

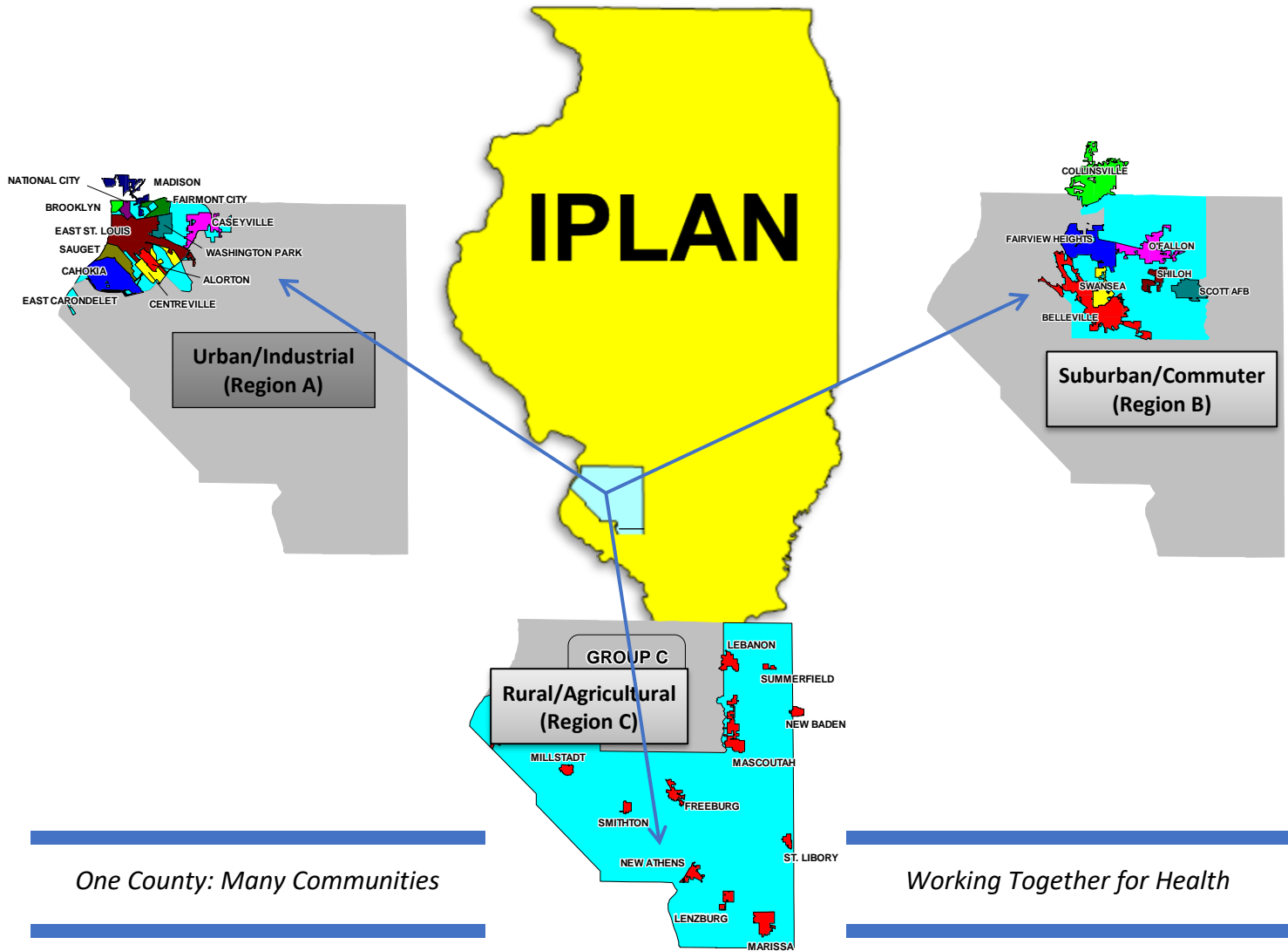
**St. Clair County Health Care Commission
Illinois Project for Local Assessment of Needs**



Adopted January 18, 2022

By

the St. Clair County Board of Health and
the St. Clair County Health Care Commission
St. Clair County, Illinois



One County: Many Communities

Working Together for Health

ACKNOWLEDGEMENTS

This project is the culmination of efforts from numerous individuals and organizations representing a diverse blend of professional health providers, educators, community agencies, public health officials, local government leaders and health consumers. Without their commitment to promote the health of the community, this report could not have been completed.

The support of County Board Chairman Mark Kern is also appreciated. His concern for public health and his understanding of the role of local government in policy development has been instrumental in the success of the St. Clair County Health Care Commission.

Members of the St. Clair County Health Care Commission and St. Clair County Health Department would also like to thank our community partners within the Community Assessment Council (CAC) and Healthier Together partners

Additional gratitude is extended to members of the St. Clair County Health Care Commission. Their diligent participation in supporting the work of the St. Clair County Health Department through the years, helped strengthen the foundation for community health assessment, planning and evaluation which have made this report possible.

The St. Clair County Health Department 2021-2026 IPlan was adopted by the St. Clair County Board of Health on January ____, 2022.

**William Kreeb,
President, St. Clair County Board of Health**

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Table of Contents

| | |
|---|----|
| Introduction | 6 |
| St. Clair County Community Health Needs Assessment | |
| Statement of Purpose | 8 |
| Community Participation | 8 |
| Method of Assessment | 9 |
| Assessment Results | 10 |
| Priority Selection | 10 |
| Proposed Priorities 2021-2026 | 12 |
| St. Clair County Community Health Improvement Plan | |
| Statement of Purpose | 13 |
| Community Participation and Community Plan Process | 14 |
| Health Plans | |
| • Infant Mortality | 15 |
| • Suicide | 17 |
| • HIV/STI | 21 |
| • Substance Use | 24 |
| • Chronic Disease | 28 |
| Appendix | |
| St. Clair Community Health Data | 32 |
| Healthier Together Partners | 43 |
| Health Care Commission Members | 44 |

Introduction

In the Spring of 2021, the St. Clair County Health Department and members of the St. Clair County Health Care Commission initiated the 6th round of their IPLAN community health assessment and planning process for the years 2021-2026. Our last round of IPLAN was dated 2017-2023, due to an extension given to St. Clair County Health Department by the Illinois Department of Public Health to align the IPLAN process with the Public Health Accreditation Board (PHAB) process.

Due to the Covid-19 pandemic and the limitations on gatherings, a hybrid and condensed version of the APEX PH model process was selected as the model approach for this round of IPLAN. Despite limitations on gatherings, we continued to strive for a high level of participation from community organizations and residents and utilized a variety of methods to identify community health trends, gaps in care, local assets and – most importantly – develop and implement a plan that successfully addresses community health needs.

The Health Department is committed to the mission of public health, which is to fulfill society's interest in ensuring conditions in which people can be healthy. Because of this commitment, the St. Clair County Board of Health (BOH) has adopted this assessment and plan as a guideline to assure that the Health Department is fulfilling the core functions of public health:

1. The assessment process was conducted through participation of community partners and health care consumers.
2. Strategies for existing community-wide intervention to address health issues facing St. Clair County are described along with specific intervention strategies to address priority issues, which will be carried out directly by the Health Department, other member agencies of the Commission, and additional community stakeholders.
3. The implementation cycle provides for the ongoing evaluation, refinement and development of policies through a process of member agency collaboration and community participation as well as Board of Health oversight.

Over its 35-year history, SCCHD has developed a successful reputation for community-based health assessment and planning that involves ongoing evaluation and continued refinement. This is done through a process of member agency collaboration and community participation. The Department has conducted several health assessment and planning projects over the last 35 years. They include projects for priority health issues in maternal and child health (infant mortality reduction, breastfeeding initiatives, and childhood obesity), adolescent health (teen pregnancy, depression, suicide), asthma, diabetes, and emergency preparedness for populations with special needs. In addition to enhancing and expanding those priorities established in previous IPLAN Community Health Assessment and Planning projects, they serve as a reminder of the Health Department's approach towards community health assessment and planning as defined in our first (1999) IPLAN:

A community health assessment is a 1) **dynamic process** undertaken to identify the 2) **health issues and goals** of the community, enable the community-wide establishment of 3) **health priorities**, and facilitate 4) **collaborative action planning** directed at improving 5)

community health status and quality of life. Involving 6) **multiple sectors of the community**, the assessment draws upon both 7) **quantitative and qualitative population-based health status and health-services utilization data.** With a strong emphasis on 8) **community ownership** of the process, a community health assessment supports developing 9) **community competence** in the identification and response to community health problems and goals.

