



**Touchette**  
REGIONAL HOSPITAL

2025 COMMUNITY HEALTH  
**NEEDS ASSESSMENT**

# INTRODUCTION

**Touchette Regional Hospital** is located in Cahokia Heights, Illinois. Since its opening as Centreville Township Hospital in 1958, the hospital has provided healthcare services to metro-east communities including Cahokia Heights (which includes the areas formerly known as Centreville, Alorton, and Cahokia), East St. Louis, and Washington Park, as well as the surrounding area. For over 60 years, Touchette has delivered services in cardiopulmonary, laboratory, radiology, physical therapy, 24-hour emergency services, and medical and surgical. Progressively, new services have been added to meet the health needs of the community including enhanced behavioral health, sleep lab services, and substance use disorder services. In addition to medical services, transportation services are available to and from the hospital, local health centers, and physician offices.

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

**Archview Medical Center** in nearby Sauget is the primary home to the hospital's multi-specialty group with the Belleville Health Hub rapidly growing as well. TRH supported specialists are dedicated to the provision of quality specialty healthcare to Touchette's patient population. **Specialty services** offered include cardiology, gastroenterology, nephrology, ophthalmology, orthopedics, otolaryngology, podiatry, pulmonology, and urology. TRH also offers Behavioral Health services in Alton and Physical Therapy services in Granite City in order to ensure comprehensive services are accessible to our patients regardless of where they live. TRH continues to seek new ways to improve specialty care access and is directing resources from a State of Illinois Healthcare Transformation grant to increase the number of specialty services available and the number of patients to be served.

Another initiative from the State of Illinois Healthcare Transformation grant is a new **Community Health Worker program** in partnership with SIHF Healthcare. The Community Health Workers (CHWs) are located at the hospital and other medical sites throughout the community and work to address social determinants of health by providing direct referrals to supportive social services for patients.



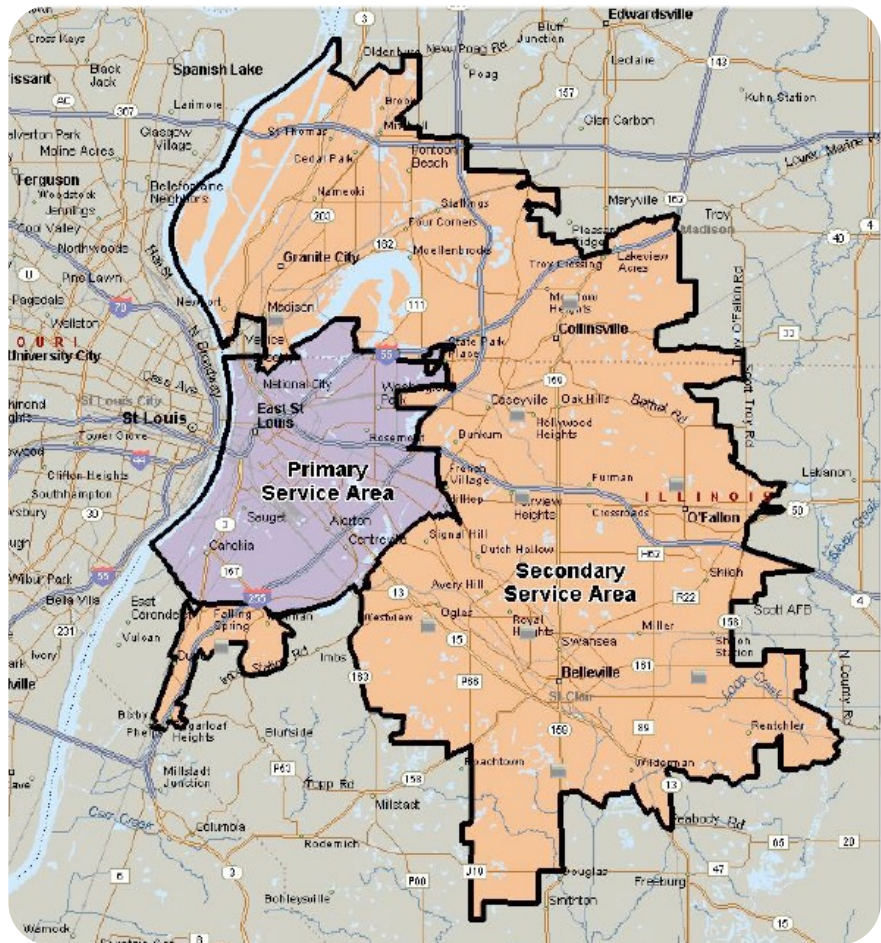
# COMMUNITY SERVED

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

## BACKGROUND

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

- Primary Service Area (PSA)**
  - 62201 East Saint Louis
  - 62203 East Saint Louis
  - 62204 East Saint Louis
  - 62205 East Saint Louis
  - 62206 East Saint Louis
  - 62207 East Saint Louis
- Secondary Service Area (SSA)**
  - 62040 Granite City
  - 62060 Madison
  - 62208 Fairview Heights
  - 62220 Belleville
  - 62221 Belleville
  - 62223 Belleville
  - 62226 Belleville
  - 62232 Caseyville
  - 62234 Collinsville
  - 62239 Dupo
  - 62269 O’Fallon



# DEMOGRAPHIC ANALYSIS

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

	PRIMARY SERVICE AREA	SECONDARY SERVICE AREA
<b>TOTAL POPULATION</b>	<b>41,096</b>	<b>235,442</b>
<b>RACE</b>		
African American	77.9%	20.7%
Caucasian	12.8%	66.2%
Other	9.3%	13.1%
<b>ETHNICITY</b>		
Hispanic	4.4%	5.6%
Not Hispanic	95.6%	94.4%
<b>INCOME</b>		
Below Poverty (<100%)	32.1%	11.9%
100-200% of Poverty	28.4%	14.9%
>200% of Poverty	39.5%	73.2%
<b>EDUCATION</b>		
Below HS	17.4%	6.8%
HS Grad (includes equivalency)	69.3%	62.5%
College Grad	13.3%	30.7%
<b>AGE</b>		
0-19	27.6%	24.3%
20-59	49.4%	53.9%
60+	23.0%	21.8%
<b>UNEMPLOYMENT</b>		
Total rate of unemployment	12.3%	5.1%

# COMMUNITY HEALTH STATUS

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

The primary service area of Touchette Regional Hospital makes up nearly a quarter of St. Clair County and comprises the poorest parts of the county with the highest proportion of low-income residents. However, for the purpose of defining the community by health rankings, St. Clair County provides the most comprehensive and applicable information available to Touchette Regional Hospital's primary population. St. Clair County ranks near the bottom, 87th out of 102 Illinois counties for both health outcomes and 75th out of 102 counties for health factors. Below is an inclusive list of health measures, descriptions, and the associated health ranking for each.

MEASURE	DESCRIPTION	RANKING
<b>HEALTH OUTCOMES</b>		<b>87</b>
Length of Life	Premature death	93
Quality of Life	Poor or fair health, poor physical health days, poor mental health days, low birth weight	73
<b>HEALTH FACTORS</b>		<b>75</b>
Health Behaviors	Adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births	60
Access to Clinical Care	Uninsured rates, primary care physicians, dentists, mental health providers, preventable hospital stays, diabetic monitoring, mammography screenings	61
Social and Economic Factors	High school graduation rates, some college attendance, unemployment, children in poverty, income equality, single-parent households, social associations, violent crime, injury deaths	76
Physical Environment	Air pollution (particulate matter), drinking water violations, severe housing problems, driving alone to work, long commute (driving alone)	75

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute 2023 County Health Rankings

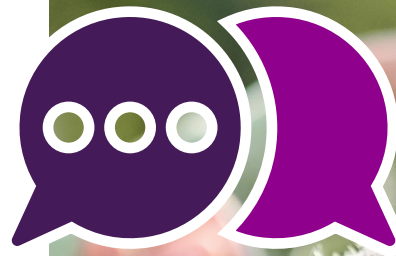
## COMMUNITY INPUT

Touchette Regional Hospital continues to employ a collaborative approach to ensure the Community Health Needs Assessment is completed thoroughly. Therefore, we requested input from key stakeholders in the community. Stakeholder input along with quantitative data was used to identify primary community health needs and to prioritize these issues. Data analysis was provided by planning and development staff at the local Federally Qualified Health Center (FQHC). The FQHC is recognized for their proficiency in conducting such assessments. For many years, the planning and development department has collaborated with several local organizations assisting in the performance of needs assessments within the community. The FQHC is also noted for its success in using these assessments to secure competitive grant funding for both ongoing and new projects.

Additionally, every three years Touchette Regional Hospital hosts a Community Partners Focus Group to obtain input for the Community Health Needs Assessment. Representatives from agencies that provide health and social services to the East St. Louis area are invited to participate. The work being done in the community by other groups and individuals often reveals significant needs not always observed by the hospital. The primary goal of the meeting is to gather insight and perspectives from these outside resources. The focus group provides a forum for key informants and hospital personnel to explore and identify community health needs. Agencies participating in the focus group include East Side Health District, St. Clair County Public Health Department, Our Brothers' Keepers, SIHF Community Health Worker Program, and SIHF Healthcare Healthy Start Initiative.

Participants in the 2025 Community Health Needs Assessment process included a variety of groups dedicated to serving the East St. Louis population. These agencies provide services in the areas of healthcare, social services, education, and more. For the East St. Louis community, these are important determinants which play a significant role in the overall quality of life for the population.

