HSHS
St. Elizabeth's
Hospital

2021 Community Health Needs Assessment

An assessment of St. Clair County, Illinois conducted jointly by HSHS St. Elizabeth's Hospital, St. Clair County Health Department and Healthier Together.

HSHS St. Elizabeth's Hospital is an affiliate of Hospital Sisters Health System, a multi-institutional health care system comprised of 15 hospitals and an integrated physician network serving communities throughout Illinois and Wisconsin.

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Executive Summary

Background

Provisions in the 2010 Patient Protection and Affordable Care Act (ACA) require charitable hospitals to conduct a triennial community health needs assessment (CHNA) and accompanying implementation plan to address the identified needs. The CHNA asks the community to identify and analyze community health needs, as well as community assets and resources to plan and act upon priority community health needs. This process results in a CHNA report which is used to develop implementation strategies based on the evidence and assets and resources identified in the CHNA process.

Triennially, HSHS St. Elizabeth's Hospital conducts a CHNA, adopts an implementation plan by an authorized body of the hospital and makes the report widely available to the public. The hospital's previous CHNA report and implementation plan was conducted and adopted in FY2018.

In FY2021 (July 1, 2020 through June 30, 2021), St. Elizabeth's Hospital conducted a collaborative CHNA in partnership with St. Clair County Health Department and Healthier Together. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. The population of St. Clair County was assessed.

Data collected was supplemented with:
- Community gaps analysis review
- Community assets review
- Qualitative data gathered through a CHNA core group
- Qualitative data reviewed by a community advisory council with broad community representation
- Surveys, including input from area health and social service providers, as well as community members who identify with the needs addressed
- Local leader input
- Internal advisory council

Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA core group identified 18 health focus areas from extant data sources. A predetermined set of criteria (Diagram One: Defined Criteria for Community Health Needs Assessment) was used to narrow the health focus areas.

Diagram One: Defined Criteria for Community Health Needs Assessment

Defined Criteria for Community Health Needs Assessment

Defined Criteria

Triple Aim Impact

Magnitude of the Issue – How wide an issue is this in the community?

Seriousness of the Issue – How related is the issue to the mortality of those affected?

Feasibility – Considering available resources, how likely are we to make a significant impact on the issue?

Final priorities must be in line with the Institute of Medicine's Triple Aim:

Improve the health of individuals.

Improve the health of populations.

Reduce waste, variation and health care costs.

The core group also identified three major contributing factors as underlying to all health issue areas presented. Those areas include: social determinants of health; access to health and health care barriers; and equality, equity and justice in health care (see Appendix I: Major Contributing Factors).

The CHNA core group provided a thorough review of existing and supplemental data sets around the 14 identified health focus areas to the community advisory council. The community advisory council (CAC) used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas to nine. A survey was conducted to solicit community feedback on the issue areas. Upon survey closure, 157 responses were received and analyzed to further prioritize the needs based on community perceptions and experiences.

Results from the survey were then presented to the CHNA core group's respective internal advisory councils for further review and approval. St. Elizabeth's internal advisory council approved of the three priority areas recommended through the CAC and focus group process. See Appendix II for a complete list of needs considered.

These were the top three health needs identified based on the defined criteria, survey results, stakeholder input from the CAC and internal input from St. Elizabeth's leaders.

- Access to mental and behavioral health services
- Chronic conditions – including healthy behavior awareness and education; and disease prevention and management
- Workforce development

Implementation Plan Development

As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the implementation plan. The implementation plan is considered a "living document" – a set of strategies that can be adapted to the lessons learned while implementing community benefit activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

Hospital Background

St. Elizabeth's Hospital in O'Fallon is a regional referral hospital located in St. Clair County, Illinois. For more than 140 years, the hospital has been the leader in health and wellness in St. Clair County.

St. Elizabeth's Hospital partners with other area organizations to address the health needs of the community, with a focus on the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly integrated health care delivery system serving more than 2.6 million people in rural and midsized communities in Illinois and Wisconsin. HSHS generates approximately $2 billion in operating revenue with 15 hospitals and more than 200 physician practice sites. HSHS is committed to its mission "to reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry." This mission is carried out by 14,000 colleagues and 2,100 physicians who care for patients and their families in both states.

St. Elizabeth's Hospital has a rich and long tradition of addressing the health of the community. This flows directly from its Catholic identity. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through its broader community benefit program including health professions education, subsidized health services, research and community building activities. In FY2020, the hospital's community benefit contributions totaled more $17.3 million.

Current Hospital Services and Assets

Major Centers and Services	Statistics	New Services and Facilities
• Prairie Heart Institute • Emergency Services • Rehabilitation Center • ICU • Laboratory • Women's Health • O'Fallon Medical Building • Outpatient Infusion Services • Pain Management • Cancer Care Center • Radiology/Imaging • Cardiopulmonary Department • Sleep Disorders Center • Surgical Services • UrgiCare • Wound Care Center • Diabetes Care • Digestive Health • Pulmonary • Home Health • Pediatric Surgery (Outpatient only)	• Total Beds: 144 • Total Colleagues: 1,161 • Bedside RNs: 471 • Physicians: 418 • Inpatient admissions: 9,614 • ED visits: 37,513 • Births: 954 • Surgical Cases: 5,293 • Volunteers: 145 • Community Benefit: $17.3 million	• New Cancer Care Center • Outpatient Therapy Clinic in Edwardsville • Rehab gym converting to inpatient beds • Open MRI at O'Fallon Medical Building

Hospital Accreditations, Awards and Certifications

- Center of Distinction -- Wound Care Center – Healogics
- Blue Distinction Center for Maternity – Blue Cross Blue Shield of Illinois
- Grade 'A' Safety Rating from The Leapfrog Group – Spring 2021, Fall 2020, Spring 2020, Fall 2019, Spring 2019, Fall 2018.
- Laboratory Accreditation – College of American Pathology
- Mission: Lifeline NSTEMI Gold Quality Achievement – American Heart Association
- National Cardiovascular Data Registry (NCDR) Chest Pain – MI Registry Platinum Performance Achievement – American College of Cardiology
- Bronze Safe Sleep Hospital from Cribs for Kids – The National Safe Sleep Hospital Certification Program
- Get With The Guidelines –Stroke Gold Plus Achievement Award – American Heart Association/ American Stroke Association
- Mission: Lifeline STEMI Silver Plus Receiving Center – American Heart Association
- Greenhealth Partner for Change Award – Practice Greenhealth

Community Served by the Hospital

Although St. Elizabeth's Hospital serves multiple counties – Clinton, Monroe, Madison and St. Clair – for the purposes of the CHNA, the hospital defined its primary service area and populations as those individuals residing in St. Clair County. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Demographic Profile of St. Clair County
Unless otherwise indicated, the data source is U.S. Census Quick Facts.
Source: U.S. Census Bureau, 2016-2019 and American Community Survey 5-Year estimates (through Fact Finder).

Characteristics	Illinois	St. Clair 2019	St. Clair 2016	%Change for County
Total Population	12,625,136	259,686	262,479	-1%
Median Age (years)	37.4	38.6	37.5	3%
Age				
Under 5 years	5.9	6.3	6.3	0%
Under 18 years	22.2	23.3	23.8	-2%
65 years and over	16.1	16.4	14.6	11%
Gender				
Female	50.9	51.8	51.7	0%
Male	49.1		48.3	
Race and Ethnicity				
White (non-Hispanic)	76.8	64.8	62.1	4%
Black or African American	14.6	30.6	30.4	1%
Native American or Alaska Native	0.6	0.4	0.1	75%
Asian	5.9	1.6	1.4	13%
Hispanic or Latino	17.5	4.3	4	7%
Speaks language other than English at home				
	23.2	5.7	4.8	16%
Median household income				
	65,886	55,179	50,006	9%
Percent below poverty in the last 12 months				
	11.5	13.3	15.4	-16%
High School graduate or higher, percent of persons age 25+				
	89.2	91.1	90.5	1%

Process and Methods Used to Conduct the Assessment

St. Elizabeth's Hospital collaborated in the planning, implementation and completion of the community health needs assessment in partnership with the St. Clair County Health Department and Healthier Together. The process described in the narrative below is outlined in Diagram Two: St. Clair County 2021 Community Health Needs Assessment.

Internal

St. Elizabeth's Hospital undertook an eight-month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

1. Identified the CHNA core group comprised of leaders from St. Elizabeth's Hospital, St. Clair County Health Department and Healthier Together.
2. Convened a community advisory committee to solicit input and help narrow identified priorities.
3. Conducted a community survey to get input from community members around the priorities identified.
4. Convened an internal advisory committee respective to each organization to force rank the final priorities and select the FY2022-FY2024 CHNA priorities.

External

St. Elizabeth's Hospital worked with core group partners to leverage existing relationships and provide diverse input for a comprehensive review and analysis of community health needs in St. Clair County.

