2019
Community Health Needs Assessment and Implementation Strategy

MEMORIAL HOSPITAL | BJC HealthCare

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

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EXECUTIVE SUMMARY

Memorial Hospital Belleville has provided comprehensive health care services to meet the needs of residents throughout St. Clair County since 1958. The hospital has established effective partnerships toward the goal of improving the health of their communities. (See Appendix A for additional information).

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

Memorial Hospital Belleville and HSHS St. Elizabeth's Hospital conducted their first stakeholder assessment in 2012 and 2015. With the opening of Memorial Hospital East in April 2016, the three hospitals agreed to work together in 2018. Memorial Hospital Belleville and Memorial Hospital East became members of BJC HealthCare in 2016. Because these hospitals were on a different timeline than other BJC facilities, BJC HealthCare decided to update their CHNAs in 2019 to bring them in alignment with the other BJC hospitals.

Memorial Hospital Belleville and Memorial Hospital East conducted an online survey of community stakeholders to solicit their input about creation of the 2019 CHNA and the proposed implementation strategy.

Memorial Hospital Belleville and Memorial Hospital East worked together to complete the second phase of the CHNA process. The hospitals assembled an internal workgroup of clinical and nonclinical staff and one board member. This group reviewed focus group results as well as findings from a secondary data analysis to further assess identified needs. The secondary analysis used data from multiple sources, including Conduent Healthy Communities Institute and Centers for Disease Control and Prevention (CDC)/State Cancer Profiles. This analysis identified unique health disparities and trends evident in St. Clair County when compared against state and U.S. data.

After completion of the comprehensive assessment process, Memorial Hospital Belleville will focus on: 1) Substance Abuse; 2) Nutrition Education; and 3) Heart & Vascular – Heart.

The analysis and conclusions were presented, reviewed and approved by the Board of Directors at Memorial Hospital Belleville.

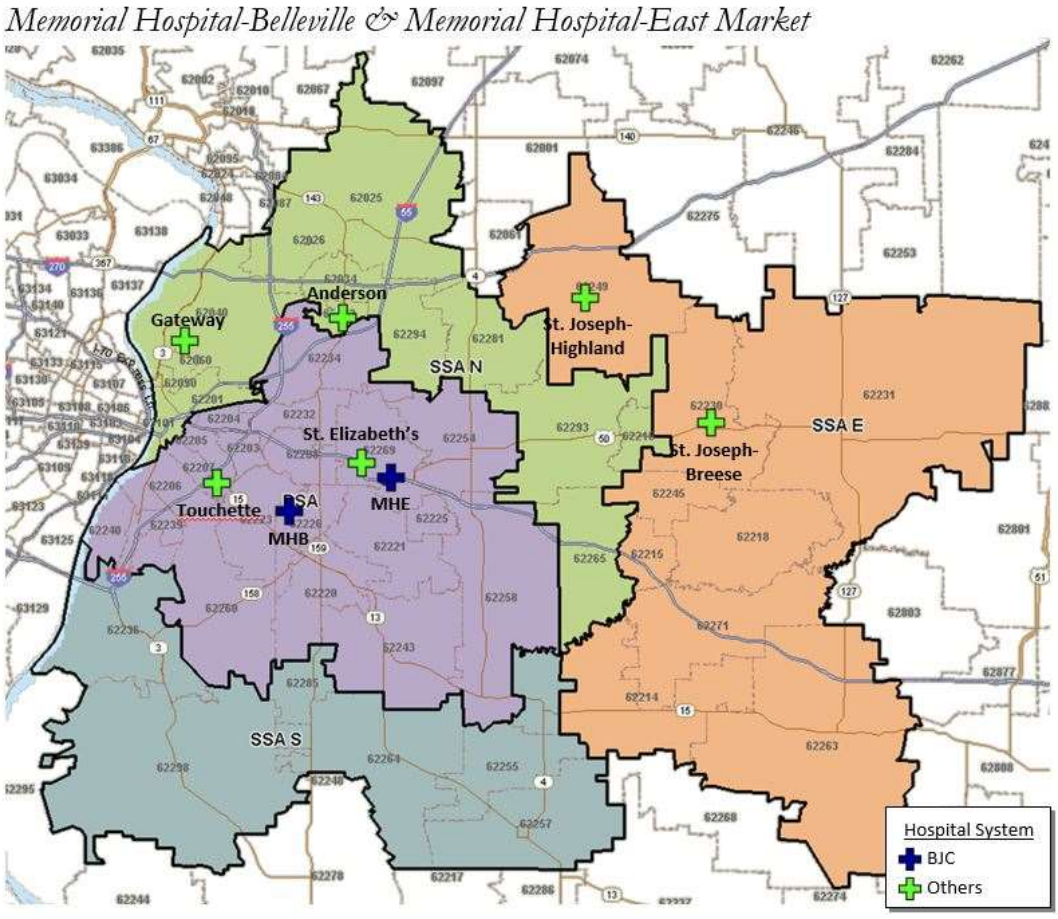
COMMUNITY DESCRIPTION

GEOGRAPHY

Memorial Hospital Belleville is a member of BJC HealthCare, one of the largest, nonprofit health care organizations in the country. BJC HealthCare hospitals serve urban, suburban and rural communities through 15 hospitals and multiple community health locations primarily in the greater St. Louis, southern Illinois and mid-Missouri regions.

Memorial Hospital Belleville is located in Belleville, Illinois. The hospital is in St. Clair County and considered part of the greater St. Louis metropolitan area.

For the CHNA, the hospital defined St. Clair County as its community.



Memorial Hospital Belleville's primary service area is represented by the zip codes in the purple shaded area of the map. The zip codes in the blue, peach and green shaded areas indicate the hospital's secondary service area.

POPULATION

Population and demographic data are necessary to understand the health of the community and plan for future needs. In 2017, St. Clair County reported a total population estimate of 262,479

compared to the state population of 12,802,023. St. Clair County comprised 2.1 percent of the state of Illinois' total population.

The population of the county and state decreased since the 2010 census. From 2010-2017, the county population decreased 2.81 percent and the state experienced a decrease of 0.22 percent in its population.

St. Clair County's median household income was 16.5 percent lower than the state overall (2013-2017). Persons living below the poverty level in St. Clair County totaled 17 percent compared to 13.5 percent in the state. Home ownership was slightly lower in the county (56.2 percent) than in the state (59.7percent).

AGE

The age structure of a community is an important determinant of the health and health services it will need. The distribution of the population across age groups in the county was similar to the state with the highest population found in the 25-44-year age group and the 45-64-year age group. When combined, 52.9 percent of the county's population comprised these age groups.

SOCIAL-ECONOMIC INDICATORS

From 2013-2017, the percentage of children (25.8 percent) and families (13.1 percent) living below the poverty level was higher in the county when compared to the state (18.8 percent; 9.8 percent) and the U.S. (20.3 percent; 10.5 percent).

From 2013-2017, the rate of renters spending less than 30 percent of household income on rent was higher in the county (53.5 percent) than the state (49.2 percent) and the U.S. (50.6 percent).

As of April 2019, unemployment was higher (4.6 percent) in the county than the state (4.0 percent) and the U.S. (3.3 percent).

EDUCATION

In St. Clair County, nearly 7 percent of the population age 18-24 years attained a bachelor's degree or higher when compared to 13 percent in the state and 10 percent in the U.S. (2013-2017)

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures and communities. Having a degree also opens career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about $1 million more per lifetime than their non-graduate peers. (Conduent Healthy Communities Institute).

In the county, 15.1 percent of this age group did not have a high school diploma compared to 12.7 percent in the state and 13.4 percent in the U.S. (2013-2017)

Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance or involved in crime. (Conduent Healthy Communities Institute)

The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in ninth grade to 82.4 percent.

In St. Clair County, 10.8 percent of the population 25 years and older attained a graduate or professional degree compared to 13 percent in the state and 11.8 percent in the U.S. In the county, 15.8 percent of this age group received a bachelor's degree compared to 20.5 percent in the state and 19.1 percent in the U.S.

INCOME

In St. Clair County, 34.9 percent of households reported an income of $75,000 or more compared to 45.1 percent in the state and 38.7 percent in the U.S.

Households that reported less than $24,999 in the county totaled 25.7 percent compared to 20.4 percent in the state and 21.5 percent in the U.S.

2016 CHNA MEASUREMENT AND OUTCOMES RESULTS

At the completion of the 2018 CHNA, Memorial Hospital Belleville identified Substance Abuse, Nutritional Education and Stroke Prevention where focus was most needed to improve the health of the community served by the hospital. This section of the report details goals and status of these community health needs.

TABLE 1: MEMORIAL BELLEVILLE HOSPITAL 2018 CHNA OUTCOMES

NUTRITION EDUCATION: "FUN'TASTIC"	NUTRITION EDUCATION: EXPLORE HEALTH	NUTRITION EDUCATION: SNEAKERS
PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL
To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits	To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits	To improve knowledge and emphasize the importance of the relationship between how the body systems work and
PROGRAM OBJECTIVE	PROGRAM OBJECTIVE	PROGRAM OBJECTIVE
Improve overall knowledge of healthy eating and nutritional habits of students by 10 percent from pre- to post-test assessment	Improve overall knowledge of healthy eating and nutritional habits of students by 10 percent from pre- to post-test assessment.	Improve overall knowledge of cardiovascular health and fitness principles of students by 10 percent from pre- to posttest assessment.
CURRENT STATUS	CURRENT STATUS	CURRENT STATUS
The plan will be implemented as it was written in 2018.	The plan will be implemented as it was written in 2018.	The plan will be implemented as it was written in 2018.

TABLE 1 CONTINUED : MEMORIAL BELLEVILLE HOSPITAL 2018 CHNA OUTCOMES

MENTAL/BEHAVIORAL HEALTH: SUBSTANCE ABUSE	HEART & VASCULAR: STROKE
PROGRAM GOAL	PROGRAM GOAL
Intervene and educate patients in the emergency room to decrease Substance Abuse in the community	To increase awareness of the signs and symptoms of Stroke among an at-risk population within St. Clair County
PROGRAM OBJECTIVES	PROGRAM OBJECTIVE
I. Screen 100 percent of individuals who presented to the emergency room with substance abuse-related diseases or have substance abuse issues between the hours of 10 am-6 pm II. Refer those with substance abuse issues or related substance abuse diseases to a treatment center III. Follow-up with at least 10 percent of those referred to see if individuals have enrolled in treatment	Increase overall knowledge level of stroke-related symptoms by 10 percent from pre-to- post-test assessment
CURRENT STATUS	CURRENT STATUS
The plan will be implemented as it was written in 2018.	After a thorough discussion and lack of resources, the team decided to replace the stroke plan with a comprehensive heart failure plan.

CONDUCTING THE 2019 CHNA

Primary Data Collection: Focus Group

Memorial Hospital Belleville and Memorial Hospital East became members of BJC HealthCare in 2016. Because these hospitals were on a different timeline for completing community health needs assessments than other BJC facilities, BJC HealthCare decided to update their CHNAs in 2019 to bring them in alignment with the other BJC hospitals. Memorial Hospital Belleville and Memorial Hospital East conducted an online survey of community stakeholders to solicit their input about creation of the 2019 CHNA and the proposed implementation plan. (See Appendix D for complete Focus Group Report).

Thirteen of 38 individuals representing various St. Clair County organizations completed the survey. (See Appendix E). The survey identified the following objectives and was open between March 18, 2019, and April 1, 2019, with a reminder sent March 26, 2019:

1) Soliciting feedback on the needs identified in the 2018 assessment and implementation plan that were designed to address them
2) Identifying other organizations with whom these hospitals should collaborate
3) Discovering opportunities to collaborate with stakeholder organizations
4) Understanding community changes since 2018
5) Exploring what issues stakeholders anticipate becoming a greater concern in the next three years

2019 FOCUS GROUP SUMMARY

The hospital chose to address Substance Abuse, Nutritional Education and Stroke Prevention in its 2018 implementation plan. All the stakeholders who responded were comfortable with the needs identified by Memorial Hospital Belleville and Memorial Hospital East, and felt that there was a good fit with the priorities of the St. Clair County Health Department as well as their own organizations. Stakeholders were asked to provide feedback about the implementation plans that had been drafted to address these needs. In general, stakeholders had very positive feedback about the plans.

OTHER ORGANIZATIONS WITH WHOM TO COLLABORATE

- Karla Smith Behavioral Health
- Organizations that focus on mental health and/or homelessness
- Other area health care institutions as well as medical professionals not already associated with the hospitals
- Local, state and federal governments
- Social media to communicate resources for addiction and mental health issues
- Greater Region YMCA
- Healthier Together
- East Side Aligned
- United Way
- St. Clair County Drug Free Prevention Alliance

- Metro East Recovery Council
- Continued collaboration with church leadership
- Mental Health Board and other hospitals
- Senior service providers including Age Smart, PSOP, etc.
- Illinois Extension Family Nutrition Program
- Continue with community outreach

OPPORTUNITIES TO COLLABORATE WITH STAKEHOLDER ORGANIZATIONS

Within each of their organizations, stakeholders were asked what efforts may complement the implementation plans the hospitals have identified. Many programs are offered that complement and enhance the hospital's plans.

CHANGES SINCE 2018 CHNA

Stakeholders were asked to identify what changes have taken place in the community in the last year since this assessment was performed that might have an impact on the future health of its residents. Their responses included a greater level of collaboration and cooperation among community partners, and recognition of the impact of substance abuse and mental health as a need.

ISSUES THAT MAY BECOME MORE IMPORTANT IN THE FUTURE

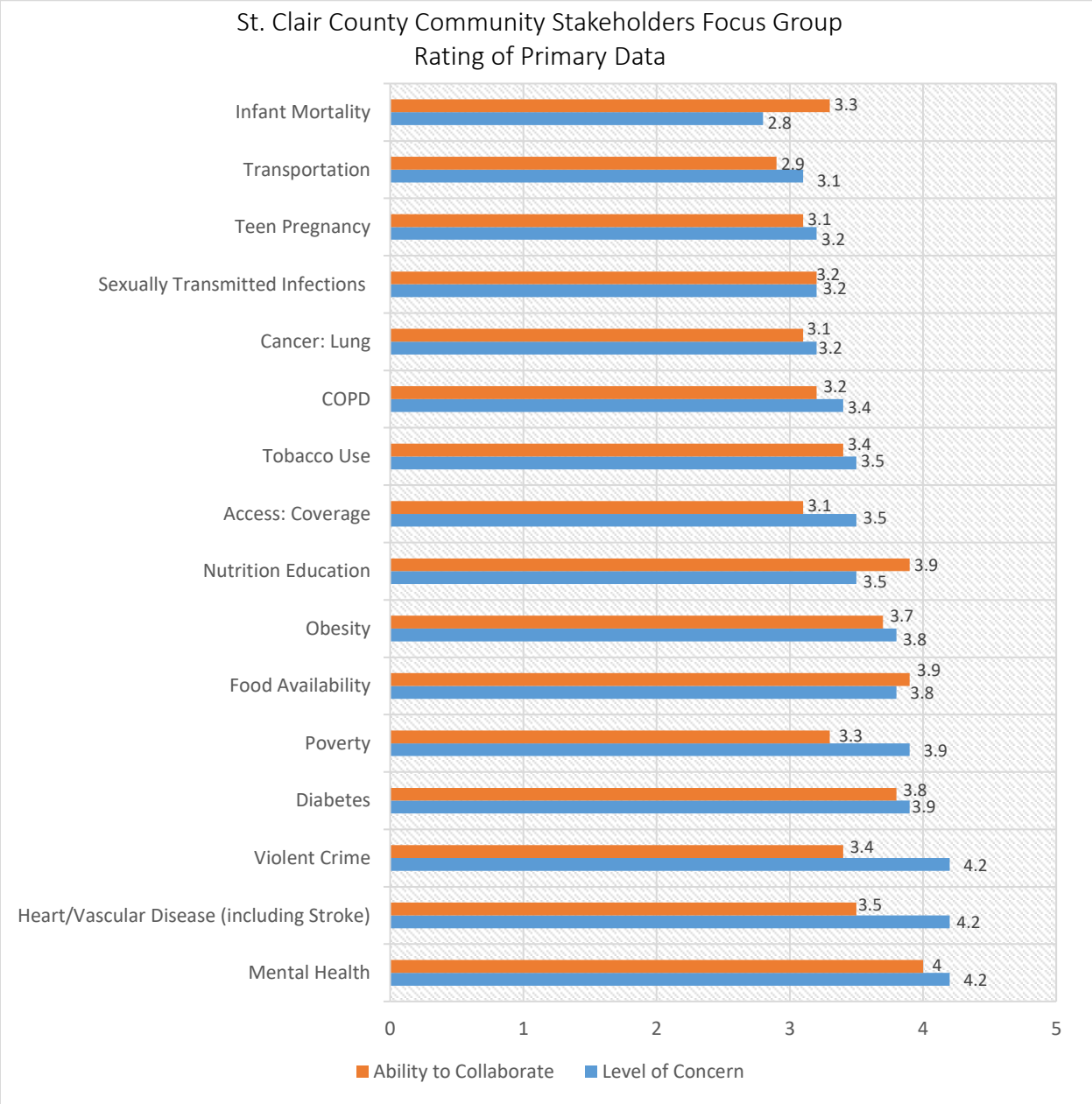
- Community safety
- Opioid epidemic
- Chronic disease
- Substance use
- Adolescent vaping/nicotine
- Legalization of marijuana
- Mental Health
- Suicide
- Homelessness
- Older demographic

NEXT STEPS

Using the input the hospitals received from community stakeholders, Memorial Hospital Belleville and Memorial Hospital East will determine whether their action plans should change based on this feedback.

RATING OF NEEDS

Stakeholders rerated the needs identified in the 2018 assessment on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate around them.



Mental Health, Heart/Vascular Disease (including stroke) and Violent Crime rated highest in terms of level of concern. Mental Health ranked highest on ability to collaborate.

Secondary Data Summary

While many health disparities exist that need to be addressed, BJC's 2024 community improvement work will begin by targeting infant mortality, cancer and diabetes across its geographies. BJC will also address the issues of access to care by working in new and more effective ways with federally qualified health centers and others in the communities it serves to expand access to primary care and mental health services. This work is in addition to the primary focus health needs identified by each of the BJC hospitals.

Based on the primary data reviewed by focus group members (see graph on previous page), key areas were identified for a secondary data analysis. These areas represent the most prevailing issues identified by the focus group. (See Appendix G for complete secondary data).

Much of the analysis was completed comparing St. Clair County, Illinois, and the U.S. To provide a comprehensive and up-to-date view (analysis of disparity and trend), secondary data was included on the needs below. While Memorial Hospital East identified two needs as its primary focus, the following needs will continue to be appropriately addressed by the hospital and other organizations in St. Clair County.

- Access to Care
- Maternal Health
- Sexually Transmitted Infections
- Chronic Obstructive Pulmonary Disease
- Asthma
- Chronic Kidney Disease
- Diabetes
- Hypertension
- Access to Food
- Obesity
- Cardiovascular Disease
- Lung Cancer
- Premature Death
- Mental Health
- Substance Abuse
- Violent Crime

A summary of the main disparities and trends follows.

ACCESS TO CARE

Over the first half of this decade, 20 million adults have gained health insurance coverage because of the Patient Protection and Affordable Care Act of 2010. Yet even as the number of uninsured has been significantly reduced, millions of Americans still lack coverage. In addition, data from the Healthy People Midcourse Review demonstrate significant disparities in access to care by sex, age, race, ethnicity, education and family income. These disparities exist with all levels of access to care, including health and dental insurance having an ongoing source of care and access to primary care. Disparities also exist by geography, as millions of Americans

living in rural areas lack access to primary care services due to workforce shortages. Future efforts will need to focus on the deployment of a primary care workforce that is better geographically distributed and trained to provide culturally-competent care to diverse populations. (Healthy People 2020)

In 2017, St Clair County had a slightly higher overall rate of adults with health insurance coverage when compared to the state; however, three age groups had a lower rate as follows: 19-24 age group (86.6 percent vs. 88.7 percent); 25-34 age group (87.2 percent vs. 87.6 percent); and the 55-64 age group (93.9 percent vs. 93.8 percent). When comparing by race, African Americans and Hispanics had lower rates of adults with health insurance than Whites. (2017)

The rate of children with health insurance in St. Clair County lagged slightly behind the state. For 2016, the county rate was down somewhat from 2015 at 96.6 percent compared to the state that experienced a minor increase from 2015 to 97.6 percent.

In 2016, St. Clair County had significantly lower rates of primary care physicians (58 per 100,000) compared to the state (81 per 100,000). This was also true for mental health providers in St. Clair County with 102 per 100,000 compared to the state at 207 per 100,000.

MATERNAL HEALTH

The infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects; preterm delivery; low birth weight; Sudden Infant Death Syndrome (SIDS); and maternal complications during pregnancy. (Conduent Healthy Communities Institute)

For the three-year period ending in 2016, St. Clair County's rate of 9.3 deaths per 1,000 live births was 47.6 percent higher than the state rate of 6.3 percent.