Among the stakeholders, there was a general consensus of agreement around the data regarding demographics, socioeconomic factors, and health trends. Additional concerns about problems likely contributing to the poor health status of the community were also raised. These topics included a general stigma around seeking both medical and mental health treatment, the difficulty obtaining specialty care, and other barriers to seeking care such as finances and transportation. During the focus group, the parties present brainstormed different methods to address issues.





Agencies contacted as part of community outreach for this Community Health Needs Assessment process include:

**SIHF Healthcare Healthy Start Initiative**

Providing comprehensive case management and support to mothers, their children, and their families before, during, and after pregnancy.

**SIHF Healthcare Community Healthworker Program**

Community Health Workers at SIHF Healthcare provide supportive services to patients by providing direct referrals for programs that provide assistance affecting the social determinants of health.

**St. Clair County Public Health Department**

The mission of the St. Clair County Public Health Department is to prevent disease, promote healthy lifestyles and protect the health of the people we serve.

**East Side Health District**

Public health department devoted to improving public health and the environment of the residents of East St. Louis, Cahokia, Centreville, and surrounding communities.

**Our Brothers' Keepers**

A faith-inspired organization dedicated to the full inclusion of former individuals in custody (returning citizens) in the St. Clair County, Illinois community.

**Catholic Urban Programs**

One of the best-known providers of food, rent subsidies, clothing, and financial support for individuals that fall between the cracks of service providers.

**Lessie Bates Davis Neighborhood House**

Providing early childhood development and comprehensive youth services in addition to individual and family support services, all which help move individuals and families out of poverty.

**East St. Louis Housing Authority**

Provider of public housing to low-income residents in the community.

**Community Lifeline**

The mission of Community Lifeline is to rebuild communities from the inside out with comprehensive programs designed to improve and enrich the lives of urban youth and families.

**St. Vincent de Paul**

Members are committed to fighting hunger, homelessness, and poverty by offering assistance with utilities, rent, food, clothing, and many other needs, including a homeless shelter

# PRIORITY HEALTH NEEDS

In summary, Touchette Regional Hospital's health priorities for the 2025 Community Health Needs Assessment can be categorized into four focus areas for the hospital to address, which are:

1. Mental Health/Behavioral Health
2. Chronic Diseases
3. Access to Specialty Services
4. Social Determinants of Health, specifically affordable housing, and workforce development.



## MENTAL HEALTH/BEHAVIORAL HEALTH

### **What is Mental Health?**

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

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

Touchette Regional Hospital has made significant gains in the services offered for behavioral health in the community, most notably by expanding the Behavioral Health and Wellness Center. Despite these gains, mental health still has a substantial impact on the community. According to the National Alliance of Mental Illness (NAMI), one in five adults in the United States experiences mental illness each year. The hospital's primary population served and similar individuals are more frequently subject to mental illness and are a higher risk to delay or forgo mental health care. While this population suffers from extensive mental illness, African Americans and Hispanic Americans are only half as likely to seek out and receive mental health services compared to Caucasian Americans (NAMI, 2018).

An individual's physical health is also affected by mental illness - people with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population (NAMI, 2018). As discussed in the Community Round Table, it is important to recognize the connection between trauma and mental illness. Among the hospital's primary population served, the link between mental illness and experiences of distress are common.

In order for treatment of mental health/behavioral health issues to be successful, following a treatment plan is of paramount importance. This includes making and keeping regular appointments, regular medication management, and actively maintaining a healthy lifestyle. Unfortunately, stigma still surrounds mental health issues which can lead to patients choosing not to follow their treatment plans, which in turn leads to decreases mental health and quality of life.

### **Mental Health as a Priority Need**

For the purpose of this Community Health Needs Assessment, Touchette Regional Hospital will address adult and adolescent mental health services.





## CHRONIC DISEASES

### **What are Chronic Diseases?**

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

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

### **Understanding the Impact of Chronic Diseases**

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

### **Chronic Diseases as a Priority Need**

Chronic diseases can be successfully controlled through daily management activities such as medication management, steady monitoring of appropriate measures (e.g., glucose levels for diabetes patients), and behavioral modifications (e.g., benefits of altering food consumption choices by obese individuals). Following treatment plans is an essential part of controlling chronic diseases. As part of the 2025 Community Health Needs Assessment, Touchette Regional Hospital recognizes that further patient education on chronic diseases is necessary if patients are expected to understand and apply disease management in their daily lives. This is an area where the partnership with the SIHF Healthcare Community Health Worker Program can be effective in educating patients and providing additional resources to help them effectively follow their treatment plan.





## ACCESS TO SPECIALTY SERVICES

### **What is Access to Specialty Services?**

Access to Specialty Services specifically refers to the ability of patients to receive quality care locally from specialists, or physicians who focus their practice on a specific condition or body system. Some common examples of specialty services include dental, otolaryngology (ear, nose, and throat), podiatry (feet), dermatology (skin), and pulmonology (lungs). Specialists provide care beyond a basic assessment and can treat a variety of conditions in their practice area.

### **Understanding the Impact of Access to Specialty Services**

In the surrounding communities, specialty services are scarce and practitioners that accept Medicaid are even more so. Without access to specialty care, patients with more intricate or advanced conditions may not receive the appropriate medical care needed to help improve their health. TRH has a sizable number of unmet referrals for specialty care in the community.

### **Access to Specialty Services as a Priority Need**

As part of the 2025 Community Health Needs Assessment, Touchette Regional Hospital recognizes that access to specialists is necessary to improve the health of the community. TRH will look to partner with SIHF Healthcare and other medical providers in the area to expand access to specialty services for its patient population.



## SOCIAL DETERMINANTS OF HEALTH

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

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include (but are not limited to): availability of resources to meet daily needs such as safe housing and food markets; access to quality education; access to health care services; transportation; exposure to crime or violence; and language/literacy. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives#social-determinants-of-health>.

### **Understanding the Impact of Social Determinants of Health**

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

### **Social Determinants of Health as a Priority Need**

Social determinants of health do not address a specific health issue or disease, but rather are factors that influence the overall health of the patient population. The primary service area is affected by many of these, including poverty, food insecurity, educational attainment, affordable and safe housing, and violence and crime. For this Community Health Needs Assessment, Touchette Regional Hospital recognizes the significant impact on the primary patient population of social determinants of health and aims to explore ways the hospital can have a significant impact in this area, including the partnership with the SIHF Community Health Worker Program.



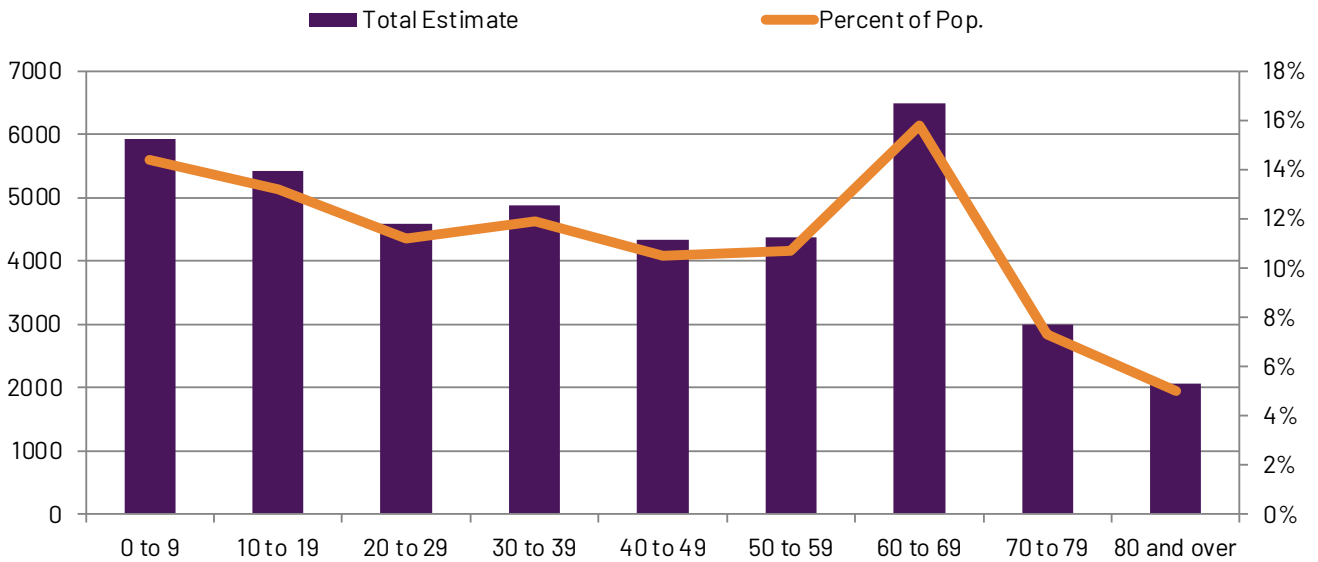
# APPENDICES



## AGE

Figure 1 illustrates the distribution of age of residents in the Greater East St. Louis Community (Touchette Regional Hospital's primary service area). As shown, there is generally an inverse relationship between age and percent of population – older individuals make up a less overall percentage of the population, with the exception of the age range from 60-69, which is a clear outlier. Figure 2 provides the numbers that are associated with each age range provided in Figure 1.