This report describes the process used by the Health Department to convene and implement our IPLAN community health assessment and planning process. First, we describe how we came to our 3 main priorities: Mental Health & Substance Use, Healthy Behaviors and Community Safety. Secondly, we will describe how the ongoing work of the County's Health Care Commission will provide the necessary foundation and framework for a dynamic process of continuous quality improvement and strategy aligned management through the use of Collective Impact tools. These tools, if used consistently, can be an effective approach to addressing the challenges of getting multiple organizations to support a common strategy to achieve outcomes, manage the complexity of a collaborative strategy, and demonstrate accountability for results that require the efforts of many organizations.

St. Clair County Community Health Needs Assessment

Statement of Purpose

The St. Clair County Health Department is committed to the mission of public health, which is to fulfill society's interest in ensuring conditions in which people can be healthy. Because of this commitment, the St. Clair County Board of Health (BOH) has adopted this assessment as a guideline to ensure that the Health Department is fulfilling one of the core functions of public health to assess the health of its community through participation of community partners and health care consumers.

Community Participation

For this IPLAN process St. Clair County Health Department worked with a variety of community organizations and health coalitions to compile, review and analyze health data to determine the health needs of this community. Included in these groups are:

The Community Advisory Council (CAC) which was an ad hoc group formed by St. Clair County Health Department, HSHS St. Elizabeth's Hospital, Memorial Hospital Belleville and Healthier Together to conduct the St. Clair County Community Health Needs Assessment. The CAC reviewed existing data and offered insights into community issues affecting health outcomes.

Healthier Together is a community-based movement working with coalitions to transform St. Clair County into the top 25% of healthiest counties in Illinois by 2025. The *Healthier Together* movement is 100% volunteer driven and governed by an independent Council of Partners whose members include leaders in the healthcare, business, faith, education and local government sectors. The movement seeks to support the efforts of work groups comprised of over 85 volunteers representing 64 service organizations, currently dedicated to working together to improve community health and overall quality of life in the following areas:

- Chronic Diseases
- Community Safety
- Education
- Maternal & Child Health
- Mental Health
- Substance Use Disorder

And the third community collaborative is the *St. Clair County Health Care Commission* which was established by the County Board Chair in 1991 to assess community needs and collaborate on strategies for solution and the Commission includes:

- Chairman of the Board of Health's Maternal Child Health Committee,
- Chief Executive Officer of each of the four hospitals located in St. Clair County,
- President of the Medical Society,
- Program Director for SIU School of Medicine Family Practice,
- Obstetrical nurse managers at three hospitals which provide obstetrical services,
- Public Health Administrator of East Side Health District,
- Public Health Administrator of St. Clair County Health Department.

- In addition to these health professionals, the Commission also includes consumers, educators, business representatives, parent groups, media representatives, and community-based organization representatives through other alliances and coalitions.

Through the assessment process and presentations to the above groups the following community organizations have participated in the Community Health Needs Assessment.

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| McKendree University | Project Compassion |
| Levare Solutions | HSHS St. Elizabeth’s Hospital |
| AgeSmart Community Services | Land of Lincoln Legal Aid |
| SIHF Healthcare | St. Clair County Board of Health |
| Healthier Together | St. Clair County Health Department |
| Lindenwood University | Chestnut Health Systems |
| Univ. of Illinois SNAP-Ed | East Side Health District |
| O’Fallon YMCA | Scott Air Force Base |
| Downtown Belleville YMCA | St. Clair County Transit District |
| Holy Trinity Catholic School | Memorial Health System |
| St. Louis Foodbank | Touchette Regional Hospital |
| Make Health Happen | Gateway Regional Medical Center |
| BJC School Outreach & Youth Development | East Side Aligned |
| HeartLands Conservancy | St. Clair County Mental Health Board |

Method of Assessment

St. Clair County Health Department joined forces with the HSHS St. Elizabeth’s Hospital, Memorial Hospital Belleville and Healthier Together to form the Community Health Needs Assessment Community Advisory Council to oversee this assessment. The CAC reviewed a wide array of demographic and health data with a focus on social determinants of health.

Among the data reviewed are indicators in the following categories:

- Demographic and socioeconomic
- General health and access to care
- Maternal and child health
- Chronic disease risk factors, morbidity and mortality
- Infectious disease
- Environmental and injury control

- Sentinel events with a focus on social determinants of health

Assessment Results

The data included in the needs assessment is presented in appendix A. A summary of the data analysis reveals that St. Clair County has 259,686 residents with a lower income level and higher unemployment level as compared to Illinois as a whole. In addition, poverty is disproportionately impacting persons of color. The percent of residents who identify as Black is 26.8% and the percent of those in poverty is 30%. Hispanics make up only 4.4% of the population but 22% of those who live in poverty. The population of St. Clair has a higher percent of black residents and lower percent of Hispanic residents than the state as a whole.

In terms of general health and health care access, St. Clair County has lower health outcomes and less access to health care. In 2019 life expectancy in St. Clair County is 76.5 years as compared to 79.3 years in Illinois. The access to mental health, primary care and dental care providers is lower in St. Clair County than the state as a whole.

In reviewing maternal child health data there continues to be a significant disparity of outcomes in comparison to Illinois and especially as race-specific outcomes are reviewed. In 2018 the infant mortality rate was 6.8/1000 births for the county, but among Black infants it was 10.3. The rate of first trimester care is lower and the rate of babies being born at low birth weights is higher as compared to the state.

Chronic disease is a major issue in most communities and St. Clair County is not an exception. Most deaths are from chronic diseases and 60% of emergency department visits are attributed to unmanaged chronic disease. Mortality rates for cervical and lung cancers and cardiovascular disease are higher in St. Clair County than the nation or state. The rate of avoidable heart disease and stroke is also higher in St. Clair County. In addition, the percent of adults reporting smoking, sedentary lifestyle and obesity are higher in St. Clair County than the state.

St. Clair County has significantly higher rates of sexually transmitted infections as compared to the rest of the state or nation. These rates have continued to climb. The percent of the population living with HIV/AIDS is higher in St. Clair County than other counties in the region.

Drug overdose deaths, motor vehicle crash deaths, offenses of violent crime, and deaths from homicide and suicide are all higher in St. Clair County than in Illinois. In looking at sentinel events, drug overdose deaths are totally preventable and are on the rise. Homelessness is also a growing problem and rates are higher in St. Clair County. Youth substance abuse as reported in the 2018 Illinois Youth Survey is also a concern.

Priority Selection

The CAC provided a thorough review of existing and supplemental data sets and identified 14 health needs to focus on. The needs identified were:

- Access to Health
- Behavioral Health: Substance Use
- Cost Burdened Renters
- Child Abuse and Neglect

- Disparities in Economy
- Environmental Health
- Food Insecurity
- Higher Education / Trades
- Human Trafficking
- Maternal / Infant Health
- Mental Health
- Poverty
- Unmanaged Chronic Conditions
- Workforce Development and Training

The Community Advisory Council also identified three major contributing factors as underlying to all health issue areas presented. Those factors included: social determinants of health; access to health and health care barriers; and equality, equity and justice in health care.

Representatives from the Community Advisory Council including St. Clair County Health Department staff presented the community needs assessment data to the Health Care Commission on March 9, 2021. At the end of the presentation, those present broke out into smaller groups to discuss the data presented. The community advisory council (CAC) asked everyone to use the following criteria in a *forced ranking exercise* to narrow the number of health focus areas:

- Triple Aim Impact of patient care, health outcomes and cost
- Magnitude of the Issue – How wide an issue is this in the community?
- Seriousness of the Issue – How related is the issue to the mortality of those affected?
- Feasibility – Considering available resources, how likely are we to make a significant impact on the issue?

Using this process, the focus areas were narrowed to the following five:

1. Mental and behavioral health
2. Healthy behaviors including communicable diseases and chronic conditions
3. Educational attainment including workforce development
4. Environment including poverty and food insecurity
5. Maternal and child health

Following this March meeting a community survey was posted on social media and sent through email for residents/clients/partners of HSHS St. Elizabeth’s Hospital, Memorial Hospital Belleville, Healthier Together and SCCHD. The survey was conducted to solicit community feedback on the health focus areas. Upon survey closure, 157 responses were received and analyzed to further prioritize the needs based on community perceptions and experiences. Respondents represented a variety of income levels and there was good gender distribution; however, there was under representation by education, race and age. Participants were asked to rank the five health focus areas in order of importance with 1 being the most important, and 3 being the least important. For the purposes of the survey, the following definitions were used for each category:

- Mental and behavioral health focuses on a person’s psychological state and substance use disorders and addictions such as: alcohol, prescription drugs, legal substances such as marijuana and illegal drugs.
- Healthy behaviors include actions taken that affect an individual’s health; i.e., exercise, handwashing, eating healthy, smoking, wearing a seatbelt, etc.
- Maternal and child health includes health issues impacting women of child-bearing ages, in gestation, and postpartum; and children prenatal to postnatal.
- Environment includes persons living in poverty and persons with limited access to nutrient dense foods.
- Educational attainment includes an individual’s access to quality education, K-12 attainment including graduation, and ongoing education including: college, grad school, post doctorate, and vocational studies.

