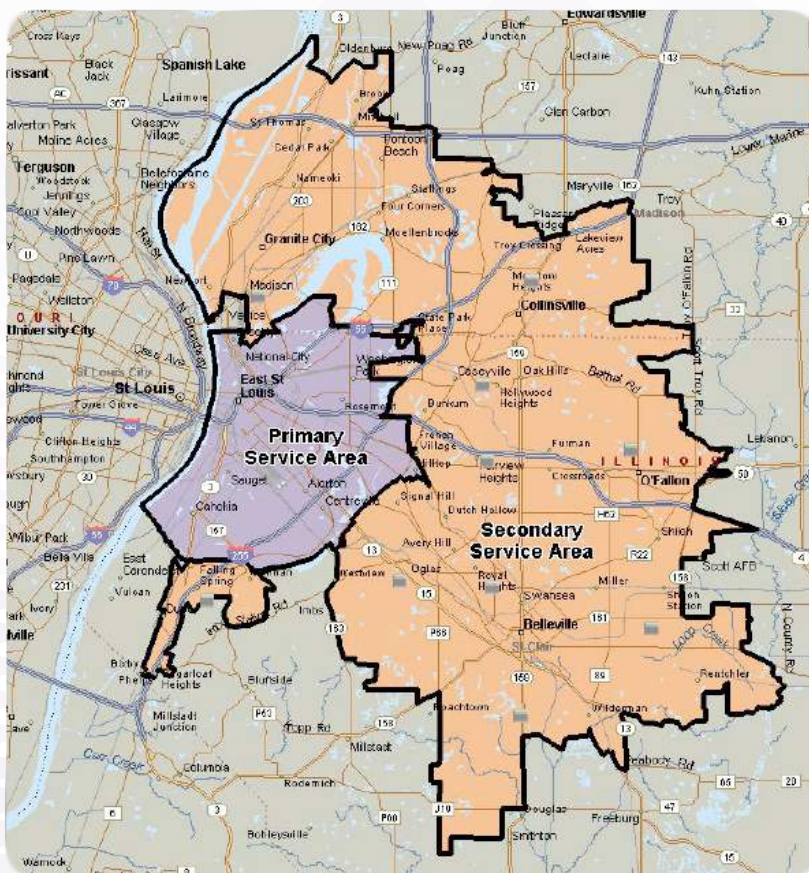
East St. Louis and the surrounding communities were once an industrial area. Many large manufacturing industries had a strong presence, including steel, railroading, and meatpacking. The area took a significant downturn during the second half of the 20th century. Restructuring of heavy industry and railroads 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 communities and ZIP codes found below.

### 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
<b>TOTAL POPULATION</b>	55,995	233,620
<b>RACE</b>		
African American	80.90%	16.64%
Caucasian	15.36%	77.42%
Other	3.74%	5.94%
<b>ETHNICITY</b>		
Hispanic	4.76%	4.35%
Not Hispanic	95.24%	95.65%
<b>INCOME</b>		
Below Poverty (<100%)	39.93%	12.93%
100-200% of Poverty	27.22%	15.87%
>200% of Poverty	32.85%	71.20%
<b>EDUCATION</b>		
Below H.S.	20.57%	8.31%
H.S. Grad. (includes equivalency)	60.58%	51.63%
College Grad.	18.85%	40.06%
<b>AGE</b>		
0-19	29.24%	24.29%
20-59	51.37%	53.98%
60+	19.39%	21.74%
<b>UNEMPLOYMENT</b>		
Total Rate of Unemployment	16.40%	7.19%
<b>HOUSING</b>		
Vacancies	22.78%	11.21%

# 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, 94th out of 102 Illinois counties for both health outcome and health factors. Below is an inclusive list of health measures, descriptions, and the associated health ranking for each.

MEASURE	DESCRIPTION	RANKING
<b>HEALTH OUTCOMES</b>		94
Length of Life	Premature death	89
Quality of Life	Poor or fair health, poor physical health days, poor mental health days, low birthweight	97
<b>HEALTH FACTORS</b>		94
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	100
Access to Clinical Care	Uninsured rates, primary care physicians, dentists, mental health providers, preventable hospitals stays, diabetic monitoring, mammography screenings	55
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	81
Physical Environment	Air pollution (particulate matter), drinking water violations, severe housing problems, driving alone to work, long commute (driving alone)	87

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute 2019 County Health Rankings



# 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 Aligned Roadmap, 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.

Additionally, every three years Touchette Regional Hospital hosts a Community Partners Roundtable to obtain input for the Community Needs Assessment. Representatives from agencies that provide health and social services to the East St. Louis area are invited to participate. The work being done in the community by other groups and individuals often reveals significant needs not always observed by the hospital. The primary goal of the meeting is to gather insight and perspectives from these outside resources. The Roundtable provides a forum for key informants and hospital personnel to explore and identify community health needs.

Participants in the 2019 Community Health Needs Assessment process included a variety of groups dedicated to serving the East St. Louis population. These agencies provide services in the areas of healthcare, social services, education, and more. For the East St. Louis community, these are important determinants which play a significant role in the overall quality of life for the population.

Among the stakeholders, there was a general consensus of agreement around the data regarding demographics, socioeconomic factors, and health trends. Additional concerns about problems likely contributing to the poor health status of the community were also raised. During the Community Round Table, the parties present brainstormed different methods to address these health issues. The community agencies participating in the 2019 Community Health Needs Assessment process include:

AGENCY	DESCRIPTION
Hoyleton Ministries/ Puentes de Esperanza	Initially a provider of residential services, Hoyleton Ministries' proactive approach has enabled their expansion into several service lines including: child welfare services, behavioral health, and preventive care services focused on teen pregnancy, substance abuse, and more. These services are also offered for Spanish-speaking clients through the Puentes de Esperanza program.
St. Clair County Mental Health Board	Working to improve the development and delivery of mental health services for persons in St. Clair County.
SIHF Healthcare Healthy Start Initiative	Providing comprehensive case management and support to mothers, their children, and their families before, during, and after pregnancy.
Windsor Health Center	One of SIHF Healthcare's 30+ health centers providing healthcare services to the greater Southern Illinois area. Services offered include family health, women's health, behavioral health, and primary care.
Catholic Urban Programs	One of the best-known providers of food, rent subsidies, clothing, and financial support for individuals that fall between the cracks of service providers.
Lessie Bates Davis Neighborhood House	Providing early childhood development and comprehensive youth services in addition to individual and family support services, all which help move individuals and families out of poverty.

# PRIORITY HEALTH NEEDS

The extensive data that was gathered and analyzed in preparation of this needs assessment is included so that it can be a distributed community resource for the most recent health status indicators available. This information was summarized and prepared for the Community Partners Roundtable. Much discussion was held by the agencies in attendance. Group consensus easily identified mental health and substance use disorders as their top priorities. The health issues raised were categorized into five focus areas for the hospital to address.

In summary, Touchette Regional Hospital's health priorities for the 2020 Community Health Needs Assessment are:

1. Mental Health
2. Substance Use Disorders
3. Chronic Diseases
4. Social Determinants of Health
5. Coordination of Social Services

## 1. MENTAL HEALTH

### ***What is 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. In terms of lost income, mental illness can be one of the most costly diseases.

Learn more at: <https://www.nami.org/Learn-More/Mental-Health-Conditions>

### ***Understanding the Impact of Mental Health***

Touchette Regional Hospital has made 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, 2018).

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, 2018). As discussed in the Community Roundtable, it is important to recognize the connection between trauma and mental illness. 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 address adult and youth mental health services. Additionally, a continuing focus on trauma-informed care will be applied due to the continued need for education, training, and specific services related to this topic.

## 2. SUBSTANCE USE DISORDERS

### *What are 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.

Learn more at: <https://www.samhsa.gov/find-help/disorders>

### *Understanding the Impact of Substance Use Disorders*

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.

Learn more at: <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 2020 Community Health Needs Assessment, they are prioritized under a distinct category to recognize the impact this growing 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.

## 3. CHRONIC DISEASES

### *What are 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.

Learn more at: <https://cmcd.sph.umich.edu/about/about-chronic-disease>

Examples of chronic diseases include, but are not limited to:

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

### *Understanding the Impact of Chronic Diseases*

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*

Chronic diseases can be successfully controlled through daily management activities such as medication management, steady monitoring of appropriate measures (e.g. glucose levels for diabetes patients), and behavioral modifications (e.g. benefits of altering food consumption choices by obese individuals). As part of the 2020 Community Health Needs Assessment, Touchette Regional Hospital recognizes that further patient education on chronic diseases is necessary if patients are expected to understand and apply disease management in their daily lives.



## 4. SOCIAL DETERMINANTS OF HEALTH

### ***What are Social Determinants of Health?***

Social determinants of health are conditions in the environments in which 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. Examples include but are not limited to: availability of resources to meet daily needs, such as safe housing and food markets; access to quality education; access to healthcare services; transportation; exposure to crime or violence; and language/literacy.

Learn more at: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

### ***Understanding the Impact of Social Determinants of 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, lack of access to reliable transportation, 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. The primary service area is affected by many of these, including poverty, food insecurity, educational attainment, affordable and safe housing, and violence and crime. 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.

## 5. COORDINATION OF SOCIAL SERVICES

### ***What is Coordination of Social Services?***

Coordination of social services is a process in which service providers who work across the boundaries of different agencies and systems can work together to address multiple needs of patients. This can be accomplished through informal collaborations, linkage agreements, memorandums of understanding, and other methods. This ensures that all the needs of the patient are treated by connecting them to additional services in the community that will positively impact their health.

### ***Understanding the Impact of Coordination of Social Services***

Many patients seek treatment for a specific medical issue at Touchette Regional Hospital. During their visit, often the nurse, doctor, or other professional has the opportunity to learn about some of the social determinants that may be affecting a patient. If a patient need is identified that can be addressed by services provided by another community partner, Touchette staff can work with the other agency to ensure the patient receives these services. Many of Touchette Regional Hospital's patients are unaware of community resources available to them.