**Figure 1: Distribution of Population by Age in Greater East St. Louis Community (2023)**



**Figure 2: Percent of Population Categorized by Age in Greater East St. Louis Community (2023)**

AGE	TOTAL ESTIMATE	PERCENT OF POPULATION
Under 9	5,929	14.4%
Ten - 19	5,422	13.2%
20 - 29	4,588	11.2%
30 - 39	4,883	11.9%
40 - 49	4,336	10.5%
50 - 59	4,382	10.7%
60 - 69	6,489	15.8%
70 - 79	2,995	7.3%
80 and over	2,072	5.0%
<b>TOTAL</b>	<b>41,096</b>	

Source(s): U.S. Census Bureau, American Fact Finder: 2023 American Community Survey

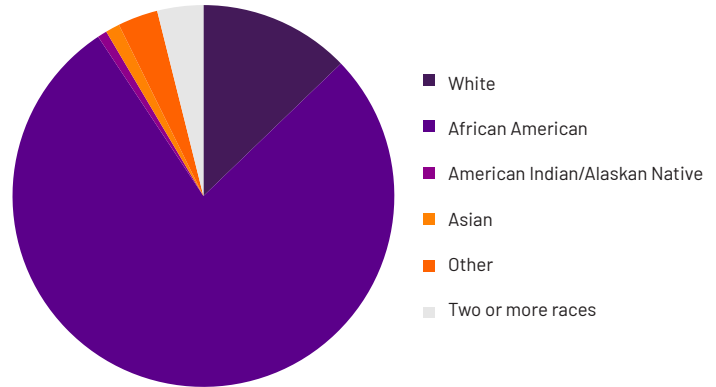


## RACE

The information presented in Figures 1 and 2 show the distribution of Greater East St. Louis Community’s population categorized by race. Based on the information from the United States Census Bureau, the majority of the Greater East St. Louis Community’s population (77.9%) identify as African-American (non-Hispanic). This is followed by White (non-Hispanic) at 12.8%, “two or more races” at approximately 3.9%, and “other” at 3.4%. The remaining classifications each fall close to or under 1%.

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

**Figure 1: Distribution of Population by Racial Classification in Greater East St. Louis Community (2023)**



**Figure 2: Percent of Population Categorized by Racial Classification in Greater East St. Louis Community (2023)**

RACE	TOTAL ESTIMATE	PERCENT OF POPULATION
White	5,274	12.8%
African American	31,988	77.9%
American Indian/Alaska Native	317	0.8%
Asian	508	1.2%
Other	1,403	3.4%
Two or more races	1,606	3.9%
<b>TOTAL</b>	<b>41,096</b>	

Source(s): U.S. Census Bureau, American Fact Finder: 2023 American Community Survey

# SOCIAL DETERMINANTS

## POVERTY

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

Figure 1 illustrates the number of individuals that experience poverty or are classified as low-income based on the Federal Poverty Guidelines. Low-income status is indicated by an income less than 200% of the guidelines. Overall, approximately 20,079 residents in the Greater East St. Louis Community are living with low-income status. This number accounts for nearly 60% of the Greater East St. Louis Community's entire population.

Individuals whose income is below 100% of the Federal Poverty Guidelines are considered to be living in poverty. In the Greater East St. Louis Community, the majority of low-income individuals are also considered poverty-stricken (12,996 of 20,079 total individuals).

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

Figures 3 and 4 depict the percent of population that identify as either low-income or living in poverty. More than half of the previously mentioned 67% low-income population are considered to be living in poverty.

Even more telling, nearly 21% of the population could double their income next year and still qualify as individuals living in poverty.

Figure 1: Poverty Status for Greater East St. Louis Community (2023)

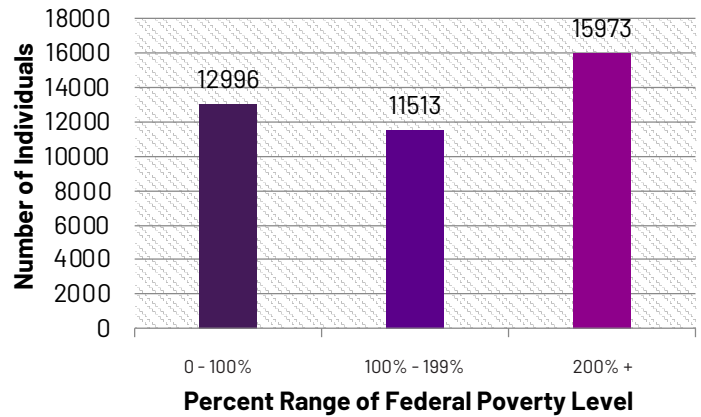


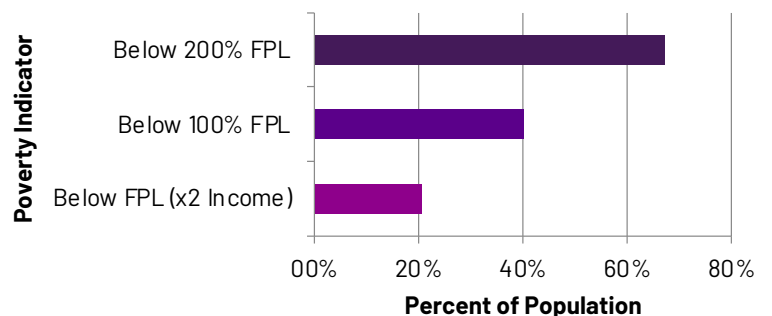
Figure 2: Low-Income Characteristics for Greater East St. Louis Community (2023)

INDICATOR	TOTAL ESTIMATED
Total Individuals below 200% FPL (Low-Income)	20,079
% of Individuals below 200% FPL (Low-Income)	59.63%

Figure 3: Percent of population that identify as either low-income or living in poverty

POVERTY INDICATOR	PERCENT
Below 200% FPL	66.97%
Below 100% FPL	39.93%
Below FPL (x2 Income)	20.51%

Figure 4: Low-Income and Poverty Characteristics for Greater East St. Louis Community (2023)



Source(s): U.S. Census Bureau, American Fact Finder: 2023 American Community Survey

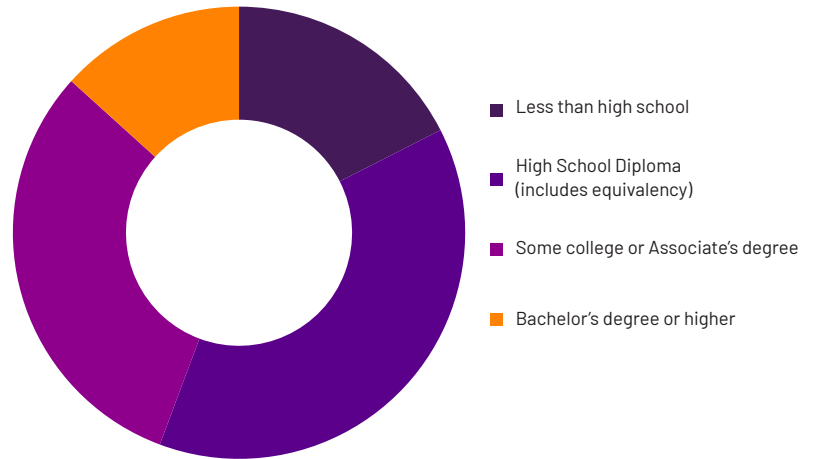


## EDUCATION

Figures 1 and 2 show the various levels of education attained by the population of the Greater East St. Louis Community. Overall, the largest group of individuals has acquired a high school diploma or general education equivalent (GED)(38.3%). The next largest group of individuals have obtained an Associate’s Degree or completed some college courses (31.0%).

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

**Figure 1: Percentage of Population with Achieved Education Attainment in Greater East St. Louis Community (2023)**



**Figure 2: Total Estimate of Population and Highest Level of Completed Education in Greater East St. Louis Community (2023)**

LEVEL OF EDUCATION	TOTAL ESTIMATED ESTL POPULATION
Less than high school graduate	4,784
High school graduate (including equivalency)	10,480
Associate’s degree or some college	8,480
Bachelor’s degree or higher	3,628



## UNEMPLOYMENT

Figure 1 depicts the percent of unemployed individuals in the Greater East St. Louis Community. The population is listed by zip code. According to the United States Census Bureau, over 12% of the Greater East St. Louis Community population is unemployed.

**Figure 1: Unemployment Status of Individuals Ages ≤16 in Greater East St. Louis Community (2023)**

ZIP CODE	TOTAL ESTIMATED POPULATION	UNEMPLOYMENT RATE	TOTAL ESTIMATED UNEMPLOYED
62201	4,784	3.4%	141
62203	10,480	17.9%	906
62204	8,480	18.1%	635
62205	3,628	25.2%	1,278
62206	9,206	6.7%	616
62207	4,735	7.0%	331
<b>TOTAL</b>	<b>31,760</b>	<b>12.3%</b>	<b>3,907</b>

Source(s): U.S. Census Bureau, American Fact Finder: 2023 American Community Survey



## HOUSING

Housing continues to be a significant issue in the Greater East St. Louis Community. Often during discharge planning, Touchette Regional Hospital is unable to make adequate arrangements for patients because they are homeless. The information provided below considers the vacancy and occupancy status of the homes accounted for in the health district.

Figure 1 depicts the total number of homes available and the number of homes not currently being lived in (vacant). According to the United States Census Bureau, over 30% of homes in the Greater East St. Louis Community are vacant.