SEXUALLY TRANSMITTED INFECTIONS

Chlamydia, one of the most frequently reported bacterial sexually transmitted infections (STI) in the U.S. Although symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes an infection. Underreporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing. (Conduent Healthy Communities Institute)

Gonorrhea is typically asymptomatic, but easy to treat. However, gonorrhea has developed resistance to antibiotics over the years, complicating treatment. Left untreated, gonorrhea can cause serious and permanent health problems in both women and men. In women, gonorrhea is a common cause of pelvic inflammatory disease. In the U.S. the highest reported rates of infection are among sexually active teenagers, young adults and the African American population. (Conduent Healthy Communities Institute)

For 2015, St. Clair County's incident rate of chlamydia of 732.7 cases per 100,000 people was 35.6 percent higher than the state rate of 540.4. St. Clair County's gonorrhea incident rate of 260.8 cases per 100,000 people was 96 percent higher than the state rate of 133.0.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic Obstructive Pulmonary Disease (COPD) is a condition that restricts airflow into the lungs, making it difficult to breathe. COPD is most commonly a mix of chronic bronchitis and emphysema, and usually results from tobacco use, although it can also be a result of pollutants in the air, genetic factors and respiratory infections.

In 2017, St Clair County's COPD rate among the Medicare population was 23.5 percent higher than the rate in the state.

ASTHMA

Asthma is one of the most common long-term diseases of children, but it also affects millions of adults nationwide. In some cases, asthma symptoms are severe enough to warrant hospitalization, and can result in death. (Conduent Healthy Communities Institute)

For the five-year period ending in 2014, St. Clair County's asthma rate was 7.6 percent, driven by the 45-64 age group with a rate of 9.5 percent and the 25-44 age group with a rate of 9.3 percent.

CHRONIC KIDNEY DISEASE (CKD)

Chronic kidney disease (CKD), also known as chronic renal disease, is a progressive loss of this function over time. The National Kidney Foundation reports that 26 million adults have chronic kidney disease and many others are at increased risk of developing the disease. (Conduent Healthy Communities Institute)

For 2017, the rate of CKD in the county (27.1 percent) was 12 percent higher than the state rate of 24.2 percent.

DIABETES

Diabetes is a leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases.

In 2017, the Medicare population 65 and over in St. Clair County with diabetes was 29.8 percent, 10.8 percent higher than the 26.9 percent rate in the state.

HYPERTENSION

According to the CDC, nearly 1 in 3 adults have hypertension with only half of these individuals having their condition under control. (Conduent Healthy Communities Institute)

In 2017, the Medicare population 65 and over in St. Clair County had a 66.7 percent rate of Hypertension, 10.6 percent higher than the 60.3 percent rate in the state.

OBESITY

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

For the five-year period ending in 2014, St. Clair County had a 35.9 percent rate of adults classified as Obese. This was a 25.5 percent increase when compared to the five-year period ending in 2009 and a 29.1 percent increase versus the five-year period ending in 2006. The age group with the highest rate of Obesity in St. Clair County was the 25-44 age group at 41.4 percent. Females in the county had a higher obesity rate of 44.2 percent compared to males at 35.9 percent.

HEART/CARDIOVASCULAR DISEASE

Heart disease and stroke are among the most preventable in the U.S., yet are the most widespread and costly health conditions facing the nation today. Heart disease and stroke are the first and third leading causes of death for both women and men. These diseases are also major causes of illness and disability and are estimated to cost the U.S. hundreds of billions of dollars annually in health care expenditures and loss of productivity. (CDC Division for Heart Division and Stroke Prevention).

While the age-adjusted rate death rate due to coronary heart disease had been declining from the three-year period ending 2013 to the three-year period ending in 2017, St. Clair County had a death rate 19.54 percent higher than the rate in the state (104 per 100,000 compared to the state at 87 per 100,000).

For the three-year period ending in 2017, the age-adjusted death rate due to stroke in St. Clair County was higher than the rate in the state (39.6 percent versus 38.4 percent); however, the rate in the county declined 11 percent since the three-year period ending 2013.

LUNG CANCER

According to the American Lung Association, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer and prostate cancer combined.

The incidence rate for Lung & Bronchus Cancer in St. Clair County for the five-year period ending in 2015 was 78 cases per 100,000 population. This was an 18 percent higher rate than the state and 30 percent higher than the U.S.

PREMATURE DEATH

Years of Potential Life Lost (YPLL) is an estimate of premature mortality. It represents the number of years a person would have lived if he or she had not died before the predetermined age of 75 years. On a population level, the measurement gives more weight to deaths occurring among younger people and therefore YPLL is an alternative measure to death rates. When applied to different specific causes of death, YPLL can measure the relative impact of various diseases on the population and can be used to emphasize specific causes of death affecting younger age groups. YPLL is frequently used to quantify social and economic losses due to premature death.

St. Clair County continued to have a significantly higher premature death rate when compared to the state. For the three-year period ending in 2017, St. Clair County's rate was 9,022 deaths per

100,000 population, which was 37 percent higher than the state's rate of 6,567.7 deaths per 100,000 population.

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH

According to the National Comorbidity Survey of mental health disorders, people over the age of 60 have lower rates of depression than the general population — 10.7 percent in people over the age of 60 compared to 16.9 percent overall. The Center for Medicare Services estimates that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease and stroke.

For 2017 in St. Clair County, the depression rate among the Medicare population was 19.8 percent, 15.2 percent higher than the state rate of 16.4 percent.

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

For the three-year period ending in 2017, the age-adjusted death rate due to suicide for St. Clair County of 10.7 deaths per 100,000 population was similar to the state rate of 11.0 deaths per 100,000 population.

MENTAL/BEHAVIORAL HEALTH: SUBSTANCE ABUSE

Tobacco is the agent most responsible for avoidable illness and death in America. According to the Centers for Disease Control and Prevention, tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others.

In St. Clair County the rate of adults that smoke was 18.1 percent, 14.6 percent higher than the state rate of 15.8 percent. (2016)

According to the National Highway Traffic Safety Administration, motor vehicle crashes that involve an alcohol-impaired driver kill 28 people in the United States every day, which amounts to one death every 53 minutes.

For the five-year period ending in 2017, St. Clair County's rate of alcohol-impaired driving deaths of 39.5 percent was 19 percent higher than the state rate of 32.6 percent.

VIOLENT CRIME

A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. According to the FBI's Uniform Crime Reporting Program, violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery and aggravated assault. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services.

While St. Clair County's violent crime rate declined 37 percent when compared to the three-year period ending in 2010 to the three-year period ending in 2016, the county rate was 53 percent higher than the rate in the state.

Internal Work Group Prioritization Meetings

Memorial Hospital Belleville and Memorial Hospital East chose 11 employees and 1 board member to participate on an internal CHNA workgroup representing various hospital departments including, Public Relations; Diabetes Education; Cardio/Pulmonary Rehabilitation; Pastoral Care; Center for Performance Excellence; Social Services; Nursing Administration; General Administration; and Emergency Room. (See Appendix F).

The workgroup met June 24, 2019, to review the purpose for the CHNA, role of the group and goals for the project. Members reviewed and discussed input from the external focus group online survey (Table 2).

TABLE 2: LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED BY ST. CLAIR COUNTY COMMUNITY STAKEHOL		
Nutrition Education	Infant Mortality	Diabetes
Transportation	Access: Coverage	Mental Health
Tobacco Use	Sexually Transmitted Diseases	Chronic Obstructive Pulmonary Disease (COPD)
Cancer: Lung	Food Availability	Teen Pregnancy
Heart/Vascular Disease	Obesity	Substance Abuse
Violent Crime	Poverty	

The group also compared and discussed the major differences between the stakeholder focus group ranking and workgroup ranking. (Table 3)

TABLE 3: ST. CLAIR COUNTY LIST OF PRIMARY DATA	
STAKEHOLDERS FOCUS GROUP LIST OF IDENTIFIED COMMUNITY HEALTH NEEDS	MHB & MHE INTERNAL TEAM IDENTIFIED TOP 10 COMMUNITY HEALTH NEEDS
Tobacco Use	Chronic Obstructive Pulmonary Disease (COPD)
Chronic Obstructive Pulmonary Disease (COPD)	Diabetes
Cancer: Lung	Infant Mortality
Teen Pregnancy	Heart/Vascular Disease
Sexually Transmitted Diseases	Cancer: Lung
Access: Coverage	Obesity
Infant Mortality	Nutrition Education
Heart/Vascular Disease	Tobacco Use
Diabetes	Teen Pregnancy
Nutrition Education	Substance Abuse
Food Availability	
Obesity	
Transportation	
Substance Abuse	
Poverty	
Violent Crime	
Mental Health	

The following criteria for prioritizing the needs identified by the focus group was agreed upon by the workgroup (Table 4). The workgroup used the same criteria in 2018.

TABLE 4: CRITERIA FOR PRIORITY SETTING

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

Source: Catholic Health Association

The workgroup used a ranking process to assign weight to criteria by using the established criteria for priority setting above. Criteria of overriding importance were weighted as "3," important criteria were weighted as "2," and criteria worthy of consideration, but not a major factor, were weighted as "1." Health needs were then assigned a rating ranging from 1 (low need) to 5 (high need) for each criteria. The total score for each need was calculated by multiplying weights by rating. This process was done individually.

While it was noted that teen pregnancy and infant mortality rates were both above the national averages, the workgroup did not include these needs in the plan as Healthier Together already has a strong workgroup that the hospitals are participants. A question was raised if nutrition education should be higher on the priority list. The group concluded that this need does address many of the higher needs on the priority list and is included in the implementation plan. Food availability was also mentioned; however, the group elected not to include this need as the hospitals lack the resources to effectively address this issue. The need will remain on the not ranked list.

Following the ranking exercise, the workgroup reviewed the ranking and decided to keep the same ranking from 2018 (Table 5).

TABLE 5: MHB & MHE WORKGROUP 2018 /2019 RANKING OF TOP 10 IDENTIFIED COMMUNITY HEALTH NEEDS		
RANK	HIGHEST TO-LOWEST	TOTAL SCORE
1	Substance Abuse	583
2	Vascular Disease	505
3	Obesity	501
4	Diabetes	477
5	Nutrition Education	406
6	Tobacco Use	351
7	COPD	345
8	Cancer: Lung	284
9	Teen Pregnancy	232
10	Infant Mortality	179

Table 6 shows the list of needs following the workgroup's ranking and the focus group ranking.

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RANK	HIGHEST TO-LOWEST	TOTAL SCORE
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Table 7 provides:

- primary data from the focus group ranking
- needs identified by the internal workgroup ranking based on the primary data
- results of the secondary data using Conduent Healthy Communities Institute scoring tools that compared data from similar communities in the nation

TABLE 7: COMMUNITY STAKEHOLDERS RANKING VS. MHB & MHE INTERNAL WORK GROUP RANKING VS. CONDUENT HEALTHY COMMUNITIES INSTITUTE SECONDARY DATA: HIGHEST-LOWEST

RANK	COMMUNITY STAKEHOLDERS FOCUS GROUP RANKING	MHB & MHE INTERNAL WORK GROUP RANKINGS	CONDUENT HEALTHY COMMUNITIES INSTITUTE
1	Tobacco Use	Mental/Behavioral Health: Substance Abuse	Gonorrhea Incidence Rate
2	Chronic Obstructive Pulmonary Disease (COPD)	Vascular Disease	Heart Failure: Medicare Population
3	Cancer: Lung	Obesity	Rheumatoid Arthritis or Osteoarthritis: Medicare
4	Teen Pregnancy	Diabetes	Age-Adjusted Death Rate due to Kidney Disease
5	Sexually Transmitted Diseases	Nutrition Education	Single-Parent Households
6	Access: Coverage	Tobacco Use	Stroke: Medicare Population
7	Infant Mortality	COPD	Babies with Low Birth Weight
8	Heart/Vascular Disease	Cancer: Lung	Infant Mortality Rate
9	Diabetes	Teen Pregnancy	Chlamydia Incidence Rate
10	Nutrition Education	Infant Mortality	Chronic Kidney Disease: Medicare Population
11	Food Availability		COPD: Medicare Population
12	Obesity		Diabetic Monitoring: Medicare Population
13	Transportation		Adults 20+ with Diabetes
14	Mental/Behavior Health: Substance Abuse		Asthma: Medicare Population
15	Poverty		Hypertension: Medicare Population
16	Violent Crime		Premature Death
17	Mental/Behavcioral Health: Mental Health		Alcohol-Impaired Driving Deaths

- Chronic Obstructive Pulmonary Disease; Heart/Vascular Disease; Diabetes; Infant Mortality and Substance Abuse were listed by all three groups.

- Tobacco Use; Obesity; Nutrition Education; Cancer (Lung); and Teen Pregnancy were listed by the focus group and the internal workgroup.

The team reviewed the three programs that were developed to address the priority needs (Stroke Education, Substance Abuse and Nutrition Education) and determined enhancements could be added, including:

- Add the hospital's mother and child population to the Substance Abuse plan
- Add (provisionally) health education for Heart & Vascular – Heart (Failure) to either replace Heart & Vascular – Stroke or in addition to Heart & Vascular – Stroke depending on further review with the Cardiac Rehabilitation department.

After the comprehensive assessment process to determine the most critical needs in the St. Clair community, the group concluded that based on available resources and where results can be better measured, Memorial Hospital Belleville will keep the same three priorities as outlined in the 2018 CHNA - 1) Substance Abuse; 2) Nutrition Education; and 3) Heart & Vascular – Stroke following recommendations of the program teams below:

- Heart & Vascular Stroke – review resources available
- Substance Abuse – determine if program remains as is or add OB

Following review with the Cardiac Rehabilitation department on July 15, 2019, to determine the possible addition of Heart & Vascular – Heart as a fourth implementation plan or to replace Heart & Vascular – Stroke, a recommendation was made and the team agreed to replace Heart & Vascular – Stroke with Heart & Vascular – Heart. The recommendation was shared with the internal workgroup via email and overwhelming agreement was received from group members.

A conference call was held July 22, 2019, to discuss OB and ED Substance Abuse (focus on opioid) plans. OB is using a specific screening tool for OB patients; however, it is not compatible with the ED screening tool due to the specific nature of the two tools being used. OB does follow patients who have screened positive for substance abuse during pregnancy and while the baby remains in the hospital's care. Follow-up post discharge is provided by the OB physician and pediatrician. Currently, the hospital lacks the resources to develop a program to provide follow-up independent of the physician follow-up. Those in attendance concurred not to add OB to the current substance abuse plan.

CONCLUSION

Following the two additional meetings, the three priorities for Memorial Hospital Belleville are:

1. Mental/Behavioral Health: Substance Abuse
2. Nutrition Education
3. Heart & Vascular – Heart Health

APPENDICES

Appendix A: About Memorial Hospital Belleville

Memorial Regional Health Services (MRHS) is a nonprofit organization, which is part of BJC HealthCare. It is the parent organization of Memorial Hospital Belleville (Protestant Memorial Medical Center) and Memorial Hospital East (Metro-East Services, Inc.).

MEMORIAL HOSPITAL BELLEVILLE

Memorial Hospital Belleville is conveniently located in a well-established west Belleville neighborhood. The hospital also provides diagnostic centers in O'Fallon, Illinois, and physical therapy in Belleville and Shiloh, Illinois.

Memorial Hospital Belleville is a 222-bed facility serving the health care needs of area residents since 1958. The hospital has a medical staff of more than 400 members representing 42 specialties and employs approximately 2,300 full and part-time employees. Memorial Hospital Belleville is recognized as a :

- Designated Magnet™ facility by the American Nurses Credentialing Center
- Accredited Chest Pain Center with PCI by the Society for Chest Pain Centers
- IDPH designated Stroke-Ready Hospital
- IDPH designated Regional Hospital Coordination Center for the Edwardsville Public Health and Medical Response Region

In 2018, Memorial Hospital Belleville provided $11,844,557 in community benefits and providing serving 63,866 individual services. This total includes:

- $2,458,342 in financial assistance serving 49,940 individuals
- 34,010 individuals on Medicaid at a total net benefit of $4,071,141

Memorial Hospital Belleville also provided a total of $5,315,074 to 16,701 persons in other community benefits including, community health improvement services, subsidized health services and in-kind donations. (See Appendix B for Community Benefit Expenses)

Appendix B: 2018 Total Net Community Benefit

MEMORIAL HOSPITAL BELLEVILLE: 2018 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	13,155	$2,458,342
Medicaid	34,010	$4,071,141
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	47,165	$6,529,483
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	8,088	$769,734
Health Professional	728	$238,899
Subsidized Health Services	7,885	$4,262,894
In-Kind Donation		$43,547
TOTAL OTHER COMMUNITY BENEFITS	16,701	$5,315,074
GRAND TOTAL	63,866	$11,844,557

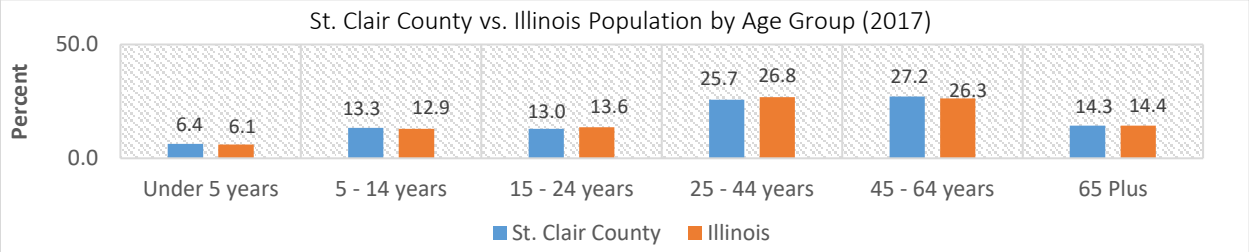
Appendix C: St. Clair County Demographic

ST. CLAIR COUNTY VS. ILLINOIS DEMOGRAPHIC		
GEOGRAPHY	ST. CLAIR COUNTY	ILLINOIS
Land area in square miles, 2010	65,776	55,518.9
Persons per square mile, 2010	410.6	231.1
POPULATION		
Population, Percent, 2010	270,056	12,830,632
Population, Percent, 2017	262,479	12,802,023
Population, Percent Change -2010-2017	-2.81	-0.22
AGE		
Persons under 5 years, Percent, 2017	6.4	6.0
Persons under 18 years, Percent, 2017	23.6	22.6
Persons 65 years and over, Percent, 2017	15.2	15.2
GENDER		
Female persons, Percent, 2017	51.7	50.8
Male persons, Percent, 2017	48.3	49.2
RACE / ETHNICITY		
White alone, Percent, 2017	65.2	77.1
White alone, not Hispanic or Latino, Percent, 2017	61.8	61.3
African American alone, percent, 2017	30.5	14.6
Hispanic or Latino, Percent, 2017	4.1	17.3
Two or More Races, Percent, 2017	2.4	2.0
Asian alone, Percent, 2017	1.4	5.7
American Indian and Alaska Native alone, Percent, 2017	0.4	0.6
Native Hawaiian and Other Pacific Islander alone, Percent, 2017	0.1	0.1
Foreign Born Persons, Percent, 2013-2017	2.8	14.0
LANGUAGE		
Population Age 5+ with Language other than English Spoken at Home, Percent, 2013-2017	5.00	22.8

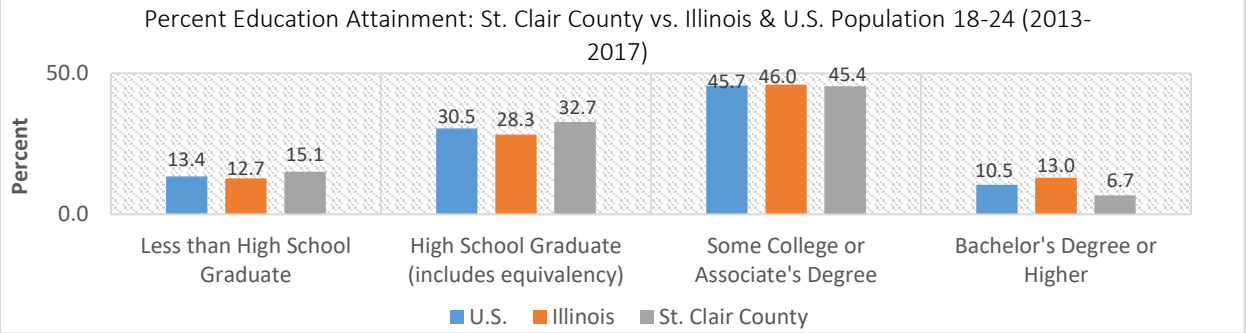
Source: Conduent Healthy Communities Institute

ST. CLAIR COUNTY VS. ILLINOIS DEMOGRAPHIC INCLUDING EDUCATION, INCOME & HOUSING		
	ST. CLAIR COUNTY	ILLINOIS
HOUSING		
Housing Units, 2017	120,201	5,359,557
Homeownership, 2017	56.2	59.7
Median Housing Units Value, 2013-2017	$122,600	$179,700
FAMILY & LIVING ARRANGEMENTS		
Households, 2013-2017	103,125	4,818,452
Average Household Size, 2013-2017	2.5	2.6
EDUCATION		
High School Graduate or Higher, Percent of Persons Age 25+, 2013-2017	90.7	88.6
Bachelor's Degree or Higher, Percent of Persons Age 25+, 2013-2017	26.6	33.4
INCOME		
Median Household Income, 2013-2017	$51,103	$61,229
Per Capita Income, 2013-2017	$28,643	$32,924
People Living Below Poverty Level, Percent, 2013-2017	17.0	13.5