Those focus areas which ranked highest by the community survey respondents are as follows:

- 4.26 – Access to Mental and Behavioral Health Services
- 4.02 – Healthy Behaviors: Including Communicable Disease and Chronic Conditions
- 4.01 – Educational Attainment: Including Workforce Development
- 3.98 – Environment: Including Disparities in Economy and Food Insecurity
- 3.81 – Maternal and Child Health

Proposed Priorities 2021-2026

The overall Community Health Needs Assessment results were used by both the hospitals and the health department to identify health priorities and complete their required community planning processes. Based on the community data collected, input from the CAC, previous IPLAN data and County Health Rankings and internal health department meetings, St. Clair County Health Department proposed the following priorities to be addressed in their next IPLAN:

- Mental Health & Substance Use
 - Suicide
 - Substance Use
- Healthy Behaviors
 - HIV/STI
 - Chronic Disease
- Community Safety
 - Infant Mortality
 - Violence & Safety (this priority has been put on hold due to the BRIC Grant process)

These proposed priorities were presented at the Health Care Commission meetings in October and November of 2021 and accepted as the priorities for the 2021-2026 St. Clair County Community Health Improvement Plan.

St. Clair County Community Health Improvement Plan 2021-2026



Public Health

Prevent. Promote. Protect.

**St Clair County
Health Department**
together for your health

2021 - 2026 St. Clair County Health Department

St. Clair County Community Health Improvement Plan

Statement of Purpose

The Health Department is committed to the mission of public health, which is to fulfill society's interest in ensuring conditions in which people can be healthy. Because of this commitment, the St. Clair County Board of Health (BOH) has adopted this plan as a guideline to assure that the Health Department is fulfilling core functions of public health. Strategies for existing community-wide intervention to address health issues facing St. Clair County are described, along with specific intervention strategies to address priority issues, which will be carried out directly by the Health Department, other member agencies of the Commission, and additional community stakeholders. The implementation cycle provides for the ongoing evaluation, refinement and development of policies through a process of member agency collaboration and community participation as well as Board of Health oversight.

Community Participation and Community Health Plan Process

The planning process for St. Clair County's Community Health Improvement Plan relied heavily on community participation from Healthier Together work groups and the Health Care Commission. SCCHD staff reviewed the plans from the last CHIP for those priorities that will continue and updated these plans with new data and 2030 objectives. These were then shared with the appropriate existing coalition or workgroup which had been working on that issue. The workgroup then reviewed the contributing factors, the progress made on the previous plan and discussed what activities should continue or be added. The draft plans were also shared at the November Health Care Commission meeting for additional input.

Below are the priorities and the entity, coalition or workgroup that analyzed the problem and developed the plan to address this issue.

Infant Mortality—Healthier Together Maternal Child Health Workgroup

Violence & Safety—This workgroup is engaged in a grant (BRIC) driven process and this priority is being put on hold while that process takes place.

Suicide—Healthier Together Mental Health Workgroup

Substance Use---Healthier Together Substance Use Workgroup and St. Clair County Drug Prevention Alliance

HIV/STI—SCCHD Infectious Disease Staff

Chronic Disease—Healthier Together Chronic Disease Workgroup led by staff from University of Illinois Extension Nutrition and Education Program (SNAP Educator) along with the YMCA

Health Plans

The St. Clair County Community Health Improvement Plan will address these priorities:

- Infant Mortality
- Suicide
- Substance Use
- HIV/STI
- Chronic Disease

Each plan contains a description of the importance of the priority health need through summarized data, an analysis of risk factors and contributing factors, related 2030 Health People

objectives, measurable outcome objective, impact objectives, intervention strategies, community resources, barriers to overcome, an evaluation plan and potential funding sources.

Community Health Plan #1: Infant Mortality

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| <p>Health Problem: Infant mortality and morbidity measures in St. Clair County continue to lag behind both the State of Illinois and US rates. The 2016-18 Infant Mortality Rate of 9.0 deaths per 1,000 live births is 45 percent higher than the Illinois rate. In St. Clair County, Black infant mortality rate is twice the rate of White infants.</p> | <p>Outcome Objective: Reduce the infant mortality rate from 9.0 (2016-2018) to 7.5 over the next 5 years by decreasing racial disparities and addressing contributing risk factors associated with infant mortality and other adverse outcomes.</p> |
| <p>Risk Factor(s):</p> <ol style="list-style-type: none"> 1. Birth defects 2. Preterm birth/low birth weight 3. Injuries (e.g., suffocation) 4. Sudden infant death syndrome 5. Maternal pregnancy complications | <p>Impact Objective(s):</p> <ol style="list-style-type: none"> 1. Reduce the percentage of low birth weight infants born in St. Clair County. 2. Increase the percentage of pregnant women that begin prenatal care in the first trimester. 3. Increase abstinence from cigarette smoking among pregnant women. 4. Decrease substance use among pregnant women. 5. Reduce the percentage of pregnancies conceived with 18 months of previous pregnancy. 6. Increase number of breastfed infants. 7. Support and advance the Fetal and Infant Mortality Review Program (FIMR) for St. Clair County. |
| <p>Contributing Factors (Direct/Indirect): There are many factors that contribute to infant mortality and other adverse outcomes. These factors can include:</p> <ol style="list-style-type: none"> 1. Maternal health conditions before and during pregnancy. 2. Race/ethnicity & racial bias in healthcare 3. Poverty 4. Lack of access to healthy and affordable food. Poor Nutrition | <p>Intervention Strategies:</p> <ol style="list-style-type: none"> 1. Provide on-going racial bias and health equity training. 2. Provide breastfeeding education to develop positive attitudes toward breastfeeding 3. Offer professional development and community education on safe sleep. 4. Continue implementation of the Community Safe Sleep Action Plan |

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| <ul style="list-style-type: none"> 5. Inconsistent prenatal care 6. Substance use and smoking status 7. Psychosocial factors (stress, trauma, depression, intimate partner violence) 8. Maternal Age 9. Low breastfeeding rate | <ul style="list-style-type: none"> 5. Routinely screen prenatal and postpartum women for depression. 6. Routinely screen prenatal and postpartum women for Intimate Partner Violence. 7. Provide training on trauma informed care. 8. Expand farmer’s markets and food programs to provide affordable nutritious food. 9. Provide preconception and interconception health education. 10. Provide comprehensive reproductive health and contraception information to women of childbearing age, including adolescents. |
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| <p>Community Stakeholders & Resources: Health Departments (SCC and ESHD) FQHC- SIHF Healthcare Hospitals (BJC Memorial, HSHS St. Elizabeth’s) Comprehensive Behavioral Health Center Children’s Home and Aid Healthy Start MIECHV Program (Maternal Infant Early Childhood Home Visting) Hoyleton Youth & Family Services</p> | <p>Barriers to be Addressed: Barriers to reducing the number of infant deaths and the MCH racial/ethnic disparities include:</p> <ul style="list-style-type: none"> 1. Data collection/access to county birth outcomes, other perinatal data, and other vital statistics 2. Food Insecure neighborhoods. 3. Transportation and access to services |
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Evaluation plan to measure progress towards reaching objectives:
The Maternal & Child Health Team will meet regularly to monitor objectives and sub-objectives for outcome and impact objectives, schedule and track intervention activities and recruit new members using strategy aligned management and scorecard tools introduced to the Health Care Commission in 2009. These tools will also allow the teams to integrate new objectives and tasks as necessary.

NOTE: All materials and programs outlined below will take into account the diverse population throughout communities in St. Clair County. Every effort will be made to be culturally sensitive in all our work with this project.