Representation on the community advisory council (CAC) was sought from health and social service organizations that:

1. Serve low-income populations
2. Serve at-risk populations
3. Serve minority members of the community
4. Represent the general community

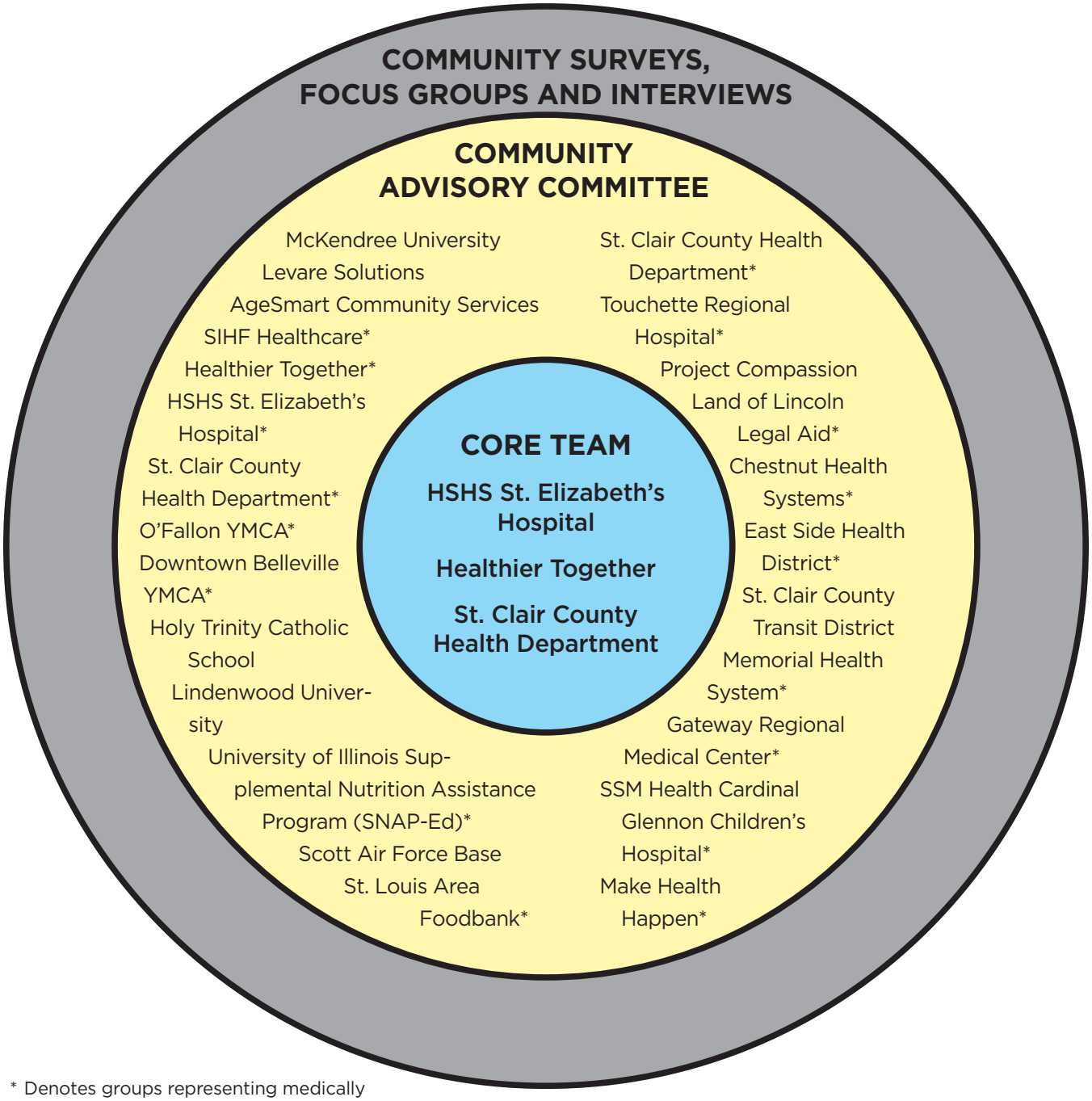
The following community stakeholders were invited to serve on the CAC:

- McKendree University
- Levare Solutions
- AgeSmart Community Services
- SIHF Healthcare*
- Healthier Together*
- HSHS St. Elizabeth's Hospital*
- St. Clair County Health Department*
- O'Fallon YMCA*
- Downtown Belleville YMCA*
- Holy Trinity Catholic School
- Lindenwood University
- University of Illinois Supplemental Nutrition Assistance Program (SNAP-Ed)*
- Scott Air Force Base
- St. Louis Area Foodbank*
- St. Clair County Health Department*
- Touchette Regional Hospital*
- Project Compassion
- Land of Lincoln Legal Aid*
- Chestnut Health Systems*
- East Side Health District*
- St. Clair County Transit District
- Memorial Health System*
- Gateway Regional Medical Center*
- SSM Health Cardinal Glennon Children's Hospital*
- Make Health Happen*

** Denotes groups representing medically underserved, low-income and minority populations*

The CAC helped the core group review existing data and offer insights into community issues affecting that data. The council helped identify local community assets and gaps in the priority areas and offered advice on which issues were the highest priority. See Appendix III for the CAC charter and meetings.

Diagram Two: St. Clair County
2018 Community Health Needs Assessment



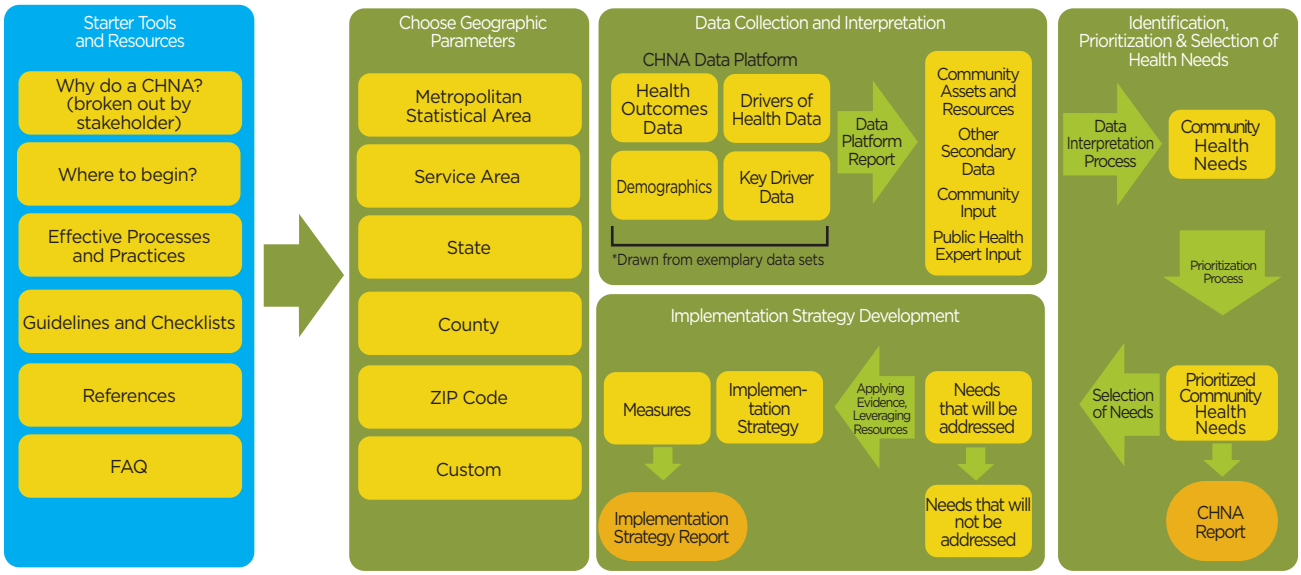
* Denotes groups representing medically underserved, low-income and minority populations.

Defining the Purpose and Scope

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, 2) identify resources and assets available to support initiatives to address the health priorities identified, 3) develop an implementation plan to organize and help coordinate collaborative efforts impacting the identified health priorities, and 4) establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis.

Data Collection and Analysis

The overarching framework used to guide the CHNA planning and implementation is based on the Catholic Health Association's (CHA) Community Commons CHNA flow chart:



Data Sources

The CHNA process utilizes both primary data including hospital data, focus groups and key stakeholder meetings as well secondary data. Secondary data sources include Behavioral Risk Factor Surveillance System (BRFSS), the U.S. Census Bureau, and Centers for Disease Control and Prevention (CDC) data sources. In addition, this data was supplemented with data from:

- U.S. Census 2020
- U.S. Census Bureau Data St. Clair County
- TownCharts
- Advisory Board 2019
- County Health Rankings 2020
- Kids Count Data Center 2019
- End Homelessness
- Best Neighborhoods
- United for ALICE
- 500 Cities Project
- Illinois Department of Public Health (IDPH) Opioid Data Dashboard 2019
- Illinois Public Health Community Map
- OneSource Global Business Browser (County Health Rankings)
- National Center for Educational Statistics (NCES)
- Institute for Health Metrics and Evaluation Statistics (IHME)
- Epic Data

The data was gathered into a written report/presentation and shared with community members at in-person focus groups and key stakeholder meetings (described below).

The data shared generated dialogue and discussion among the community leaders. As part of the discussion, they were asked to rank the identified need as well as the ability to collaborate to meet the health need.

Input from Persons Who Represent the Broad Interests of the Community

St. Elizabeth's Hospital is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2018 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top three identified community health needs: mental health and substance abuse, nutrition and infant mortality. This year's assessment sought input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus on human, material and financial resources.

Input from Community Stakeholders

The CAC was used as the primary stakeholder group to review and force rank data. During a two-hour virtual meeting, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. The CAC also helped identify community assets and gaps which were weighed when considering the magnitude and feasibility of the priority areas.

The CAC participated in a second virtual meeting to assist in the development of the community health improvement plan (CHIP). During this meeting, the CAC was asked to provide additional organizations addressing specific priority areas, and existing community and county strategies addressing priority areas. They also provided input and feedback on timelines, and short- and long-term indicators as measurements of success.