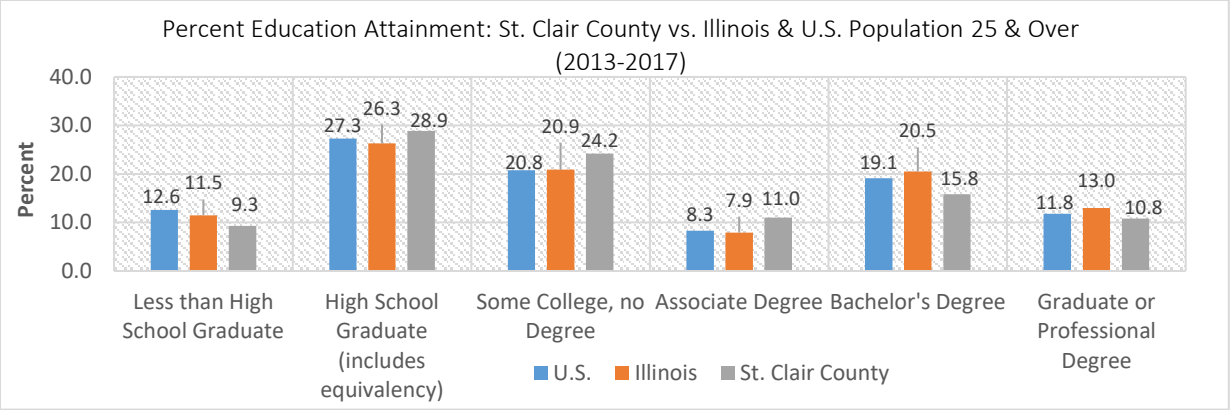
Source: Conduent Healthy Communities Institute



Source: U.S. Census Bureau



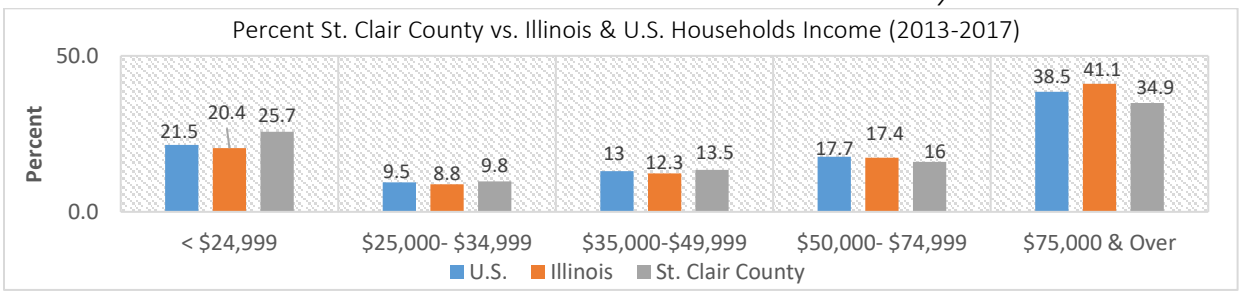
Source: U.S. Government Census



Source: U.S. Government Census

ST. CLAIR COUNTY VS. ILLINOIS & U.S. SOCIAL-ECONOMIC INDICATORS			
INDICATORS	ST. CLAIR COUNTY	ILLINOIS	U.S.
Percent Students Eligible for Free Lunch Program (2016-2017)	46.5	46.1	40.4
Percent Children Living Below Poverty Level (2013-2017)	25.8	18.8	20.3
Percent Families Living Below Poverty Level (2013-2017)	13.1	9.8	10.5
Percent Renters spending >30% of Household Income on Rent (2013-2017)	53.5	49.2	50.6
Percent Households With Cash Public Assistance (2013-2017)	2.7	2.5	2.6
Percent Homeownership (2013-2017)	56.2	59.7	56
Percent Unemployment (April 2019)	4.6	4.0	3.3

Source: Conduent Healthy Communities Institute



Conduent Healthy Communities Institute & U.S. Census

Appendix D: St. Clair County Community Focus Group Report

PERCEPTIONS OF THE HEALTH NEEDS

OF ST. CLAIR COUNTY RESIDENTS

FROM THE PERSPECTIVES OF COMMUNITY LEADERS

PREPARED BY:

Angela Ferris Chambers

Director, Market Research & CRM

BJC HealthCare

May 10, 2018

TABLE OF CONTENTS

BACKGROUND

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

Memorial Hospital Belleville conducted its first stakeholder assessment in 2012, followed by a second iteration in 2015. Memorial Hospital East opened in 2016. The two hospitals agreed to work together on their 2018 stakeholder assessment, in collaboration with HSHS St. Elizabeth's Hospital.

Memorial Hospital and Memorial Hospital East became members of BJC HealthCare in 2016. Because these hospitals were on a different timeline than other BJC facilities, BJC HealthCare decided to update their CHNAs in 2019 to bring them in alignment with the other BJC hospitals. Memorial Hospital and Memorial Hospital East conducted an online survey of community stakeholders to solicit their input about creation of the 2019 CHNA and the proposed implementation plan.

RESEARCH OBJECTIVES

The main objective of this research is to solicit feedback from community experts and those with special interest in the health of the St. Clair County community on the needs the Memorial Hospitals have chosen to address, and their action plans for doing so.

Specifically, the survey focused on the following areas:

1) Soliciting feedback on the needs identified in the 2018 assessments and implementation plans that were designed to address them
2) Identifying other organizations with whom these hospitals should collaborate
3) Discovering opportunities to collaborate with stakeholder organizations
4) Understanding community changes since 2018
5) Exploring what issues stakeholders anticipate becoming a greater concern in the next three years

METHODOLOGY

To fulfill the PPACA requirements, Memorial Hospital Belleville and Memorial Hospital East conducted an online survey with public health experts and those with a special interest in the health needs of St. Clair County residents.

38 individuals representing various St. Clair County organizations were sent an email invitation to complete the survey from Doug Stewart, Chief Chaplain at Memorial Hospital. In that email invitation, links were included to each hospital's 2018 needs assessment and implementation plan.

The survey was open between March 18 and April 1, with a reminder being sent on March 26.

After incomplete and duplicate surveys were removed, 13 were available for analysis.

The following needs were identified in the 2018 hospital CHNAs. Of these, the hospitals chose to address **substance abuse, nutritional education, and stroke prevention** in their implementation plans.

Identified Needs
Access to insurance coverage
COPD
Diabetes
Food availability
Heart and vascular disease (including stroke)
Infant mortality
Lung cancer
Mental health
Nutrition education
Obesity
Poverty
Sexually transmitted infections
Substance abuse
Teen pregnancy
Tobacco use
Transportation
Violent crime

The stakeholders' verbatim comments are included in this report. In the case where a comment applied to more than one subject, you will see the notation [split]. This indicates that one respondent's comment contained multiple points.

At the end of the survey, the community stakeholders were asked to rate the identified needs based on their perceived level of concern in the community, and the ability of the community to collaborate around them.

KEY FINDINGS

FEEDBACK ON THE NEEDS BEING ADDRESSED: Stakeholders were asked about the needs that Memorial Hospital Belleville (MHB) and Memorial Hospital East (MHE) are planning to address (substance abuse, nutritional education, and stroke prevention).

All the stakeholders who responded were comfortable with the needs identified by Memorial Hospital Belleville and Memorial Hospital East, and felt that there was a good "fit" with the priorities of the St. Clair County Health Department as well as their own organizations.

Excellent choices with good county-wide alignment.

All 3 needs concur with the St. Clair County Health Department Community Health Assessment.

They are critical needs and worthy of this focused attention.

I concur with the needs.

My understanding of the substance abuse is that it is a growing problem. I see many elderly on the west end of Belleville and visit mostly elderly during hospital visits… I believe this is a societal issue and applaud efforts to deal with it.

All of the needs MHB and MHE are addressing are serious concerns in Shiloh.

St. Clair County faces numerous areas which need improvement in relationship to health and wellness in our community. All of the needs mentioned are important and should be addressed. While it is a difficult task to prioritize these areas, time is critical and work must begin. These three areas, while not necessarily the most vital in my opinion, are a place to start.

Those are three (3) important needs.

The data and more current data certainly support the needs identified and prioritize.

Looks good. Very happy that nutritional education is being incorporated.

My initial reaction was that it seems to be a good fit for the St. Clair County Health Care Commission's goal to be in the top 25 counties within Illinois by 2025.

It appears that these three topics were chosen wisely and thoughtfully.

FEEDBACK ON THE ACTION PLANS: Stakeholders were asked to provide feedback about the Action Plans that have been drafted to address these needs. In general, stakeholders had very positive feedback about them.

Specifically, several suggested that the proposed ED substance abuse counselling be expanded to be available 24/7, and that the hospitals further collaborate with other community workgroups who are trying to address recovery and rehabilitation.

In the area of nutritional educations, there were additional suggestions that the hospitals be sure to address the needs of financially stressed families who may not be able to afford healthy food as well as among communities where disparities exist.

In regard to the stroke Action Plan, one stakeholder raised a question about staff who would be addressing the educational component, and whether they would be dedicated to this need.

GENERAL FEEDBACK:

All plans are comprehensive and measurable

Realistic and relevant.

These action plans focus on EDUCATION for all ages which is KEY to addressing these needs.

They are thought-out and seem realistic.

Plans appear to be comprehensive and achievable.

I believe the action plan is well thought and will help considerably well implemented.

They look great.

Good start. Measuring these types of improvements is sometimes difficult. I wish you all the best!

I think the plans seem great and thorough, considering the topic choices.

Not being a healthcare professional, I believe a follow-up process is vitally important. Affected families must be part of the process.

SPECIFIC FEEDBACK: SUBSTANCE ABUSE

Substance abuse seems to be an area which needs to be addressed in our community. Thank you for starting the process to move things in the right direction. Is it possible to help those who present with substance abuse issues between the hours of 6 pm and 10 am? Healthcare is a 24 hour business and patients should have access to the treatment and assistance needed and available no matter what time the patient presents in the ER. [split]

Substance abuse consult with a social worker between 10am - 6:00pm - That should be 24/7.

Substance abuse, particularly opioid use is a county wide epidemic. The hospital is certainly another point of contact along the continuum of community health-behavioral health providers who can assess and provide interventions and referral to treatment and support services. I think more could be added beyond using SAMHSA. The St. Clair County Drug Free Prevention Alliance and new Recovery workgroup would be excellent places for the hospitals to connect with to further identify strategies, approaches and collaborate and coordinate local efforts to dealing with substance use and associated health risks. [split]

SPECIFIC FEEDBACK: NUTRITIONAL EDUCATION

Nutritional education needs to begin in the early education years. This will go a long way to promoting better health and wellness. The second part of the equation is how do you help the families eat healthier who cannot afford to do so?

I totally support the work with nutrition and the action plans are excellent. Just wondering how far of a reach can be made to accomplish this. The only question I have is will the hospitals focus on education in communities that have been identified with the greatest disparities and food insecurities? I think to have a real impact the areas with greatest need is where the greatest effort should be concentrated. [split]

SPECIFIC FEEDBACK: STROKE

Stroke prevention awareness is always helpful and promoting across the community will be helpful.

Education about stroke is a good action plan. Will there be staff dedicated to doing the education components outlined in the nutrition and stroke education plan?

OTHER ORGANIZATIONS WITH WHOM TO COLLABORATE:

To have a greater impact on these issues, stakeholders were asked with what other organizations MHB and MHE should consider collaborating. They identified a variety of community partners including government agencies, churches and other health organizations.

Memorial is already a key player with our Health Care Commission and the Healthier Together Initiative which is a community focused movement to address the three needs addressed by Memorial. But they are also working with our community partners on other chronic disease education efforts throughout the community.

Karla Smith Behavioral Health.

For the substance abuse - organizations that focus on mental health and/or homelessness.

Other health care institutions in the area as well as medical professionals not already associated with Memorial… The governments (local, state and federal) must be engaged.

Perhaps hitting Facebook and other social media on addiction and mental health issues will help to spread the different options for help.

Greater Region YMCA, Healthier Together, East Side Aligned, United Way, churches, business leaders, municipal leaders, educators, county residents. It is the responsibility of all to create a healthier community. Thanks for all you do.

St. Clair County Drug Free Prevention Alliance, Metro East Recovery Council.

Continued collaboration with church leadership.

Substance Abuse: Mental Health Board and other hospitals;

Stroke: Senior Service providers including Age Smart, PSOP, etc.

Illinois Extension Family Nutrition Program could be helpful with nutrition education in schools.

Continue with community outreach.

OPPORTUNITIES TO COLLABORATE WITH STAKEHOLDER ORGANIZATIONS:

Stakeholders were asked what they are doing within each of their organization that might complement the Action Plans that MHB and MHE have identified. There are many programs being offered that complement and enhance what MHB and MHE intend to offer.

Trying to develop a population-based health information platform.

We work closely with Memorial as part of our Health Care Commission partner as well as the new Healthier Together Initiative, therefore we are working TOGETHER to address substance abuse and other needs to be more efficient and effective in our efforts.

KSBH is addressing the mental health and substance abuse problem with a new clinical program that has proven very successful since we implemented it a year ago.

Our General & Community Assistance Department assists with certain outlying factors of substance abuse. We also provide additional wellness benefits for all employees.

As a pastor, I try to do what I can as a resource and support for individuals & families.

We serve as a resource directing people to what is available.

I will do what I can to inform people of the programs being offered.

As a community volunteer, I work with the East Belleville YMCA and the Healthier Together movement to not only provide a voice to our issues and concerns, but to provide workgroups to address some of the issues you address in this needs assessment.

Provide monthly & weekly meals for senior adults. Education.

We have funded substance use treatment and residential services for both Chestnut Health Systems and Comprehensive Behavioral Health (methadone treatment, SMARTS). This past year we began funding Medication Assisted Treatment for addictions. There are resources again that can be offered that are specific to our community. We have representation at the Drug Free Partnership and Metro East Recovery Council. We collect and analyze data on substance use-opioids from the St. Clair County Coroner.

I work within the Education Committee and partner with BJC to provide health education lessons to our students.

Employees serve on various committees, including St. Clair Co. Drug Prevention Task Force, Belleville Networking, and HCC Education Committee. Additionally, we have two full-time mental health counselors who work very closely with both the Mental Health Board and Age Smart. Our Foster Grandparent Program is in many of the schools and could be a great partner as well as could our RSVP Program.

From the American Cancer Society's standpoint, I think the only topic we would target is nutrition education. Any health fair we are present at always includes a nutrition education component.

CHANGES SINCE THE 2018 CHNA: Stakeholders were asked to identify what changes have taken place in the community in the last year since this assessment was performed that might have an impact on the future health of its residents. Their responses included a greater level of collaboration and cooperation among community partners, and recognition of the impact of substance abuse and mental health as a need.

Increased community collaboration and coordination:

A recognition of the need to improve cross-sector and community coordination.

Memorial has been a key player in our county-wide Healthier Together Initiative which is bringing not only health care providers but organizations, businesses, faith based and general public together to address our community health needs.

Awareness is spreading regarding the state of health of St. Clair County. The more educated we are, the more we can work together to solve these complex health and wellness issues. Healthier Together is working towards helping our community become a healthier place to live.

On the positive end, there is increased collaboration and work to address issues through the collective impact efforts. The more collaborative approaches can reduce duplication and can extend our reach and impact. There still needs to be a more coordinated efforts to increase our impact.

Forming of various health committees.

GREATER RECOGNITION OF SUBSTANCE ABUSE/MENTAL HEALTH NEED

The increased occasions of substance abuse and behavioral health needs.

I am seeing more mental health and addiction in our area and hope more can be done.

Heightened awareness of the opioid epidemic hopefully resulting in better education / decrease in abuse.

OTHER CHANGES:

I believe informing people of the issues and possible solutions or resources is most important. The governments (local, state and federal) must be engaged.

Action planning with education focus groups

NONE:

No specific changes come to mind.

None that I am aware of.

ISSUES THAT MAY BECOME MORE IMPORTANT IN THE FUTURE:

When asked about what new health issues may emerge in the future, stakeholders had a variety of responses.

SAFETY/VIOLENCE:

Community safety.

It seems as though violent crimes may be on the rise - this may only be because of media coverage, and I'm not sure of true statistics; just my own perspective.

SUBSTANCE ABUSE:

The substance abuse issue, specifically opioids appear to continue to be on the rise and will probably be a continued health need as well as chronic disease. Education is the key to help curtail these health issues.

The opioid epidemic.

Substance use is still a great concern. The bigger concern with this is youth. Youth have increased use of vaping-juuling which indicates more likeliness to abuse substance. With legalization of marijuana there is even more concern that youth will become substance dependent and continued use will lead to use of more addictive substances.

Vaping/nicotine in adolescent years.

MENTAL HEALTH:

Mental Health [mentioned twice] [split]

Again my biggest concern, addiction and mental health. Suicide seems to be more of an option for people with mental health issues without treatment.

Suicide rates among middle ages white men is on the rise, NARCAN funding is tough to find, and mental health issues continue to rise.

OTHER:

Homelessness [split]

Nothing new since last survey… I'm not certain.

Demographic is growing older.

OTHER COMMENTS: Stakeholders appreciated being asked for their feedback and offered other comments for consideration.

THANK YOU:

Thanks for sharing this process.

I am pleased to know of the coordinated efforts to help with the main health issues in the area.

Thank you for all your work.

Thank you for being in the forefront in addressing these concerns.

COMMENTS ABOUT THE PLANS:

Memorial and Memorial East detailed assessment and implementation plans are realistic and on-target to address these three (3) health needs in our community.

The plans are excellent - focused, measurable, fitting the needs described. The implementation, as usual, may meet unforeseen obstacles which may indicate the need for some flexibility in application.

Hopefully these small steps will show improvement and these plans can grow and help throughout our county.

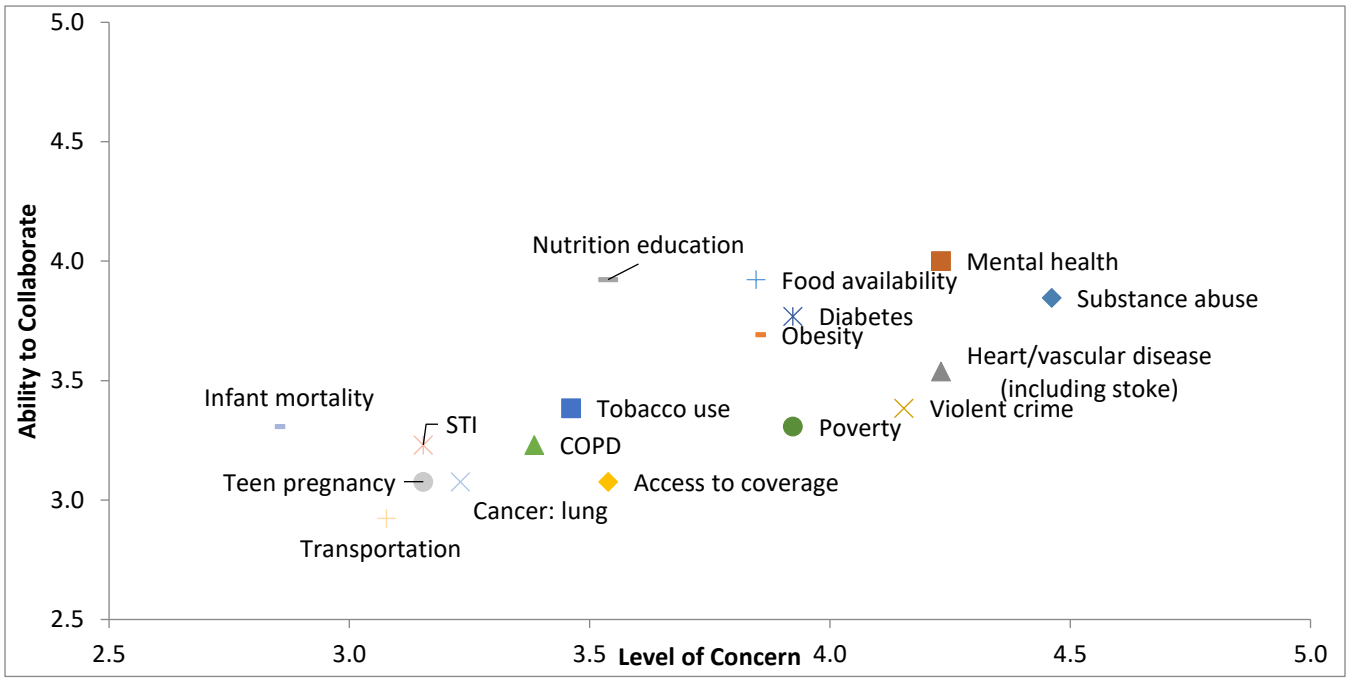
Other suggestions/corrections:

Do consider how to impact affordable health care needs.

No other comments. I do want to site a correction in the needs assessment. Page 14 states that the Karla Smith Foundation is doing education on suicide prevention with Emergency Departments. The Karla Smith Foundation provides support groups for survivors of suicide loss. The St. Clair County Suicide Prevention Alliance has been the workgroup that established an action plan to educate and assist local hospitals in developing suicide prevention training for Emergency Department doctors and staff. The Alliance has made connections with Memorial and Touchette Regional Hospital EDs and Gateway Medical Center. The national office of the American Foundation for Suicide Prevention will be rolling out a new ED suicide prevention training this fall and contacted the Alliance offering to scholarship our local hospital ED staff to be trained. Suicide is not one of the three areas that was chosen but there is a strong link with substance use and suicide. Just another aspect for other consideration.