**Figure 1: Occupancy and Vacancy Status of Current Residencies in East St. Louis Health District (2023)**

ZIP CODE	OCCUPIED	VACANT	TOTAL
62201	2,297	569	2,866
62203	1,875	913	2,788
62204	1,978	1,335	3,313
62205	2,282	1,510	3,792
62206	4,858	1,728	6,586
62207	2,649	3,395	3,395
<b>TOTAL</b>	<b>15,939</b>	<b>6,801</b>	<b>22,740</b>

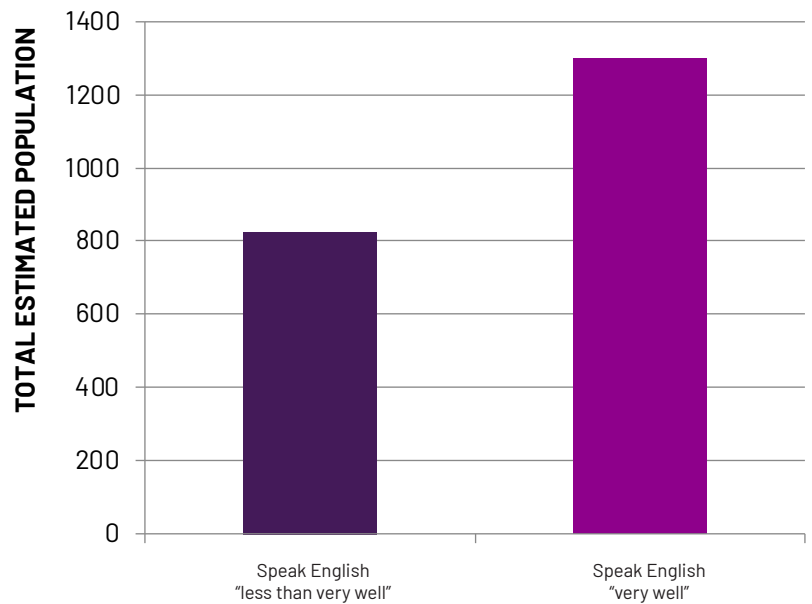


## LANGUAGE BARRIERS

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

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

**Figure 1: Self-Reported English Speaking Ability in Greater East St. Louis Community (2023)**



Source(s): U.S. Census Bureau, American Fact Finder: 2023 American Community Survey



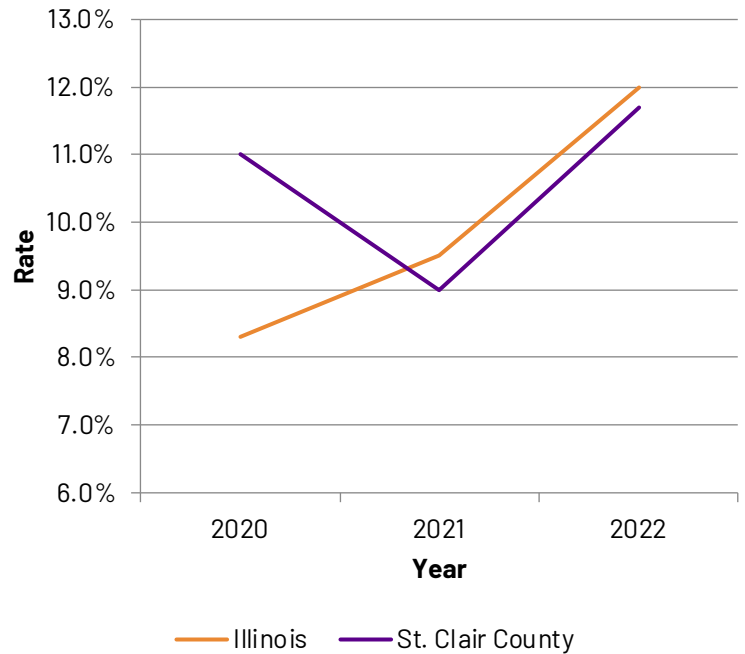


**FOOD INSECURITY**

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

Most recent data from the Feeding America Network reveals approximately 30,020 individuals in St. Clair County experienced food insecurity in 2022. As shown in Figure 1, food insecurity rates in both St. Clair County and Illinois have slightly risen since 2020.

**Figure 1: Food Insecurity Rates in St. Clair County vs. Illinois**



**PROVIDER ACCESS**

Provider access refers to the number of providers available within a given area. The information provided can help county officials to identify if the population qualifies as a Health Provider Shortage Area (HPSA). As shown in Figure 1, there is limited access to health providers in St. Clair County, Illinois. The patient to provider ratio is much worse in St. Clair County compared to the overall state of Illinois rate.

**Figure 1: Access to Health Care Providers in St. Clair County, Illinois**

HEALTH RESOURCE	ILLINOIS	ST. CLAIR
Primary Care Physicians	1,260:1	1,700:1
Dental Providers	1,190:1	1,360:1
Mental Health Providers	320:1	570:1

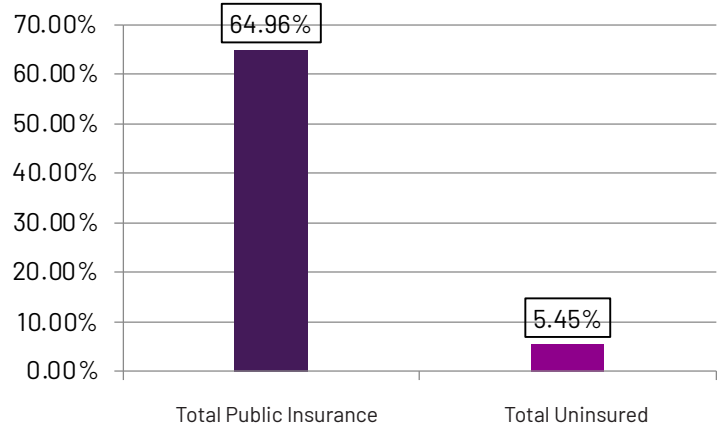
Source(s): Feeding America Network Interactive County-Level Map, 2025, Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute 2025 County Health Rankings



## INSURANCE STATUS

To determine the significance of insurance status, two measures are reported. The first is the percent of individuals who have public insurance in the Greater East St. Louis Community. The second is the overall percent of uninsured individuals in the Greater East St. Louis Community.

**Figure 1: Health Insurance Status of Greater East St. Louis Community (2023)**



## UTILIZATION

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

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

**Figure 1: Utilization of Health Services Delayed or Forgone Due to High Cost**

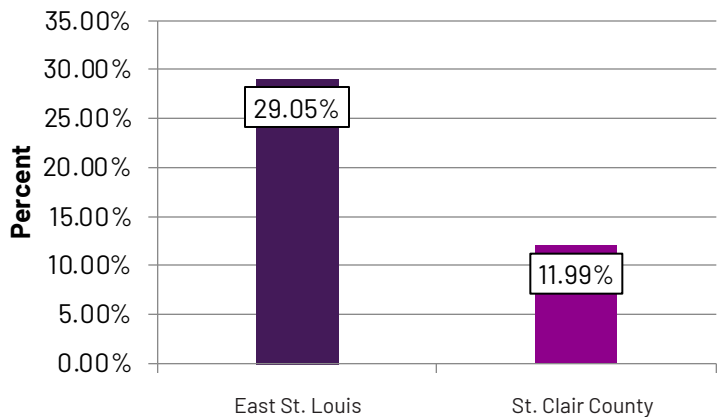
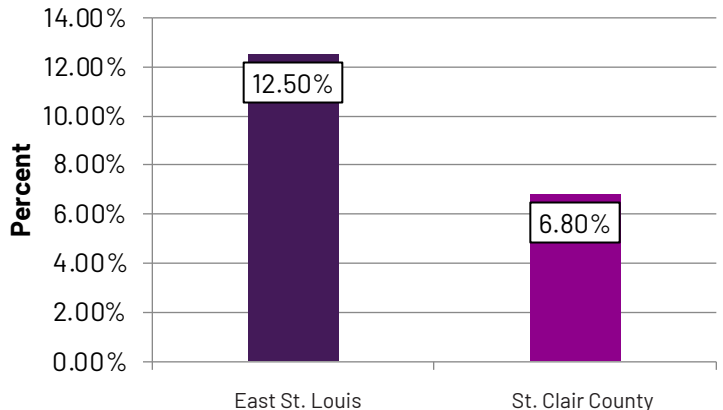


Figure 2 describes the utilization of a usual source of care by individuals. Usual source of care refers to a specific physician, physicians' office, health center or clinic, or other residence of medical care that an individual makes routine visits to for healthcare advice or treatment. According to information provided from HRSA's Geocare Navigator, East St. Louis Health District has a higher percentage of the population (12.5%) without a usual source of care than that of St. Clair County (6.8%).

**Figure 2: Utilization of Health Services Based on Usual Source of Care**



Source(s): U.S. Census Bureau, American Fact Finder: 2023 American Community Survey, Health Resources and Services Administration (HRSA) Geocare Navigator

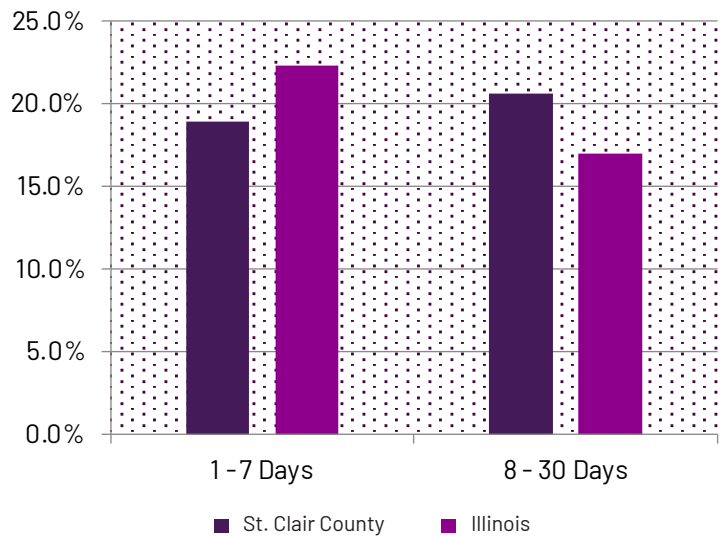


## MENTAL ILLNESS

Mental health is an important part of overall health and well-being. It affects how we think, feel, and act; it also determines how we cope with stress and relate to others. (CDC) Serious Mental Illness is defined as an individual (age 18+) experiencing a diagnosable mental, emotional, or behavioral condition. The condition is the basis for the impairment which seriously interferes with or restricts major life activities (SAMHSA). The effect of poverty on mental health is notable, as people with incomes below the poverty line reported feelings of worry, nervousness, or anxiety at higher rates than average: 19.4% of people living below the poverty line, compared to 12.7% of Americans generally (SAMHSA).