### ***Coordination of Social Services as a Priority Need***

By coordinating services with other agencies in the community, Touchette Regional Hospital can play an important role in ensuring patients can receive resources affecting their social determinants of health. Touchette Regional Hospital recognizes the impact that social determinants have on patients' health and that coordination of social services can have a significant, positive impact on the primary population's health outcomes.

# 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 smaller 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 50 - 59. Figure 2 provides the numbers that are associated with each age range provided in Figure

**FIGURE 2**

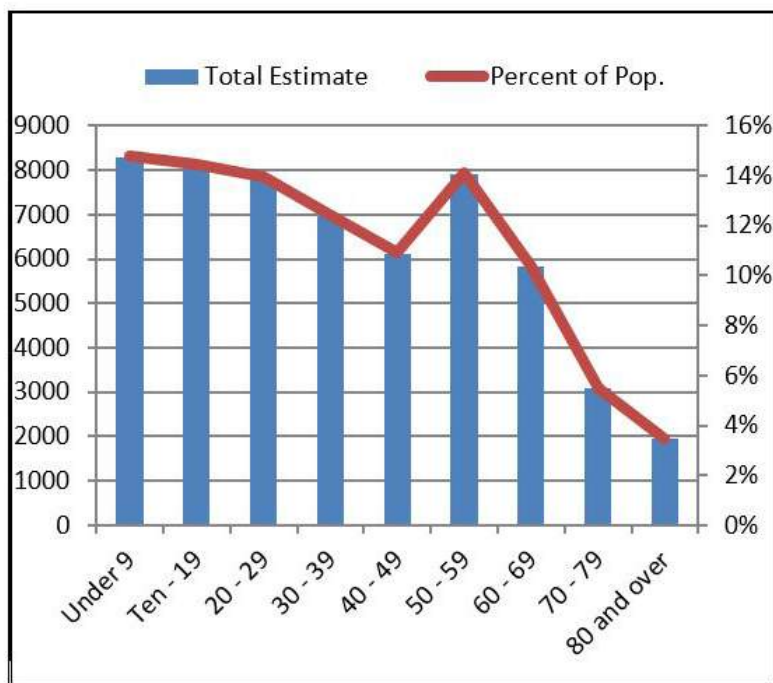
**Percentage of Population Categorized by Age in East St. Louis Health District (2013-2017)**

Age	Total Estimate	Percent of Population
Under 9	8,293	14.81%
Ten - 19	8,081	14.43%
20 - 29	7,805	13.94%
30 - 39	6,951	12.41%
40 - 49	6,102	10.90%
50 - 59	7,906	14.12%
60 - 69	5,814	10.38%
70 - 79	3,086	5.51%
80 and over	1,957	3.49%
<b>Total</b>	<b>55,995</b>	

Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 American Community Survey 5-Year Estimates

**FIGURE 1**

**Distribution of Population by Age in East St. Louis Health District (2013-2017)**

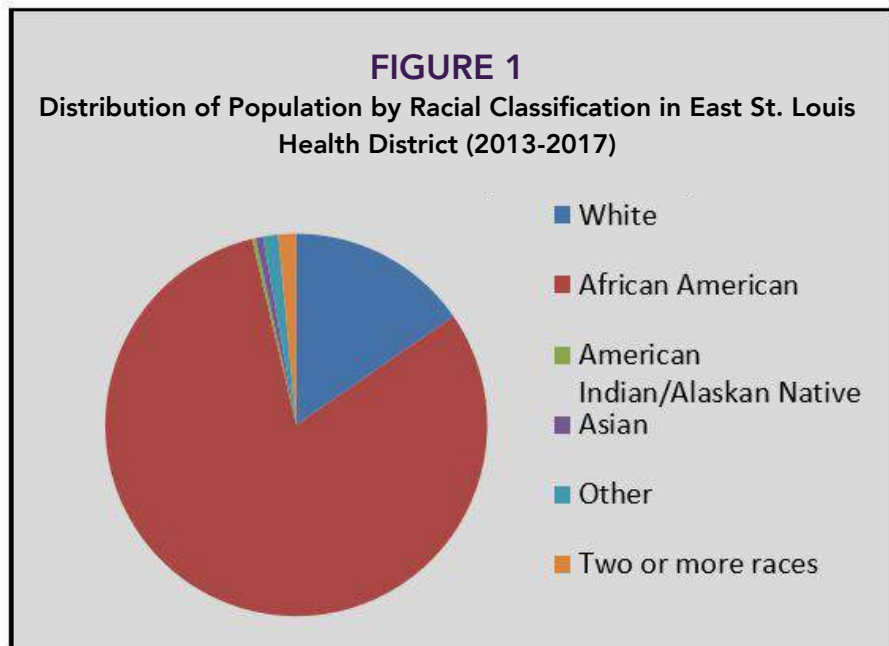


Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 American Community Survey 5-Year Estimates



## RACE

The information presented in Figures 1 and 2 shows the distribution of the 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 (80.9%) identify as African-American (non-Hispanic). This is followed by White (non-Hispanic) at 15.4%, "two or more races" at approximately 1.5%, and "other" at 1.3%. The remaining classifications each fall under 1%.



Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 American Community Survey 5-Year Estimates

The age ranges with the highest number of individuals per population are  $\leq 9$ , 10 - 19, and 50 - 59. Figure 2 provides the numbers that are associated with each age range provided in Figure 1.

**FIGURE 2**  
**Percent of Population Categorized by Racial Classification in East St. Louis Health District (2013-2017)**

Race	Total Estimate	Percent of Population
White	8,600	15.4%
African American	45,300	80.9%
American Indian/Alaska Native	177	0.3%
Asian	344	0.6%
Other	731	1.3%
Two or more races	843	1.5%
<b>Total</b>	<b>55,995</b>	

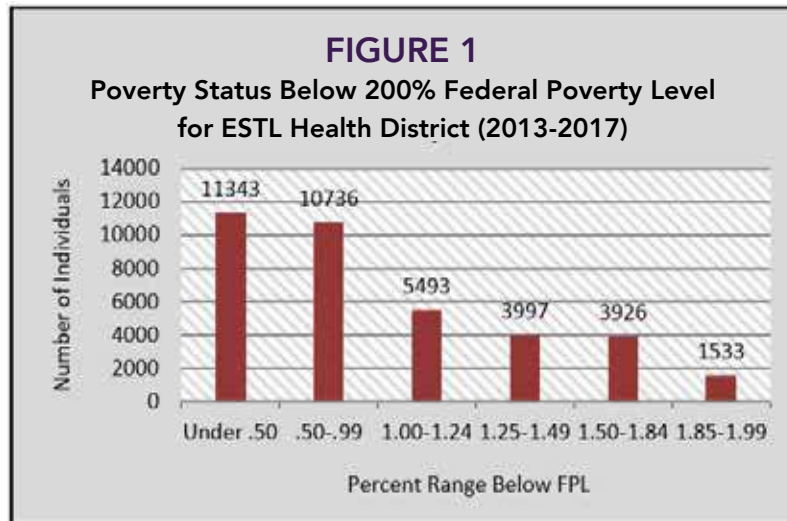
Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 American Community Survey 5-Year Estimates

# 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 who 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 37,028 residents in the East St. Louis Health District are living with low-income status. This number accounts for 67% of the East St. Louis Health District's entire population.



Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 American Community Survey 5-Year Estimates

## FIGURE 2

### Low-Income and Poverty Characteristics for ESTL Health District (2013-2017)

Indicator	Total Estimated
Total Individuals below 200% FPL	37,028
% Low-income individuals	66.97%

Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 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 67% low-income population are considered to be living in poverty. Even more telling, nearly 21% of the population could double their income next year and still qualify as individuals living in poverty.

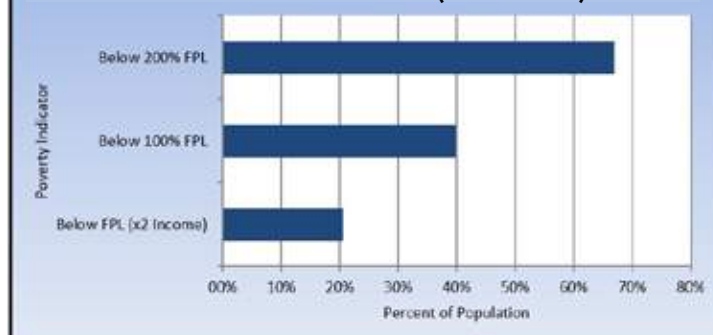
## FIGURE 3

### Low-Income and Poverty Characteristics for ESTL Health District (2013-2017)

Indicator	Total Estimated
Total Individuals below 200% FPL	37,028
% Low-income individuals	66.97%

Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 American Community Survey 5-Year Estimates

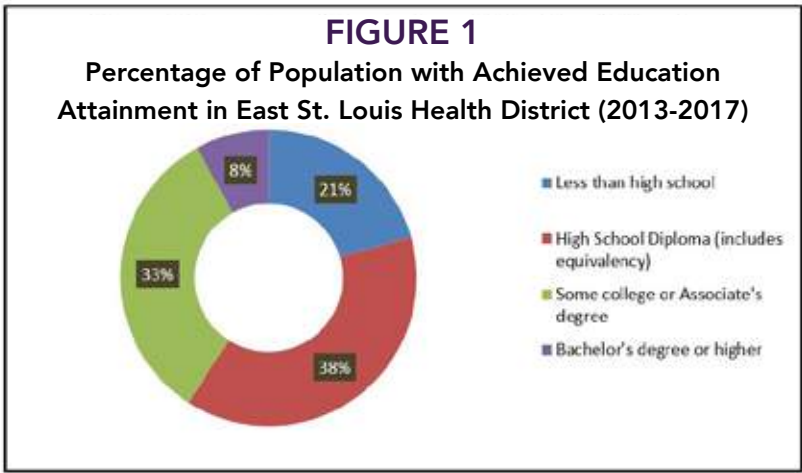
## FIGURE 4: Low-Income and Poverty Characteristics for ESTL Health District (2013-2017)



Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 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) (38.6%). The next largest group of individuals have obtained an associate's degree or completed some college courses (32.9%).



Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 American Community Survey 5-Year Estimates

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

Figure 3 categorizes level of education attained by individuals between the ages of 18 and 24. For this age range, most individuals are high school graduates, including equivalency test completions. Similar to the total population, this number is closely followed by individuals that have completed a partial college degree.

Likewise, Figure 4 represents the same categories for individuals in the East St. Louis Health District aged 25 and greater. The majority of this population has either received a high school diploma (or equivalent) or completed a partial college degree.

**FIGURE 2**  
**Total Estimate of Population and Highest Level of Completed Education in East St. Louis Health District (2013-2017)**

Level of Education	Total Estimate - ESTL Population
Less than high school graduate	8,448
High school graduate (including equivalency)	15,849
Associate's degree or some college	13,515
Bachelor's degree or higher	3,301

Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 American Community Survey 5-Year Estimates

It is also worth noting that for each of the populations under review in the East St. Louis Health District, the minority have completed a bachelor's degree or higher. In fact, only 8% of East St. Louis Health District residents have a bachelor's degree or higher, as illustrated in Figure 1.

**FIGURE 3**  
**Total Estimate of Population and Highest Level of Completed Education (Ages 18-24) in East St. Louis Health District (2013-2017)**

Level of Education	Total Estimate - ESTL Population
Less than high school graduate	1,429
High school graduate (including equivalency)	2,082
Associate's degree or some college	1,949
Bachelor's degree or higher	138

Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 American Community Survey 5-Year Estimates

**FIGURE 4**  
**Total Estimate of Population and Highest Level of Completed Education (Ages 25+) in East St. Louis Health District (2013-2017)**

Level of Education	Total Estimate - ESTL Population
Less than high school graduate	7,019
High school graduate (including equivalency)	13,767
Associate's degree or some college	11,566
Bachelor's degree or higher	3,163

Source: U.S. Census Bureau, American Fact Finder:  
2013 - 2017 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 16% of the East St. Louis Health District population is unemployed.

**FIGURE 1**

**Unemployment Status of Individuals Ages ≤16 in East St. Louis Health District (2013-2017)**

Zip Code	Total Estimated Population	Unemployment Rate	Total Estimated Unemployed
62201	4,742	9.3%	441
62203	6,459	18.7%	1,208
62204	6,411	20.0%	1,282
62205	6,376	16.6%	1,058
62206	12,079	13.8%	1,667
62207	6,340	20.5%	1,300
<b>Total</b>	<b>42,407</b>	<b>16.4%</b>	<b>6,954</b>

Source: U.S. Census Bureau, American Fact Finder: 2013 - 2017 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. The information provided below considers the vacancy and occupancy status of the homes accounted for in the health district.

Figure 1 depicts the total number of homes available and the number of homes not currently being lived in (vacant). According to the United States Census Bureau, 23% of homes in the East St. Louis Health District are vacant.

**FIGURE 1**

**Unemployment Status of Individuals Ages ≤16 in East St. Louis Health District (2013-2017)**

Zip	Occupied	Vacant	Total
62201	2,618	468	3,086
62203	2,742	736	3,478
62204	3,385	1,370	4,755
62205	3,581	1,236	4,817
62206	5,564	1,749	7,313
62207	3,344	705	4,049
<b>Total</b>	<b>21,234</b>	<b>6,264</b>	<b>27,498</b>

Source: U.S. Census Bureau, American Fact Finder: 2013 - 2017 American Community Survey 5-Year Estimates

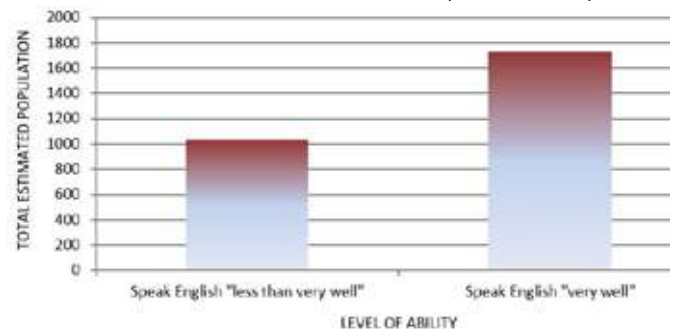
## LANGUAGE BARRIERS

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 (2013-2017)**



Source: U.S. Census Bureau, American Fact Finder: 2013 - 2017 American Community Survey 5-Year Estimates

# RESOURCE ACCESS

## FOOD INSECURITY

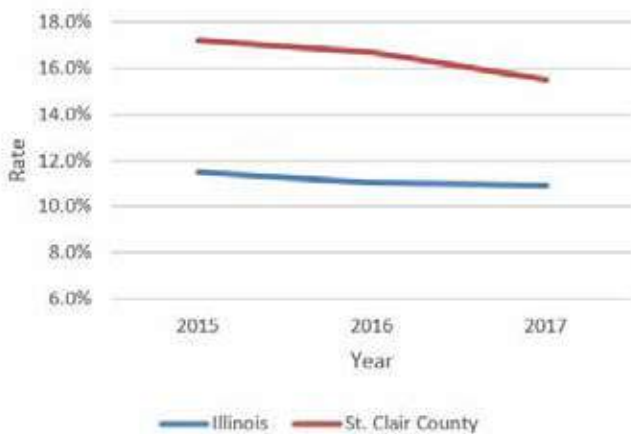
Food security is a household-level measure of economic and social conditions that limit or restrict access to adequate food, including amount of food and nutritional food options. Likewise, food insecurity refers to a household that has inadequate accessibility to sufficient amounts and choices of foods. 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).

The most recent data from the Feeding America Network reveals approximately 41,100 individuals in St. Clair County experienced food insecurity in 2017. As shown in Figure 1, food insecurity rates in both St. Clair County and Illinois have slightly decreased since 2015. Despite the slight decrease, the overall rate of food insecurity in St. Clair County is significantly 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 factors 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.

**FIGURE 1**

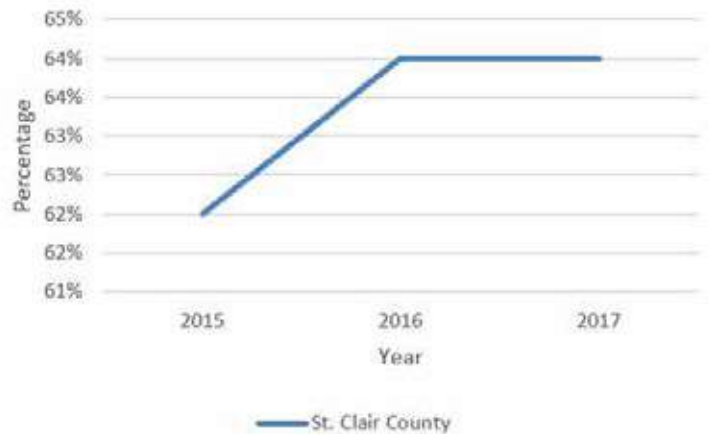
**Food Insecurity Rates in St. Clair County vs. Illinois**



Source: Feeding America Network Interactive County-Level Map, 2019

**FIGURE 2**

**Rate of Individuals below SNAP Threshold**



Source: Feeding America Network Interactive County-Level Map, 2019

## PROVIDER ACCESS

Provider access refers to the number of providers available within a given area. The information provided can help county officials to identify if the population qualifies as a Health Provider Shortage Area (HPSA).

As shown in Figure 1, there is limited access to health providers in St. Clair County, Illinois. Using the Area Health Resource File (AHRF), St. Clair County statistics were compared to 12 counties with similar population characteristics. Based on this information, St. Clair County falls below the median number of providers in every noted category, except General/Family Practice and General/Family Practice physicians per 100 thousand individuals.

## INSURANCE STATUS

According to Figure 1, the overall percent of individuals who make up the uninsured population is nearly twice as great for the East St. Louis Health District residents (9.81%) than St. Clair County residents (5.93%). Similarly, health center patients in the East St. Louis Health District are more likely to be uninsured than those in St. Clair County.

**FIGURE 1**

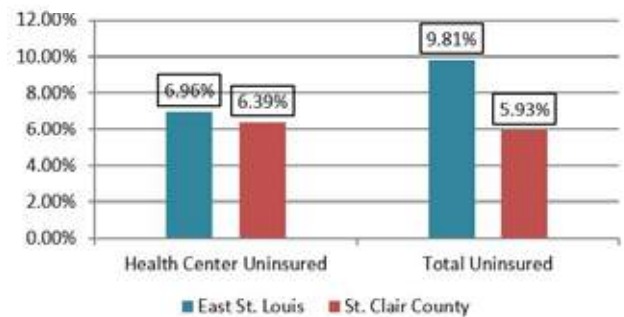
**Access to Healthcare Providers in  
St. Clair County, Illinois**

Health Resource	Median	St. Clair
Primary Care Physicians	202	153
PCPs per 100K Pop.	84.5	58.2
General/Family Practice	103	121
Gen/Fam per 100K Pop.	44.0	46.0
Internal Medicine	65	40
Internal Medicine per 100K Pop.	23.6	15.2
Pediatricians	31	27
Pediatricians per 100K Pop.	13.9	10.3

Source: Health Resources and Services Administration (HRSA)

**FIGURE 1**

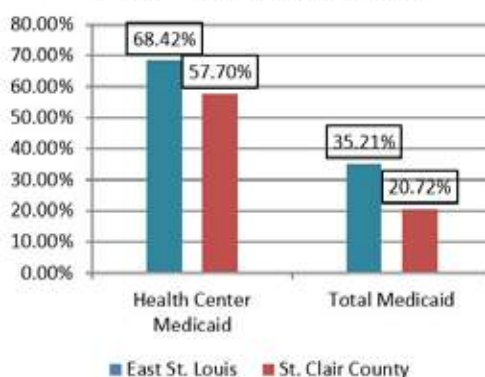
**Health Insurance Status of St. Clair County vs.  
East St. Louis Health District Residents (2016-2017)**



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  
(2016-2017)**



It is important to note that in the East St. Louis Health District, the overall percentage of the population without health coverage is considerably 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 who 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.