RATING OF NEEDS

Stakeholders rerated the needs identified in the 2018 assessment on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate around them.



SUBSTANCE ABUSE ranked highest in terms of community concern. Mental health rated highest in terms of ability to collaborate.

The table on the next page shows the actual ratings for each need that was evaluated.

Average Scores

	Level of Concern	Ability to Collaborate
Substance Abuse	4.5	3.8
Mental Health	4.2	4
Heart/Vascular Disease (including Stroke)	4.2	3.5
Violent Crime	4.2	3.4
Diabetes	3.9	3.8
Poverty	3.9	3.3
Food Availability	3.8	3.9
Obesity	3.8	3.7
Nutrition Education	3.5	3.9
Access: Coverage	3.5	3.1
Tobacco Use	3.5	3.4
COPD	3.4	3.2
Cancer: Lung	3.2	3.1
Sexually Transmitted Infections	3.2	3.2
Teen Pregnancy	3.2	3.1
Transportation	3.1	2.9
Infant Mortality	2.8	3.3

NEXT STEPS

Using the input the hospitals received from community stakeholders, Memorial Hospital Belleville and Memorial Hospital East will determine whether their action plans should change based on this feedback.

The needs assessments and associated implementation plans must be completed by December 31, 2019.

Appendix E: Focus Group Survey Participants

2019 ST. CLAIR COUNTY FOCUS GROUP SURVEY PARTICIPANTS			
LAST NAME	FIRST NAME	ORGANIZATION	RESPONDED
Arell-Martinez	Debbie	O'Fallon-Shiloh Chamber of Commerce	
Bauer	Laurie	Healthier Together	X
Boyd	Rita	SIU School of Nursing	
Braundmeier	Heather	Scott Air Force Base	
Brookshire	Liz	Eastside Aligned	
Cheryl Brunsman	Cheryl	PSOP	X
Davenport	Greg	YMCA	
Deets	Dr. Dave	School District 175	X
Denton	Walter	City of O'Fallon	
Dyer	Rev. Rob	Presbyterian Minister	
Foppe	Michael	Interfaith Food Pantry	
Wobbe	Susan	St. Clair County Agency on Aging	
Gomric	James	St. Clair County	
Hogrebe	Pat	East St. Louis St Vincent DePaul	
Hohlt	Barb	St. Clair County Health Department	X
Holmes	Dr. Desarie	Touchette Regional Hospital	
Hood	Jessica	American Cancer Society	X
Humphrey	Deb	St Clair County 708 Mental Health Board	
Irby	Candice	Southern IL Health Foundation	X
Krieb	Bill	St. Clair County Health Department	
Mance	Nick	Southwestern Illinois College	
Meyer	Jennifer Gain	City of Belleville	X
Leininger	Skip	First Baptist Church, O'Fallon IL	X
Nowak	John	MedStar Health	
Oliver-Blandford	Myla	East Side Health District	
Onstott	Karan	McKendree	

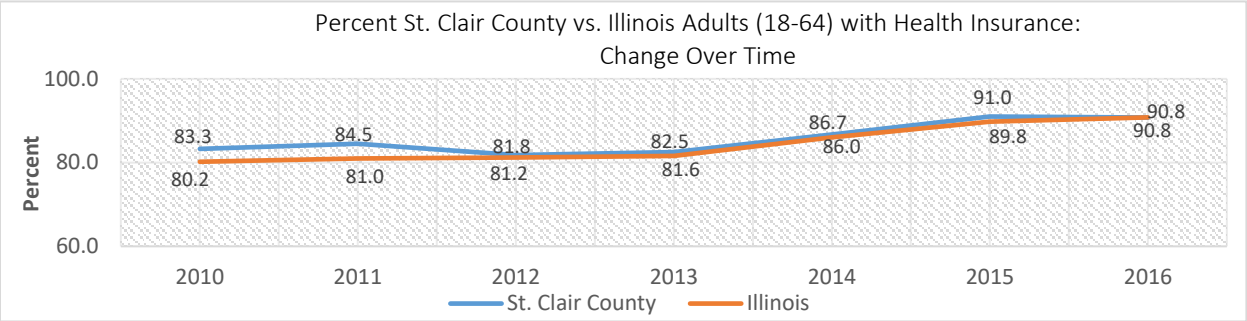
2019 ST. CLAIR COUNTY FOCUS GROUP SURVEY PARTICIPANTS (CONTINUED)			
LAST NAME	FIRST NAME	ORGANIZATION	RESPONDED
Owens	Jake	Abbot EMS	
Paeth	Joy	Age Smart	
Peters	Mark	St. Clair County Health Department	X
Pfeil	Wendy	Belleville Chamber of Commerce	
Phillison	Lisa	Hospice of Southern Illinois	
Sarfaty	Susan	Regional Superintendent of Schools	
Smith	Tom	Karla Smith Foundation	X
Stidham	Mike	BEACON Minstries	
Vernier	Mayor Jim	Village of Shiloh	X
Weber	Rev. Darrell Weber	Independent Church	
West	Dr. Kelly	Regional Superintendent of Schools	X
York	Father Ken	St. Henry's Catholic Church	X

Appendix F: Internal Work Group

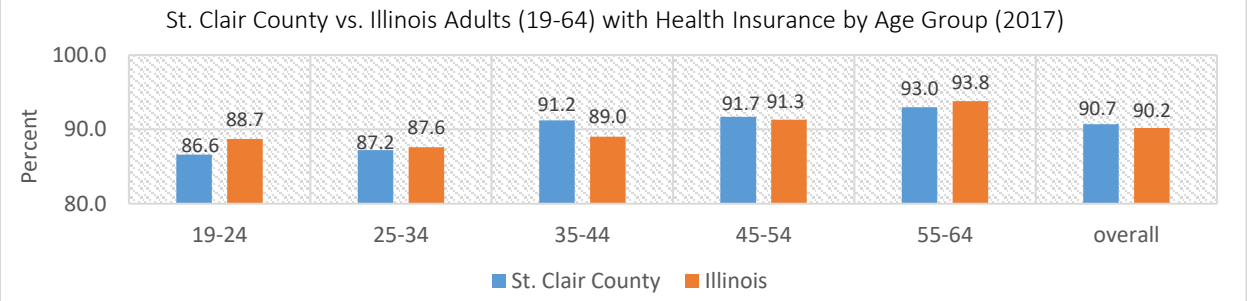
MEMORIAL HOSPITAL BELLEVILLE & MEMORIAL HOSPITAL EAST 2019 CHNA INTERNAL TEAM			
LAST NAME	FIRST NAME	TITLE	DEPARTMENT
Thomure	Anne	Director, Communication	Public Relations
Weeks	Angela	Supervisor, Clinical Dietician	Diabetic Education
Masters	Barbara	Manager, Assistant Nurses	Cardio / Pulmonary / Rehabilitation
Singsank	Cheryl	Consultant II, Event Planner	Public Relations
Stewart	Doug	Supervisor, Chaplaincy	Pastoral Care
Hoering	Ed		Board Member
Connors	Kim	Specialist, Clinical Education	Center for Practice Excellence
Otten	Lacy	Supervisor, Social Worker	Social Services
Sancho	Marcella	Coordinator, Case Management	Nursing Administration
Luechtefeld	Mimi	Director, Patient Experience	General Administration
Hayes	Todd	Coordinator, Nurse	Emergency Room
King	Karley	Program Manager, Community Benefit	BJC Communication & Marketing

Appendix G: St. Clair County Secondary Data

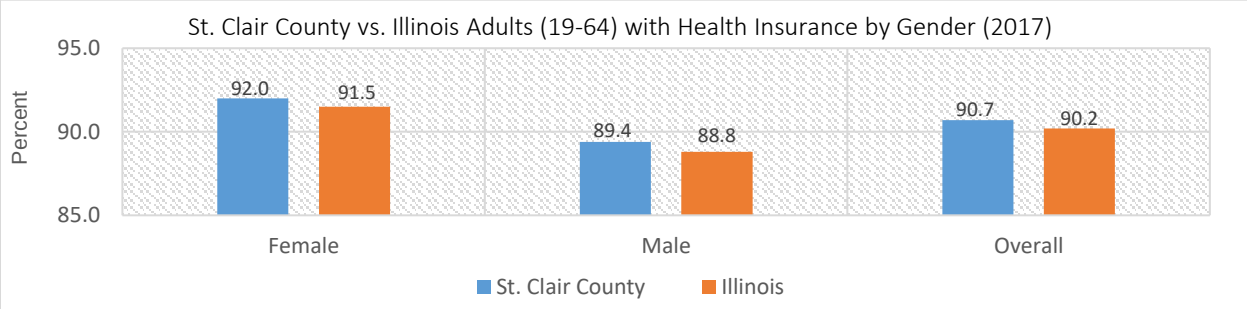
ACCESS TO HEALTH CARE SERVICES



Source: Conduent Healthy Communities Institute



Source: *Conduent Healthy Communities Institute*



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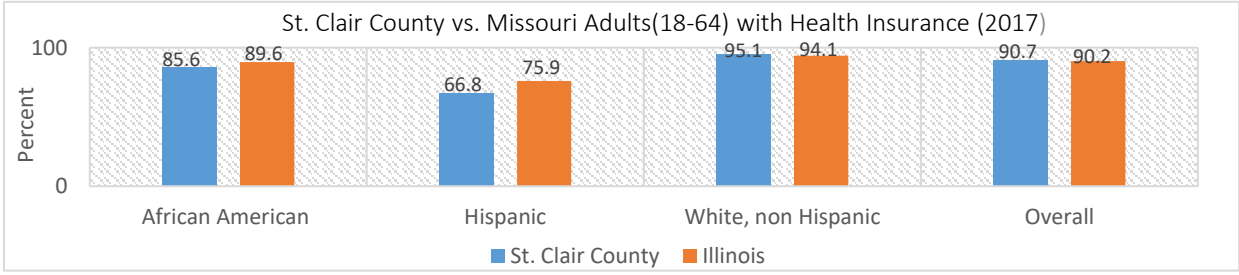
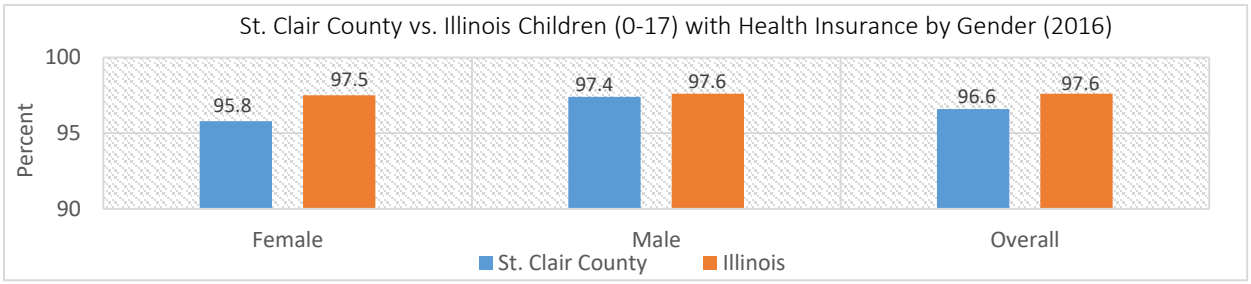


Source: Conduent Healthy Communities Institute

ACCESS TO HEALTH CARE SERVICES



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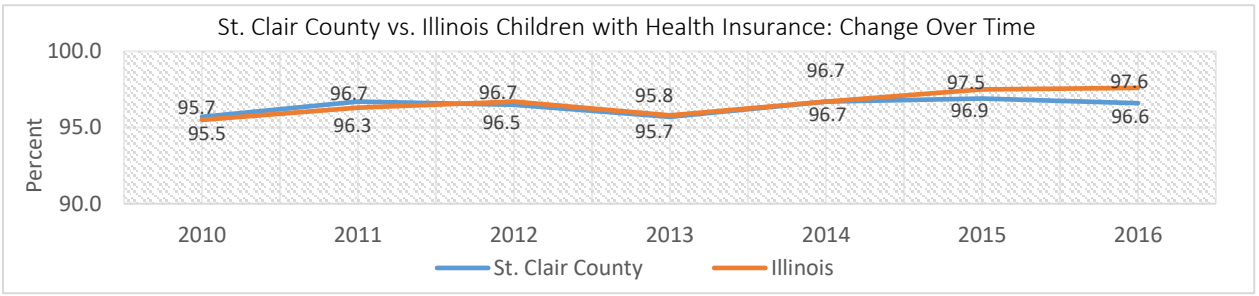
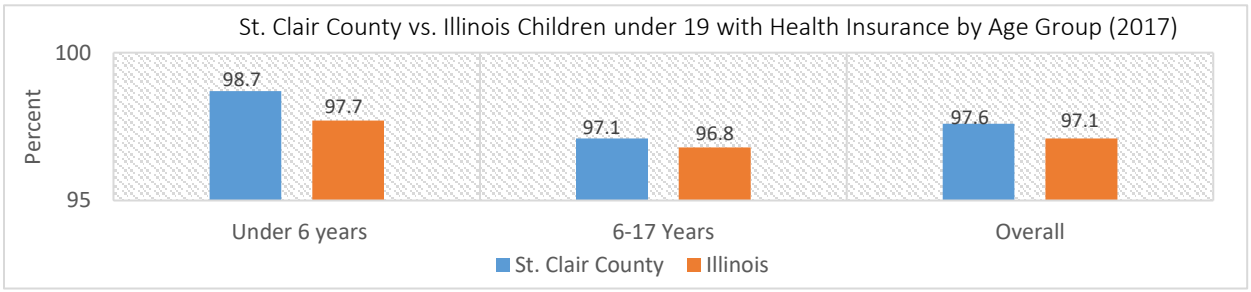
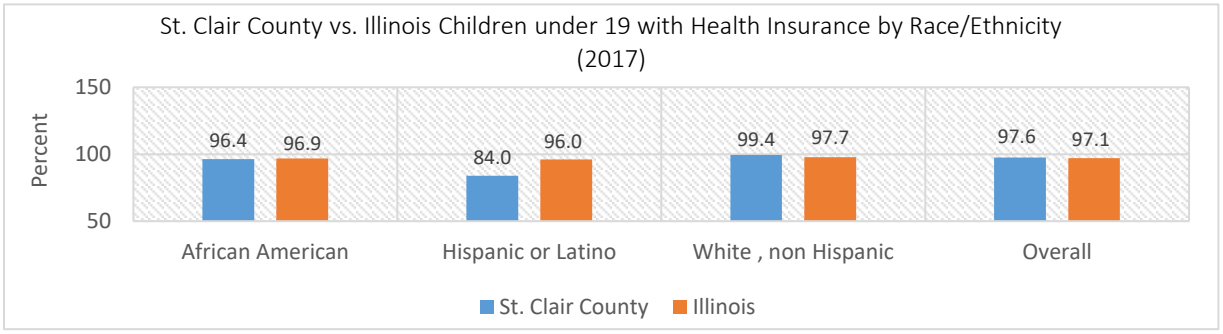


Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

ACCESS TO HEALTH CARE SERVICES

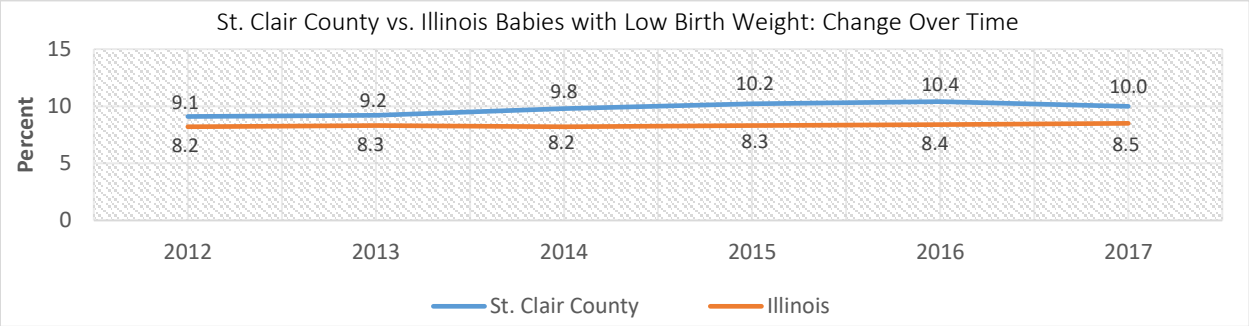
ST. CLAIR COUNTY VS. ILLINOIS & U.S. HEALTH CARE COVERAGE AND PROVIDERS RATES			
INDICATOR	ST. CLAIR COUNTY	ILLINOIS	U.S.
Percent Adults with Usual Source of Health Care (2010-2014)	87.0	82.1	77.1
Percent Adults with Health Insurance (2017)	90.7	90.2	87.7
Percent Persons with Private Health Insurance only (2017)	53.9	59.0	55.8
Percent Person with Public Health Insurance only (2017)	26.1	23.3	23.6
Percent Children with Health Insurance (2016)	97.6	97.1	95.0
Dentist Rate /100,000 (2017)	70.0	77.0	68.0
Primary Care Provider Rate /100,000 (2016)	58.0	81.0	75.0
Mental Health Provider Rate /100,000 (2018)	102.0	207.0	229.0
Non-Physician Primary Care Provider Rate/100,000 (2018)	82.0	72.0	88.0
Preventable Hospital Stays: Medicare Population /1,000 (2015)	61.4	54.8	49.4

Source: Conduent Healthy Communities Institute

ST. CLAIR COUNTY VS. ILLINOIS & U.S.: ACCESS: TRANSPORTATION			
INDICATOR	ST. CLAIR COUNTY	ILLINOIS	U.S.
Households without a Vehicle (2013-2017)	9.6	10.8	8.8
Workers Commuting by Public Transportation (2013-2017)	4.2	9.4	5.1
Mean Travel Time to Work; Age 16+ (2013-2017)	24.9 Minutes	28.7 Minutes	26.4 Minutes

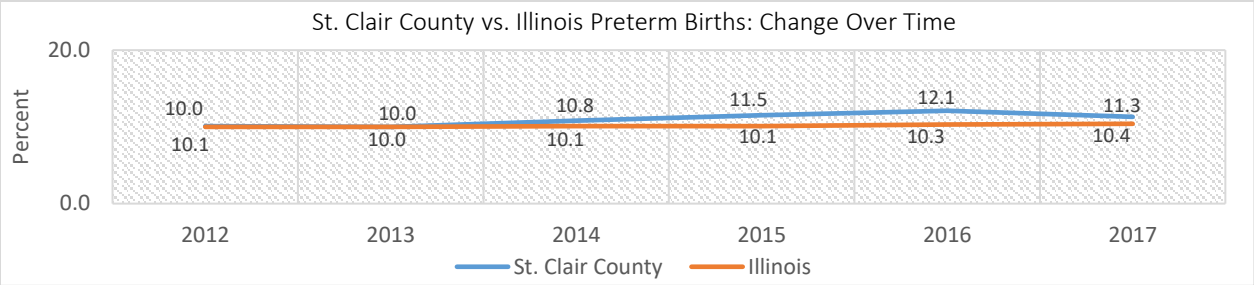
Source: Conduent Healthy Communities Institute