In St. Clair County, Illinois, adults reported that their mental health was not good on 5.4 of the previous 30 days, which is higher than both the Illinois number and the U.S. number.

Figure 1: Poor Mental Health Days in the Past 30 Days (2022)



ST. CLAIR COUNTY	ILLINOIS	U.S.
5.4 Days	4.5 Days	5.1 Days

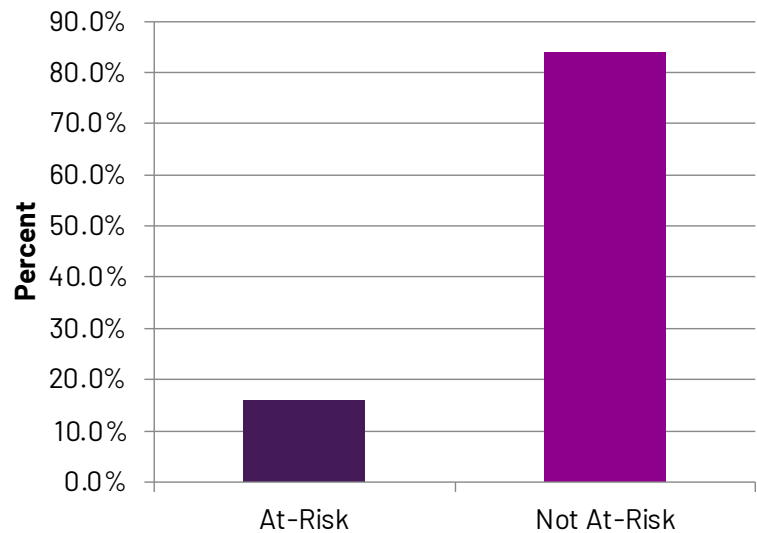


## SUBSTANCE ABUSE

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

Figure 1 shows the percent of individuals in St. Clair County who are at-risk for an acute drinking episode to occur.

Figure 1: Percent of Individuals At-Risk for Acute Drinking Episodes in St. Clair County (2022)



Source(s): Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute, 2025 County Health Rankings

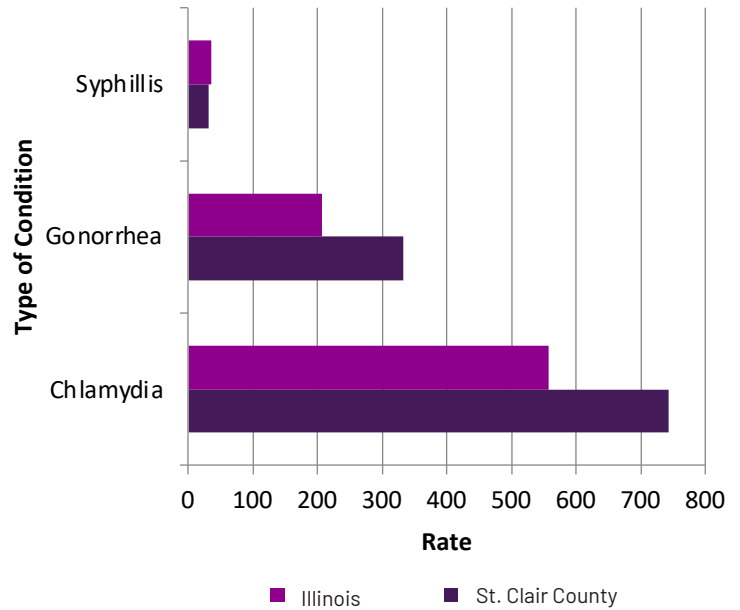


## SEXUALLY TRANSMITTED INFECTIONS (STIS)

Low-income communities often face higher rates/prevalence of sexually transmitted infections. Factors that contribute to this include difficulty accessing quality sexual health services, lower levels of education, and minority mistrust of the healthcare system (Center for Disease Control). Figures 1 and 2 depict the prevalence of sexually transmitted infections in St. Clair County and Illinois. It is evident that St. Clair County has higher rates of gonorrhea and chlamydia than the state of Illinois.

Figures 3 and 4 indicate the prevalence of Human Immunodeficiency Virus (HIV) in St. Clair County compared to Illinois. St. Clair County has a higher rate of HIV diagnoses, though Illinois has a slightly higher rate of persons living with diagnosed HIV.

**Figure 1: Prevalence Comparison of Sexually Transmitted Infections (2022)**

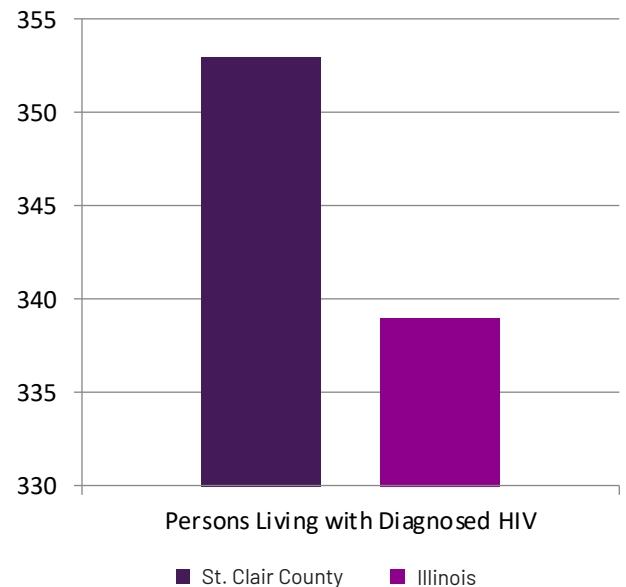


**Figure 2: Prevalence Comparison of Sexually Transmitted Infections (2022)**

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

DISEASE	ST. CLAIR COUNTY	ILLINOIS
Chlamydia	742.1	557.8
Gonorrhea	331.8	206.1
Syphilis	32.9	35.6

**Figure 3: Prevalence Comparison of HIV in St. Clair County and Illinois**



**Figure 4: St. Clair County and Illinois HIV Comparison Table**

CONDITION	ST. CLAIR COUNTY	ILLINOIS
Persons Living With Diagnosed HIV	353	339

Source(s): Center for Disease Control and Prevention,

Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute, 2025 County Health Rankings



## SEPTICEMIA

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

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

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

Figure 1: Comparison of Septicemia Prevalence (Excluding Labor-Induced) in St. Clair County

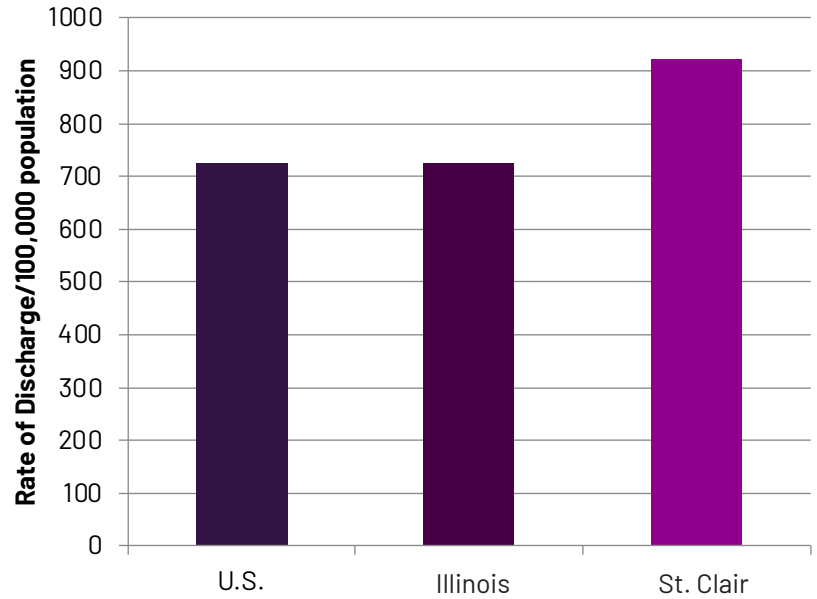


Figure 2: Comparison of Septicemia Prevalence (Excluding Labor-Induced) of St. Clair County, Illinois, and U.S.