The core group developed and circulated a community survey (Appendix IV) to solicit first-person feedback on the health issue areas. In April 2021, 157 individuals completed the survey. The core group analyzed and presented the results (Appendix V) to internal teams as well as the CAC. The results were used to guide further discussion around final priority selection.

More information on survey analysis will be documented in the CHIP to be completed and approved by November 15, 2021.

Input from Members of Medically Underserved, Low-Income and Minority Populations

The CHNA process must be informed by input from the poor and vulnerable populations served by HSHS and St. Elizabeth's Hospital. To ensure the needs of these groups were adequately represented, the CHNA process included representatives from such organizations as noted on page 8. These organizations serve the under-resourced in the community, including low-income seniors, children living in poverty and families who struggle with shelter and food insecurity. Representatives of these organizations have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure that the needs of the most vulnerable persons in the community were addressed in the CHNA process and during development of related implementation strategies.

Input on FY2018 CHNA

No written comments were received regarding the FY2018 CHNA.

Prioritizing Significant Health Needs

Members of St. Elizabeth's Hospital's administration team collaborated with key department leaders in the review and analysis of CHNA data.

As part of the identification and prioritization of health needs, the hospital considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity or urgency of the health need; and the health disparities associated with the health needs. The hospital also weighed the importance the community places on addressing the health need, as well as other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

Based on the CHNA planning and development process described, the following community health needs were identified:

1. Access to mental and behavioral health services
2. Chronic conditions – including healthy behavior awareness and education, and disease prevention and management
3. Workforce development

As an outcome of the prioritization process, the following community health needs were also identified but will not be addressed directly by the hospital for the reasons indicated:

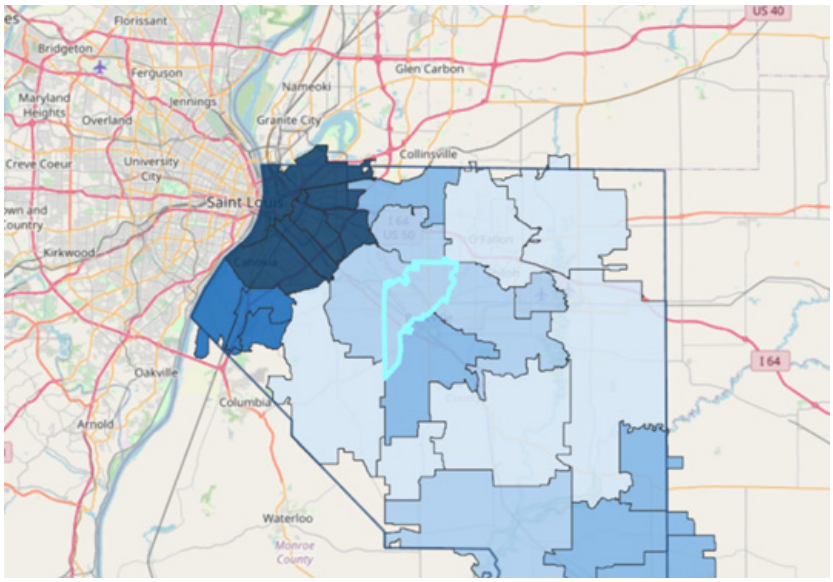
- Access to Health: While not named as a top priority, St. Elizabeth's will address access barriers in each of its strategic initiatives for access to mental and behavioral health treatment, as well as chronic conditions. The hospital is committed to addressing social determinants of health leading to poor health outcomes and will be exploring access to health and health care as a major contributing factor.
- Cost-burdened Renters: While not addressing this as a top priority, St. Elizabeth's will partner with county organizations and coalitions to strategize solutions to limitations on affordable housing.
- Disparities in Economy: Workforce development has been identified as a top priority. Addressing disparities in education and employment through this priority will indirectly address disparities in economy as well as poverty. Additionally, St. Elizabeth's is committed to working with the local chamber, academic organizations and nonprofit organizations in addressing disparities in economy, education and health care access.
- Poverty: See disparities in economy above.
- Environmental Health: Both St. Clair County Health Department and East Side Health District have programming and resources in place to address environmental health. St. Elizabeth's will continue to partner with the health departments in supporting ongoing initiatives as resources and time allows.
- Human Trafficking: This is an ever-growing issue in all communities across Illinois and the nation. St. Elizabeth's will be represented on the Illinois Human Trafficking Task Force by the HSHS Illinois division. While not a top priority for St. Elizabeth's Hospital in 2021, the hospital will continue the work that has begun since the completion of the 2018 CHNA. HSHS is also working as a system to better equip hospital providers to identify and safely intervene if human trafficking is suspected in a patient presenting to HSHS facilities.
- Maternal/Infant Health: St. Elizabeth's Hospital continues to serve as the hospital of choice for families seeking a family-centered, high-quality, maternity experience. The hospital offers a wide range of resources, services and special touches to help mothers during pregnancy and delivery.

Overview of Priorities

When addressing the top three health needs for St. Clair County, it is important to note how poverty and safety impact health outcomes overall and in specific areas. For example, the below ZIP Codes represent 20% of St. Clair County, population 58,304, and have a small footprint in the overall county. These ZIP Codes combined rank highest in the SocioNeeds Index, all coming in at or above 95 with 100 being the highest need. Unemployment in these areas remains high at 10.4% and schools in these areas are largely testing below average.

ZIP Codes – 62201, 62203, 62204, 62205, 62206, 62207:

Source: Healthy Communities Institute, 2021



Population in Poverty:
St. Clair County, at 13.3%, has a poverty rate higher than the state rate, of 11.5%. This indicator is revealing because poverty creates barriers to access including health services, nutritional food and other necessities that contribute to poor health status. Data Source: U.S. Census Bureau, American Community Survey. 2015-2019.

Children in Poverty: St. Clair County has a higher percentage of children living in poverty than the state and national percentages. Additionally, children of color are disproportionately impacted by poverty, and nearly half of children in poverty live in a single-parent household.

	St. Clair County	Illinois	United States
Total children in poverty	22%	17.1%	18.5%
White children in poverty	9%	9%	10%
Black/African American children in poverty	48%	34%	31%
Hispanic/Latino children in poverty	35%	20%	23%
Children in single-parent household	43%	32%	34%
Uninsured children	2%	3%	6%

Source: Kids Count Data Center. (2019a). Children in poverty by race and ethnicity: KIDS COUNT Data Center. KIDS COUNT data center: A project of the Annie E. Casey Foundation. https://datacenter.kidscount.org

Kids Count Data Center. (2019b). Children in single-parent families: KIDS COUNT Data Center. KIDS COUNT data center: A project of the Annie E. Casey Foundation.

U.S. Census. (2020b). American Community Survey. 2019 5-year estimate. Table DP03.

St. Clair County has a comparable rate of children eligible for free lunch when compared to the state; and a higher percentage of children experiencing food insecurity.

Report area	% of children eligible for free lunch	% of children who are food insecure
St. Clair County	52%	17.9%
Illinois	49%	12.7%

Source: County Health Rankings: https://www.countyhealthrankings.org/app/illinois/2021/rankings/st-clair/county/outcomes/overall/snapshot. 2018-2019 data

Feeding America: https://map.feedingamerica.org/county/2019/child/illinois/county/st-clair. 2019 data

Violent Crime Rate: The violent crime rate in the St. Elizabeth's CHNA report area is higher than the state rate. Violent crime is defined as offenses involving face-to-face confrontation (e.g. assault, rape, robbery, etc.). This indicator is important because it assesses community safety. It is important to note, the data used to determine the rate is from 2014 and 2016.

Report area	Violent crime rate per 100,000
St. Clair County	615
Illinois	403

Source: County Health Rankings: https://www.countyhealthrankings.org/app/illinois/2021/rankings/st-clair/county/outcomes/overall/snapshot

Access to Mental Health and Behavioral Health Services

Individuals living in St. Elizabeth's service area have less access to mental health care providers. While it's difficult to measure the rate of individuals in the service area suffering from mental illness, there is some data available that can aid in assessing the need. When looking at the BRFSS question which asks the number of days that mental health is not good for respondents, the rate for St. Clair County of those who report frequent mental distress is an average of 14% compared to the state average of 12%. The county rate of emergency department (ED) visits for anxiety-related disorders is similar to the state rate at 36.73 / 10,000 compared to 36.91 / 10,000 (Illinois Public Health Community Map, 2016-2018). The percent of Medicare beneficiaries diagnosed with depression in St. Clair County, at 18.9%, is higher than the state rate of 15.1%.

The U.S. Health Resources & Services Administration (HRSA) classifies St. Clair County as a health professional shortage area for mental health providers. The chart below compares the number of providers per residents for the county and the state. Top U.S. performers have 270 residents per one provider.