Figure 2 represents the percentage of individuals in the East St. Louis Health District and St. Clair County who are covered by governmental health insurance programs, Medicare and Medicaid.

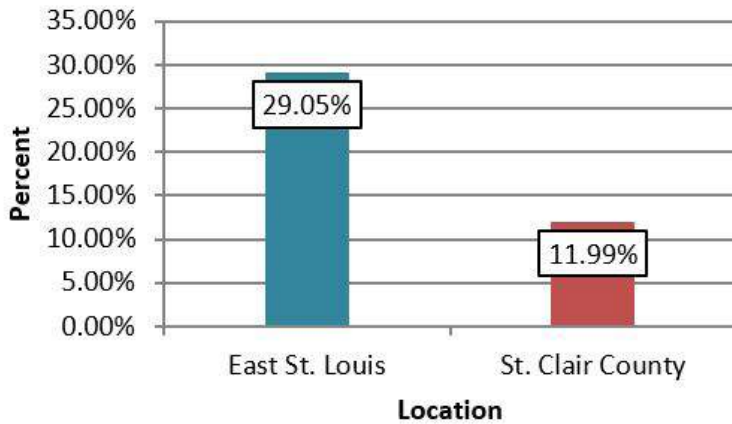
As Figure 2 demonstrates, there is a higher percentage of individuals covered by Medicaid in the East St. Louis Health District. This is true for both health center patients and the total population.



## UTILIZATION

**FIGURE 1**

**Utilization of Health Services Delayed or Forgone  
Due to High Cost**



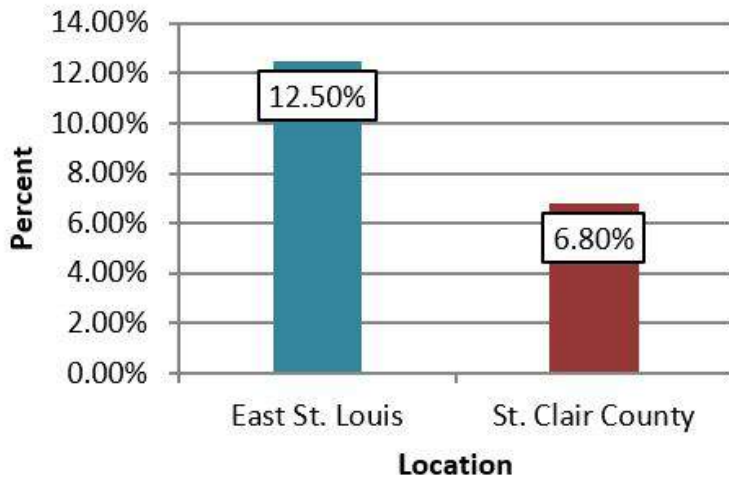
Source: Health Resources and Services Administration (HRSA)  
Uniform Data System (UDS) Mapper

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 healthcare.

Figure 1 provides information on the percent of adults who choose to neglect health services by either delaying or forgoing care. The graph reveals that more residents of the East St. Louis Health District compared to St. Clair County do not seek necessary healthcare services at an appropriate time, at 29.05% and 11.99%, respectively.

**FIGURE 2**

**Utilization of Health Services Based on Usual Source of Care**



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

Figure 2 describes the utilization of a usual source of care by individuals. Usual source of care refers to a specific physician, physician's 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, the East St. Louis Health District has a higher percentage of the population (12.5%) without a usual source of care than that of St. Clair County (6.8%).

# BEHAVIORAL WELLNESS

## MENTAL ILLNESS

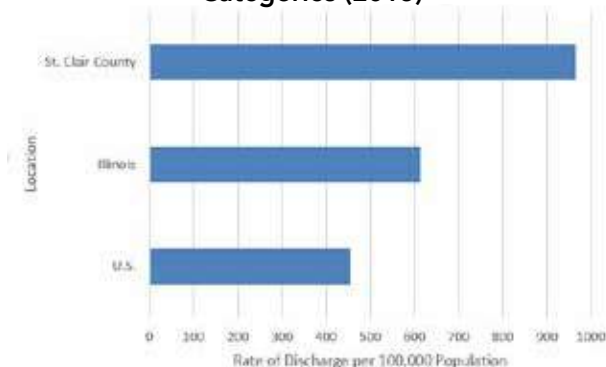
Mental health is an important part of overall health and well-being. It affects how we think, feel, and act; it also determines how we cope with stress and relate to others. (CDC) Serious Mental Illness is defined as an individual (age 18+) experiencing a diagnosable mental, emotional, or behavioral 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.

Nearly the same 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 7 adults. It may suggest that adults are either delaying or completely forgoing mental health treatment.

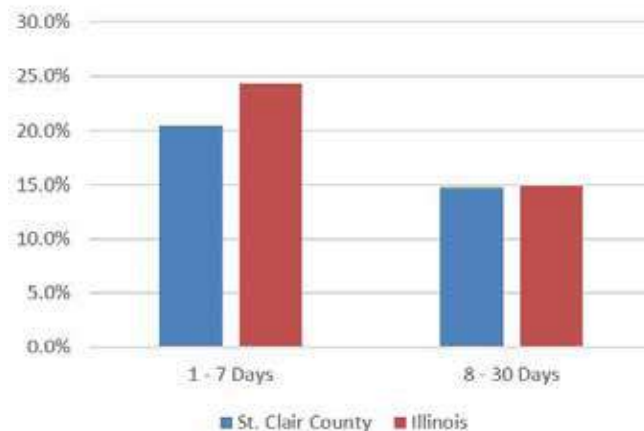
While this self-reporting appears to show St. Clair County without a significant mental health disparity, additional information points out that this is not at all the case. In fact, St. Clair County has a severe disparity in mental health compared to the rest of the state as demonstrated by hospital 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 (964.9 per 100,000 population) compared to Illinois (613.2 per 100,000). The United States discharge rate associated with mental illness is 454.2 per 100,000 - over two times less than St. Clair County.

**FIGURE 3**  
Prevalence of Mental Illness by Major Diagnostic Categories (2015)



Source: Healthcare Cost and Utilization Project (HCUP) Data

**FIGURE 1**  
Adults Experiencing Poor Mental Health Days (2014)



Source: 2014 Illinois Behavioral Risk Factor Surveillance Survey

**FIGURE 2**  
Adults Experiencing Poor Mental Health Days (2014)

Timeframe	St. Clair County	Illinois
1-7 Days	20.54%	24.4%
8-30 Days	14.7%	14.8%

Source: 2014 Illinois Behavioral Risk Factor Surveillance Survey

**FIGURE 4**  
Prevalence of Mental Illness by Major Diagnostic Categories Comparison Table (2015)

Location	Rate of Discharges per 100,000 Population
United States	454.2
Illinois	613.2
St. Clair County	964.9

Source: Healthcare Cost and Utilization Project (HCUP) Data

## PROVIDER ACCESS

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).

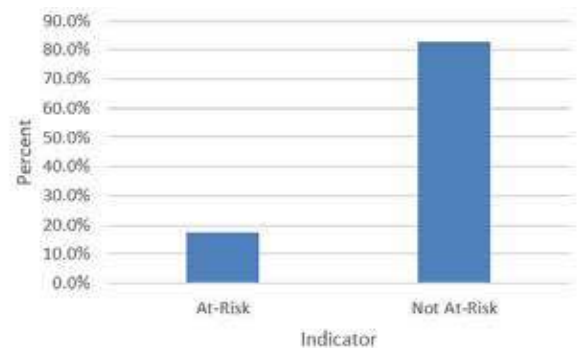
Figure 1 shows the percent of individuals in St. Clair County who are at-risk for an acute drinking episode to occur. According to the Illinois Behavioral Risk Factor Surveillance Survey, less individuals report being at-risk for severe alcohol bingeing. However, it should be noted that the IBRFSS is 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. The graph compares years 2014 and 2015 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 (145 per 100,000 population in 2015), compared to Illinois (135 per 100,000 population in 2015) and the United States (115 per 100,000 population in 2015).

The information provided in Figures 4 and 5 refers to the prevalence of substance-related disorders shown by rate of discharge per 100,000 population. The diagnoses in these examples are related to controlled or non-controlled substances as they relate to drugs and other pharmaceuticals, thereby excluding alcohol-related diseases.

St. Clair County has a significantly higher discharge rate of substance-related health conditions at 99 per 100,000 population versus the national average of 72 per 100,000 population.