LOCATION	RATE OF DISCHARGES PER 100,000 POPULATION
U.S. Total	725.4
Illinois Total	723.7
<b>ST. CLAIR COUNTY TOTAL</b>	<b>921.9</b>



## PREMATURE DEATH

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

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

**Figure 1: Total Years of Potential Life Lost (YPLL) Before Age 75 per 100,000 (2023)**

YEAR	ST. CLAIR COUNTY	ILLINOIS
2023	11,000	7,500

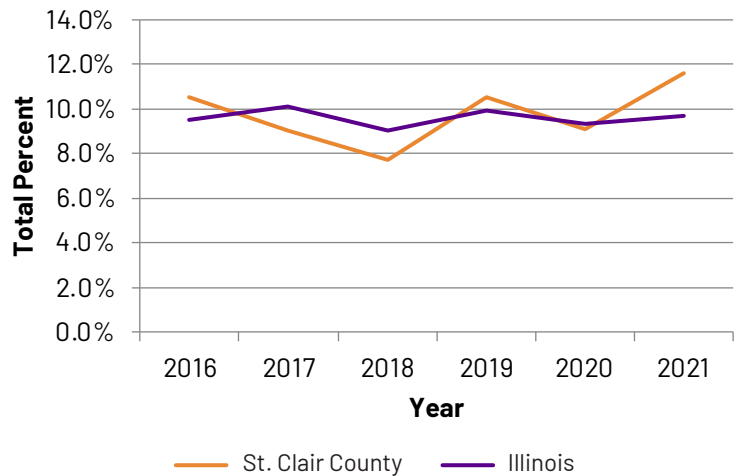


## DIABETES

Diabetes is a metabolic disorder in which an individual has higher than average blood sugar (blood glucose levels) because insulin production is inadequate, because the body does not respond correctly to insulin, or both. Type I Diabetes is the medical term used to describe individuals whose body does not produce enough insulin. Type II Diabetes refers to the improper function or response to insulin produced. The majority of diabetes cases fall under the Type II category. It is a long-term condition that can be easily managed effectively when an individual is armed with appropriate information. The prevalence of diabetes is higher amongst minorities, specifically African-American individuals, due to factors like poverty and lack of access to healthy food. Minority populations with diabetes are also at a higher risk of developing serious complications such as cardiovascular disease (Office of Minority Health).

Figures 1 and 2 illustrate the trend in diabetes prevalence (both Type I and Type II) in St. Clair County compared to Illinois. As depicted in Figure 1, the Illinois line shows a fairly steady level of percent of individuals with diabetes diagnoses. The St. Clair County line shows a varying rate of individuals with diagnoses, with a few spikes in the recent years.

**Figure 1: Prevalence of Diabetes in St. Clair County and Illinois Population Comparison (2016-2021)**



**Figure 2: Percent of Population with Diabetes in Illinois and St. Clair County Comparison Table (2016-2021)**

YEAR	TOTAL % FOR ILLINOIS	TOTAL % FOR ST. CLAIR COUNTY
2016	9.5%	10.5%
2017	10.1%	9.0%
2018	9.0%	7.7%
2019	9.9%	10.5%
2020	9.3%	9.1%
2021	9.7%	11.6%

Source(s): Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute, 2025 County Health Rankings, Center for Disease Control and Prevention



# OBESITY

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

The obesity health ranking is provided from the Robert Wood Johnson Foundation County Health Rankings tool. Figure 1 indicates that the obesity rate amongst adults in St. Clair County is significantly higher than the rate for the state of Illinois as a whole.

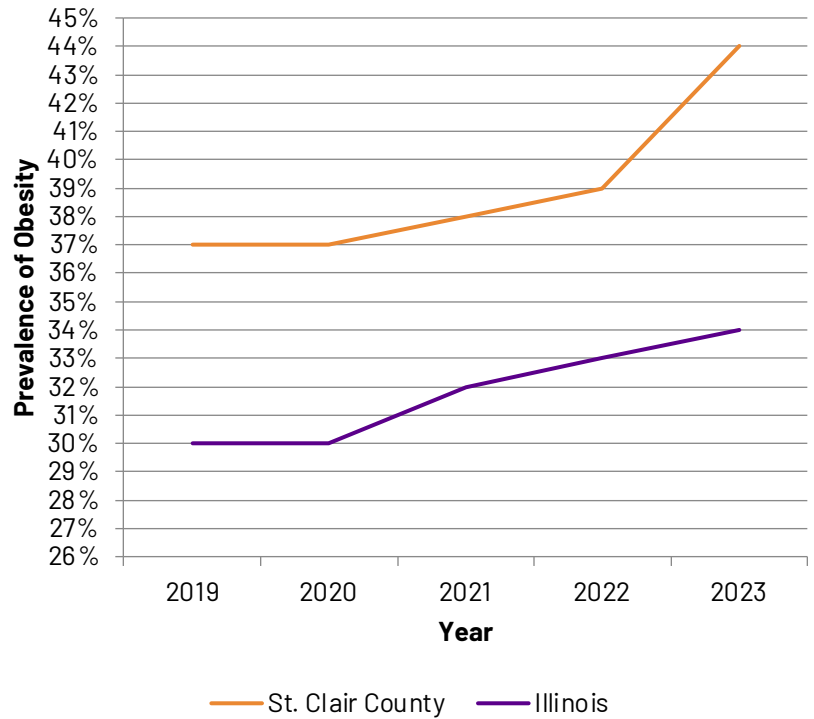
Figure 2 provides information on the prevalence of obesity in St. Clair County and Illinois over the last five years. Gestational diabetes (pregnancy-induced diabetes) reports were excluded from the following information.

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

**Figure 1: Obesity Rates 2023**

Total Illinois Counties	34%
St. Clair County	44%

**Figure 2: Trend Report of Individuals with Body Mass Index (BMI) > 30**



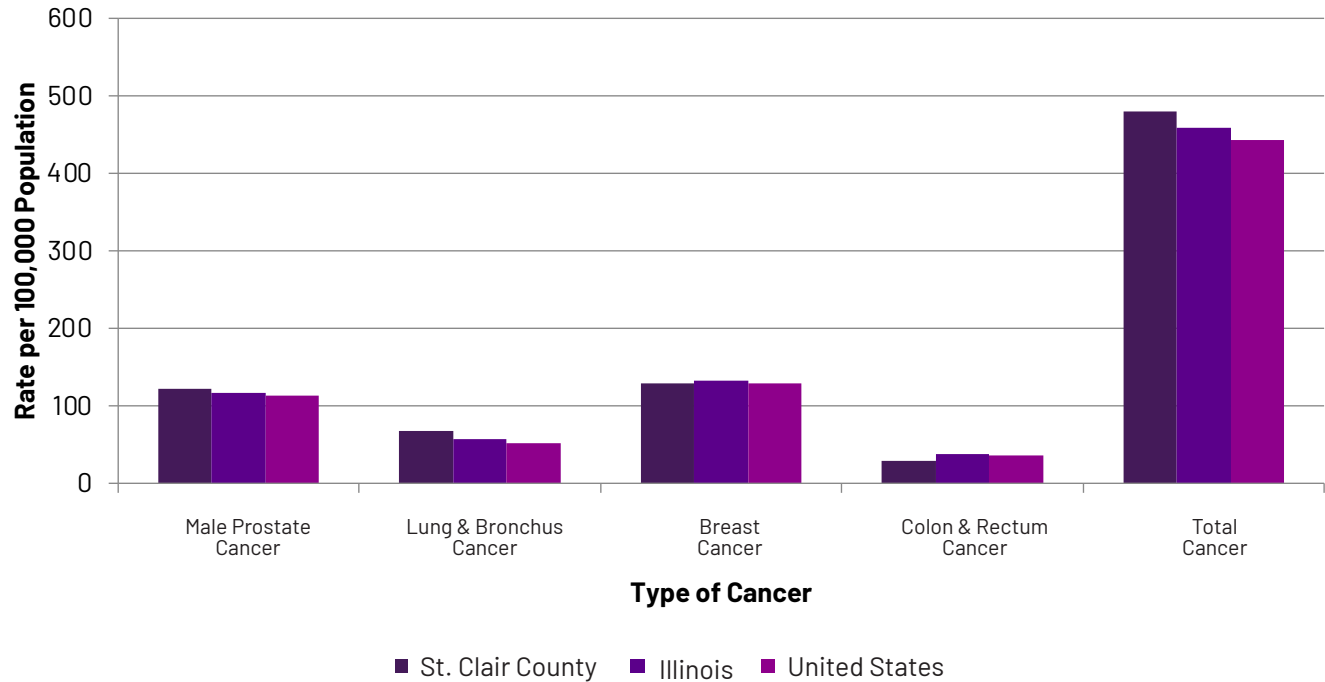
Source(s): Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings 2023.



# CANCER

Figures 1 and 2 depict the prevalence of cancer in St. Clair County compared to the United States as a whole. This information is illustrated by type of cancer including: male prostate, lung and bronchus, breast, and colon and rectum cancer. As shown in Figure 1, the total rate per 100,000 population is approximately 473.5 in St. Clair County versus 441.2 nationwide. Each type of cancer also has equal or slightly higher rates in St. Clair County compared to national rates. Figure 2 provides the rates per 100,000 population associated with each type of cancer and respective locations. While cancer prevalence is high on average throughout the county, it should be noted that low-income communities often face worse health outcomes with a cancer diagnosis including higher mortality rates (National Institute of Health).