Report area	Ratio of population to mental health providers
St. Clair County	830:1
Illinois	410:1

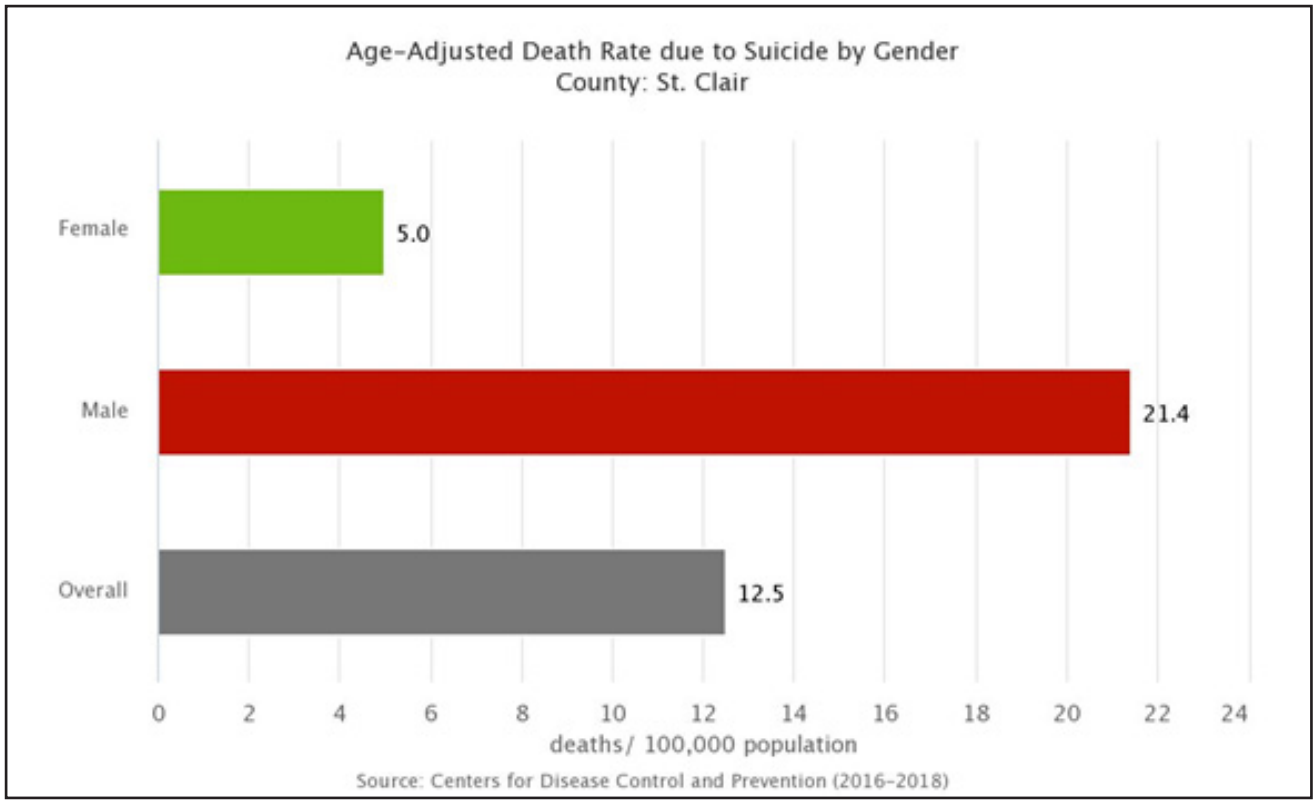
Source: Health Professional Shortage Area: https://data.hrsa.gov/tools/shortage-area/hpsa-find

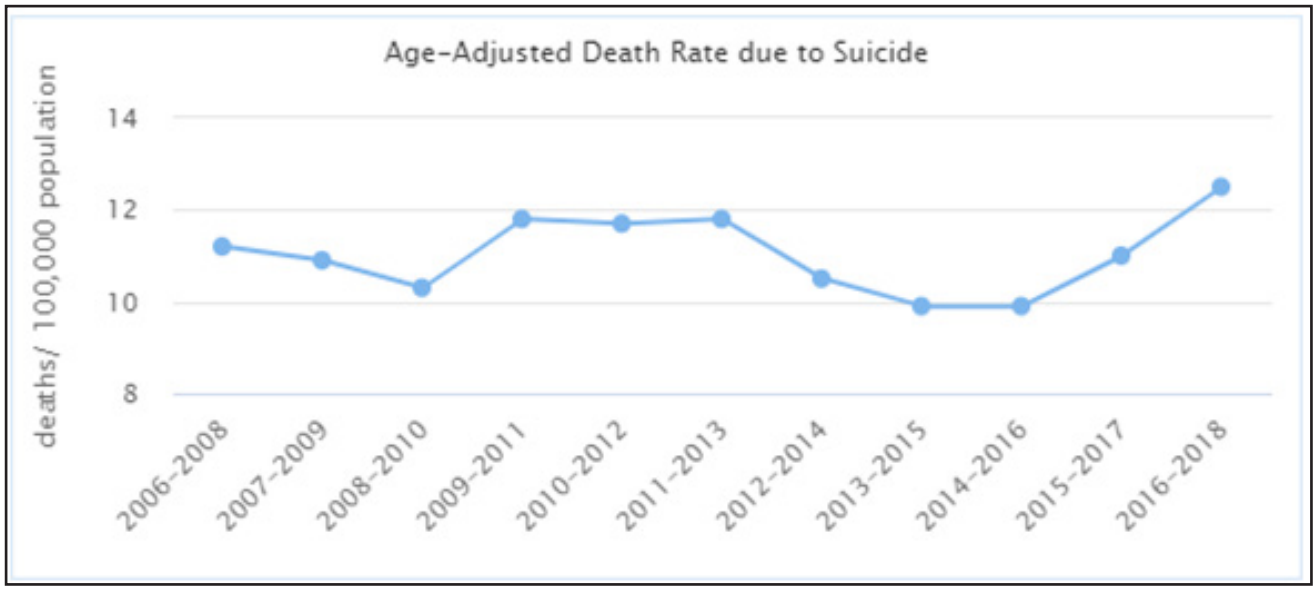
Mentally Unhealthy Days: The average number of mentally unhealthy days in the past month in St. Clair County was slightly higher than the state rate, and has increased since the 2018 CHNA was completed.

Report area	Average number of mentally unhealthy days in the past month
St. Clair County	433
Illinois	3.8

Source: Behavioral Risk Factors Surveillance System, 2018 data via the County Health Rankings. Source geography: County.

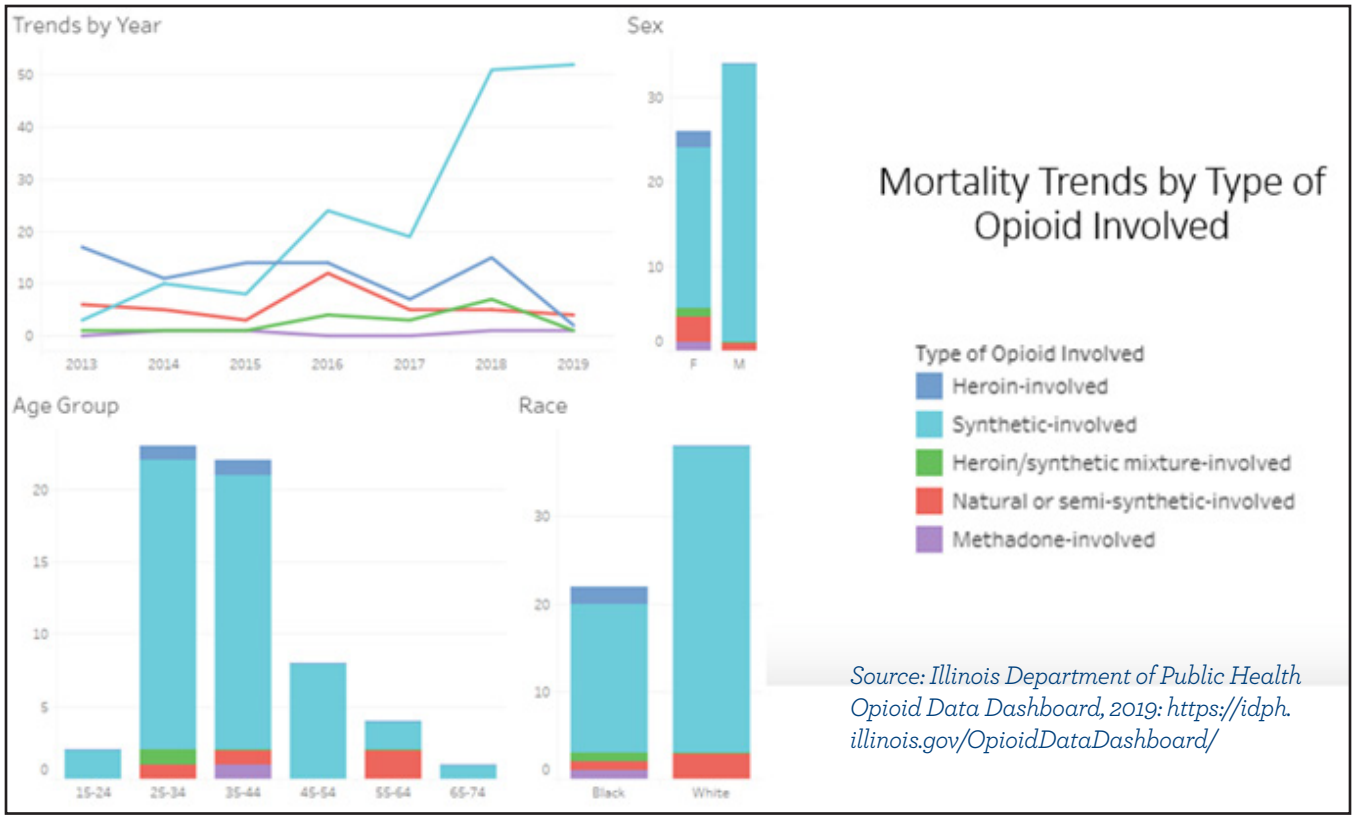
According to the CDC, St. Clair County has a higher rate of suicide than the state but lower than the U.S. rate. The male death rate due to suicide is significantly higher, and the suicide rate trend has continued to increase over the years. Additionally, depression, anxiety and suicide ideation have all increased. It is important to note that this data and upward trend was last updated prior to the onset of the COVID-19 pandemic.