MATERNAL HEALTH

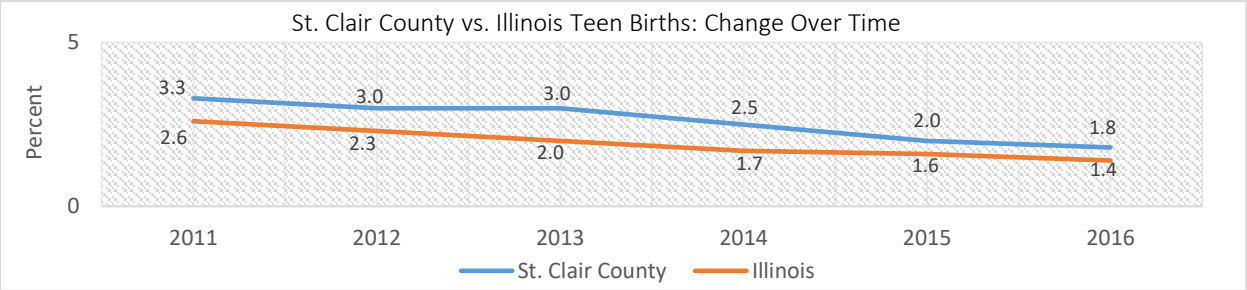


Source: Conduent Healthy Communities Institute

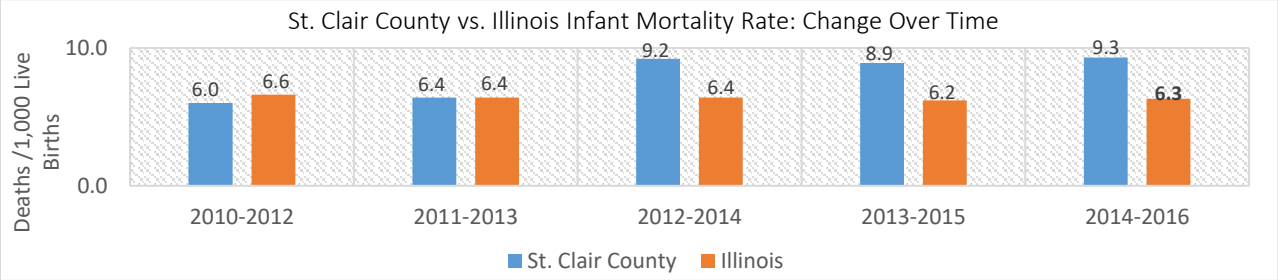
MATERNAL HEALTH



Source: *Conduent Healthy Communities Institute*

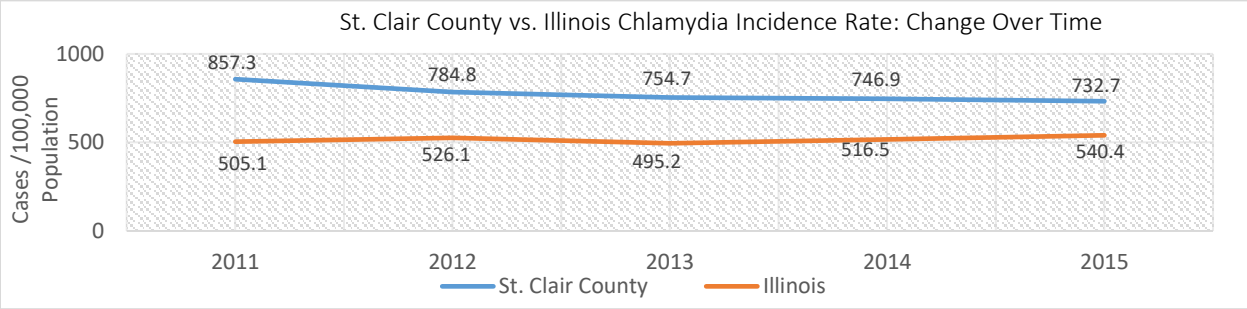


Source: Conduent Healthy Communities Institute



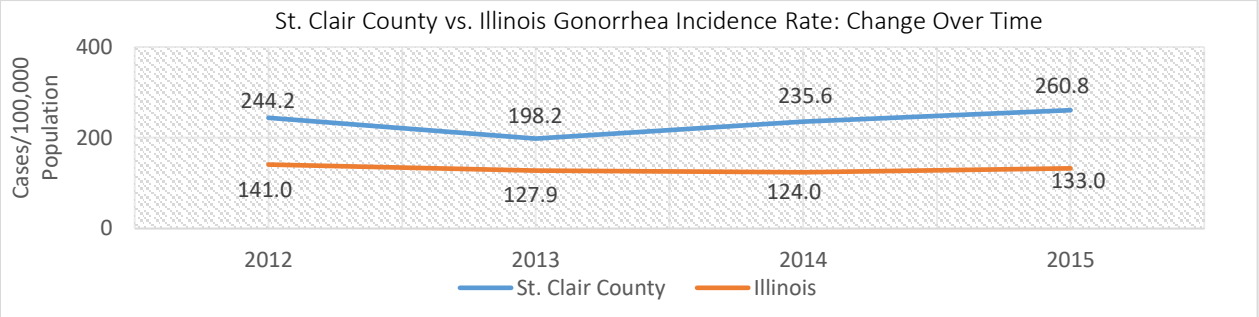
Source: Conduent Healthy Communities Institute

SEXUALLY TRANSMITTED INFECTIONS

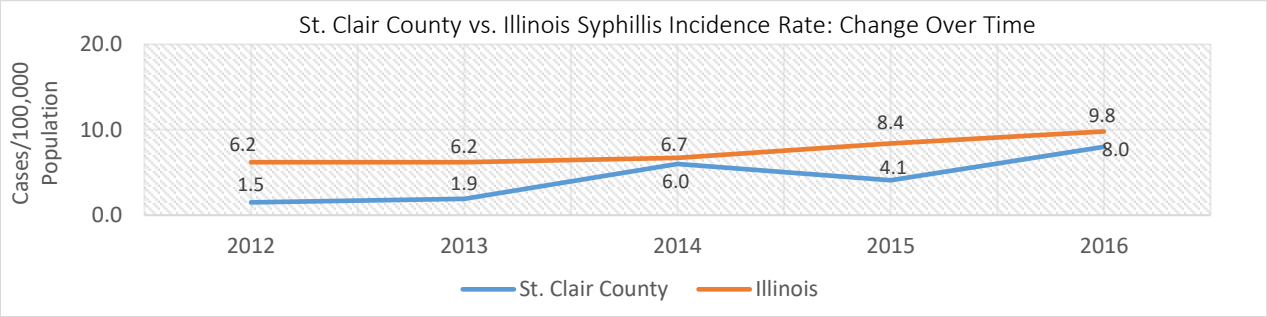


Conduent Healthy Communities Institute

SEXUALLY TRANSMITTED INFECTIONS



Conduent Healthy Communities Institute



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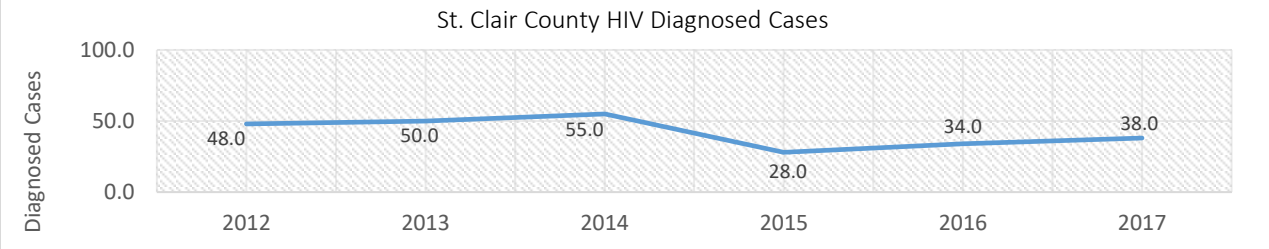
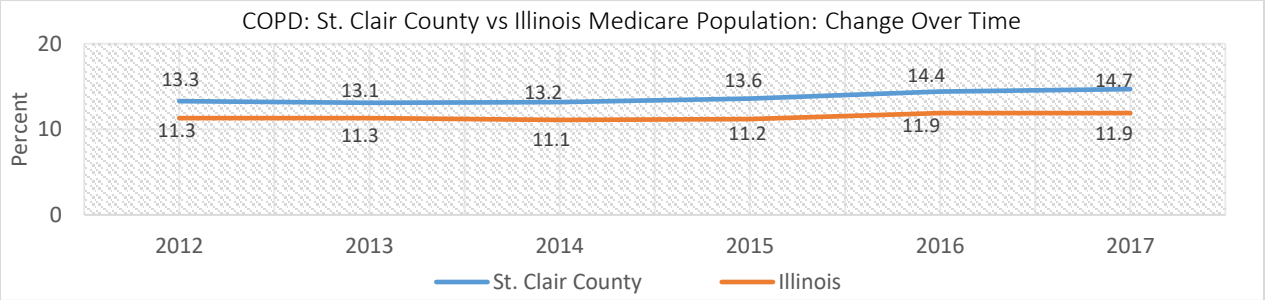


Source: Conduent Healthy Communities Institute

ST. CLAIR COUNTY VS. ILLINOIS & U.S. SEXUALLY TRANSMITTED INFECTIONS			
INDICATORS	ST. CLAIR COUNTY	ILLINOIS	U.S
Chlamydia Incidence Rate/100,000 (2016)	728.8	561.4	497.3
Gonorrhea Incidence Rate/100,000 (2016)	308.7	164.8	145.8
HIV Newly Diagnosed Cases (2017)	38		
Syphilis Incidence Rate/100.000 (2016)	8	9.8	8.7

Source: Conduent Healthy Communities Institute

CHRONIC OBSTRUCTIVE PULMONARY DISEASES (COPD)



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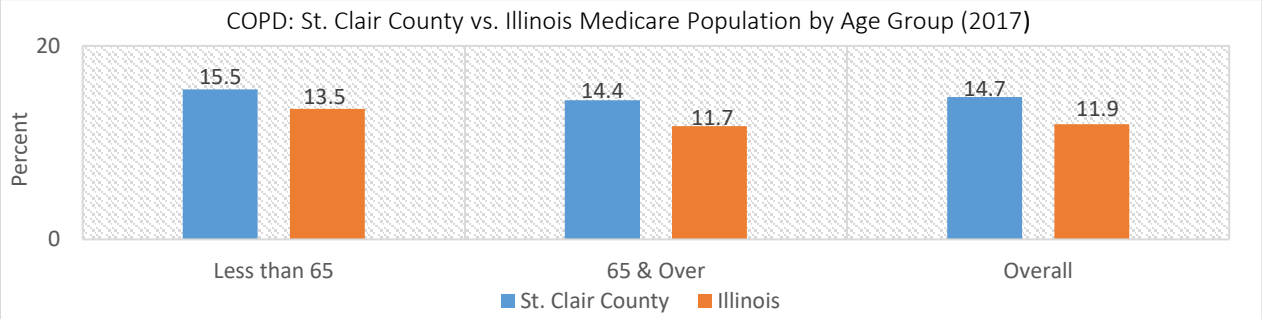
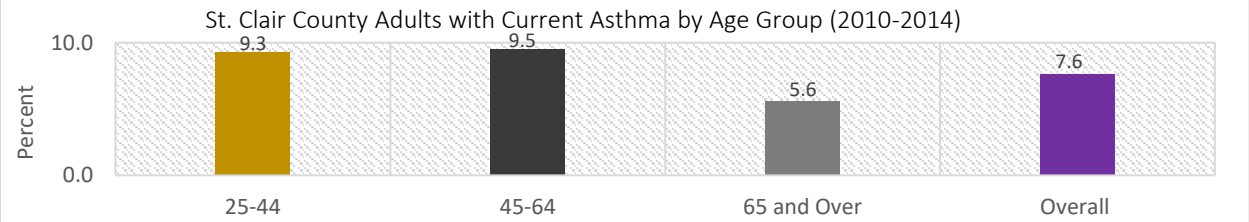


Source: Conduent Healthy Communities Institute

ASTHMA



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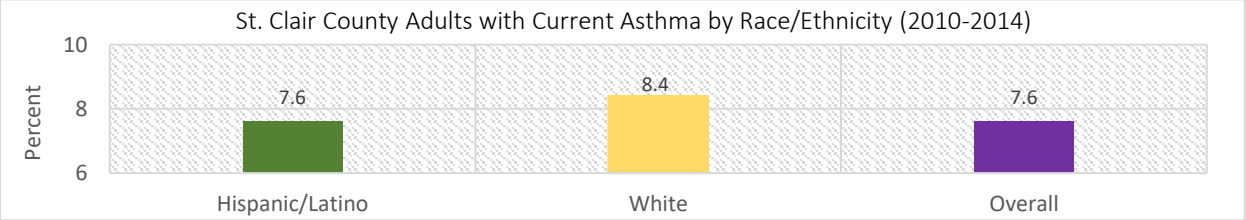

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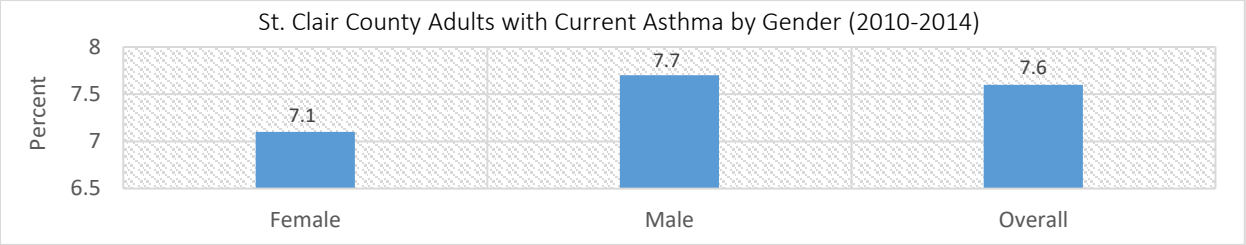

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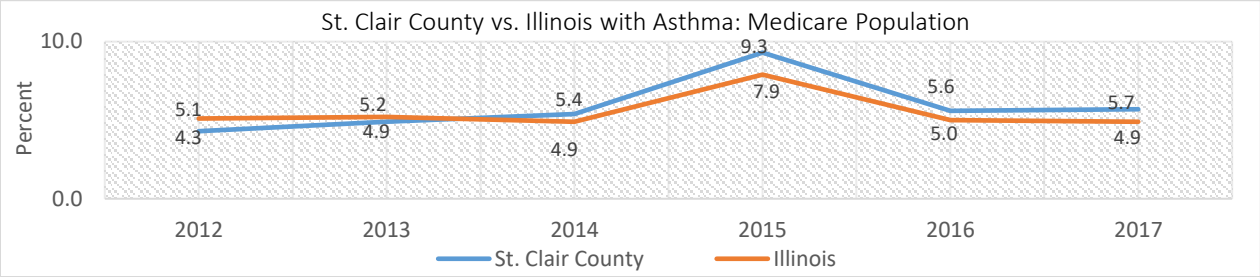

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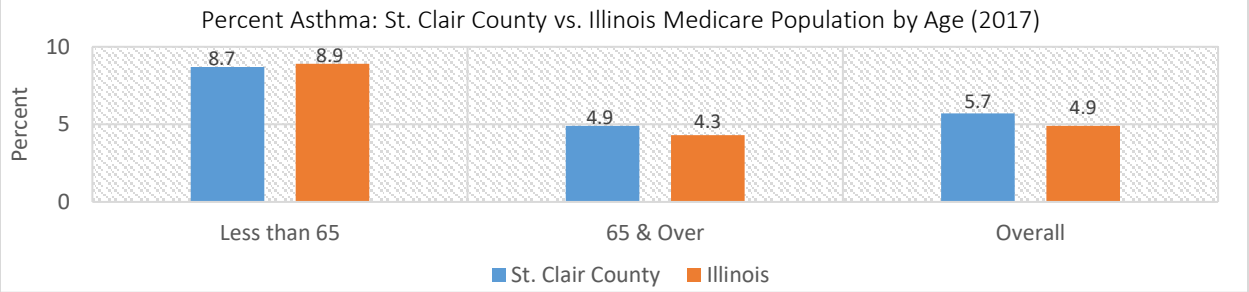
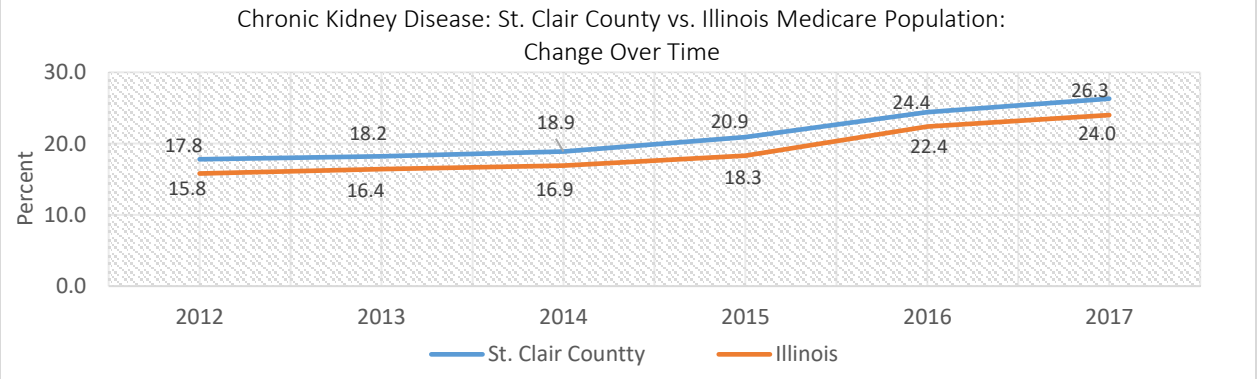


Source: Conduent Healthy Communities Institute

CHRONIC KIDNEY DISEASE (CKD)



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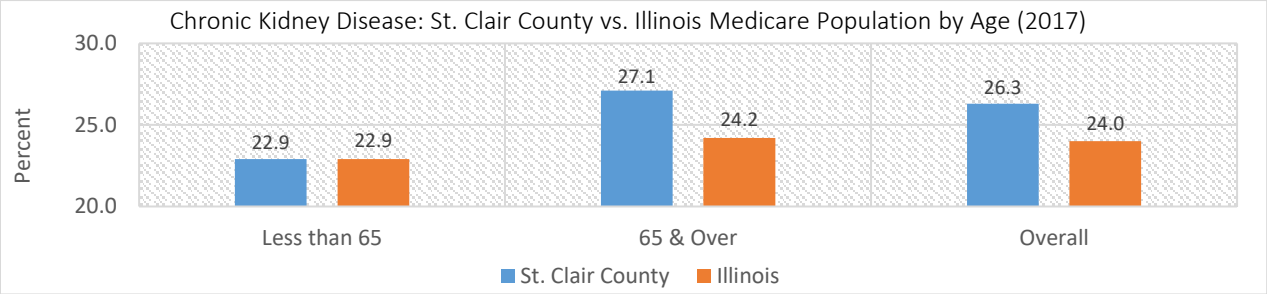
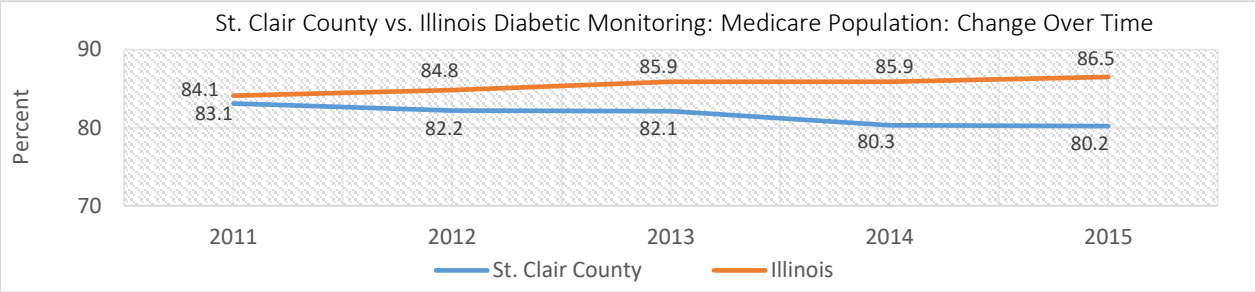
CHRONIC KIDNEY DISEASE (CKD)



Source: Conduent Healthy Communities Institute

DIABETES



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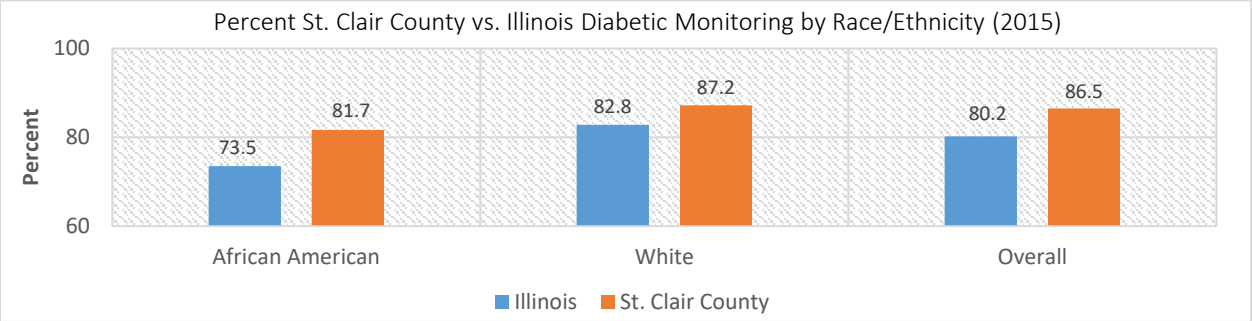

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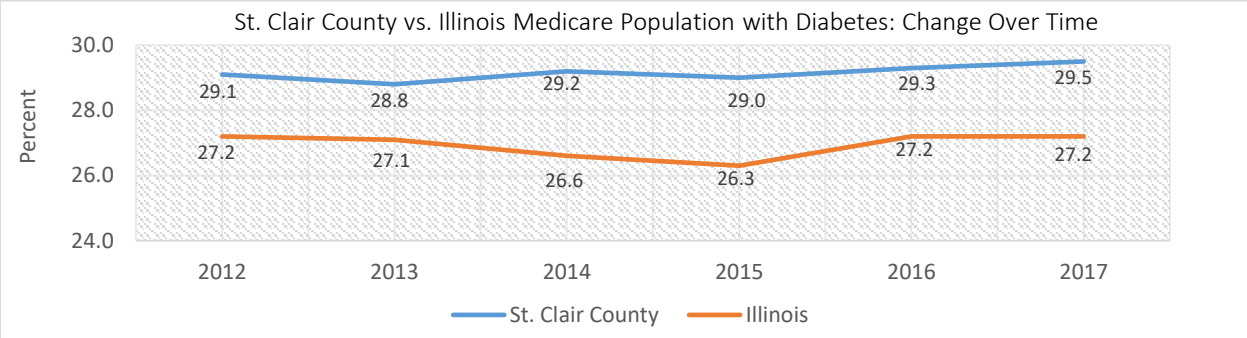