**Figure 1: Cancer Prevalence in the U.S. and Illinois Compared to St. Clair County by Type (2017-2021)**



**Figure 2: Cancer Prevalence by Type Comparison Table (2017-2021)**

TYPE OF CANCER	ST. CLAIR COUNTY RATE	NATIONAL RATE
Male prostate cancer	122.4	113.2
Lung and bronchus cancer	67.5	53.1
Breast cancer	129.9	129.8
Colon and rectum cancer	29.5	36.4
Overall	480.8	444.4

Source(s): State Cancer Profiles (2017-2021)



# CARDIOVASCULAR DISEASE

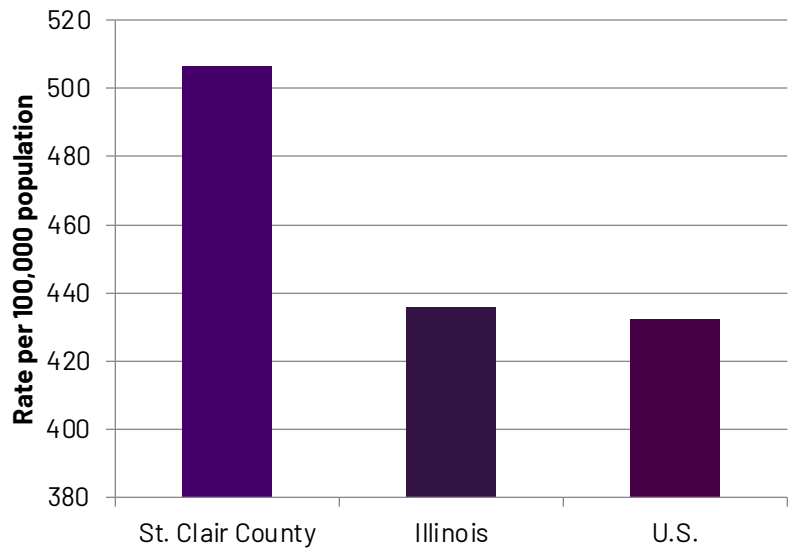
Cardiovascular disease, more commonly referred to as heart disease, occurs when plaque builds up around the walls of the arteries of the heart. The accumulation of plaque makes it difficult for blood flow to move through the arteries, thus cutting off the blood and oxygen needed to keep the heart working. If the blood clot is substantial enough it can cause a heart attack, stroke, or other adverse health effects. African-Americans face higher prevalence rates of cardiovascular disease due to underlying health factors such as diabetes or obesity, and are also affected by social determinants of health (Office of Minority Health).

Figure 1 illustrates the prevalence of heart disease in St. Clair County, the state of Illinois, and the United States. As shown, St. Clair County has a much higher prevalence of heart disease (506.5/100,000) than Illinois (435.8/100,000) and the United States (432.3/100,000).

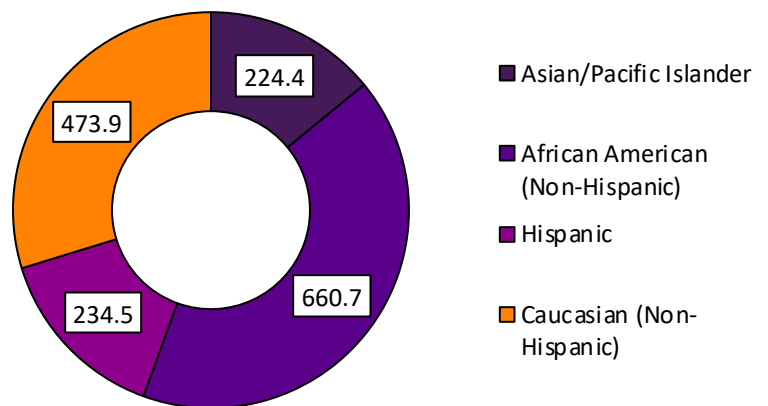
Figure 2 illustrates the rate of individuals in St. Clair County experiencing heart disease categorized by race. African Americans (non-Hispanic) have the highest rate, followed by Caucasians (non-Hispanic).

Figure 3 provides the values associated with each race.

**Figure 1: Coronary Heart Disease Prevalence in St. Clair County, Illinois, and U.S. (2019-2021)**



**Figure 2: Coronary Heart Disease Prevalence in St. Clair County by Race (2019-2021)**



**Figure 3: Coronary Heart Disease Prevalence in St. Clair County, Age-Adjusted 35+, By Race (2019-2021)**

RACE	RATE/100,000
African American (Non-Hispanic)	660.7
Caucasian (Non-Hispanic)	473.9
Hispanic	234.5
Asian and Pacific Islander	224.4

Source(s): Center for Disease Control and Prevention



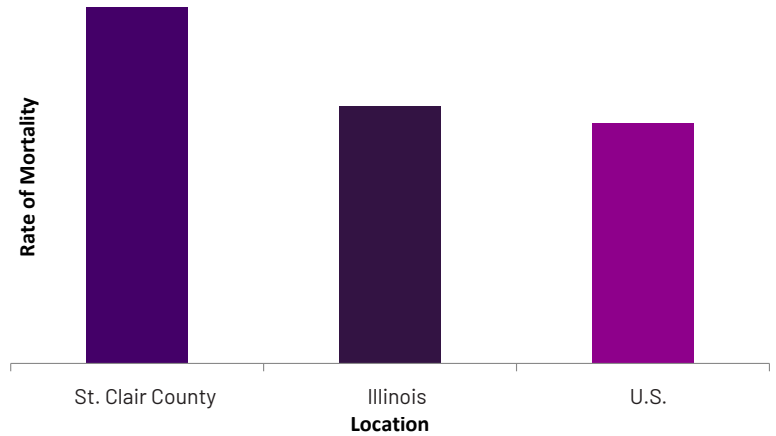
# STROKE

A stroke occurs when the supply of blood to the brain is significantly reduced or blocked completely. This deprives brain cells of oxygen and nutrients, causing them to die. Symptoms, as well as long term effects, depend on the part of the brain affected and the extent of the damage. Stroke disproportionately affects the African-American community for similar reasons as cardiovascular disease, including underlying health issues like diabetes and obesity as well as socio-economic factors (Office of Minority Health).

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

Figure 3 categorizes the stroke mortality rate in St. Clair County by race. As illustrated, African Americans (non-Hispanic) experience the highest rate of stroke-related deaths, followed by Caucasians (non-Hispanic). These two groups comprise the majority of St. Clair County's population.

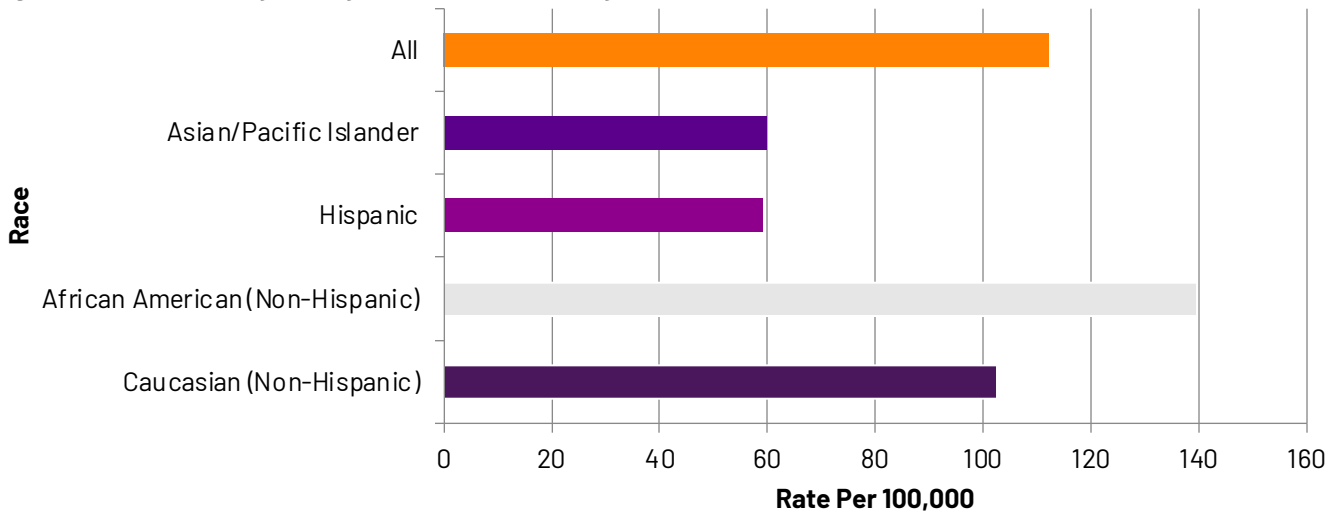
**Figure 1: Mortality Rates Related to Stroke Comparison of St. Clair County, Illinois, and the U.S. (2019-2021)**



**Figure 2: Mortality Rates Related to Stroke Comparison Table (2019-2021)**

LOCATION	RATE (PER 100,000)
U.S.	75.7
Illinois	81.0
St. Clair County	112.2

**Figure 3: Stroke Mortality Rate by Race in St. Clair County (2019-2021)**



Source(s): Center for Disease Control and Prevention



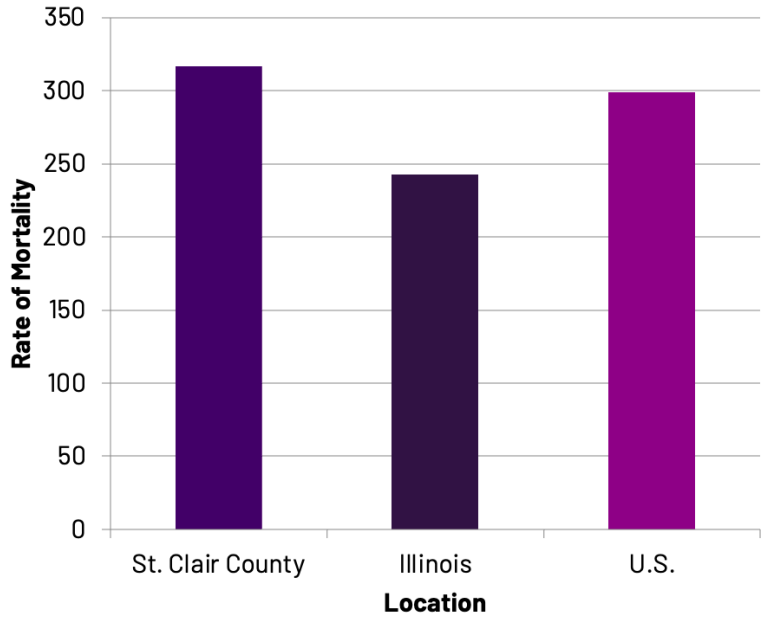
# HYPERTENSION

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

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

Figure 3 categorizes the hypertension mortality rate in St. Clair County by race. As shown, African Americans (non-Hispanic) experience the highest rate of hypertension-related mortalities among all of the classifications. In fact, the rate for African Americans (non-Hispanic) is nearly twice that of the next highest group, Caucasians (non-Hispanic). Social determinants of health are a factor, and African-Americans are more likely to develop hypertension earlier in life (Office of Minority Health).