Source: Centers for Disease Control and Prevention, 2016-2018.

Data available through the Illinois Department of Public Health Opioid Data Dashboard provides an overview of mortality trends by type of opioid. In 2019 and 2020, more than 50 deaths were reported due to overdose. According to the Opioid Dashboard, St. Clair County opioid deaths were largely related to synthetic-involved (fentanyl, carfentanil) and natural or semi-synthetic-involved (morphine, codeine, oxycodone, hydrocodone – i.e. pain relievers).



Source: Illinois Department of Public Health Opioid Data Dashboard, 2019: https://idph.illinois.gov/OpioidDataDashboard/

According to 2019 Illinois Health and Hospital Association (IHA) COMPdata, an additional 787 St. Clair County residents presented to the ED as a result of overdose and intoxication. These presentations did not result in death as timely care was accessed. Of these cases, 52% were adults ages 25–44. When compared to the state of Illinois, St. Clair County has a younger population impacted by drug use leading to hospitalization. The majority of cases in Illinois are ages 45 and above.

While adequate data on teen substance usage is not widely available, we know from the CDC that 31% of teens use marijuana, up from 25% in 2010. Teens self-reporting alcohol use, at 38%, is down from 45% in 2010, while teens self-reporting smoking, at 3%, is down from 15% in 2010.

Chronic Conditions – including food access and disease prevention and education

According to the County Health Rankings, St. Clair County is ranked among the least healthy counties in Illinois (lowest: 0%-25%). Unhealthy lifestyle choices and disease awareness, prevention and management lead to poor health outcomes in a community. According to IHA COMPdata, approximately 60% of St. Clair County patients who presented in the ED had one or more chronic conditions such as obesity, depression, hypertension or diabetes. There is a higher incidence of adult smoking, physical inactivity, premature mortality and mental health disorders in St. Clair County as compared to the state.

According to the Behavioral Risk Factor Surveillance System, St. Clair County adults are surpassing other counties in the state of Illinois in risk factors leading to chronic conditions, and in chronic conditions such as diabetes, high blood pressure and more, as shown in the chart below. Additionally, the leading causes of premature death in St. Clair County are heart disease and cancer , both of which may be preventable and/or manageable with healthy behaviors and early detection and intervention.

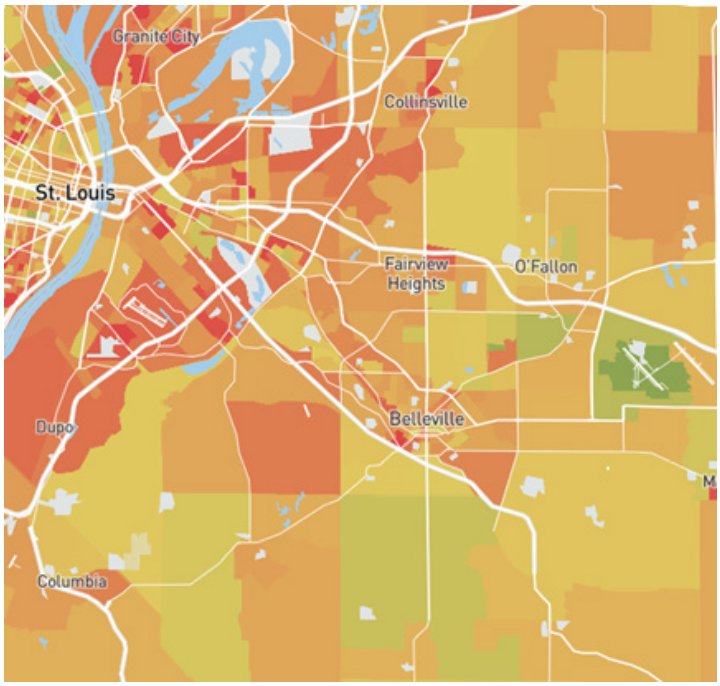
Condition	St. Clair County	Illinois
Adult Obesity	37%	30%
Physical Inactivity	31%	22%
Arthritis	31.3%	24.7%
Asthma	10.3%	8.2%
High Blood Pressure	37.1%	32.2%
Cancer	7.3%	6.4%
High Cholesterol	35.1%	31.5%
Diabetes	12%	11.3%

Source: Illinois Department of Public Health Behavioral Risk Factor Surveillance System & County Health Rankings

St. Elizabeth Hospital partners with Joslin Diabetes Center in O'Fallon to offer diabetes and endocrinology care. Combining comprehensive experience and expertise with the latest advances in research, education and treatment, Joslin is the world's leader in caring for diabetes. As part of St. Elizabeth's comprehensive diabetes care, they also offer self-care, self-management and individual education for persons living with diabetes.

Workforce Development

St. Clair County unemployment levels, at 6.3%, are beginning to decrease following the COVID-19 shutdown spike in April 2020. At that time, St. Clair County unemployment reached a high of nearly 16%. According to Best Neighborhoods, the COVID-19 job loss impact may be as high as 9% in some parts of St. Clair County.



Projected COVID Economic Impact:

It is estimated that areas in darkest red may see 20% or more of workforce newly unemployed.

Overall, St. Clair County is expected to see 9% of jobs at risk since onset of COVID-19.

Source: Best neighborhoods: https://best-neighborhood.org/coronavirus-economic-impact-st-clair-county-il/

While it is notable that the pandemic has had a large impact on employment, current data also suggests employment and job training are the top needs for self-sufficiency in low-income families and unemployed individuals. Another factor mentioned frequently in helping develop an employable population is soft skill training and development, specifically written and verbal communication skills, time management skills and interpersonal skills.

Potential Resources to Address the Significant Health Needs

As part of the focus groups and key stakeholders' meetings, community assets and resources that currently support health or could be used to improve health were identified. The following resources will be considered to develop the implementation plan to address the prioritized community health needs:

Hospitals and related medical groups

- HSHS St. Elizabeth's Hospital
- BJC Memorial Belleville
- Touchette Regional Hospital
- BJC Memorial Medical Group
- St. Clair County Health Department
- HSHS Medical Group
- BJC Memorial East
- SIHF Healthcare
- SSM Health Cardinal Glennon Children's Hospital
- East Side Health District

Other community organizations and government agencies

- Alcoholics Anonymous
- Centerstone
- New Vision
- Recovery 360
- Treatment Alternatives for Safe Communities
- Provident Life Crisis Services
- Violence Prevention Center
- Partnership for Drug-Free Communities
- America Heart Association
- University of Illinois
- St. Clair County Health Department
- Chestnut Health Systems
- Gateway Foundation Alcohol and Drug Treatment
- Narcotics Anonymous Metro East
- Intensive outpatient program centers
- Comprehensive Behavioral Health Center
- St. Clair County 708 Mental Health Board
- Scott Air Force Base
- Make Health Happen
- Local food pantries
- East Side Health District
- Others not listed will be considered as well

Next Steps

After completing the FY2021 CHNA process and identifying the top priority health needs, next steps include:

- Collaborate with community organizations and government agencies to develop or enhance existing implementation strategies.
- Develop a three-year implementation plan (FY2022-FY2024) to address priority health needs identified in the FY2021 CHNA process.
- Integrate the implementation plan into organizational strategic planning and budgeting to ensure alignment and allocation of human, material and financial resources.
- Present and receive approval of the CHNA report and implementation plan by the hospital's governing board.
- Publicize the CHNA report and implementation plan widely on the hospital website and CHNA partner websites and make accessible in public venues such as town halls, etc.

Approval

The FY2021 CHNA report was adopted by the hospital's governing board on May 27, 2021.