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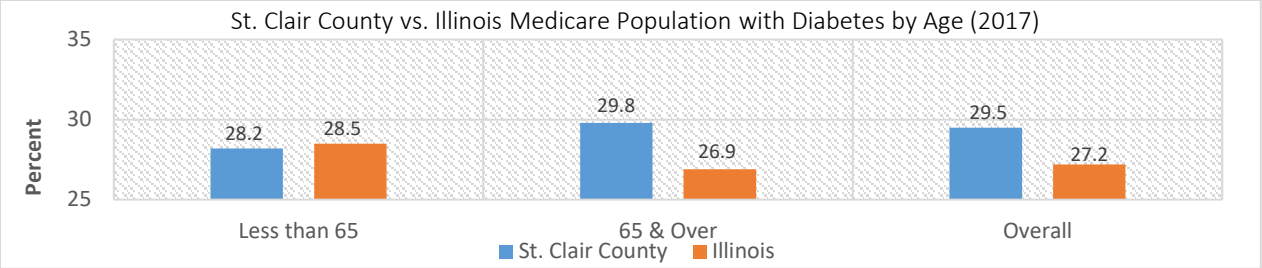

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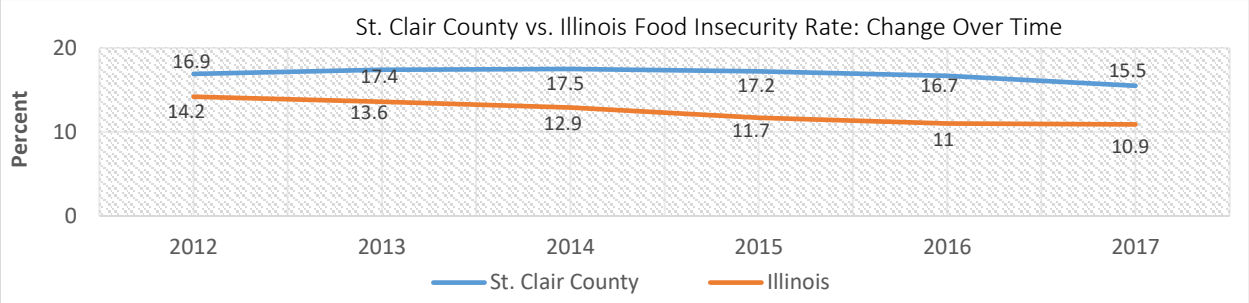
ACCESS TO FOOD



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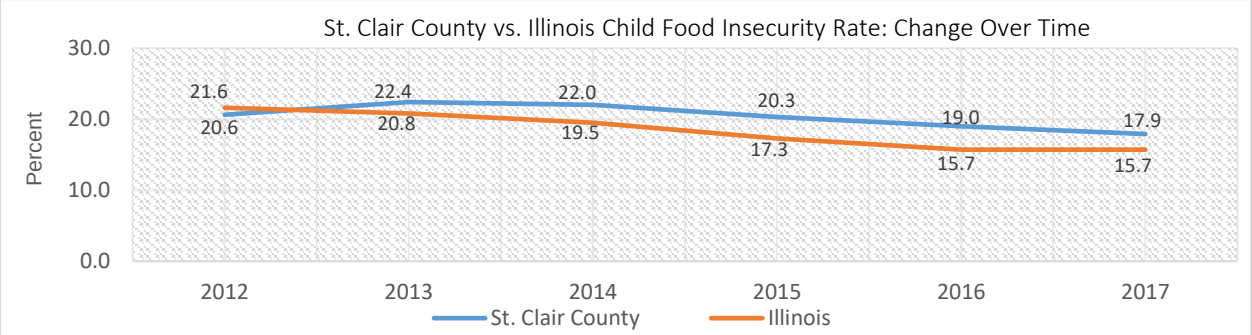

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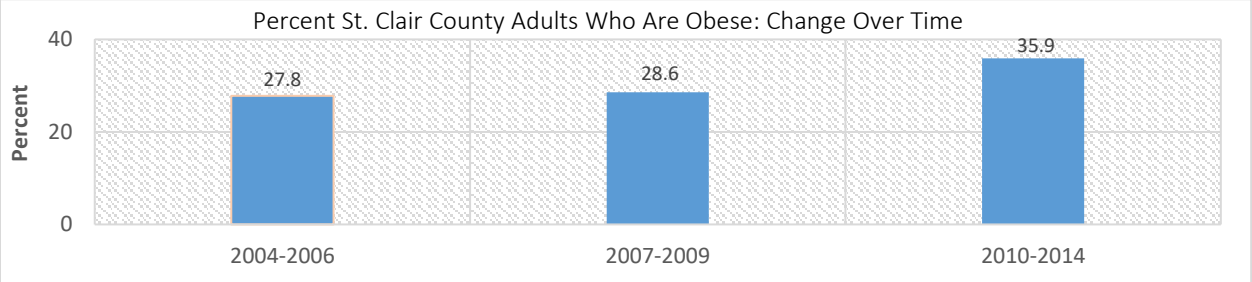
OBESITY/OVERWEIGHT



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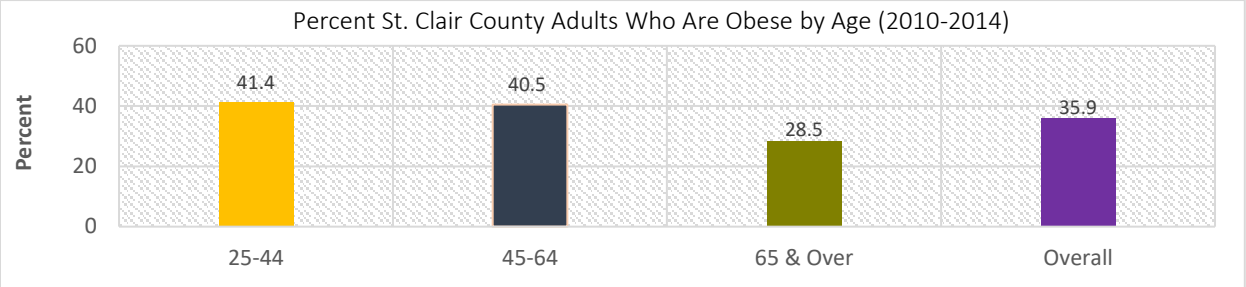

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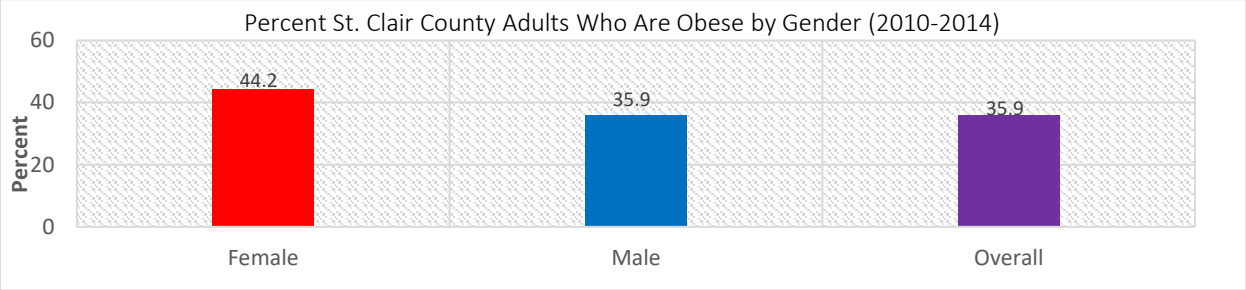

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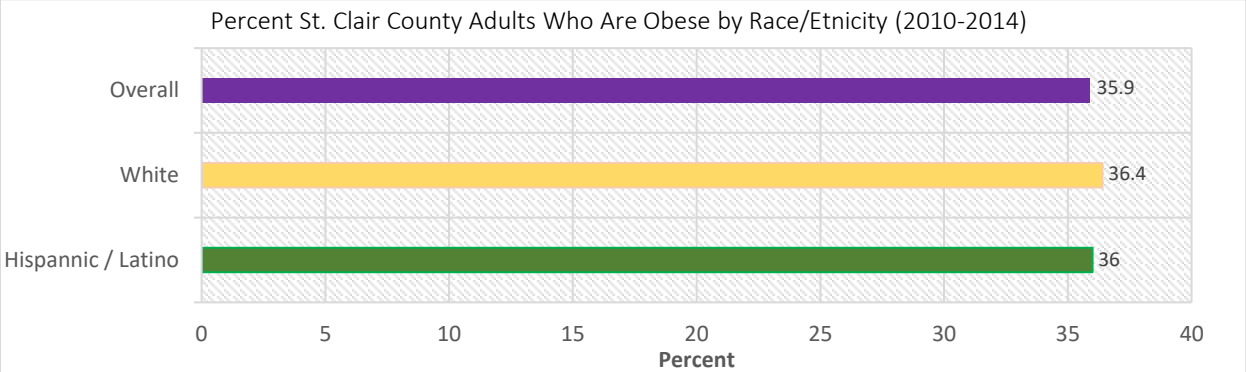

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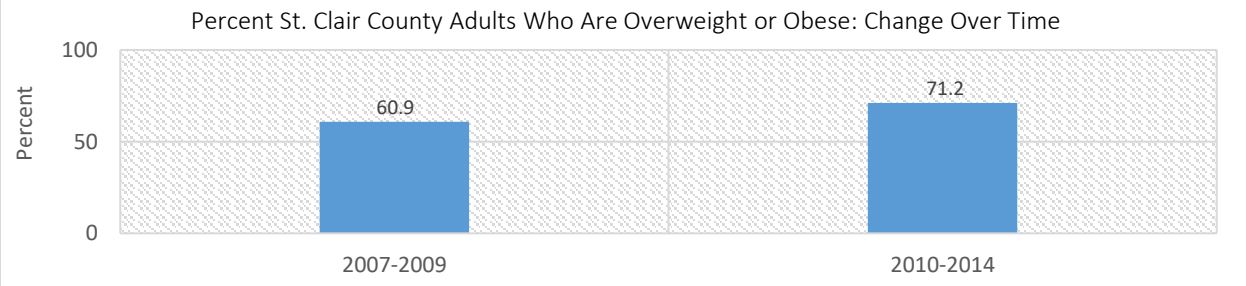

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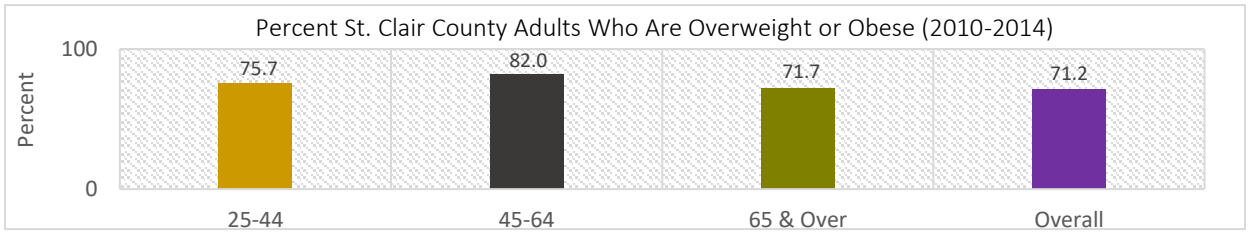
OBESITY/OVERWEIGHT



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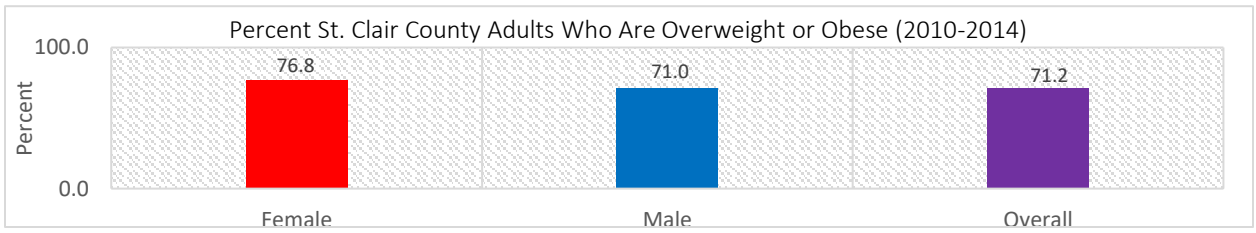

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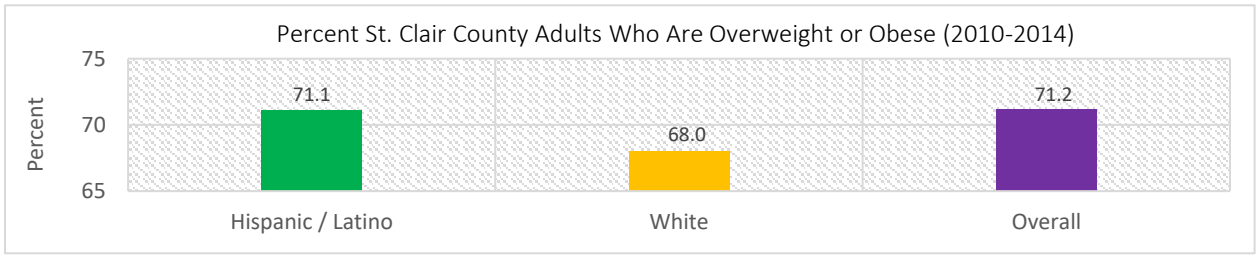

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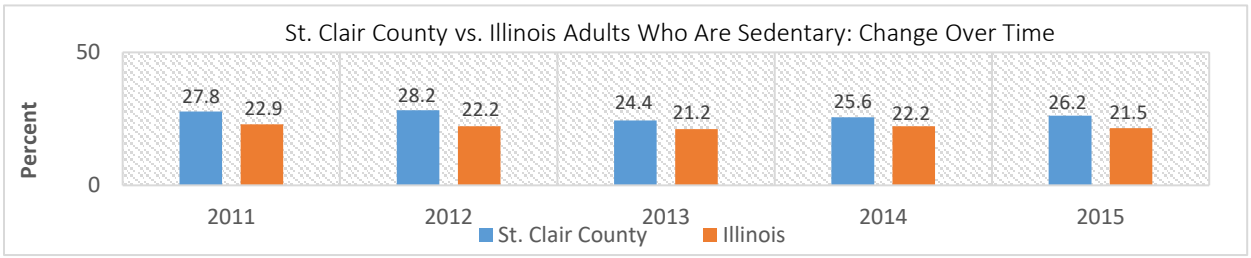

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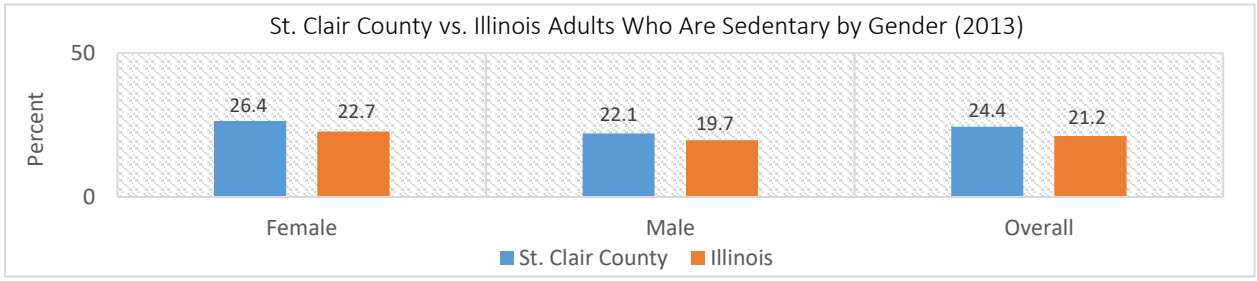

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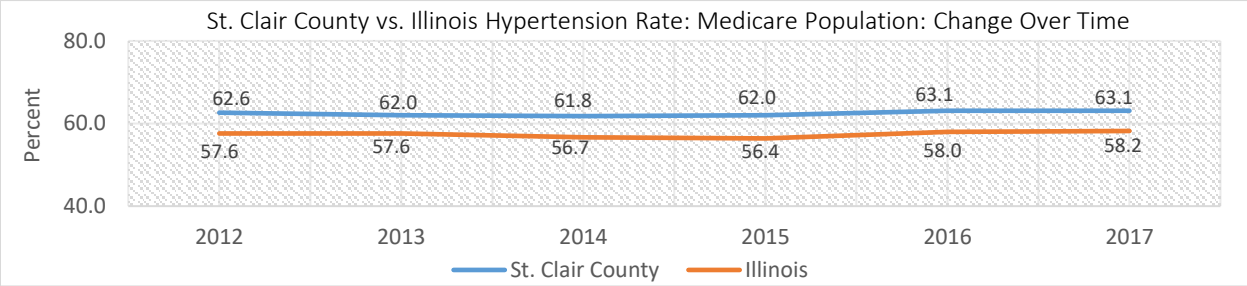
HYPERTENSION



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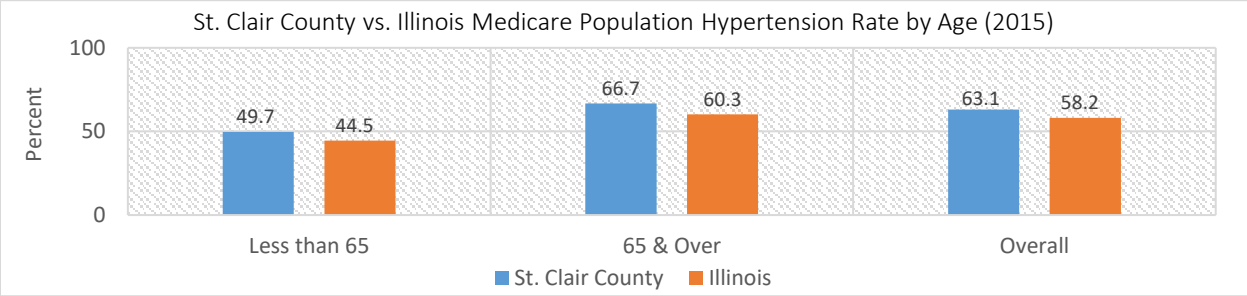
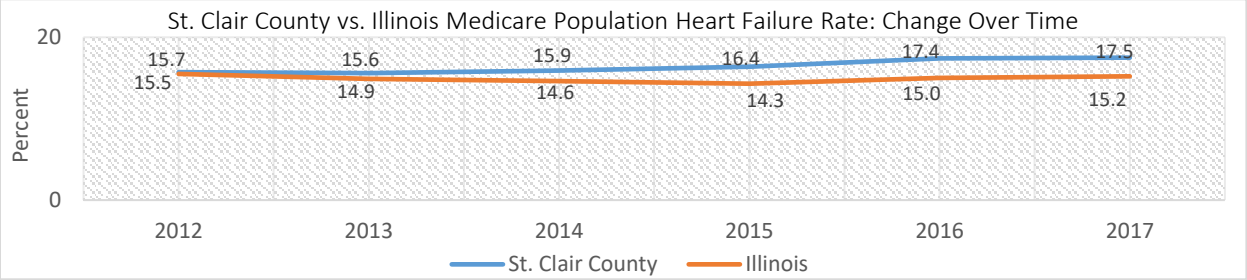


Source: Conduent Healthy Communities Institute

HEART & CARDIOVASCULAR DISEASES



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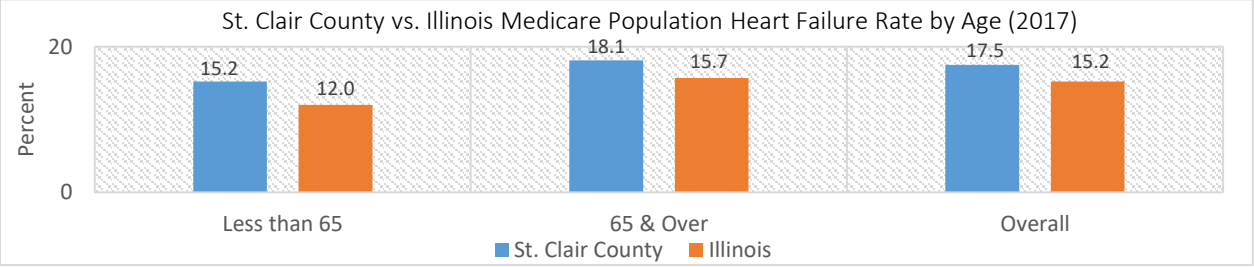

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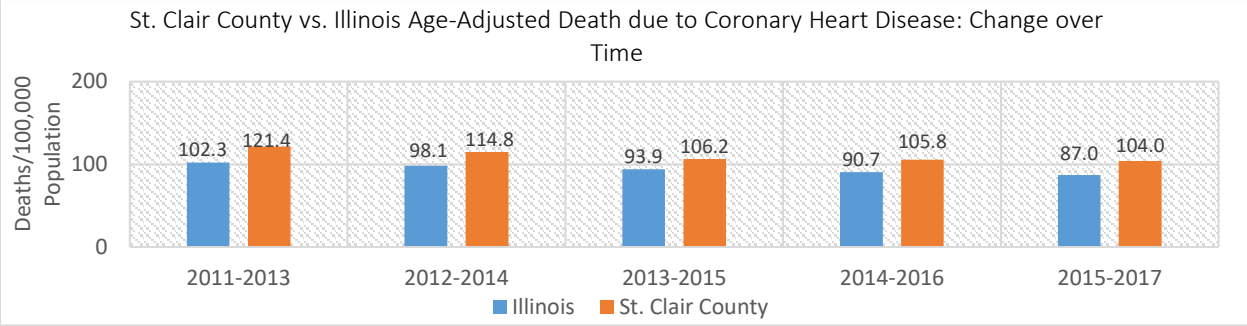
HEART & CARDIOVASCULAR DISEASES