Related Healthy People 2030 Objectives:
MICH-1 Reduce the rate of fetal and infant deaths
MICH-8 Reduce low birth weight (LBW) and very low birth weight (VLBW)

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| MICH-10 | Increase the proportion of pregnant women who receive early and adequate prenatal care |
| MICH-11 | Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women |
| MICH-20 | Increase the proportion of infants who are put to sleep on their backs |
| MICH-21 | Increase the proportion of infants who are breastfed |
| MICH-D01 | Increase the proportion of women who get screened for postpartum depression |
| FP-03 | Reduce pregnancies among adolescents |
| FP-12 | Increase the proportion of adolescents who received formal sex education before age 18 years |

Anticipated sources of funding and/or in-kind support:

- Federal, State and Local Grants
- Local Health Departments
- Farmer’s Market
- Local Government
- Local Hospitals
- Federally Qualified Health Center

Community Health Plan #2: Suicide

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| <p>Health Problem:</p> <p>Between 2017-2019, St. Clair County has experienced an average of 32 suicides annually. The county’s suicide mortality rate (12.4 deaths per 100,000 population) for the same time period is nearly 7.3 percent higher than the State of Illinois (11.5).</p> | <p>Outcome Objective:</p> <p>By the year 2025, the percentage of suicide deaths among residents ages 15-66+ years old will decrease by 20 percent.</p> |
| <p>Risk Factor(s):</p> <p>The risk factors for suicide include:</p> <ol style="list-style-type: none"> 1. Mental Illness 2. Substance Abuse 3. Loved One/Friend Committed Suicide 4. Family History 5. Family Violence 6. Incarceration | <p>Impact Objective(s):</p> <p>In our attempt to decrease the number of suicide deaths over the next five years, it is necessary that we:</p> <ol style="list-style-type: none"> 1. Maintain a coordinated community stakeholder system- Suicide Prevention Alliance. 2. Sustain a community-wide system that focuses on building an ongoing comprehensive plan for prevention, |

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| | <p>intervention, treatment, education, support, and resource development.</p> <ol style="list-style-type: none"> 3. Raise community-public awareness. 4. Educate community residents in utilizing suicide prevention tools and resources to help individuals who are at risk of suicide to access help. 5. Create a safety net that identifies and connects suicidal persons with community services and supports. 6. Collect data for program evaluation and to determine where to target prevention activities. 7. Review best practice research and develop, and promote the delivery of effective, best practices. 8. Assist in activities relative to implementation and promotion of 988. 9. Develop communications with Primary Care physicians. |
| <p>Contributing Factors (Direct/Indirect):</p> <p>There are many contributing factors to the increase in suicide deaths. These factors can include:</p> <ol style="list-style-type: none"> 1. Availability and access to counseling and screening programs for substance use disorders. 2. Firearm availability 3. Poor academic success 4. PTSD-Veterans 5. Failed Relationships/Belongingness 6. Bullying 7. Peer Pressure 8. Perceived Burden 9. Loneliness 10. Physical illnesses | <p>Intervention Strategies:</p> <p>The following are strategies chosen to address contributing factors that can influence suicides:</p> <ol style="list-style-type: none"> 1. Create-distribute marketing-publicity information 2. Conduct Community-Public Awareness Events-Campaigns Annually (I.e. Candlelight Vigil, Talk Tuesday Campaign) 3. Conduct QPR universal suicide prevention trainings educating public on risk factors, warning signs, with additional outreach efforts to identified high risk populations (“Men In the Middle Years”, construction trade, students, military |

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| <ul style="list-style-type: none"> 11. Acquired ability to inflict injury 12. Low self-esteem and decision-making skills 13. Lack of knowledge of services available in the community 14. Economy-unemployment/homelessness 15. Anxiety and depression from COVID | <p>Veterans, police, and gay, bisexual and transgender individuals)</p> <ul style="list-style-type: none"> 4. Assist with marketing-referring to Youth Mental Health First Aid 5. Advocate for gun safety-storage and Firearm Retraining Orders. 6. Research potential suicide interventions 7. Strengthen collaboration efforts with AFSF for local initiatives |
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| <p>Community Stakeholders & Resources:</p> <ul style="list-style-type: none"> 1. AgeSmart 2. American Foundation for Suicide Prevention 3. Blue Wall Institute 4. Call For Help, Inc.-Suicide & Crisis Hotline 5. Chestnut Health Systems 6. Heartlinks Grief Center, Family Hospice 7. Karla Smith Foundation 8. NAMI of Southwestern Illinois 9. St. Clair County Coroner’s Office 10. St. Clair County Health Department 11. St. Clair County Mental Health Board 12. St. Clair County Office on Aging 13. St. Clair County Regional Office of Education 14. Shrine of Our Lady of the Snows 15. Southern Illinois Healthcare Foundation 16. Southern Illinois University, Edwardsville 17. SWIC Programs and Services for Older Persons | <p>Barriers to be Addressed:</p> <p>Barriers to reducing the number of suicide deaths include:</p> <ul style="list-style-type: none"> 1. Social Stigmas 2. Peer Pressure 3. Low Self Esteem 4. Lack of school administration/business support for suicide prevention |
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| <ul style="list-style-type: none"> 18. Touchette Regional Hospital Behavioral Health Center 19. Comprehensive Behavioral Health Center 20. The Tenth Man 21. Centerstone 22. CenterPointe 23. Hoyleton Youth and Family Services 24. Gateway Regional Hospital 25. Scott Air Force Base 26. Veterans Administration 27. Illinois Department of Public Health 28. Healthier Together 29. Labor Local 30. St. Clair County States Attorney | |
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Evaluation plan to measure progress towards reaching objectives:

The Behavioral Health team will meet regularly to monitor objectives and sub-objectives for outcome and impact objectives, schedule and track intervention activities and recruit new members using strategy aligned management and scorecard tools introduced to the Health Care Commission in 2009. These tools will also allow the teams to integrate new objectives and tasks as necessary.

Health Care Commission participants will engage in an annual review of those programs within their agency that are associated with the identified strategies above. This review will include an assessment of objectives relevant to those identified in these Community Health Plan worksheets.

NOTE: All materials and programs outlined below will take into account the diverse population throughout communities in St. Clair County. Every effort will be made to be culturally sensitive in all our work with this project.

Related Healthy People 2030 Objectives:

- MHMD–1 Reduce the suicide rate
- MHMD–2 Reduce suicide attempts by adolescents
- MHMD -8 Increase the proportion of primary care visits where adolescents and adults are screened for depression

MHMD–10 Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders

Anticipated sources of funding and/or in-kind support:

- Federal, State and Local Grants
- Local Health Departments
- Community Resource Development
- Local Government
- Local Hospitals
- FQHC and Clinics

Community Health Plan #3: HIV/STIs

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| <p>Health Problem:</p> <p>There is a high incidence of sexually transmitted infections in St. Clair County.</p> <p>Data from the Robert Wood Johnson Foundation’s 2021 County Health rankings that St. Clair County’s rate of sexually transmitted infections is 843.9 per 100,000 population compared to the State of Illinois rate of 604 per 100,000 population. Similarly, the St. Clair County rate of HIV prevalence is 339 per 100,000 population compared to the Illinois rate of 335.</p> | <p>Outcome Objective:</p> <p>By the year 2025 St. Clair County will see 25% reduction in the transmission of Sexually Transmitted Infections.</p> |
| <p>Risk Factor(s):</p> <p>The risk factors for STIs may include:</p> <ol style="list-style-type: none"> 1. Engaging in sexual activity, including vaginal, oral, and anal sex 2. Engaging in unprotected sexual activity 3. Having multiple sex partners 4. Having a history of STI’s 5. Having open sores on or around the genitals 6. Having anonymous sex partners | <p>Impact Objective(s):</p> <p>In our attempt to decrease the prevalence and transmission of sexually transmitted infections over the next five years, it is necessary that we impact the following:</p> <ol style="list-style-type: none"> 1. Increase STI testing 2. Provide comprehensive sex education in schools 3. Increase safer sex self-efficacy 4. Raise community awareness 5. Reduce risky sexual behavior |

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| <ul style="list-style-type: none"> 7. Sharing needles 8. Being unaware of STI/HIV status | <ul style="list-style-type: none"> 6. Increased awareness of free safer sex items such as male and female latex and polyurethane condoms, lubrication, and dental dams 7. Abstinence or delayed initiation of sex 8. Increased condom use 9. Increase awareness of Hepatitis B and HPV Vaccinations 10. Reduced substance misuse 11. Increase availability/knowledge of clean needle sites |
| <p>Contributing Factors (Direct/Indirect):</p> <p>There are many contributing factors to the high incidence of sexually transmitted infections in St. Clair County. These factors can include:</p> <ul style="list-style-type: none"> 1. Lack of comprehensive sex education 2. Lack of knowledge regarding free safer sex items, including male and female condoms, lubrication, and dental dams 3. Poverty and inadequate access to health care 4. Stigma and secrecy 5. Peer Pressure/partner persuasion 6. Domestic violence/rape/molestation 7. Trading sex for money or drugs 8. Substance misuse, including alcohol and recreational drugs 9. Being between the ages of 15 to 24 10. Not being tested for STIs when sexually active or sharing needles 11. Lack of insurance 12. Lack of transportation 13. Lack of parental involvement or parental education | <p>Intervention Strategies:</p> <p>The following are strategies chosen to address contributing factors that can impact the transmission of Sexually Transmitted Infections:</p> <ul style="list-style-type: none"> 1. Increase STI testing and treatment availability in St. Clair County 2. Develop and implement an STI social media marketing campaign to target populations most at risk 3. Provide or support comprehensive sexual health education in schools, which includes: <ul style="list-style-type: none"> - Education on abstinence, delayed initiation of sex, and tools to engage in safer sex - How to use safer sex items correctly - STI/HIV education - Resources for peer pressure, domestic violence, rape - Resources for free and confidential STI testing 4. Promote free safer sex item availability 5. Promote clean needle sites 6. Identify, provide, and educate the public on transportation services available to obtain STI testing and treatment |