**FIGURE 1**  
**Percent of Individuals At-Risk for Acute Drinking Episodes in St. Clair County (2011)**



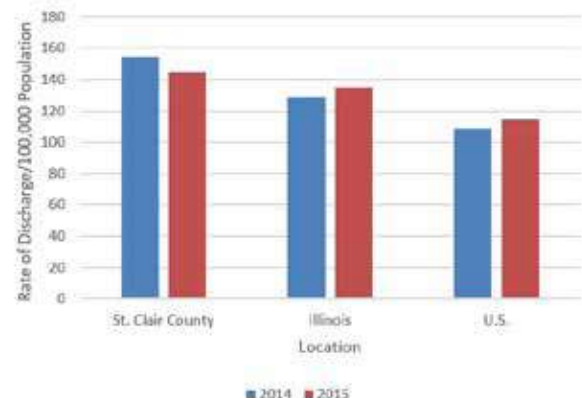
Source: Illinois Behavioral Risk Factor Surveillance Survey 2014

**FIGURE 2**  
**Alcohol-Related Disorder Prevalence Trend (2014-2015)**

Location	2014	2015
U.S.	108.6	114.6
Illinois	128.7	134.6
St. Clair County	154.4	144.7

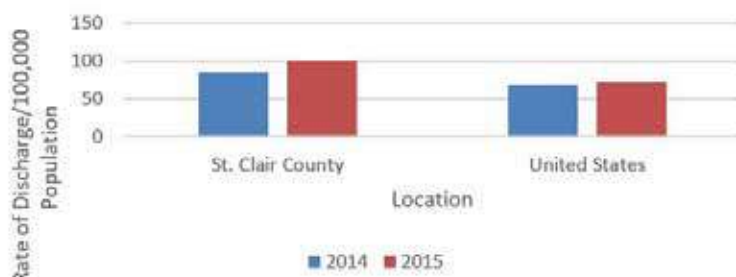
Source: Healthcare Cost and Utilization Project (HCUP) Data

**FIGURE 3**  
**Number of Discharges Primarily Related to Alcohol Abuse and Disorders (2014-2015)**



Source: Healthcare Cost and Utilization Project (HCUP) Data

**FIGURE 5**  
**Number of Discharges Primarily Related to Substance-Related Disorders (2014-2015)**



Source: Healthcare Cost and Utilization Project (HCUP) Data

**FIGURE 4**  
**Substance-Related Disorder Prevalence Trend (2014-2015)**

Location	2014	2015
U.S.	68.4	71.8
St. Clair County	84.5	99.2

Source: Healthcare Cost and Utilization Project (HCUP) Data



# INFECTIOUS DISEASES

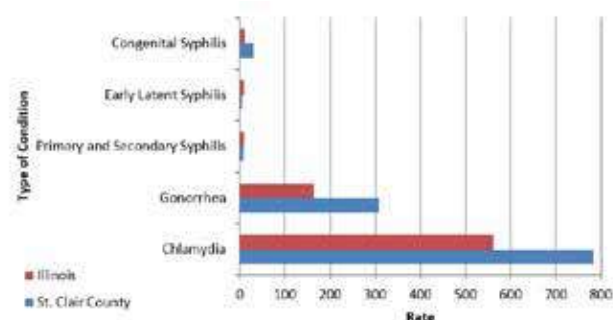
## SEXUALLY TRANSMITTED INFECTIONS (STIs)

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 congenital syphilis, and nearly equal frequency of early latent, primary, and secondary syphilis with the state.

Figure 3 shows the rate of each STI previously reported in St. Clair County. In 2017, 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 Illinois has a slightly higher rate of persons living with diagnosed HIV.

**FIGURE 1**  
Prevalence Comparison of Sexually Transmitted Infections (2017)



Source: Center for Disease Control and Prevention

**FIGURE 2**

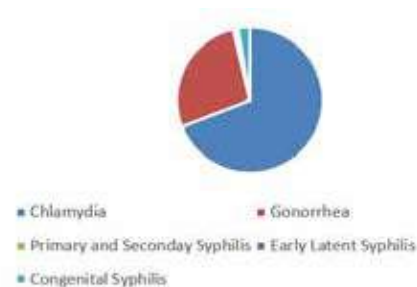
St. Clair County and Illinois STI Comparison Table

Disease	St. Clair County	Illinois
Chlamydia	782.8	561.4
Gonorrhea	308.7	164.8
Primary and Secondary Syphilis	8.0	9.8
Early Latent Syphilis	4.9	8.8
Congenital Syphilis	29.3	11.4

Figures provided indicate a rate per 100,000 population  
Source: Center for Disease Control and Prevention

**FIGURE 3**

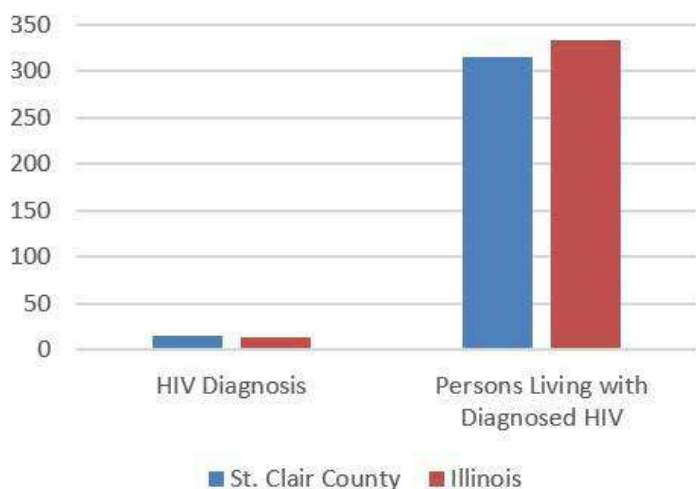
Rate of STIs in St. Clair County (2017)



Source: Center for Disease Control and Prevention

**FIGURE 4**

Prevalence Comparison of HIV in  
St. Clair County and Illinois



Source: Center for Disease Control and Prevention

**FIGURE 5**

St. Clair County and Illinois HIV Comparison Table

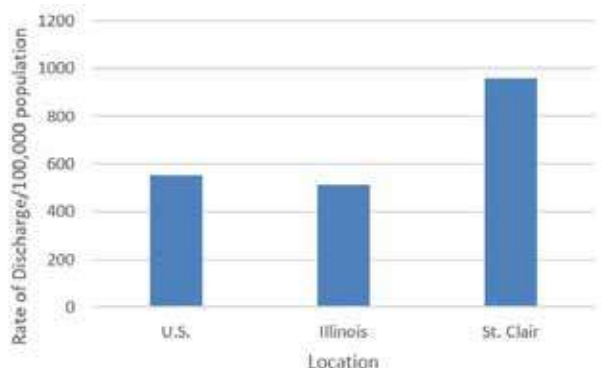
Condition	St. Clair County	Illinois
HIV Diagnosis	15.6	13.7
Persons Living With Diagnosed HIV	314.9	332.3

Figures provided indicate a rate per 100,000 population  
Source: Center for Disease Control and Prevention

# SEPTICEMIA

**FIGURE 1**

**Comparison of Septicemia Prevalence (Excluding Labor-Induced) in St. Clair County**



Source: Healthcare Cost and Utilization Project (HCUP)

**FIGURE 2**

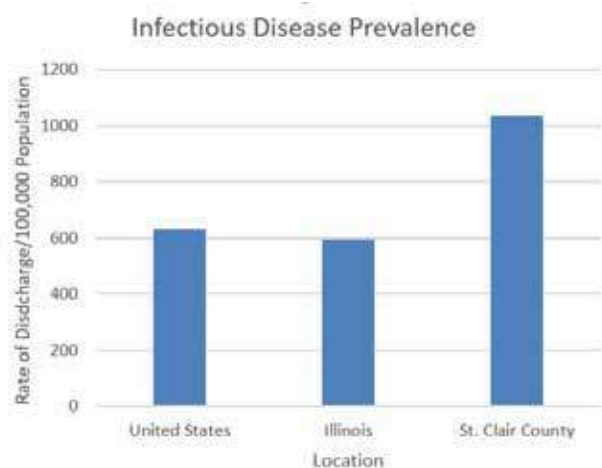
**Comparison of Septicemia Prevalence (Excluding Labor-Induced) of St. Clair County, Illinois, and U.S.**

Location	Rate of Discharges per 100,000 Population
U.S. Total	552.2
Illinois Total	513.8
St. Clair County Total	956.6

Source: Healthcare Cost and Utilization Project (HCUP)

**FIGURE 3**

**Comparison of Infectious Disease Prevalence by Major Diagnostic Category of St. Clair County, Illinois, and the U.S.**



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.

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 1,036.7/100,000 population is nearly double the Illinois rate of 596/100,000 population.

**FIGURE 4**

**Comparison of Infectious Disease Prevalence by Major Diagnostic Category of St. Clair County, Illinois, and the U.S.**

Location	Rate of Discharges per 100,000 Population
U.S. Total	632.6
Illinois Total	596
St. Clair County Total	1,036.7

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.

**FIGURE 1**

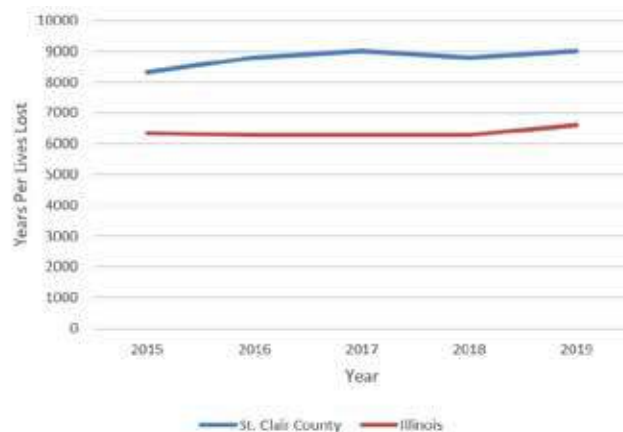
**Total Years of Potential Life Lost (YPLL)  
Before Age 75 per 100,000 (2015-2019)**

Year	St. Clair County	Illinois
2015	8,341	6,349
2016	8,800	6,300
2017	9,000	6,300
2018	8,800	6,300
2019	9,000	6,600

Source: Robert Johnson Wood Foundation, University of Wisconsin Population Health Institute. County Health Rankings 2019

**FIGURE 2**

**Total Years of Potential Life Lost (YPLL)  
Before Age 75 (2015-2019)**



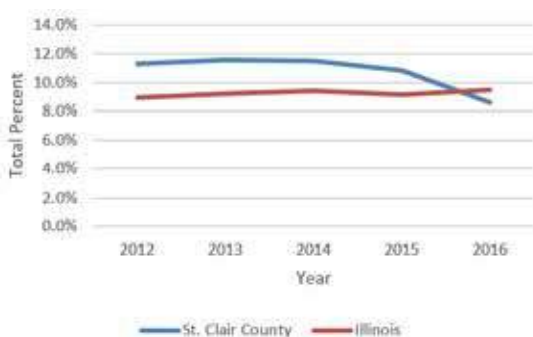
Source: Robert Johnson Wood Foundation, University of Wisconsin Population Health Institute. County Health Rankings 2019

## 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.

**FIGURE 1**

**Prevalence of Diabetes in St. Clair County and  
Illinois Population Comparison (2012-2016)**



Source: Center for Disease Control and Prevention

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.