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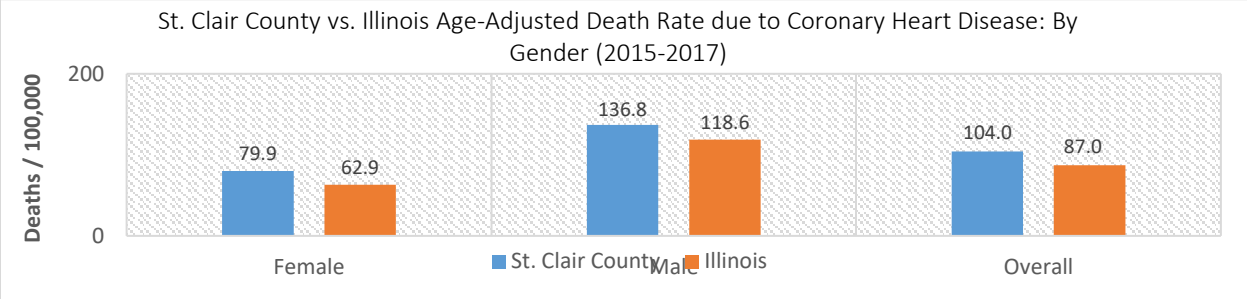

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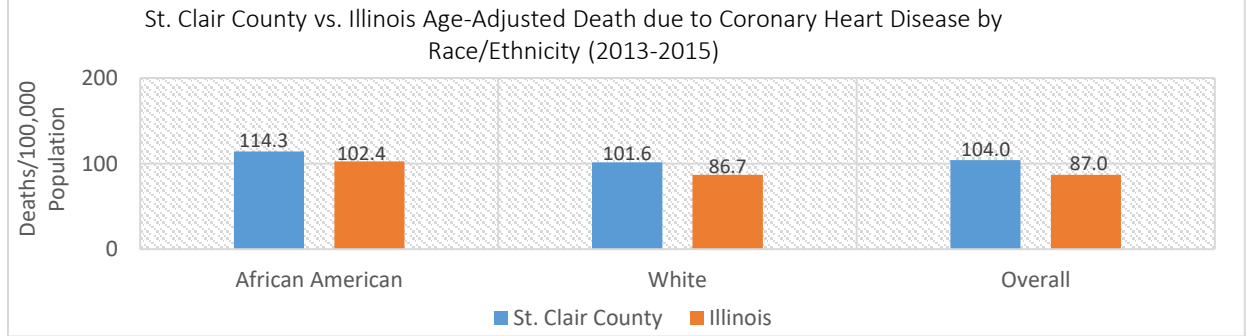

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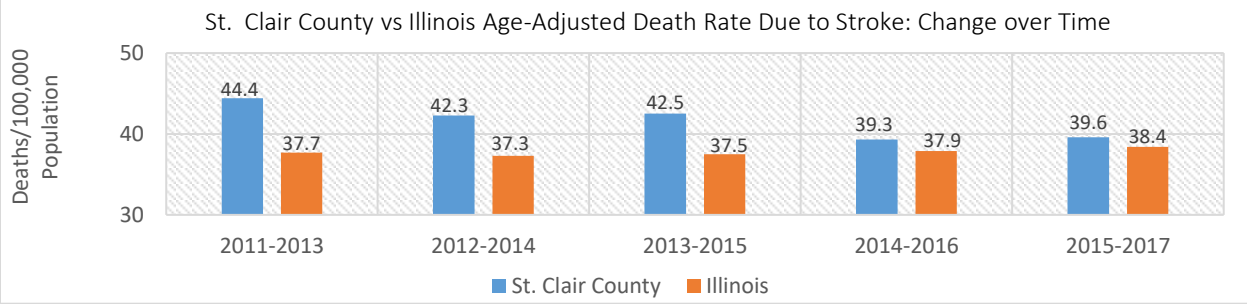
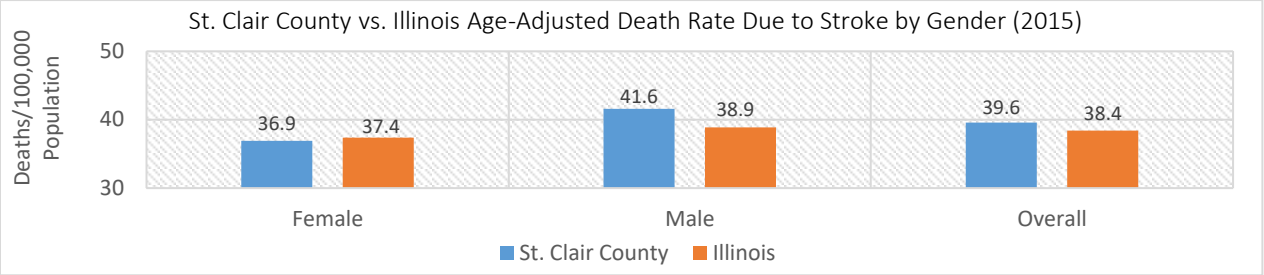


Source: Conduent Healthy Communities Institute

HEART & CARDIOVASCULAR DISEASES



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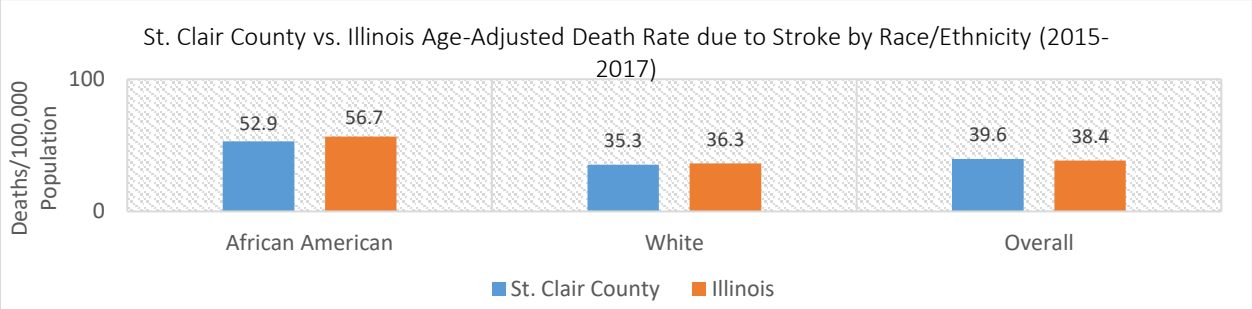

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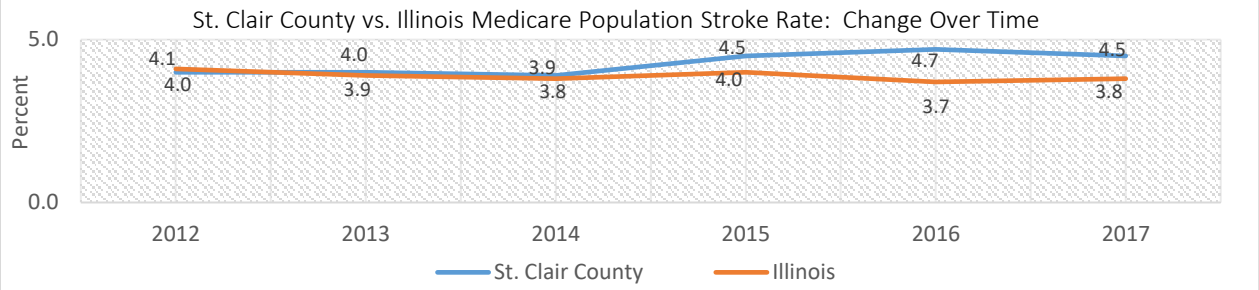

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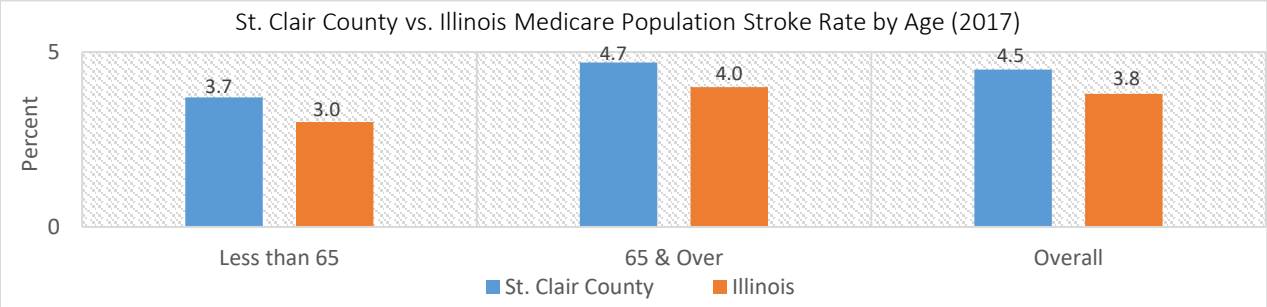

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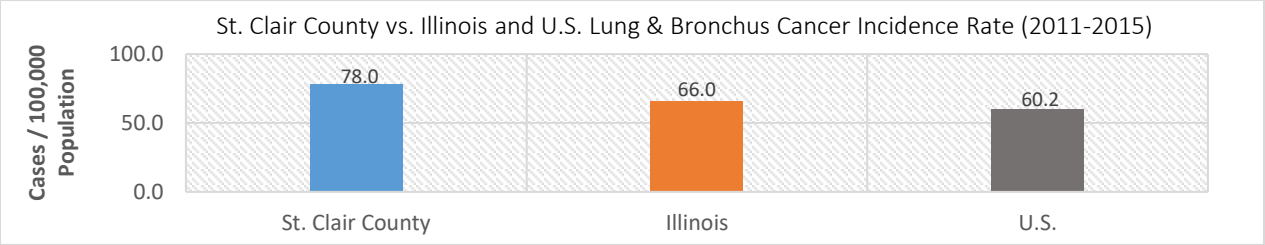
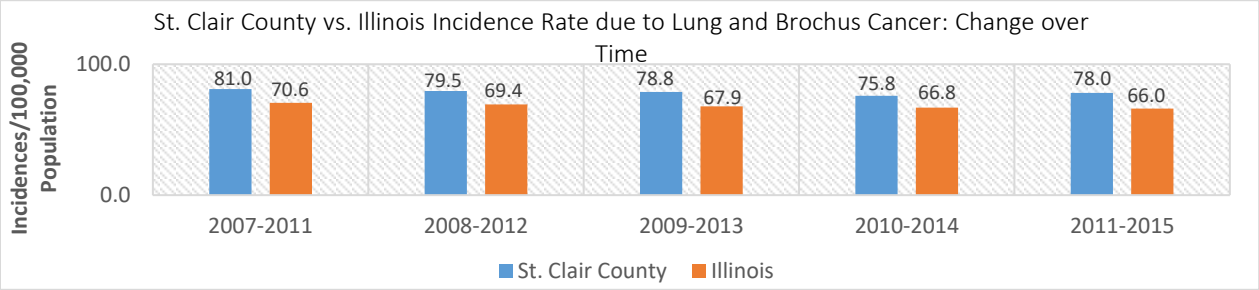
CANCER: LUNG CANCER



Source: Conduent Healthy Communities Institute / CDC State Cancer Profiles



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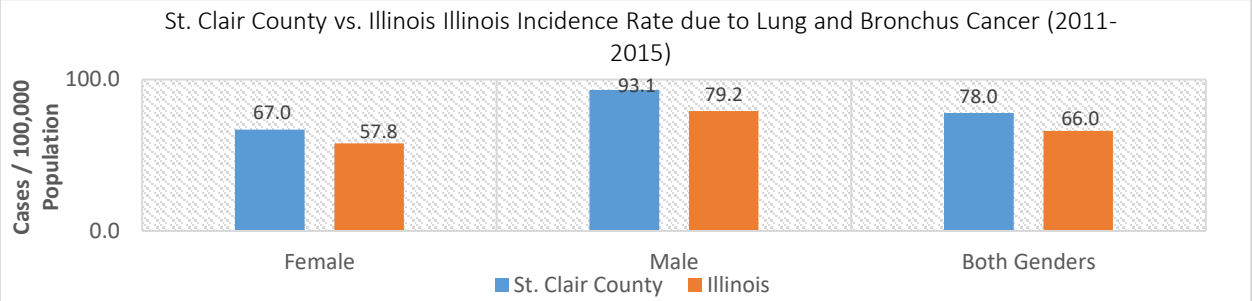

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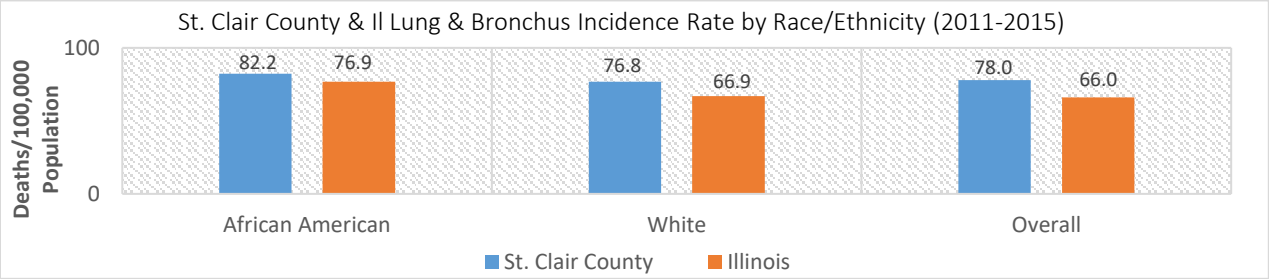

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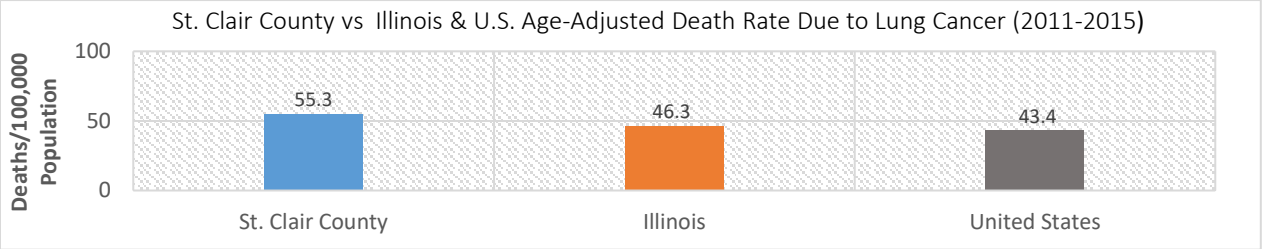
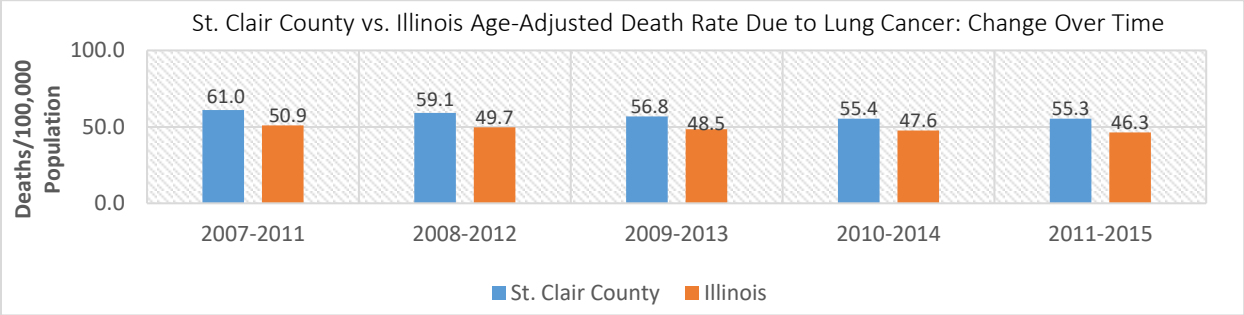


Source: Conduent Healthy Communities Institute / CDC State Cancer Profiles



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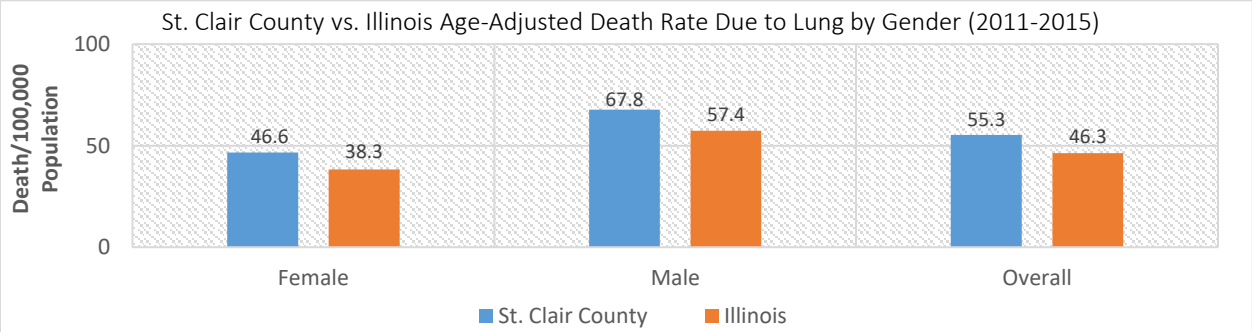

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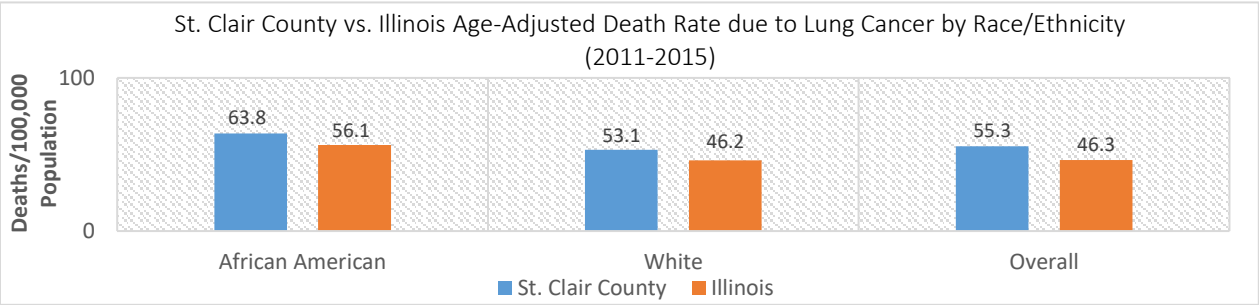

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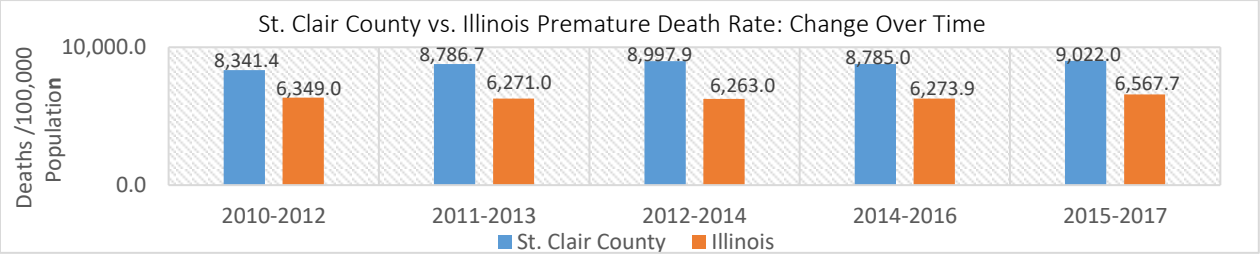
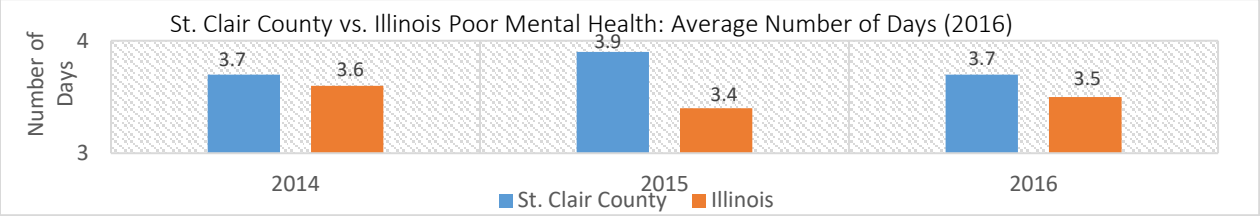
PREMATURE DEATH



Source: Conduent Healthy Communities Institute

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH



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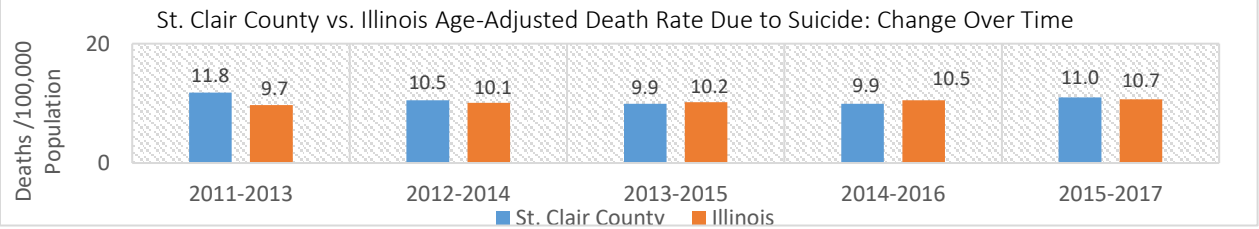