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| | <ol style="list-style-type: none"> 7. Identify, provide and educate the public on free medications available to treat STIs 8. Promote and provide Hepatitis B and HPV Vaccinations 9. Target populations at highest risk, i.e., sex workers, and provide education, testing, and safer sex items. 10. Implementation of a Pre-Exposure Prophylaxis (PrEP) to reduce HIV transmission |
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| <p>Community Stakeholders & Resources:</p> <ol style="list-style-type: none"> 1. St. Clair County School Districts 2. Regional Office of Education 3. Local Health Departments 4. STI/HIV prevention organizations 5. Area colleges 6. Area churches 7. Parents 8. Clients/Peers 9. Youth organizations and clubs 10. OB/GYN's 11. WIC Programs 12. Hospitals/Pediatricians 13. Urgent Care Centers 14. Juvenile Detention Center | <p>Barriers to be Addressed:</p> <p>Barriers to reducing the high incidence of sexually transmitted infections in St. Clair County:</p> <ol style="list-style-type: none"> 1. Stigma and Secrecy 2. Peer/partner pressure 3. Domestic violence 4. Substance misuse 5. Poverty 6. Lack of education 7. Lack of parental involvement 8. Abstinence only education |
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| <p>Related Healthy People 2030 Objectives:</p> <p>HIV-01 Reduce the number of new HIV Infections</p> <p>HIV-02 Increase knowledge of HIV Status</p> <p>STI-01 Reduce the proportion of sexually active female adolescents and young women who get screened for Chlamydia</p> <p>STI-04 Reduce congenital syphilis</p> <p>STI-06 Reduce the proportion of adolescents and young adults with genital herpes</p> |
|--|

Anticipated Sources of Funding and/or in-kind support

- Federal, State and Local Grants
- Local Health Departments
- Community Resource Development
- Local Government
- Local Hospitals
- FQHC and Clinics

Community Health Plan #4: Substance Use

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| <p>Health Problem:</p> <p>High numbers of St. Clair County youth report past 30-day use of alcohol, marijuana, and prescription drugs (Illinois Youth Survey, St. Clair County composite results, 2018). 2018 county data indicates the following 30-day use data:</p> <ul style="list-style-type: none"> • <u>Alcohol</u>: 23% (10th grade), 38% (12th grade) • <u>Binge Drinking*</u>: 8% (10th), 16% (12th) • <u>Marijuana</u>: 21% (10th), 31% (12th) • <u>Prescription Drugs**</u>: 2% (10th), 2% (12th) <p>*Binge drinking is defined as taking 5 or more drinks in a row</p> <p>**Prescription drugs either not prescribed for them or in a dosage not recommended by the doctor</p> <p>There is a high number of opioid and heroin overdoses and overdose deaths in St. Clair County. Drug Overdose deaths/100,000 from 2016-2018 in St. Clair County: 182 compared to 21 drug overdose deaths/100,000 in Illinois</p> | <p>Outcome Objective:</p> <p>Decrease the use of alcohol, marijuana, and prescription drugs by St. Clair County youth by 5% over the next five years.</p> <p>Decrease the number of overdoses and deaths by 25% over the next five years.</p> |
| <p>Risk Factor(s):</p> <p>The risk factors for substance use are many and varied. These risk factors include:</p> <ol style="list-style-type: none"> 1. Family history | <p>Impact Objective(s):</p> <p>In our attempt to decrease the number of youth using alcohol, marijuana, and prescription drugs over the next five years, it is necessary that we impact the following:</p> |

| | |
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| <ol style="list-style-type: none"> 2. Anxiety, depression, loneliness, trauma, bullying 3. Peer pressure 4. Lack of parental supervision, family dynamics 5. Poverty 6. Community of residence <p>The risk factors for drug overdose deaths include:</p> <ol style="list-style-type: none"> 1. Using opioids for pain management 2. IV drug use 3. Having abstained for a period of time (detox or incarceration) 4. Non-medical use of opioids 5. Use of two or more drugs 6. Recent overdose | <ol style="list-style-type: none"> 1. Increase perception of risk of harm of all substance use. 2. Increase percentage of parents/guardians who talk to their kids about NOT using substances 3. Decrease youth access to alcohol, prescription drugs and legal marijuana <p>In our attempt to decrease the number overdose deaths over the next five years, it is necessary that we impact the following:</p> <ol style="list-style-type: none"> 1. Increase education regarding the dangers of opioid abuse and heroin use 2. Engage the medical community to assist with family education 3. Decrease access to opioids by working with prescribers and encouraging citizens to monitor their medications 4. Increase access to life saving measures by educating SCC first responders and the public about Narcan 5. Increase knowledge about the Good Samaritan Law 6. Increase knowledge of available resources, access to treatment 7. Increase recovery supports, including those for families |
| <p>Contributing Factors (Direct/Indirect):</p> <p>There are many contributing factors to youth use of substances. Those contributing factors can vary widely among neighboring communities, and can include:</p> <ol style="list-style-type: none"> 1. Parent supply of alcohol 2. Retail access to alcohol. 3. Easy access to prescription drugs | <p>Intervention Strategies:</p> <p>The following are strategies shown to impact contributing factors to youth substance use:</p> <ol style="list-style-type: none"> 1. Educational and support materials to address parent provision of alcohol 2. Compliance checks to address retail access to alcohol & legalized marijuana |

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| <ol style="list-style-type: none"> 4. Decreased youth perception of risk of harm from using substances 5. Lack of parent to child communication regarding substance use <p>There are many contributing factors to the increase in overdose deaths. These factors can include:</p> <ol style="list-style-type: none"> 1. Access to prescription opioids through overprescribing or from family or friends 2. Access to heroin that is inexpensive, has dangerous levels of purity, and may be mixed with another drug 3. Lack of education regarding the dangers of opioid misuse 4. Lack of communication among professionals (treatment centers, enforcement, and medical community) leading to individuals not getting services or having to call multiple agencies 5. Lack of consistent ways to reach community members with naloxone education 6. Barriers to engaging individuals in treatment (intake, space, financial) 7. Lack of sufficient recovery support for individuals and families | <ol style="list-style-type: none"> 3. Educational and support materials to address easy access to prescription drugs 4. Youth Prevention Education curriculum 5. Communication/Media campaigns 6. Educate the general public on taking medications as prescribed, secure storage, and proper disposal. 7. Increase number of drop box locations throughout SCC <p>The following are strategies chosen to impact contributing factors to decrease overdose deaths:</p> <ol style="list-style-type: none"> 1. Educate those working with youth (faith-based, teachers, DCFS providers, and case workers) on trauma-informed care, signs/symptoms of use, and secure storage/proper disposal 2. Educate first responders and public on naloxone and the Good Samaritan Law 3. Increase communication among treatment providers to ensure greater access to care 4. Educate individuals and families regarding recovery supports |
| <p>Community Stakeholders & Resources:</p> <ol style="list-style-type: none"> 1. Illinois Department of Human Services Substance Abuse Prevention Services grant (Chestnut Health Systems for Belleville and Swansea) 2. Touchette Regional Hospital; other local hospitals 3. TASC | <p>Barriers to be Addressed:</p> <p>Barriers to reducing youth substance use include:</p> <ol style="list-style-type: none"> 1. Social Norms. Alcohol use by youth is widely accepted in many communities in St. Clair County. 2. Funding. 3. Lack of health education classes past 9th or 10th grade. |

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| <ol style="list-style-type: none"> 4. SCC Mental Health Board 5. SCC State’s Attorney’s Office 6. SCC Coroner’s Office 7. Chestnut Health Systems Prevention Program 8. SCC Health Department 9. SCC Regional Office of Education 10. Scott Air Force Base 11. Partnership for Drug-Free Communities 12. Treatment agencies and other local organizations dedicated to providing assistance to individuals needing addiction services | <ol style="list-style-type: none"> 4. Medical and recreational marijuana laws in Illinois contributing to thought that marijuana is “safe”. 5. Inability to engage physicians in the conversation regarding overprescribing of opioids to date. 6. Difficulty for some to make connection between early substance use and later opioid/heroin addiction. 7. Low numbers of St. Clair County schools participating regularly in the Illinois Youth Survey. 8. “Perception of Perfection”- culture (in some communities) of not wanting the community to appear to be unsafe or have high rates of substance use <p>Barriers to reducing the number of opioid/heroin overdose deaths include:</p> <ol style="list-style-type: none"> 1. Minimal involvement from non-affected community entities. Need for increased involvement from community leaders, government officials, schools, parents, etc. 2. Few places for community members to safely dispose of unwanted or expired medication. 3. Misunderstanding of Good Samaritan Law 4. Unwillingness on the part of some law enforcement to carry naloxone 5. Insufficient data collection regarding overdoses deaths. 6. Insufficient data collection regarding overdose reversals. 7. Funding |
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Evaluation plan to measure progress towards reaching objectives:

We will continue to use the Illinois Youth Survey as a reliable source for youth substance use data. We will focus on getting more St. Clair County schools to administer the IYS in 2022 so as to collect reliable data from as many communities as possible. Committee members will analyze the data and make changes to programs as necessary to continue to monitor progress toward impacting contributing factors to youth use. Strategies will be evaluated annually through intercept surveys, focus groups, and observation.