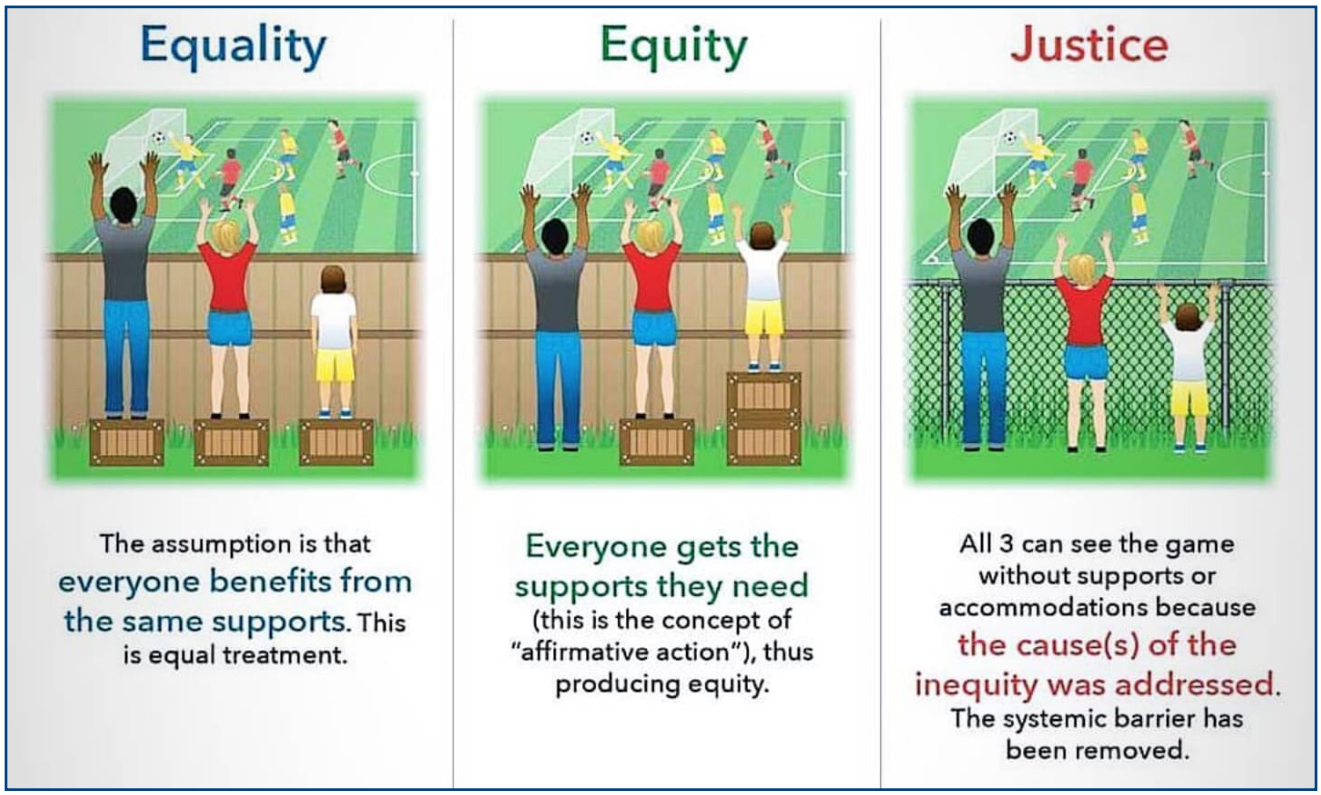
APPENDIX I

Major Contributing Factors

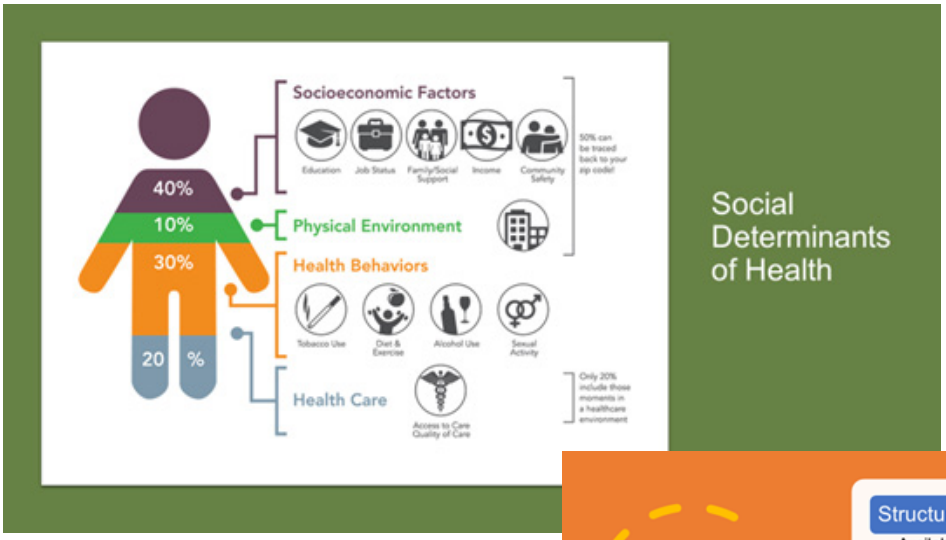
HSHS Illinois Division ministries have identified three major contributing factors for poor health outcomes: 1. Equality, Equity and Justice; 2. Social determinants of health; 3. Access to health and healthcare barriers. The Community Health Improvement Plan (CHIP) will guide strategies and shape policies in ways that promote health and health equity. The information below provides definitions of the three major contributing factors and a framework through which we will identify metrics to measure progress toward health equity.

Defining inequities across service areas is critically important to understanding the steps needed to achieve health equity. Urban and rural disparities remain despite progress in closing health and development gaps. Part of the CHNA process was to identify diverse individuals in our markets and focus efforts on gathering their feedback through surveys and/or focus groups to learn where health inequities persist.

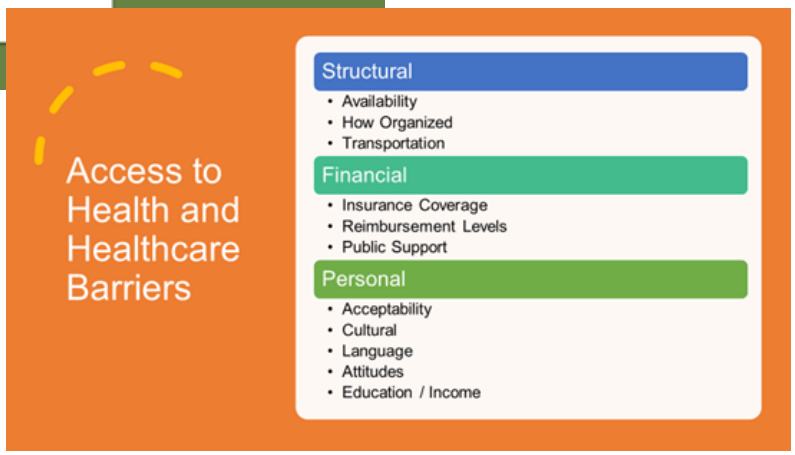
Health equity means everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires identifying and addressing obstacles to health, such as poverty, quality education, safe and affordable housing, health care access, safe environments, safe neighborhoods, access to good jobs with fair pay and other determinants as described by the social determinants of health (SDOH). By clearly defining and understanding the differences between equality, equity and justice we can begin to identify gaps and barriers to achieving health equity and social justice in the health care delivery system.



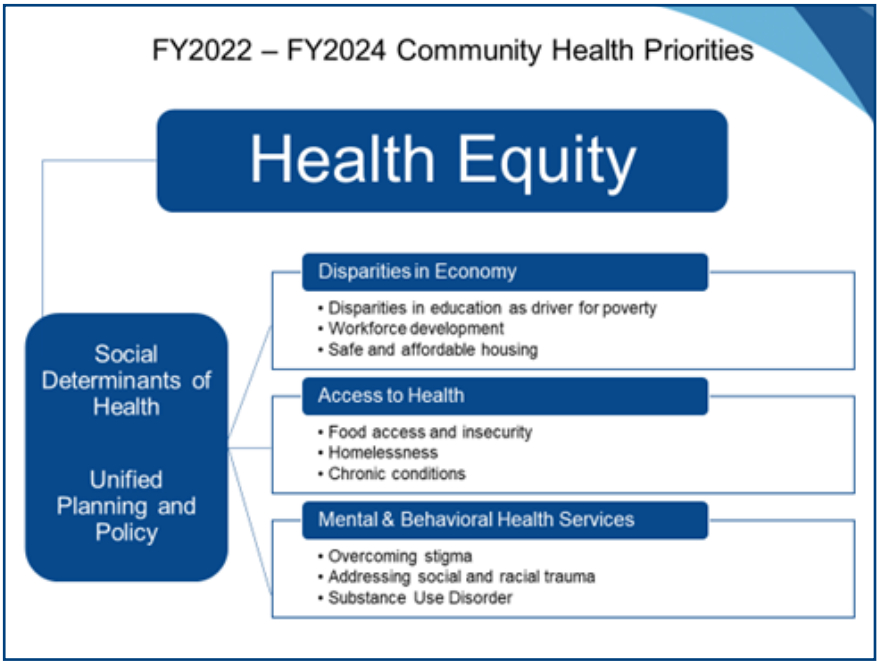
Social determinants of health are the conditions under which people are born, grow, live, work and age. Medical care drives only 10% to 20% of a person's overall health. The other 80% to 90% is determined by the complex circumstances in which people are born, grow, live, work and age. The SDOH have a much deeper connection to a person's overall health than their genetic make up and overall risk factors. The SDOH are broken up into four categories: socioeconomic factors, physical environment, health behaviors and health care.



Healthcare barriers or health disparities fall into one of three categories: structural, financial and personal. Each category points to a measured difference in health outcomes that is closely linked with social or economic disadvantages. Health disparities negatively impact groups of people who have systematically experienced greater social or economic obstacles to health.



The reality is that health starts long before illness and even long before birth. The measurement of factors such as SDOH and health disparities or health care barriers can be used to support the advancement of health equity. The diagram below shows the framework our HSHS ministries will use to progress toward more equitable communities while addressing the top needs identified through the CHNA process.