**FIGURE 2 (RIGHT)**

**Percent of Population with Diabetes in Illinois and St. Clair  
County Comparison Table (2012-2016)**

Year	Total % for Illinois	Total % for St. Clair County
2012	8.9%	11.3%
2013	9.2%	11.6%
2014	9.4%	11.5%
2015	9.1%	10.8%
2016	9.5%	8.6%

Source: Center for Disease Control and Prevention



## 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 94th with regard to obesity prevalence. The higher the ranking, the lower the health outcomes.

**FIGURE 1**  
**Obesity 2019 Ranking**

Total Illinois Counties	102
St. Clair County	94

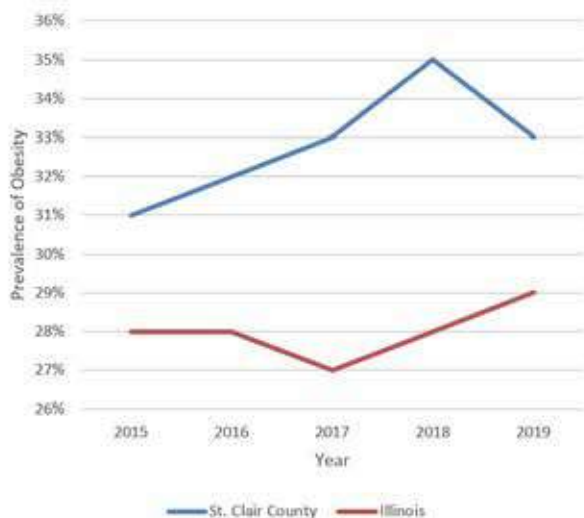
*Source: Robert Johnson Wood Foundation, University of Wisconsin Population Health Institute. County Health Rankings 2019*

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.

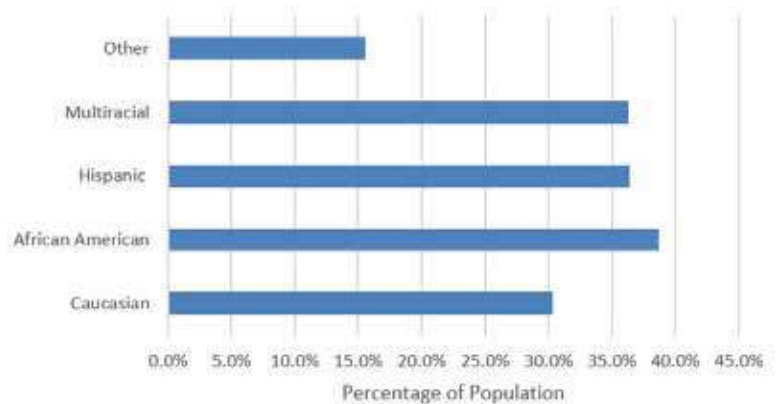
Figure 3 depicts the prevalence of obesity by race. The graph illustrates a significantly higher prevalence of obesity (BMI>30) for the African-American, Hispanic, and Multiracial groups. These groups also make up the majority of the hospital's primary population served.

**FIGURE 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 2019*

**FIGURE 3**  
**Obesity Prevalence in Illinois by Race (2016)**



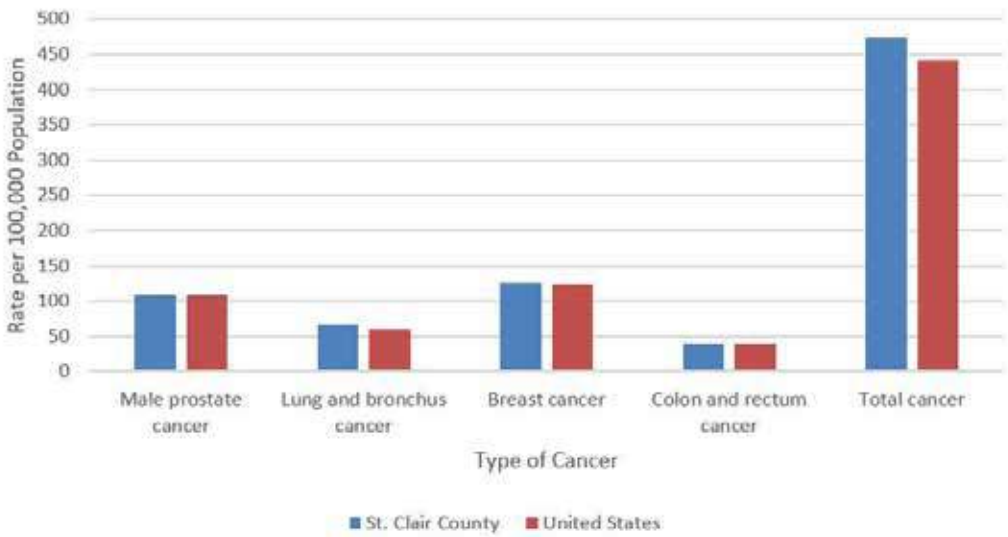
*Source: Center for Disease Control and Prevention*

# CANCER

Figures 1 and 2 depict the prevalence of cancer in St. Clair County compared to the United States 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 473.5 in St. Clair County versus 441.2 nationwide. Each type of cancer also has equal or slightly higher rates in St. Clair County compared to national rates. Figure 2 provides the rates per 100,000 population associated with each type of cancer and respective locations.

FIGURE 1

Cancer Prevalence in the U.S. Compared to St. Clair County by Type (2011-2015)



Source: Center for Disease Control and Prevention

FIGURE 2

Cancer Prevalence by Type Comparison Table (2011-2015)

Type of Cancer	St. Clair County Rate	National Rate
Male prostate cancer	108.7	109
Lung and bronchus cancer	67	60.2
Breast cancer	126	124.7
Colon and rectum cancer	39.7	39.2
Overall	473.5	441.2

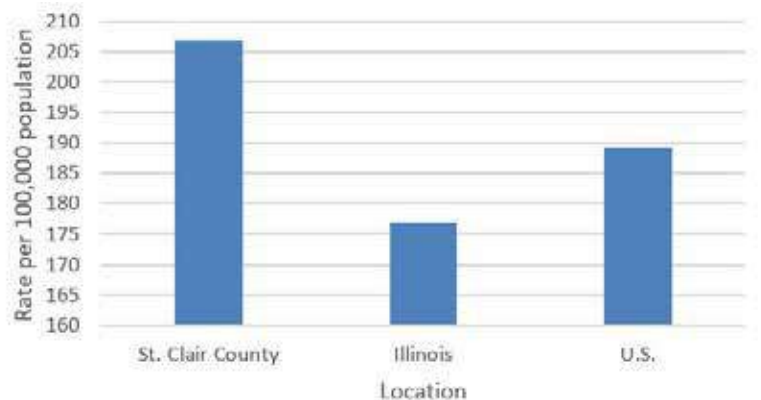
Source: Center for Disease Control and Prevention

## 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.

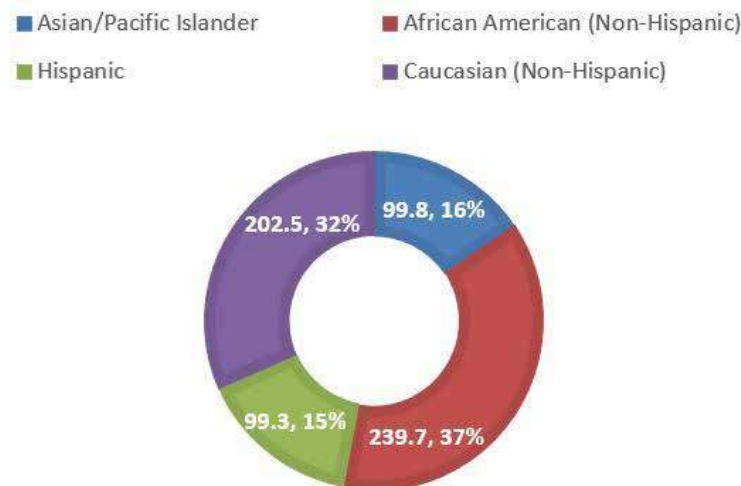
Figure 1 illustrates the prevalence of heart disease in St. Clair County, the state of Illinois, and the United States. As shown, St. Clair County has a much higher prevalence of heart disease (206.8/100,000) than Illinois (176.9/100,000) and the United States (189.1/100,000).