We will continue to monitor drug overdoses in St. Clair County. We will also monitor and evaluate the progress toward addressing the contributing factors to the overdose deaths in St. Clair County.

Commission members will engage in an annual review of those programs within their agency that are associated with the identified strategies above. This review will include an assessment of objectives relevant to those identified in these Community Health Plan worksheets.

NOTE: All materials and programs outlined below will take into account the diverse population throughout communities in St. Clair County. Every effort will be made to be culturally sensitive in all our work with this project.

Related Healthy People 2030 Objectives:

- SU-1 Increase the proportion of people with a substance use disorder who got treatment in the past year
- SU-3 Reduce drug-induced deaths
- SU-4 Reduce the proportion of adolescents reporting use of alcohol in the past month
- SU-5 Reduce the proportion of adolescents who used drugs in the past month
- SU-6 Reduce the proportion of adolescents who used marijuana in the past month
- SU-9 Reduce the proportion of people under 21 years who engaged in binge drinking in the past month
- SU-12 Reduce the [proportion of people who misused prescription drugs in the past year](#)
- SU-R1 Increase the proportion of adolescents who think substance abuse is risky
- SU-D1 Increase the number of admissions to substance abuse treatment for injection drug use

Anticipated sources of funding and/or in-kind support:

Two local agencies have DHS grant funding through the Substance Use Prevention Services grants. Two local agencies have overdose death prevention grants through DHS or IDPH.

Community Health Plan #5: Chronic Disease

| | |
|---|---|
| HEALTH PROBLEM: CHRONIC DISEASE | OUTCOME OBJECTIVE: |
| 37% of adults are obese in St Clair compared to 30% statewide | Reduce the Obesity rate for people with Chronic Diseases by 15 percent in the next 5 years. |

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| <p>RISK FACTOR(S):</p> <ol style="list-style-type: none"> 1. Inactive Lifestyle 2. Environmental Factors 3. Affordability for healthy produce 4. Poor Eating Habits/Obesity | <p>IMPACT OBJECTIVE(S):</p> <p>In our attempt to decrease the obesity rates for Chronic Diseases over the next five years, it is necessary that we impact the following:</p> <ol style="list-style-type: none"> 1. Increase overall cardiovascular health of population 2. Increase engagement in outdoor recreation opportunities 3. Increase green infrastructure in St. Clair County 4. Increase the availability of nutrition education for long term behavior change |
| <p>CONTRIBUTING FACTORS (DIRECT/INDIRECT):</p> <ol style="list-style-type: none"> 1. Influence of peers, family, teachers, and culture 2. Access to healthy affordable Foods 3. Level of addiction 4. Stress/financial burden for employer/healthcare system 5. Socioeconomic Factors 6. Educational Attainment | <p>INTERVENTION STRATEGIES:</p> <ol style="list-style-type: none"> 1. Increase the participation of communities and schools in the Healthier Together movement 2. Enhance screening, counseling and referral among healthcare providers 3. Increase participation in outdoor recreation, hiking, bike trails, parks, pedestrian trails 4. Nutrition education and physical activity education programs in schools and community to educate participants on skills for long term behavior change 5. Overall wellness education 6. Social connectiveness education 7. Consolidate resources from partners for easy access to community |
| <p>COMMUNITY STAKEHOLDERS & RESOURCES:</p> <ol style="list-style-type: none"> 1. McKendree University 2. St. Louis Area Food Bank 3. Scott Air Force Base 4. HeartLands Conservancy 5. University of Illinois Extension | <p>BARRIERS TO BE ADDRESSED:</p> <ol style="list-style-type: none"> 1. Environmental factors (food access, lack of outdoor play space, transportation) 2. Health Education literacy 3. Low socioeconomic status 4. Lack of time management |

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| 6. YMCA 7. Healthier Together 8. SIUE School of Nursing 9. Memorial Hospital 10. St. Elizabeth’s Hospital 11. St. Clair County Health Care Commission | |
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Related Healthy People 2030 Objectives:

- NWS-04 Reduce the proportion of children and adolescents with obesity
- NWS-03 Reduce the proportion of adults with obesity
- NWS-05 Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity

Baseline only

- D-01 Reduce the annual number of new cases of diagnosed diabetes in the population
- D-02 Reduce the rate of all cause mortality among adults with diagnosed diabetes
- D-08 Increase the proportion of persons diagnosed with diabetes who ever receive formal diabetes education
- D-09 Reduce the proportion of adults with undiagnosed prediabetes
- HDS-02 Reduce coronary heart disease deaths.
- HDS-03 Reduce stroke deaths

Evaluation plan to measure progress towards reaching objectives:

The Chronic Disease work group will meet regularly to monitor objectives and sub-objectives for outcome and impact objectives, schedule and track intervention activities and recruit new members using strategy aligned management and scorecard tools introduced to the Health Care Commission in 2009. These tools will also allow the teams to integrate new objectives and tasks as necessary.

Health Care Commission participants will engage in an annual review of those programs within their agency that are associated with the identified strategies above. This review will include an assessment of objectives relevant to those identified in these Community Health Plan worksheets.

NOTE: All materials and programs outlined below will take into account the diverse population throughout communities in St. Clair County. Every effort will be made to be culturally sensitive in all our work with this project.

Anticipated sources of funding and/or in-kind support:

- Federal, State and Local Grants
- Local Health Departments
- IL Tobacco Quitline
- W.C. Scrivner, MD PHF
- Local Government
- Local Hospitals & FQHC
- Pioneering Healthier Communities
- Healthier Together

References

2020 County Health Ranking, St. Clair County, Illinois

IQUERY, Leading Causes of Death St. Clair County, 2020

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

2015 ICBRFSS data for St. Clair County, IL

Centers for Disease Control and Prevention, National Vital Statistics System

St. Clair County Illinois Youth Survey, 2018

Healthy People 2020 and Healthy People 2030, www.healthpeople.gov

Appendix A

St Clair County Community Health Data

1. Demographic and Socioeconomic Characteristics

| Demographic and Socioeconomic Indicators – 2019 Census | | | | |
|---|------------|----------------|---------------|----------|
| Characteristics | Illinois | St. Clair 2019 | St Clair 2016 | % change |
| Total Population | 12,625,136 | 259,686 | 262,479 | -1% |
| Median Age | 37.4 | 38.6 | 37.5 | 3% |
| % Under 5 | 5.9 | 6.3 | 6.3 | 0% |
| % Under 18 | 22.2 | 23.3 | 23.8 | -2% |
| %65 and over | 16.1 | 16.4 | 14.6 | 11% |
| % Female | 50.9 | 51.8 | 51.7 | 0 |
| % Male | 49.1 | 48.2 | 48.3 | 0 |
| Race and ethnicity | | | | |
| White (non-Hispanic) | 76.8 | 64.8 | 62.1 | 4% |
| Black or African American | 14.6 | 30.6 | 30.4 | |
| Native American or Alaska Native | 0.6 | 0.4 | 0.1 | 75% |
| Asian | 5.9 | 1.6 | 1.4 | 13% |
| Hispanic or Latino | 17.5 | 4.3 | 4.0 | 7% |
| Speaks language other than English at home | 23.2 | 5.7 | 4.8 | 16% |
| Median Household Income | 65,886 | 55,179 | 50,006 | 9% |
| Per Capita Income | 36,559 | 32,414 | | |
| % Below Poverty in last 12 months | 11.5 | 13.3 | 15.4 | -16% |
| High School Diploma or higher by age 25 | 89.2 | 91.1 | 90.5 | 1% |
| Unemployment Rate | 3.7% | 4.2% | | |

Poverty by Race in St. Clair County – 2019 Census

White – 7% (total population: 67.3%)

Black – 30% (total population: 26.8%)

Hispanic – 22% (total population: 4.4%)

2. General Health and Access to Care Indicators

| 2020 Leading Causes of Death | St. Clair Co. # deaths |
|-------------------------------------|-------------------------------|
| Heart Disease | 579 |
| Cancer | 570 |
| COVID-19 | 322 |
| Accidents | 203 |
| Stroke | 194 |
| Chronic Lower Respiratory | 159 |
| Alzheimer's Disease | 114 |
| Diabetes | 98 |
| Kidney Disease | 60 |
| Influenza & Pneumonia | 36 |

Source: IDPH vital records

| Health Indicator | Date | St. Clair | Illinois |
|--|-------------|------------------|-----------------|
| Life expectancy at birth | 2019 | 76.5 | 79.3 |
| Premature Deaths Deaths/100,000 under 75 yrs. | 2016-2018 | 3,825 | 330 |
| Poor Mental Health Days Ave. days reported by adults | 2017 | 4.1 | 3.8 |