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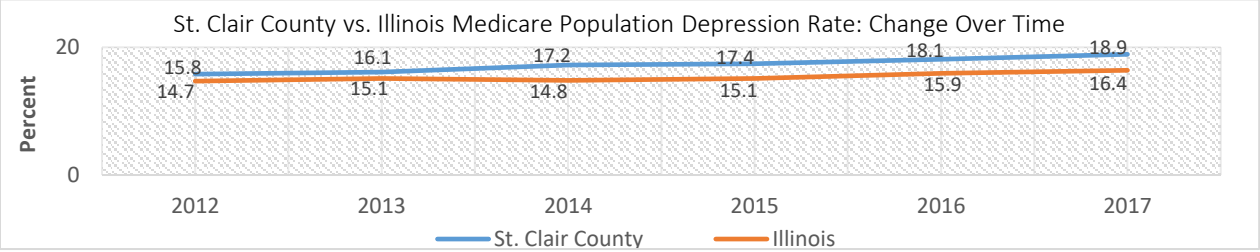

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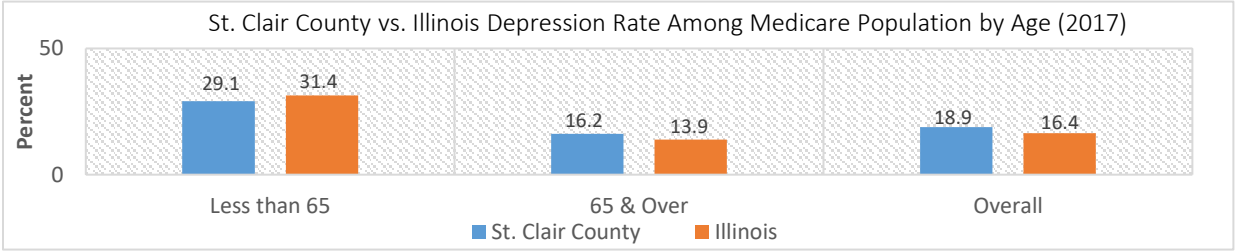

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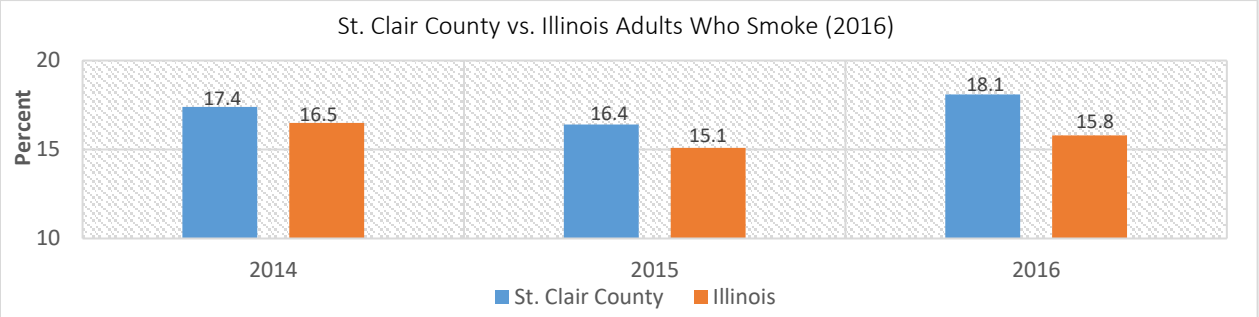
MENTAL/BEHAVIORAL HEALTH: SUBSTANCE ABUSE



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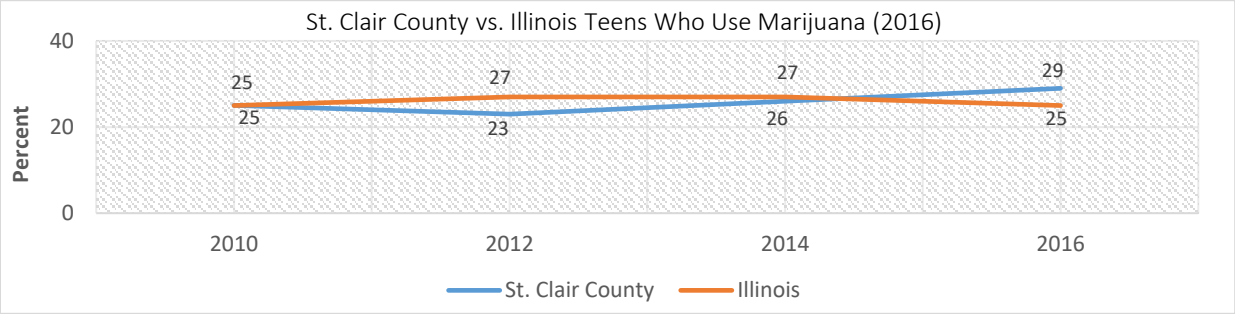

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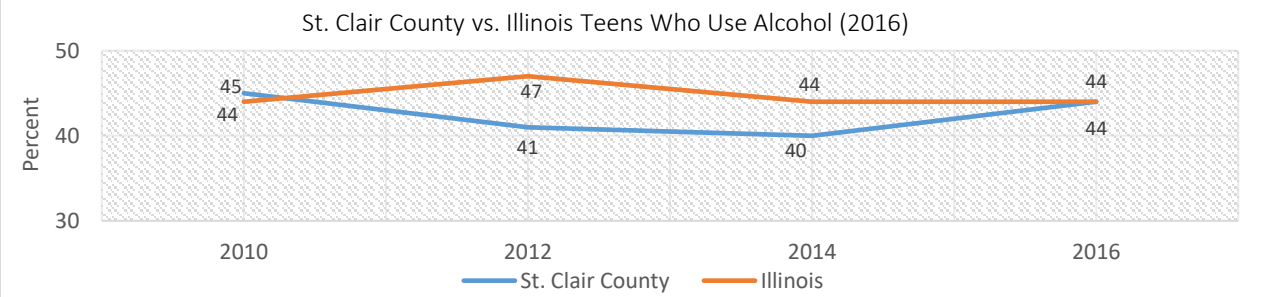

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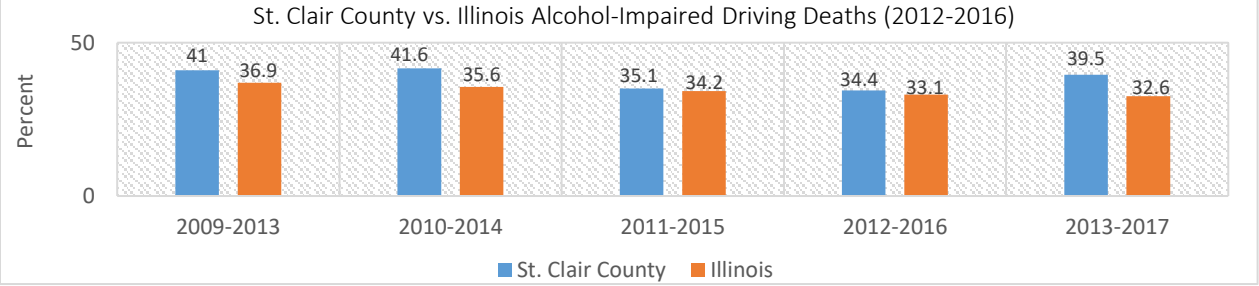
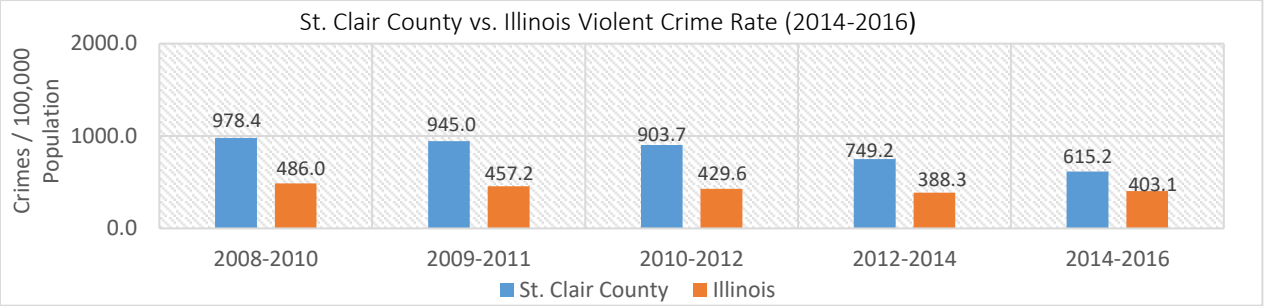


Source: Conduent Healthy Communities Institute

VIOLENT CRIME



Source: Conduent Healthy Communities Institute

DATA SOURCES USED FOR THE SECONDARY DATA ANALYSIS INCLUDED:

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)/STATE CANCER PROFILES is a website that provides data, maps and graphs to help guide and prioritize cancer control activities at the state and local levels. It is a collaboration of the National Cancer Institute and the Centers for Disease Control and Prevention. https://statecancerprofiles.cancer.gov

CONDUENT HEALTHY COMMUNITIES INSTITUTE, an online dashboard of health indicators for St. Clair County, offers the ability to evaluate and track the information against state and national data and Healthy People 2020 goals. Sources of data include the National Cancer Institute; Environmental Protection Agency; U.S. Census Bureau; U.S. Department of Education, and other national, state and regional sources. https://healthycities.zendesk.com

IMPLEMENTATION STRATEGY

Community Health Needs to be Addressed

I. MENTAL/BEHAVIORAL HEALTH: SUBSTANCE ABUSE

Community Health Needs Rationale:

Each year, over 20 million individuals living in the United States will visit an Emergency Department (ED) for an illness or injuries they have sustained. It has been estimated that 15 to 20 percent of these individuals would test positive for having a substance abuse disorder. When trauma-related visits are included, the number jumps between 25 and 50 percent of these individuals testing positive for either alcohol or illicit drugs.

With ED's often being a point of contact for many individuals needing healthcare services, it makes sense to provide screening for substance misuse within this setting. Therefore, Memorial Belleville Hospital will screen individuals age 18 and over, without life-threatening injuries or illness and who are deemed mentally competent, presenting with a substance abuse problem who come to the ED from 10 am to 6 pm for the next six months using a tool called SBIRT (Screening, Brief Intervention, and Referral and Treatment).

Strategy Goal

Intervene and educate patients in the ED to decrease substance abuse in the community

Strategy Objectives

Screen 100 percent of individuals who present to ED with substance-abuse related diseases or have substance abuse issues from 10 am to 6 pm **Monday through Friday.**

I. Refer those with a substance abuse issue or related substance abuse disease to a treatment center.
II. Follow-up with at least 10 percent of those referred to see if they have enrolled in treatment.

Strategy Action Plan

Each participant will be screened by a licensed social worker in the ED when presenting with a substance abuse-related admission. Patients will be screened using the SBIRT tool (attached) and provided local resources to follow-up on an outpatient basis. This will occur from 10 am to 6 pm **Monday through Friday.** Once an appointment has been scheduled, follow-up will take place with patient one week later to see if patient has enrolled in treatment.

Strategy Outcomes

Change personal behaviors to discontinue substance use or use at a moderate range.

Strategy Outcomes Measurement

Patients screened will be tracked without any identifying information. Upon completion of the SBIRT screening, patients that qualify will be provided support, treatment and recovery information directly from Substance Abuse and Mental Health Services Administration (SAMSHA). Information regarding opiate abuse from SAMSHA will be distributed to individuals with any opiate-related substance use. Ten percent of screened individuals will be contacted within a month for follow-up regarding any support groups or treatment completed.

II. HEART/CARDIOVASCULAR DISEASE: HEART HEALTH

Community Health Need Rationale:

Heart failure (HF) happens when the heart cannot pump enough blood and oxygen to support other organs in your body. HF is a serious condition, but it does not mean that the heart has stopped beating (Center for Disease Control and Prevention, CDC).

Base on the CDC, HF in the United States accounts for:

- About 5.7 million adults
- One in nine deaths in 2009 included HF as contributing cause
- About half the people who develop HF die within five years of diagnosis
- HF costs the nation an estimated $30.7 billion each year, which includes the cost of health care services, medications to treat HF and missed days of work

In 2017, the HF rate among the Medicare population in St. Clair County increased from 15.9 percent in 2010 to 17.5 percent, an increase of 10.06 percent. The county rate was 15.13 percent, 25.9 percent higher than Illinois (15.2 percent) and U.S. (13.9 percent).

As people live longer, the occurrence of HF rises, as well as other conditions that complicate its treatment. Cardiologists and non-cardiologists care for patients with HF. With the prevalence of HF approximately doubling with each decade of life (American College of Cardiology Foundation/American Heart Association), standardized HF discharge and follow-up processes need to be developed. Combining evidence-based practices and technology, a HF Community Health program would reduce preventable readmissions, improves patient outcomes, and strengthen collaboration between patient, staff and physicians.

Memorial's Heart Failure Community Health program bridges a patient from hospitalization to an outpatient setting. A continuation of HF therapy might not improve the disease process but may provide important reductions or delays in morbid events and deaths. (Heart Failure Society of America, 2010) This outpatient resource offers a full-time commitment to this complicated patient population.

Strategy Goals:

I. Improve cardiovascular health and quality of life through prevention, detection and treatment of risk factors for HF (Healthy People 2020 Goal)
II. Provide optimal HF disease management with focus on improving and maintaining CMS score measures.

Strategy Objective:

Reduce readmission of St. Clair County residents who are admitted to Memorial Hospital Belleville and Memorial Hospital East for HF within 30 days to three (3) percent from 2019 baseline percent.

Strategy Action Plan:

Transitional Care Clinic staff at Memorial Hospital Belleville and Memorial Hospital East are committed to educate patients with HF and their families in a friendly and enjoyable environment on the importance of diet, medication adherence and health benefits of physical

activities. The plan includes implementation of physical and psychosocial education curricula and instruction for patients that emphasize participation in their heart care. A highly skilled team of a nurse practitioner, register dietitian, pharmacist and a registered nurse will work closely together with the patient. Working with the patient's physician provides the best care and management of HF. Additional sessions will be scheduled based upon a patient's physical and psychosocial needs.

a) While in the hospital:

A dedicated HF are staff will visit the patient in the hospital and start discharge planning. This planning includes:

- Collaboration with an individual's physician to coordinate a plan of care that addresses the overall health of the patient with HF
- Appropriate treatment for the type and stage of HF
- Addresses and provides health care to contributing causes of HF, such as coronary artery disease, hypertension, diabetes and/or renal failure
- Education on improvement on quality of life
- Promotion of physical fitness, smoking cessation, maintenance of ideal body weight and therapeutic lifestyle changes

An educational HF packet will be provided to each patient. The packet includes:

- Heart Failure: Know & Follow Your Signals
- Understanding Heart Failure (Prichett and Hull booklets)
- Patient Self-Monitoring Record sheet, a magnet for when to call your physician, Heart Failure Discharge Instructions
- A list of educational videos available to patients on HF

b) Upon discharge:

Patients will be given the option of:

- Scheduled for an appointment in the Transitional Care Clinic within 3-7 days of discharge. Telephone follow-up will occur prior to a patient's first appointment.
- Thirty-day telephonic follow-up.

Strategy Outcomes:

a. Improve quality of life
b. Decrease depression/isolation
c. Decrease re-hospitalization rates
d. Decrease morbidity rates
e. Cost effective to patient and health care providers
f. Form active partnerships

Strategy Outcomes Measurement:

Over the next three years, the clinic will accomplish outcomes by a decline in readmissions. This implementation is a baseline, and the data will be collected and analyzed to monitor change in the HF Clinic patient readmission by using a simple spread sheet to calculate the change. Readmissions will be measured at each quarter.

III. NUTRITION EDUCATION

RATIONALE: Obesity now affects 17% of all children and adolescents in the United States - triple the rate from just one generation ago. Childhood obesity can have a harmful effect on the body and lead to a variety of adult-onset diseases in childhood such as high blood pressure, high cholesterol, diabetes, breathing problems, socioemotional difficulties and musculoskeletal problems. To address this community health need, Memorial Belleville Hospital and Memorial Hospital East partner with BJC School Outreach and Youth Development to implement three programs focusing on educating students on healthy eating in the following schools district:

- Belleville 118 School District,
- Harmony-Emge School District 175,
- Signal Hill District (Pre-K-8th).

PROGRAM I: "Fun"tastic"

PROGRAM DESCRIPTION: "Fun"tastic Nutrition is a classroom-based program that teaches students in grades 2 - 5 the importance of healthy eating habits and a healthy lifestyle.

> *The program was revised to adapt to COVID-19 challenges. The school selects from the delivery options of pre-recorded lessons, live on a virtual platform or in person.*

GOAL: To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.

OBJECTIVE: Improve overall knowledge of healthy eating and nutritional habits of students by 10% from pre- to post-test assessment.

ACTION PLAN: "Fun"tastic Nutrition consists of four one-hour sessions taught by a Registered Dietitian and includes the following topics:

- Importance of healthy eating and MyPlate
- Exercise and heart health
- Label reading
- The digestive system

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

OUTCOME: The intended outcome of this program is to increase knowledge of healthy eating and good nutritional habits by 10%.

OUTCOME MEASUREMENT: To measure the overall increase in knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

PROGRAM II: EXPLORE HEALTH

PROGRAM DESCRIPTION: Explore Health is a classroom-based program that teaches students in grades 6 -12 the importance of healthy eating habits and a healthy lifestyle.

> *The program was revised to adapt to COVID-19 challenges. The school selects from the delivery options of pre-recorded lessons, live on a virtual platform or in person.*

GOAL: To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.

OBJECTIVE: Improve overall knowledge of healthy eating and nutritional habits of students by

10 percent from pre- to post-test assessment.

ACTION PLAN: Explore Health consists of four one-hour sessions taught by a Registered Dietitian and includes the following topics:

- MyPlate and administer pre-test
- Assessing Health
- Food Label Reading
- Media Literacy and administer post-test and evaluations

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

OUTCOME: The intended outcome of this program is to increase knowledge of healthy eating and good nutritional habits by 10%.

OUTCOME MEASUREMNT: To measure the overall increase in knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

PROGRAM III: SNEAKERS

PROGRAM DESCRIPTION: SNEAKERS is a classroom-based program that teaches students in grades 3-6 the importance of cardiovascular health and understanding fitness principles.

> *The program was revised to adapt to COVID-19 challenges. The school selects from the delivery options of pre-recorded lessons, live on a virtual platform or in person.*

GOAL: To improve knowledge and emphasize the importance of the relationship between how the body systems work and relate to physical activity.

OBJECTIVE: Improve overall knowledge of cardiovascular health and fitness principles of students by 10% from pre- to post-test assessment.

ACTION PLAN: SNEAKERS consists of four one-hour sessions taught by a Registered Dietitian and includes the following topics:

- Systems of the body
- Ways to keep the heart healthy

- Eating to maximize energy and muscle development
- How to exercise and stretch the major muscle groups
- Setting exercise goals

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

OUTCOME: The intended outcome of this program is to increase knowledge of cardiovascular health and fitness principles by 10%.

OUTCOME MEASUREMNT: To measure the overall increase in knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

Community Health Needs that Will Not be Addressed

ACCESS: COVERAGE

Memorial Hospitals partner with Health Care Financial Services (HCFS) to help identify those who are eligible to financial assistance as well as any other government or private insurance.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Memorial Hospitals partner with the St. Clair County Health Department to help address smoking cessation as smoking is the primary cause of COPD. Memorial Hospital Belleville will continue to provide free pulmonary clinics and Lively Lungs Support group.

DIABETES

Memorial Hospitals have chosen to address a cause of diabetes in addressing nutrition education. The improvement in eating habits should reduce diabetes and the need for monitoring.

FOOD AVAILABILITY

Memorial Hospitals lack the resources to address this need.

INFANT MORTALITY

Memorial Hospitals lack the resources to address this need. Memorial Hospital Belleville, as part of the St. Clair County Healthcare Coalition, is participating in efforts to address this need.

LUNG CANCER

Memorial Hospitals partner with the St. Clair County Health Department to help address smoking cessation as smoking is the primary cause of lung cancer.

OBESITY

Memorial Hospitals have chosen to address a cause of obesity in addressing nutrition education. The improvement in eating habits should reduce obesity.

POVERTY

Memorial Hospitals lack the resources to address this need.

TEEN PREGNANCY

Memorial Hospitals lack the resources to address this need. There are other agencies better equipped to address this need, primarily the St. Clair County Health Department.

TOBACCO

Memorial Hospital partners with the St. Clair County Health Department to help address smoking cessation.

TRANSPORTATION

Memorial Hospitals lack the resources to address this need. There are other agencies and insurance companies that are addressing this need.

SEXUALLY TRANSMITTED INFECTIONS

Memorial Hospitals lack the resources to address this need. There are other agencies better equipped to address this need, primarily the St. Clair County Health Department.

VIOLENT CRIME

Memorial Hospitals lack the resources to address this need.

MENTAL HEALTH

Memorial Hospitals lack the resources to address this need.