**FIGURE 1**  
Coronary Heart Disease Prevalence in St. Clair County, Illinois, and U.S. (2014-2016)



Source: Center for Disease Control and Prevention

**FIGURE 2**  
Coronary Heart Disease Prevalence in St. Clair County by Race (2014-2016)



Source: Center for Disease Control and Prevention

**FIGURE 3**  
Coronary Heart Disease Prevalence in St. Clair County, Age-Adjusted 35+, By Race (2014-2016)

Race	Rate/100,000
African American (Non-Hispanic)	239.7
Caucasian (Non-Hispanic)	202.5
Hispanic	99.3
Asian and Pacific Islander	99.8

Source: Center for Disease Control and Prevention



# CARDIOVASCULAR DISEASE

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 1**

**Mortality Rates Related to Stroke Comparison of St. Clair County, Illinois, and the U.S. (2014-2016)**



Source: Center for Disease Control and Prevention

**FIGURE 2**

**Mortality Rates Related to Stroke Comparison Table (2014-2016)**

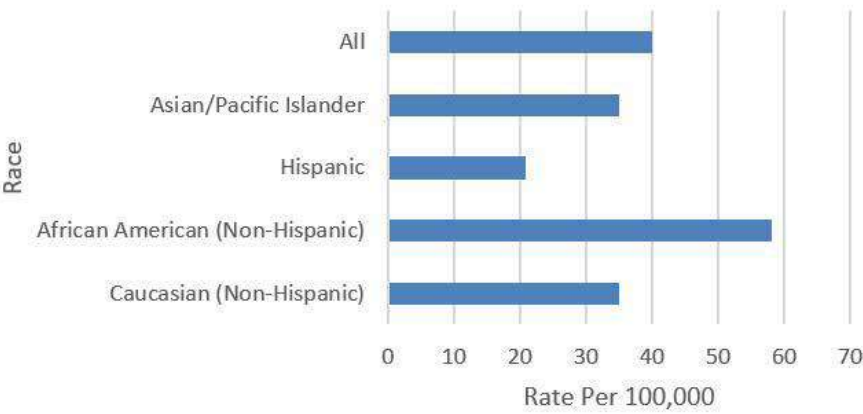
Location	Rate (per 100,000)
U.S.	37.2
Illinois	37.8
St. Clair County	39.9

Source: Center for Disease Control and Prevention

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.

**FIGURE 3**

**Stroke Mortality Rate by Race in St. Clair County (2014-2016)**



Source: Center for Disease Control and Prevention

# 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).

**FIGURE 2**  
Mortality Rates Related to Hypertension  
Comparison Table (2014-2016)

Location	Rate (per 100,000)
U.S.	221.7
Illinois	184.3
St. Clair County	239.2

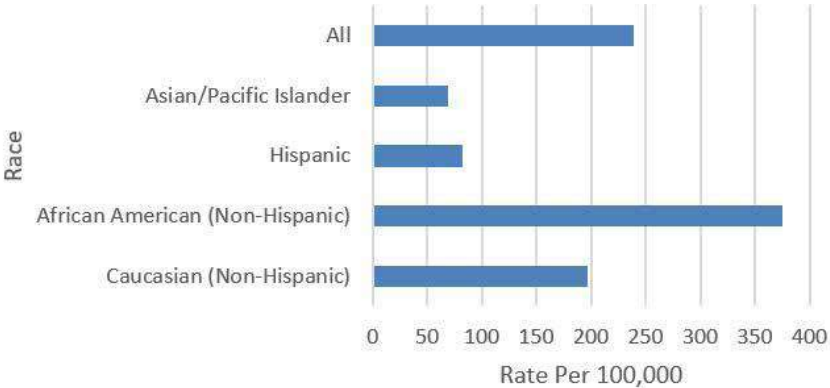
Source: Center for Disease Control and Prevention

**FIGURE 1**  
Mortality Rates Related to Hypertension  
Comparison of St. Clair County, Illinois, and the U.S. (2014-2016)



Source: Center for Disease Control and Prevention

**FIGURE 3**  
Hypertension Mortality Rate by Race in St. Clair County (2014-2016)



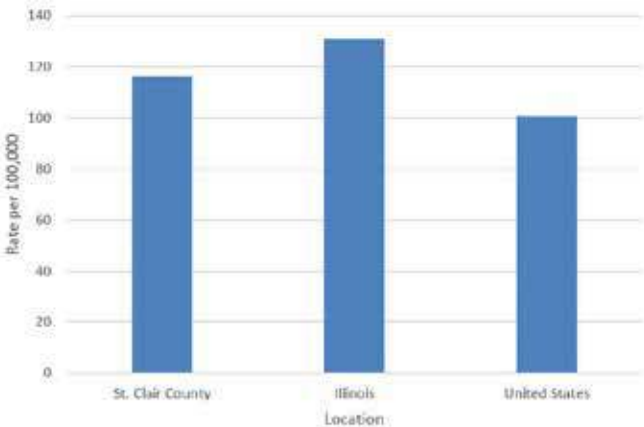
Source: Center for Disease Control and Prevention

# 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. Illinois overall has the highest prevalence of asthma diagnoses, followed by St. Clair County.

**FIGURE 3**  
Hypertension Mortality Rate by Race in St. Clair County (2014-2016)



Source: Healthcare Cost and Utilization Project (HCUP)

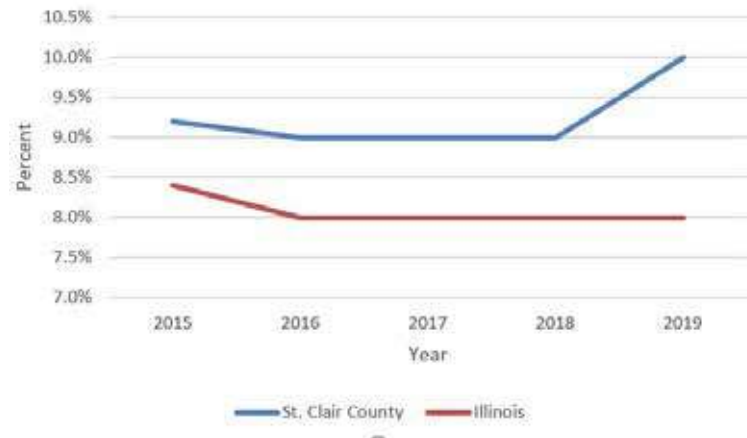
# MATERNAL AND CHILD HEALTH

## 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 over a five-year period. As shown, the percent of babies born with a low birth weight in St. Clair County has consistently been greater than Illinois.

**FIGURE 1**  
Percentage of Low Birth Weight Comparison (2015-2019)



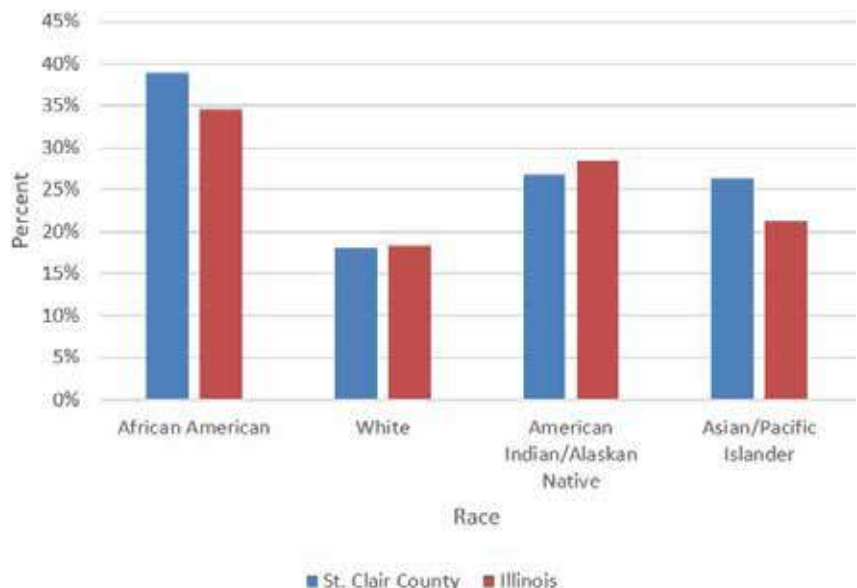
Source: Robert Johnson Wood Foundation, University of Wisconsin Population Health Institute. County Health Rankings 2019

## 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).

Figures 1 and 2 show the comparison between St. Clair County and Illinois for the prevalence of late entry into prenatal care. The information is categorized by race. In general, African Americans (non-Hispanic) show the greatest prevalence compared to other races.

**FIGURE 1**  
Comparison of Late Entry into Prenatal Care by Race



**FIGURE 2**

**Late Entry into Prenatal Care Comparison between St. Clair County and Illinois**

Indicator	St. Clair County	Illinois
African American	38.9%	34.6%
White	18.1%	18.3%
American Indian/Alaskan Native	26.7%	28.5%
Asian/Pacific Islander	26.3%	21.3%

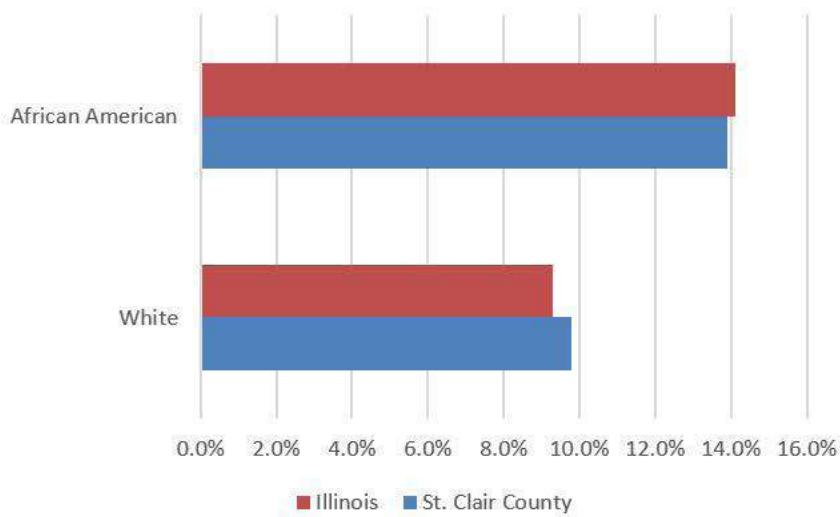
Source: Center for Disease Control and Prevention

# 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 compare the percent of total preterm births that occur in St. Clair County and Illinois by race. As illustrated in Figure 1, preterm births are more common among African Americans overall.