Source: County Health Rankings

| Access to Health Providers and Health Coverage | | |
|---|-----------------------------|------------------------|
| Type of Provider | St. Clair Co. (2018) | Illinois (2018) |
| Primary Care | 1,680:1 | 1,250:1 |
| Dentists | 1,420:1 | 1,280:1 |
| Mental Health | 830:1 | 440:1 |
| Insurance Source | County | Illinois |
| Medicare | 20.3% | 19.4% |
| Medicaid | 10.2% | 9.2% |
| Through Employment | 40.2% | 41.7% |
| Self-Insured | 16.8% | 18.5% |
| Uninsured | 7.0% | 8.0% |

Source: County Health Rankings

| Top 10 Emergency Department Diagnosis | |
|--|-------------------|
| Diagnosis | Discharges |
| ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED | 4,139 |
| CHEST PAIN, UNSPECIFIED | 2,412 |
| URINARY TRACT INFECTION, SITE NOT SPECIFIED | 2,352 |
| OTHER CHEST PAIN | 1,856 |
| VIRAL INFECTION, UNSPECIFIED | 1,546 |

| | |
|--|--------------|
| FLU DUE TO OTH IDENT INFLUENZA VIRUS W OTH RESP MANIFEST | 1,530 |
| NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED | 1,474 |
| ACUTE PHARYNGITIS, UNSPECIFIED | 1,467 |
| HEADACHE | 1,442 |
| UNSPECIFIED ABDOMINAL PAIN | 1,396 |

Source: CAC CHA 3/2021 – Hospital COMPdata

3. Maternal and Child Health Indicators

| St. Clair County Birth Data | | | | | | |
|-----------------------------|---------------|---------------|---------------|---------------|------------|------------|
| Year | BIRTHS | | | INFANT DEATHS | | |
| | Total | Whites | Afr Amer | Total | Whites | Afr Amer |
| 2009 | 3,718 | 2,175 | 1,449 | 22 | 8 | 12 |
| 2010 | 3,498 | 2,038 | 1,385 | 24 | 10 | 13 |
| 2011 | 3,496 | 2,124 | 1,286 | 15 | 3 | 12 |
| 2012 | 3,407 | 2,044 | 1,290 | 29 | 16 | 13 |
| 2013 | 3,341 | 1,874 | 1,388 | 29 | 11 | 18 |
| 2014 | 3,411 | 1,985 | 1,350 | 35 | 11 | 23 |
| 2015 | 3,422 | 2,006 | 1,348 | 23 | 10 | 12 |
| 2016 | 3,228 | 1,861 | 1,278 | 28 | 12 | 16 |
| 2017 | 3,221 | 1,803 | 1,333 | 37 | 14 | 27 |
| 2018 | 3,109 | 1,763 | 1,268 | 21 | 7 | 13 |
| 2019* | 3,008 | 1,696 | 1,247 | 29 | 9 | 20 |
| Total | 36,859 | 21,369 | 14,622 | 292 | 111 | 179 |

*2019 Data is provisional

Source: IDPH Vital Records

Infant Mortality Rate (deaths/1000 births)

| Year | Total | Whites | Afr Amer |
|----------------|------------|------------|-------------|
| 2009 | 5.9 | 3.7 | 8.3 |
| 2010 | 6.9 | 4.9 | 9.4 |
| 2011 | 4.3 | 1.4 | 9.3 |
| 2012 | 8.5 | 7.8 | 10.1 |
| 2013 | 8.7 | 5.9 | 13.0 |
| 2014 | 10.3 | 5.5 | 17.0 |
| 2015 | 6.7 | 5.0 | 8.9 |
| 2016 | 8.7 | 6.4 | 12.5 |
| 2017 | 11.5 | 7.8 | 20.3 |
| 2018 | 6.8 | 4.0 | 10.3 |
| 2019* | 9.6 | 5.3 | 16.0 |
| Average | 7.9 | 5.2 | 12.2 |

Source: IDPH vital records

| Teen Births—2012-2018 | St. Clair | Illinois |
|--|-----------|----------|
| Average number of Births/100 female population 15-19 yr. | 30 | 18 |

Source: County Health Rankings

| Child Mortality | Date | St. Clair | Illinois |
|------------------------------|-----------|-----------|----------|
| Deaths under 18 yrs./100,000 | 2015-2018 | 164 | 50 |

Source: County Health Rankings

| Children in Poverty | St . Clair County | Illinois | United States |
|--|-------------------|----------|---------------|
| Total children in poverty | 22% | 17 .1% | 18 .5% |
| White children in poverty | 9% | 9% | 10% |
| Black/African American children in poverty | 48% | 34% | 31% |
| Hispanic/Latino children in poverty | 35% | 20% | 23% |
| Children in single-parent household | 43% | 32% | 34% |
| Uninsured children | 2% | 3% | 6% |

Source: CAC CHA 3/2021- Kids Count Data Center

4. Chronic Disease Indicators

| Cancer Mortality 2015-2019 | | | |
|---|---------------|-----------------|------------------|
| St. Clair average 551 deaths/year from cancer | | | |
| Rate/100,000 | Nation | Illinois | St. Clair |
| All-sites | 152.4 | 158 | 172.3 |
| Breast | 19.9 | 20.9 | 20.1 |
| Colon and Rectal | 13.4 | 14.5 | 16.1 |
| Lung and Bronchus | 39.2 | 36.7 | 48.1 |

Source: CDC -Cancer burden: St. Clair County, Illinois, U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021.

| Cancer incidence Cases/100,000 Latest 5-year average | | | |
|---|---------------|-----------------|------------------|
| Rate/100,000 | Nation | Illinois | St. Clair |
| Breast | 126.8 | 133.7 | 132.5 |
| Cervix | 7.7 | 7.7 | 9.5 |
| Colon-rectal | 33.4 | 36.6 | 32.4 |
| Lung Bronchus | 50.8 | 56.7 | 68.8 |
| Prostate | 106.2 | 111.5 | 103.8 |

Source: CDC -Cancer burden: St. Clair County, Illinois, U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021.

| Cardiovascular Disease Mortality Rates 2017-2019 | | | |
|---|-----------------|-----------------|------------------|
| Rate/100,000 | National | Illinois | St. Clair |
| All CVD deaths | | 410.2 | 508.1 |
| All Stroke deaths | 72.3 | 74.4 | 90.9 |

| | | | |
|---|----|------|------|
| Avoidable heart disease and stroke deaths | 58 | 53.3 | 64.5 |
|---|----|------|------|

Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke.
<http://nccd.cdc.gov/DHDSPAtlas>

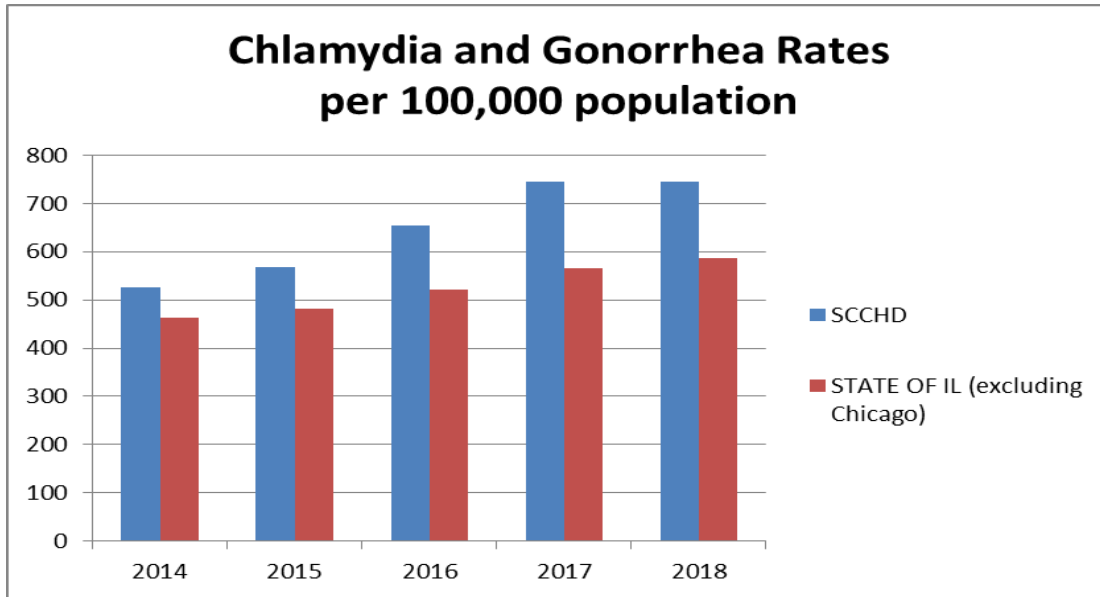
| Percent Reporting Chronic Conditions | | |
|---|-------------------------|-----------------|
| Condition | St. Clair County | Illinois |
| Adult Obesity | 37% | 30% |
| Smoking | 21.4% | 15% |
| Physical Inactivity | 31% | 22% |
| Arthritis | 31.3% | 24.7% |
| Asthma | 10.3% | 8.2% |
| High Blood Pressure | 37.1% | 32.2% |
| Cancer | 7.3% | 6.4% |
| High Cholesterol | 35.1% | 31.5% |
| Diabetes | 12% | 11.3% |