APPENDIX II

2021 St. Clair County Community Health Needs Assessment

Priorities Analyzed, Reviewed and Prioritized

Fourteen original needs were identified by the core group using existing secondary data. The needs identified were:

- Access to Health
- Behavioral Health: Substance Use
- Cost Burdened Renters
- Child Abuse and Neglect
- Disparities in Economy
- Environmental Health
- Food Insecurity
- Higher Education / Trades
- Human Trafficking
- Maternal / Infant Health
- Mental Health
- Poverty
- Unmanaged Chronic Conditions
- Workforce Development and Training

The core group presented the 14 needs to the CAC and led them through a forced ranking exercise. At that time, the needs were narrowed to the following five:

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

The core group then solicited input from community members on the seven priorities identified through the CHNA process. Following a survey analysis, each organization presented findings to their respective internal committees. St. Elizabeth's Hospital's internal committee approved the recommended priorities which were adopted by the board of directors as the FY2021 CHNA priorities:

1. Access to mental and behavioral health services
2. Chronic conditions including prevention and management; and healthy behavior education
3. Workforce development

APPENDIX III

2021 St. Clair County Community Health Need Assessment

Community Advisory Committee Letter and Meeting Dates

St. Clair County Community Health Needs Assessment
Community Advisory Council

Background
In compliance with regulations of the Affordable Care Act and the Illinois Department of Public Health, nonprofit hospital HSHS St. Elizabeth's Hospital (SEO) must complete a triennial community health needs assessment (CHNA); and St. Clair County Health Department (SCCHD) must complete the Illinois Planning for Local Assessment of Need (IPLAN) every five years. Need assessments include several requirements that the organizations must meet within specific timelines.

A third partner in this collaborative is Healthier Together, a community-based movement working with coalitions to transform St. Clair County into the top 25% of healthiest counties in Illinois by 2025. By partnering around identified priority areas, Healthier Together brings together strategic partners to focus on a healthier quality of life for St. Clair County residents.

We would like to ask if you would join us for an ad hoc Community Advisory Council (CAC) meeting being convened during the next Health Care Commission meeting on March 9th.

Community Advisory Council Charter
The Advisory Council of the St. Clair County Community Health Need Assessment will help SEO and SCCHD review existing data and offer insights into community issues affecting health outcomes. The Council will help identify local community assets and gaps in the priority areas and will offer advice on which issues are the highest priority.

Representation is being sought from health and social service organizations that serve low-income or at-risk populations as well as minority members of the community. Representation is also being sought from organizations representing diverse ages and the general population.

Timeline and Commitment
Instead of the usual 90-minute Health Care Commission meeting, we would like to ask you to attend a two-hour virtual meeting from 8:30-10:30am on Tuesday, March 9th. One-week prior to the meeting, you will receive a PowerPoint presentation. We ask all participants to familiarize themselves with the data shared and be prepared to discuss and rank top health priorities. You will also be invited to attend a 90-minute meeting in August to review survey outcomes, final priority areas and discuss next steps toward a collaborative community health improvement plan.

Community Advisory Council Meeting:
March 9, 2021, 8:30 – 10:30am

Agenda:
1. Introduction
2. Data Discussion: a thorough data dive will be sent to you one week prior to the meeting. The data will include information surrounding the priorities we are asking you to rank.
3. Break Out Groups: the breakout groups will provide an opportunity for deeper discussion around the priority areas and how they should be ranked based on the data presented.
4. Forced Ranking: you will be asked to rank the priorities.
5. Closing

Community Advisory Council Meeting Two
August 2021

Agenda:
1. Introduction
2. Focus Group Analysis
3. Final Priority Review
4. Gaps and Assets Analysis
5. Current Initiatives
6. Health Risk Analysis
7. Who else should be at the table?

First Person Data:
Following the CAC meeting, we will also conduct Focus Groups (FG) and surveys with St. Clair County organizations and community members.

Final Priority Areas:
Information learned throughout this process will help inform the final selection of three – four health issue areas for SEO and SCCHD, respectively. Once the final CHNA priorities have been identified, we will call upon you once again as we develop workgroups to address the identified needs.

We value your knowledge of our community, the work you do with your constituents, and the experience and wisdom you bring to the discussion. Thank you in advance for considering participating in the Advisory Council. Please let us know by March 1st via email at info@healthiertogether.net, if you or someone else from your organization will serve in this role.

Please do not hesitate to reach out to us with any questions or further discussion.

Sincerely,

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APPENDIX IV

2021 St. Clair County Community Health Needs Assessment Community Survey

Health Needs Assessment

The St. Clair County Health Needs Assessment is a collaboration between HSHS St. Elizabeth's Hospital the St. Clair County Health Department, and Healthier Together Partnership. The following questions will help us best identify the County's priority health needs.

1. What is one thing you would do to improve the health of local residents?

2. Do any of the following prevent you from living a healthy lifestyle (check all that apply):

- [ ] Unsafe neighborhoods
- [ ] Limited access to fruits and vegetables
- [ ] Limited transportation
- [ ] Lack of knowledge or understanding about healthcare
- [ ] Lack of knowledge or understanding your insurance
- [ ] Limited access to exercise opportunities
- [ ] Limited access to health care services
- [ ] Limited access to social services
- [ ] Limited access to mental and/or behavioral health services
- [ ] Unhealthy personal habits
- [ ] Unemployment
- [ ] Other (please specify)

3. The following health issues have been identified as possible priorities for St. Clair County. Please rank the priorities in order of importance: 1 (ONE) being the most important, and 5 (FIVE) being the least important.

Here are definitions for each category:
-Mental Health focuses on a person's psychological state.

-Behavioral Health focuses on substance use disorders and addictions such as: alcohol, prescription drugs, legal substances such as marijuana, and illegal drugs.

-Healthy Behaviors: includes actions taken that affect an individual's health; i.e.: exercise, handwashing, eating healthy, smoking, wearing a seatbelt, etc.

-Maternal & Child Health: includes health issues impacting women of child-bearing ages, in gestation, and postpartum; and children prenatal to postnatal.

-Environment: includes persons living in poverty and persons with limited access to nutrient dense foods.

-Educational Attainment: includes an individual's access to quality education, K-12 attainment including graduation, and ongoing education including: college, grad school, post doctorate, and vocational studies.

	Highest Importance = 1	2	3	4	Least Importance = 5
Mental & Behavioral Health	○	○	○	○	○
Healthy Behaviors (including Communicable Diseases and Chronic Conditions)	○	○	○	○	○
Maternal & Child Health	○	○	○	○	○
Environment (including Poverty and Food Insecurity)	○	○	○	○	○
Educational Attainment (including Workforce Development)	○	○	○	○	○

4. Considering your number ONE priority from the list above:

How are you personally affected by this health issue?

What can healthcare do to improve this health issue?

5. Considering your number TWO priority from the list above:

How are you personally affected by this health issue?

What can healthcare do to improve this health issue?

6. Considering your number THREE priority from the list above:

How are you personally affected by this health issue?

What can healthcare do to improve this health issue?

7. Where would be the best place for you to receive ongoing health and wellness information and communications?

	Least Desired Place = 1	2	3	4	Most Desired Place = 5
Computer Learning					
Employer					
Churches and other Faith-Based Organizations					
Local Radio Stations					
Newspaper					
Community Based Organizations					
Social Media (Facebook, etc.)					
Civic Organizations					

Other (please specify)

8. Is there anything else you would like to share with us about the community health needs?

NOTE: If you are completing this survey as a representative for your organization, please include the name of the organization and a brief description about the individuals you serve.

General Demographic Information

This information will not be used to identify you as a participant. The information is important to ensure we have data that represents all members of the community.

9. What is your household zip code?

10. Please identify your gender:

- Male
- Female
- Prefer not to say
- Other (please specify)

11. Age (select one)

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

12. What is your race:

- White or Caucasian
- Black or African American
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Other (please specify)

13. Are you Hispanic / Latino(a)

- Yes
- No

14. What is the highest level of education you have completed?

15. What is your disability status?

- Do not have a disability
- Have a disability

16. What is your approximate household annual earned income before taxes?

- Under $20,000
- Between $20,000 and $40,000
- Between $40,001 and $60,000
- Between $60,001and $80,000
- Between $80,001and $100,000
- Over $100,001
- Retired
- Prefer not to say

17. What type of health care coverage do you have?

- Commercial Health Insurance
- Insurance from the Marketplace
- Medicare
- Medicaid
- Faith Based Cost Sharing Plans
- No Health Care Coverage

18. Do you have access to the internet at your home?

- Yes
- No

19. How many children under the age of 18 are currently living in your household?

- None
- 1
- 2
- 3
- 4
- More than 4

APPENDIX V

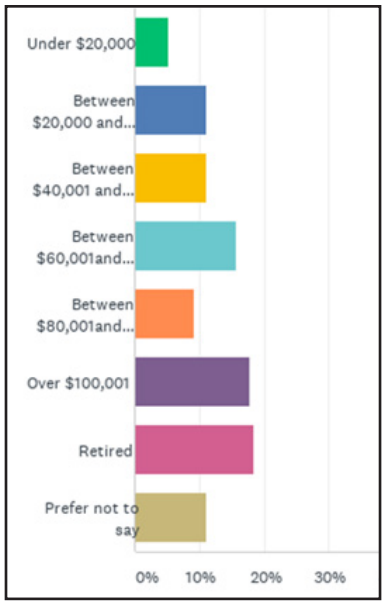
2021 St. Clair County Community Health Needs Assessment Community Survey Results

The community survey returned 157 completed surveys. Results represented a variety of income levels and good gender distribution; however, we received inadequate representation by education, race and age. During the community health improvement plan (CHIP) process, we will solicit additional feedback from groups not represented through focus groups. More information on the CHIP process, focus group identification and analysis will be included in the final plan.