FIGURE 1

Total Preterm Births Comparison Between St. Clair County and Illinois by Race



Source: Center for Disease Control and Prevention

FIGURE 2

Total Preterm Births by Race

Indicator	St. Clair County	Illinois
African American	13.9%	14.15
White	9.8%	9.3%

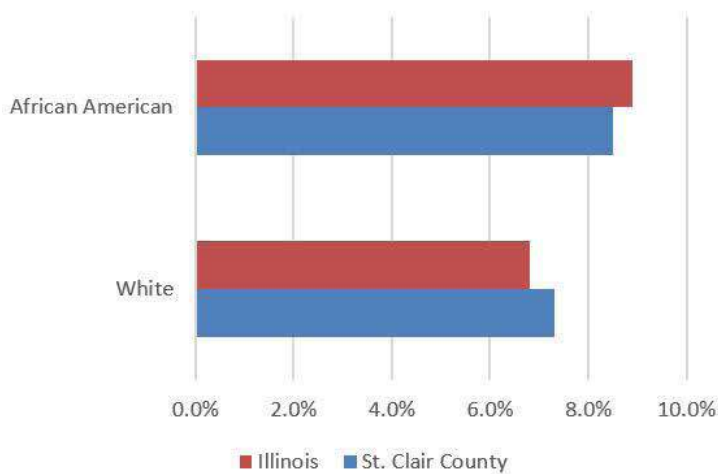
Source: Center for Disease Control and Prevention

Figures 3 and 4 depict how many births occur in “late preterm,” or at 34-36 weeks gestation. (Hospital - majority in this category? 3rd Tri)

As shown, late preterm births are more common among African Americans in both St. Clair County and Illinois. However, Illinois shows a slightly higher prevalence of late preterm births among African Americans, while St. Clair County shows a higher prevalence of late preterm births among Whites.

FIGURE 3

Late Preterm Births Comparison Between St. Clair County and Illinois by Race



Source: Center for Disease Control and Prevention

FIGURE 4

Late Preterm Births Comparison by Race

Indicator	St. Clair County	Illinois
African American	8.5%	8.9%
White	7.3%	6.8%

Source: Center for Disease Control and Prevention



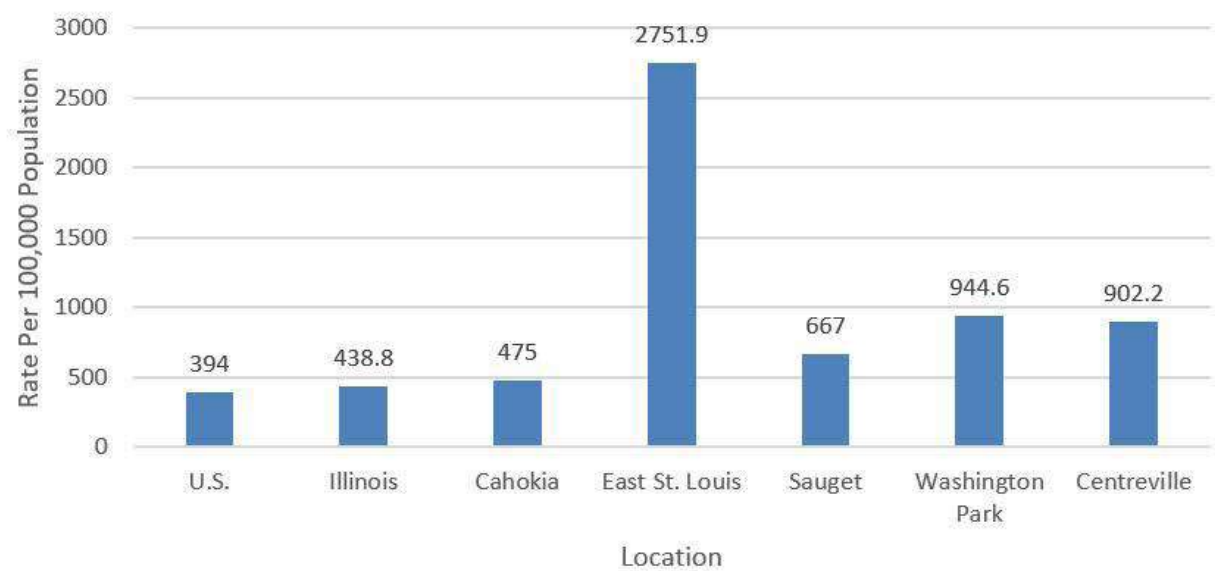
# VIOLENCE

## 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.

**FIGURE 3**  
**Violent Crime Offense Rate Comparison Chart (2017)**



Source: Uniform Crime Reporting Data

Need Being Adressed	Objectives	Strategies	Status
Mental Health	Expand hospital bed capacity to serve growing needs in the community and region	Continue development of expanded bed capacity. Persue opening of a 10 bed Gero Psych unit.	In process
	Collaborate with local agencies, county services, and state entities to formulate potential innovative approaches to address	Work with St. Clair Count 708 Mental Health Board in developing innovative community health plans addressing mental health needs in the community and region	
		Develop a network of hospitals, mental health services, law enforcement and the court system to improve care, improve mental health in the region and reduce costs	
	Explore potential behavioral health linkages with agencies serving persons with developmental disabilities	Continue to develop relationships throughout the service area, particularly with providers of developmental disabilities services	
		Reach out to new agencies to ensure comprehensive efforts to seek partnerships and develop new services	
Cancer	Increase awareness of cancer prevention strategies and screening services available	Raise awareness of evidence based health care information	
		Encourage the use of screening services, including mammograms and other tests as appropriate	
		Support and encourage public awareness campaigns focused on cancer prevention through partnerships with community organizations providing outreach to the local community	
		Continue to support programs such as Start Now Breast Cancer patient navigation program, designed to remove barriers to care and assist patients in understanding how to access hospital services	
	Continue to improve referral relationships with local providers and ensure they are aware of low cost/no-cost treatment options available at TRH	Collaborate with SIHF and other major local PCPs to ensure providers are aware of services available at TRH	In process
Sexually Transmitted Infections	Expand community partnerships to ensure educational outreach on prevention of STIs in the service area	Continue to offer low-cost/no-cost screening services as possible through continued collaborations with orgs such as Komen Foundation, Avon Foundation, IL Breast And Cervical Cancer Program and others as possible	In process
		Collaborate with community agencies to conduct public awareness campaign about the dangers of STIs and how to prevent them	
		Directly provide information to ED patients through the distribution of educational materials	
	Collaborate with local agencies and health departments to formulate potential innovative approaches to address STI disparities in the community	Ensure providers relay STI prevention to patients as appropriate	
		Continue to work with the local health department to reduce the spread of STI. Increase ability to test for STIs through acquisition of new lab equipment.	
Diabetes	Increase awareness of prevention and control/self-management of diabetes	Ensure representation at community events and collaborating meetings to maintain and develop relationships to encourage collaboration	
		Increase awareness of evidence-based information for persons identified as being as high risk for diabetes by encouraging prevention strategies in this population	
		Offer participation in diabetes education classes at TRH and in the community as identified and available	
	Develop relationships with organizations/others who provide services/resources to underserved, low-income and racial/ethnic groups to provide culturally appropriate education to community members	Education community members about the risk factors for diabetes by developing and distributing culturally appropriate public awareness material	
		Identify those who work with identified populations and partner with them to develop culturally appropriate strategies for prevention initiatives	
	Focus diabetes prevention efforts on reaching children and parents in an effort to prevent the development of the disease in children	Develop and co-sponsor to support an initiative to increase diabetic screenings, education, and services to underserved, low-income and racial/ethnic populations	
		Promote maternal and child health nutrition programs in prenatal classes/pregnancy programs, physician/provider visits, etc.	
Violence	Enhance the capacity of TRH to provide medical services to assist those who have been victimized by violence	Promote breast feeding	
		Increase the capacity of ED services available at TRH	
	Increase ED awareness of the effects of violence and the needs of the victims	Increase information and education on resources for ED staff	
		Ensure staff is trained in how to react to violence and how to provide culturally appropriate services to victims of violence and their families	
		Develop systematic responses to provide the most effective service to victims of violence	
Provide patient referrals for those affected by violence to receive treatment from partnering agencies	Incorporate violence education into new employee education		
	Ensure that referral methods are in place for community agencies who offer appropriate outreach and support services for victims of violence and their families		
	Continue to seek partnerships in the community agencies who serve victims of violence		
Lanuage Barriers	Recognize the benefit of additional bilingual healthcare staff in order to provide a welcoming, culturally sensitive and language diverse environment for non-English speaking patients	Ensure that bilingual abilities are considered in employment	
		Ensure that language skills are evaluated as part of the employment process	
		Seek new venues for employee recruitment where qualified non-English speakers can be reached	
	Ensure educational and informational materials are available in Spanish for those who speak Spanish	Develop and install appropriate signage so that Spanish-speakers can navigate the hospital	
		Fully utilize the contracted services of a "language line" to provide medical interpreter services for over 120 languages and assistance for the deaf	
		Develop Spanish-language versions of hospital educational materials and distribute as appropriate	
	Continue to outreach and partner with local agencies servicing the Spanish-speaking community	Ensure that current working relationships continue to foster service partnerships as possible to provide translation and other services to patients as necessary	
Continue to seek partnerships in the community with agencies who serve the Spanish-speaking community and ensure that these agencies are aware of TRH's commitment to serving the Spanish-speaking community.			