Source: ICBRFS IDPH

| St. Clair County Obesity Trends | | |
|--|-------------------|--------------|
| | Overweight | Obese |
| 2001-03 | 35.20% | 29.10% |
| 2004-06 | 35.40% | 27.80% |
| 2007-09 | 32.30% | 38.60% |
| 2010-14 | 40.60% | 32.60% |
| 2015-19 | 31.20% | 35.10% |

Source: ICBRFS IDPH

5. Infectious Disease Indicators



Source: IDPH Communicable Disease data

Sexually Transmitted Infections--Cases

| | Chlamydia 201 | Chlamydia 2017 | Gonorrhea 2016 | Gonorrhea 2017 | Early Syphilis 2016 | Early Syphilis 2017 |
|-----------|------------------|-------------------|-------------------|-------------------|---------------------------|---------------------------|
| SCC-total | 2067 | 2219 | 815 | 920 | 34 | 59 |
| ESHD | 1037 | 1042 | 496 | 556 | 12 | 20 |
| SCCHD | 998 | 1137 | 318 | 361 | 20 | 36 |
| Scott AFB | 32 | 40 | 3 | 3 | 2 | 1 |

Source: IDPH Communicable Disease data

| Regional HIV/AIDS Cases | | | | | |
|--------------------------------|------------------------------|--|---|---|---|
| County | Total Population 2017 | Total HIV/AIDS Cases Reported as of 12/2017 | % HIV/AIDS Cases Per County Population as of 12/2017 | Engaged in Medical Case Management | % Engaged in Medical Case Management |
| St. Clair | 261,059 | 776 | 0.30% | 524 | 67.53% |
| Madison | 264,461 | 297 | 0.11% | 209 | 70.37% |
| Clinton | 37,639 | 69 | 0.18% | 10 | 14.49% |
| Monroe | 34,335 | 18 | 0.05% | 4 | 22.22% |
| Jersey | 21,847 | 12 | 0.05% | 4 | 33.33% |
| TOTAL | 619,341 | 1172 | 0.19% | 751 | 64.08% |

Source: IDPH Health, HIV Surveillance Unit

6. Environmental, Occupational, and Injury Control Indicators

| Health Behaviors | Data Year | St. Clair Co. | Illinois |
|---|------------------|----------------------|-----------------|
| Excessive Drinking % adults reported heavy drinking or binge drinking | 2017 | 20% | 21% |
| Alcohol-impaired Deaths % of driving deaths with alcohol involvement | 2014-2018 | 36% | 32% |
| Drug Overdose Deaths/100,000 | 2016-2018 | 182 | 21 |
| | Date | St. Clair | Illinois |

| | | | |
|---|-------------|-----|-----|
| Motor Vehicle Crash Deaths Deaths/100,000 | 2012-2018 | 255 | 34 |
| Violent Crimes Offenses/100,000 | 2014 & 2016 | 615 | 403 |
| Homicides Deaths/100,000 | 2012-2018 | 14 | 7 |
| Suicides Deaths/100,000 | 2014-2018 | 153 | 11 |

Source: County Health Rankings

7. Sentinel Events

| St. Clair County Drug Overdose Deaths | | |
|--|-------------|-------------|
| | 2019 | 2020 |
| Any Drug | 73 | 96 |
| Any Opioid | 55 | 74 |
| Cocaine | 16 | 17 |

Source: IDPH, Division of Health Data and Policy, Drug Overdose Deaths by County

| Homeless Indicators | ESL / Belleville / St. Clair County | Illinois |
|-----------------------------|--|-----------------|
| 2019 PIT Count | 247 | 10,199 |
| Homeless / 10,000 people | 9.5 | 8.0 |
| Homelessness by Population: | Total ↓ by 69% | Total ↓ by 34% |
| | St. Clair | Illinois |

| | | |
|-------------|----------|----------|
| Sheltered | ↓ by 65% | ↓ by 32% |
| Unsheltered | ↓ by 74% | ↓ 43% |
| Family | ↓ 73% | ↓ 46% |
| Individual | ↓ by 63% | ↓ 25% |
| Veteran | N/A | ↓ 48% |

Source: CAC CHA 3/2021 - Endhomelessness.org

| St. Clair County Youth Substance Use | | | |
|---|-----------------------|------------------------|------------------------|
| Percent students used in last 30 days | 8th | 10th | 12th |
| Alcohol | 17 | 23 | 38 |
| Cigarettes | 1 | 2 | 3 |
| e-cigarettes | 6 | 21 | 30 |
| Any prescription drug to get high | 2 | 2 | 2 |
| Marijuana | 12 | 21 | 31 |
| Source: Illinois Youth Survey—St. Clair County 2018 | | | |

HEALTHIER TOGETHER PARTNERS

- Age Smart Community Resources
- American Foundation for Suicide Prevention
- American Heart Association
- Armed Forces Reserve Center
- Asthma & Allergy Foundation of America
- Barbo Design
- Belleville Main Street
- Belleville Police Department
- BJC School Outreach and Youth Development
- Blue Wall Institute
- Call For Help, Inc.
- Chestnut Health Systems
- Children First Foundation, Inc.
- Climb for PTSD
- East Side Aligned
- Esquiline
- Faith Family Church
- Family Hospice Heartlinks
- First United Presbyterian Church - Belleville
- Fister, Inc.
- Gateway Foundation
- Gateway Region YMCA
- Get Up & Go!, Inc.
- HeartLands Conservancy
- Hesel Comprehensive Psychological and Assessment Services
- Holland Construction
- Hoyleton Youth and Family Services
- HOPCA Family & Community Center
- HSHS St. Elizabeth's Hospital
- Jack Schmitt Automotive
- Karla Smith Behavioral Health
- Lindenwood University
- Make Health Happen
- McKendree University
- Memorial BJC Hospital
- Moonlight Computing LLC.
- Mount Calvary Church of God in Christ
- NAMI Alliance for the Mentally Ill-Homefront Veterans
- Pessin, Baird, and Wells
- Provident
- R3 - East St. Louis
- Racial Harmony
- Save Our Ship
- School District 118 - Belleville
- School District 119 - Belle Valley
- School District 175 - Harmony Emge
- School District 189 - East St. Louis
- School District 203 - O'Fallon Township High School
- Scott Air Force Base
- SIHF Healthcare
- SIUE - School of Nursing
- St. Clair County Board of Health
- St. Clair County Health Department
- St. Clair County Mental Health Board
- St. Clair County Probation
- St. Clair County Regional Office of Education
- St. Clair County Sheriff's Department
- Swansea Police
- SWIC - Programs and Services for Older Persons
- Touchette Regional Hospital
- Trinity Lutheran Church - Washington Park
- United Way of Greater St. Louis
- University of Illinois Cooperative Extension
- VA St. Louis Healthcare System
- Vertical Performance
- Washington University
- Wolfsberger Funeral Home

HEALTH CARE COMMISSION APPOINTED* & AFFILIATE MEMBERS, YEARS 1991-2021

- Age Smart
- Alzheimer’s Association
- American Cancer Society
- American Heart Association
- American Lung Association
- Arthritis Foundation
- Asthma Coalition for the Greater St. Louis Metro East Area
- BASIC Initiative
- Call For Help
- East Side Health District*
- Gateway Region YMCA*
- Get Up & Go! Inc.
- Illinois Department of Human Services
- Illinois Department of Public Health
- Illinois Public Health Institute
- Illinois Public Health Assoc.–AmeriCorp Program
- Lindenwood University*
- LINC, Inc.
- March of Dimes
- McKendree University*
- Memorial Hospital*
- MidAmerica Public Health Training Center
- Programs & Services for Older Persons*
- Regional Office of Education*
- Scott Air Force Base*
- St. Clair County Health Department*
- St. Clair County Housing Authority
- St. Clair County Medical Society*
- St. Clair County Mental Health Board*
- St. Clair County Office on Aging*
- St. Clair County Transit District
- St. Clair County Youth Coalition
- St. Elizabeth’s Hospital*
- Southwest Illinois College
- Southern IL Health Care Foundation*
- Southern Illinois University, School of Nursing*
- Southwest Illinois HIV/AIDS Coalition
- Touchette Regional Hospital*
- University of Illinois Cooperative Extension
- Violence Prevention Center
- Willard C. Scrivner, MD Public Health Foundation