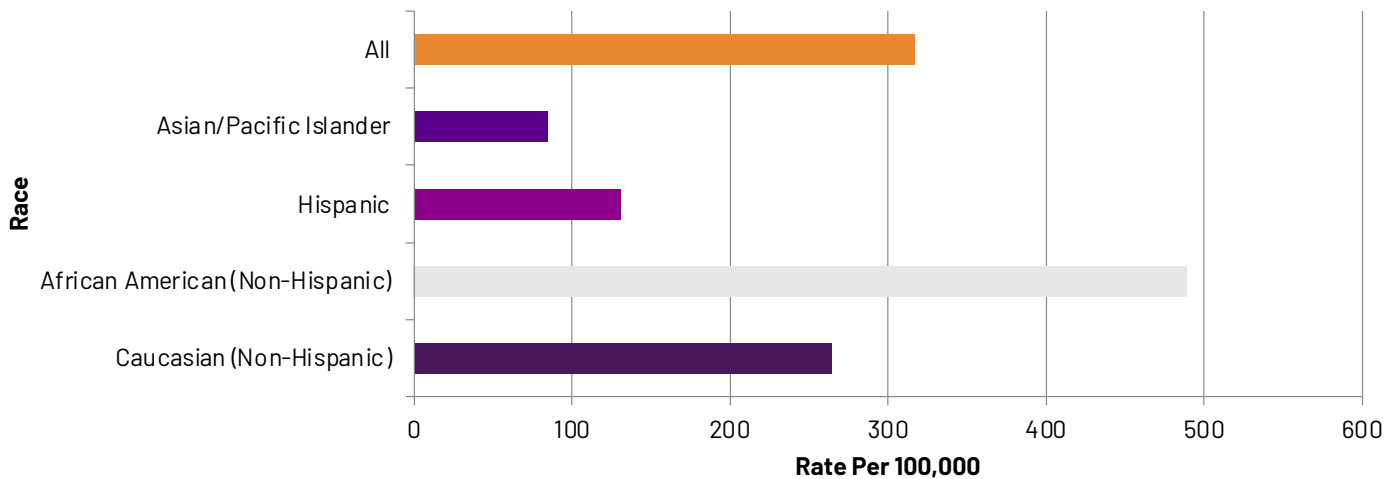
**Figure 1: Mortality Rates Related to Hypertension Comparison of St. Clair County, Illinois, and the U.S. (2019-2021)**



**Figure 2: Mortality Rates Related to Hypertension Comparison Table (2019-2021)**

LOCATION	RATE (PER 100,000)
U.S.	299.0
Illinois	242.8
St. Clair County	316.5

**Figure 3: Hypertension Mortality Rate by Race in St. Clair County (2019-2021)**



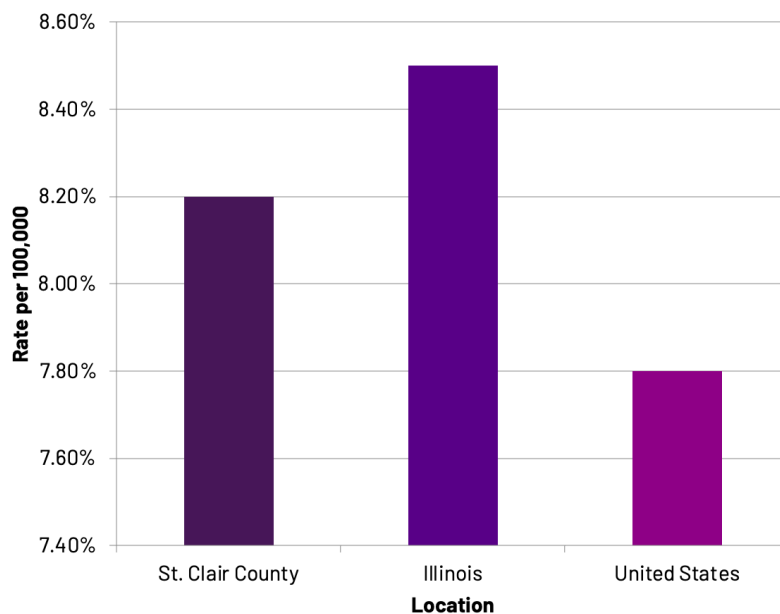
Source(s): Center for Disease Control and Prevention

# ASTHMA

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

Figure 1 shows the prevalence of asthma in St. Clair County, Illinois, and the United States. Illinois overall has the highest prevalence of asthma diagnoses, followed by St. Clair County.

Figure 1: Asthma Prevalence (2021)



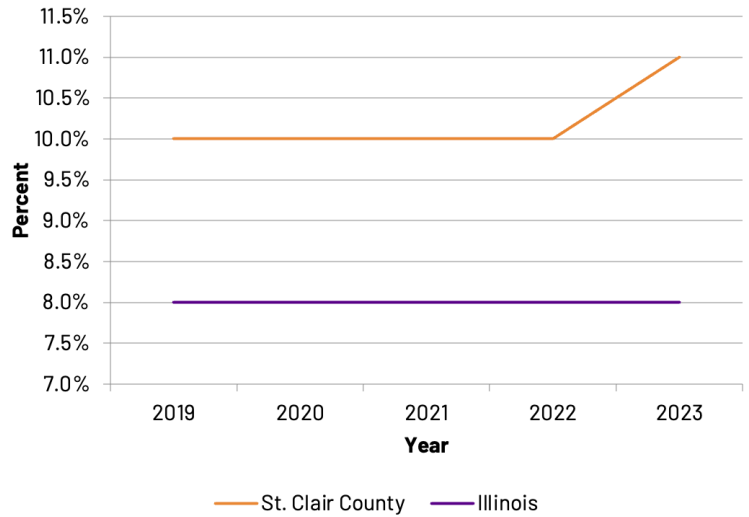


## LOW BIRTH WEIGHT

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

Figure 1 illustrates the trend in prevalence of low birth weight in St. Clair County compared to Illinois over a five-year period. As shown, the percent of babies born with a low birth weight in St. Clair County has consistently been greater than Illinois.

Figure 1: Percentage of Low Birth Weight Comparison (2019-2023)



## PRETERM BIRTH

Preterm birth refers to babies that are born before full term, or 37 weeks, has been reached. This generally occurs between 20 and 36 weeks. Premature babies may have more health problems and may need to stay in the hospital longer than babies born at full term. Figures 1 and 2 compare the percent of total preterm births that occur in St. Clair County and Illinois by race. As illustrated in Figure 1, preterm births are more common among African Americans overall.

Figure 1: Total Preterm Births Comparison Between St. Clair County and Illinois by Race

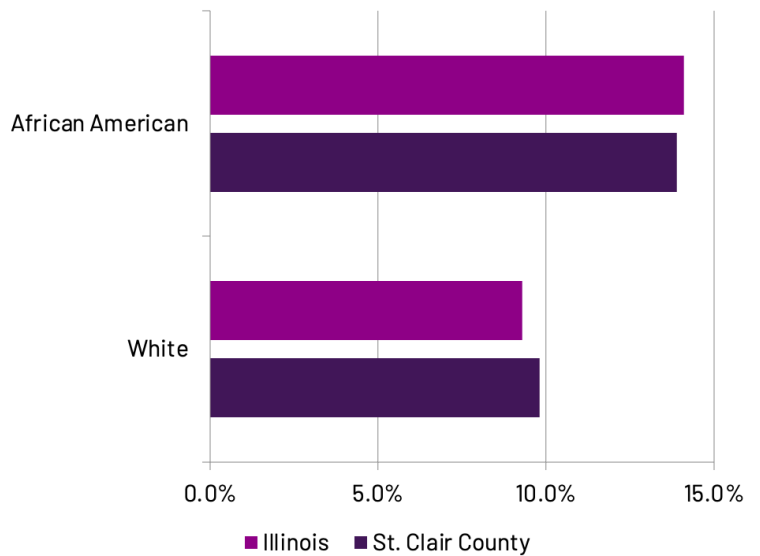


Figure 2: Total Preterm Births by Race

INDICATOR	ST. CLAIR COUNTY	ILLINOIS
African American	13.9%	14.15%
White	9.8%	9.3%

Source(s): Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings 2025, Center for Disease Control and Prevention