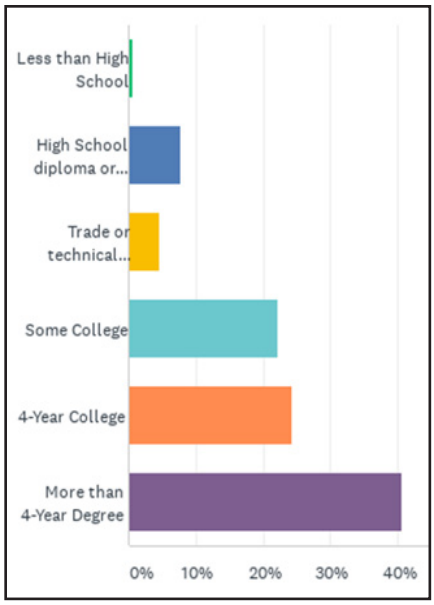
Below is demographic data representing the survey respondents:

Gender: Female	59.87%
Gender: Male	36.18%
Gender: Prefer not to say	3.29%
White	90%
Black	9%
Living with a disability	2.44%

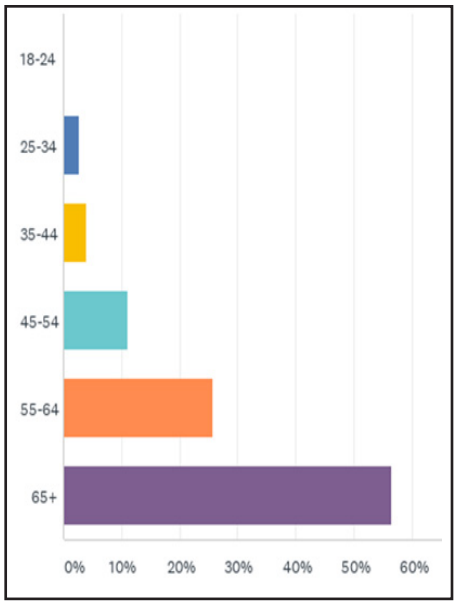
Income



Education



Age Range



Participants were asked to rank the five priority areas in order of importance with 1 (ONE) being the most important, and 3 (THREE) being the least important.

For the purposes of the survey and the CHIP, the following definitions were used for each category:

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

5. 4.26 – Mental and behavioral health
4. 4.02 – Healthy behaviors including communicable diseases and chronic conditions
3. 4.01 – Educational attainment including workforce development
2. 3.98 – Environment including poverty and food insecurity
1. 3.81 – Maternal and child health

APPENDIX VI

Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2018 – FY2021 CHNA

In FY2018, HSHS St. Elizabeth's Hospital conducted a CHNA. The hospital partnered with other agencies and hospitals and reviewed primary and secondary data. Then the internal work group gathered and based on the data and the prioritization process, the following priority community health needs were selected:

1. Mental Health and Substance Abuse
2. Nutrition
3. Infant Mortality

HSHS St. Elizabeth's is a partner in the Healthier Together movement. As a long-standing member of the St Clair County Health Commission, the hospital is aware of the poor county health rankings and the associated difficulty to gain support and traction regarding both the severity of the situation and the capacity to develop sustainable solutions for incremental improvement.

In 2017, key community leaders inspired by the collective impact principles resolved to adopt an "All In" approach to address the county health issues and work with members of the Commission, such as St. Elizabeth's Hospital, to prepare the Community Health Improvement Plan (CHIP) for St Clair County. This approach led to the formation of a grassroots movement known as Healthier Together.

The Healthier Together movement is 100% volunteer driven and governed by an independent Council of Partners whose members include leaders in healthcare, business, faith, education and local government and social agencies. The movement seeks to support the efforts of six work groups comprised of over 85 volunteers representing 45 service organization, dedicated to working together to improve the health and quality of life in the following areas:

- Chronic disease
- Community safety
- Education
- Maternal and infant death
- Mental health
- Substance abuse

St. Elizabeth's priority health needs align with the Healthier Together movement and the hospital is actively engaged in several workgroups as we align our implementation plan with the county and work collectively with other organizations to meet our goals and the county goals.

In the FY2018 – FY2021 CHNA cycle, St. Elizabeth's Hospital joined other hospitals in St. Clair County to fund the Healthier Together initiative. During this period, St. Elizabeth's donated $125,000 to this grassroots initiative. The Hospital also helped facilitate a site visit to explore launching a best practice Community Health Worker (CHW) model in Washington Park, St. Clair County. The organizations involved in the CHW model have been engaged in assisting in the development of a similar model in our County. Steps have been put in place over the last three-years, and CHW work will begin in FY2022.

MENTAL HEALTH AND SUBSTANCE ABUSE

Mental health and Substance abuse is not only a county health issue but a national epidemic. The following data supports the impact of mental health and substance abuse on St. Clair County. The internal work group who selected our top priorities believed that poverty plays a factor in substance abuse.

Of the four counties comprising the St. Elizabeth service area, only St. Clair County, at 18.23%, has a poverty rate higher than the state rate. This indicator is revealed because poverty creates barriers to access including health services, nutritional food, and other necessities that contribute to poor health status.

In addition, suicide rates in St. Clair Counties were all higher than the state rate and the percent of Medicare Beneficiaries diagnosed with depression in the St. Elizabeth service area was higher than the state rate.

When considering substance abuse, compared to the statewide density, there is a higher ratio of bars and drinking establishments per 100,000 people in the St. Elizabeth service area than the state as a whole - 11% higher. However, the data suggests that there are fewer beer, wine, or liquor stores in St. Elizabeth's service area. When assessing the data as it relates to students, cigarettes, alcohol, and marijuana usage are higher in the 12th grade when compared to the state.

Strategy 1:
Community collaborations to better understand and address mental and behavioral health issues.

HSHS St. Elizabeth's is actively involved in the both the mental health and the substance abuse work groups in Healthier Together. A colleague attends the meeting for Drug Free Alliance and the Suicide Preventions Partnership.

HSHS St. Elizabeth's is viewed as a safe haven for support groups. Naranon meets weekly in our facility with new members joining every few weeks. This group grew over the past year with new members joining monthly. Alanon began a support group at the hospital in FY2020.

Strategy 2:
Emergency department screening and intervention for substance use disorder patients.

Through a grant, HSHS St. Elizabeth's partnered with Gateway Foundation to assist patients with drug and alcohol addiction. The goal of this partnership is to assist individuals who are substance abusers with the opportunity for rehabilitation. Patients who present to the Emergency Department with a drug or alcohol diagnosis are offered the opportunity to meet with a counselor and arrange for rehabilitation services. Recognizing that patients are frequent utilizers of health care resources, the counselor will work to develop a relationship with the patient and follow-up with them. This partnership was initiated at the end of FY2019. In FY2020, this partnership was expanded to our MedSurge floors as well as our ambulatory facilities in the community.

The following colleagues work together to identify, screen, assess and transition patients from the emergency department directly to a treatment bed:

- Engagement Specialist: A certified addictions counselor, who promotes substance use disorder treatment services and programs to engage potential clients, completes intake screenings and assessments, evaluates patients' needs, determines appropriate program placement, and completes related forms and records. Maintains collaborative working relationships and regular communication with referral sources to plan and coordinate services and resolve potential barriers to effective treatment.
- Recovery Coach: A staff person with lived experience who provides support and outreach to individuals in recovery or seeking recovery. Serves as a role model by exhibiting long-term stable personal recovery and use of appropriate coping skills. Maintains relationships with and knowledge of resources for clients. Consults with other treatment team members. Provides resources to assist with recovery and transition.
- Clinical Supervisor: A clinical leader who is responsible for providing direct supervision to team members delivering services. Oversees client services and ensures compliance with established program standards and service delivery objectives. Responsible for orienting and training staff. Serves as resource to assigned staff in identifying and resolving complex case problems. Interprets and enforces area policies and procedures and initiates corrective actions. Assumes client caseload in response to workload or staffing shortages. Interfaces with key staff at assigned community resources to foster exceptional relationships.

NUTRITION

Nutrition impacts multiple areas of health including diabetes, obesity, food insecurity, food accessibility, and impact of diet on other chronic diseases such as heart and cardiovascular disease.

Food insecurity is an indicator that reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the year but are ineligible for State or Federal nutrition assistance. The rate of food insecurity in children in HSHS St. Elizabeth's service area was higher than the local counties. Other factors that indicate nutrition is a health priority, include a 3% higher population that receive supplement nutritional assistance program (SNAP), a higher obesity rate than the state average, a decrease in consumption of fresh fruits and vegetables, and 31% of the residents live in a census tract identified as food deserts. Secondary effects of poor nutrition are also evident. Residents of St. Clair County have statistically higher cholesterol, blood pressure, and diabetes.

Strategy 1:
Community collaboration to address the impact of poor nutrition on health.

To address this issue, the Chronic Disease Work Group and the Education Work Group (two of the six work groups that are part of the collective impact, Healthier Together) collaborated to provide nutrition and healthy lifestyles curricula to the summer camp program serving 365 K-6th grade students. Another outcome of the Healthier Together collaboration was the healthy corner store initiative. This initiative works with stores to improve access to healthy and affordable foods in city neighborhoods while providing nutrition education in the community.

Other initiatives stemming from the collective impact model include:

- Food on the Move: A mobile unit in high risk neighborhoods allows residents to walk through a customized trailer and pick out the food they want. The trailer also includes refrigeration units to preserve the food during these events. Units two high risk neighborhood twice per month.
- Touchette Regional Hospital Bicycle Food Mission: funding was provided to TRH which serves several neighborhoods in St. Clair County ranking highest on the socioneeds index. This initiative serves six housing projects and five mobile home communities. Weekly, a team of cyclists delivers food to men, women and children; as well as a large senior population.
- The hospital joined other partners of Healthier Together in summer 2019 to give $5.00 vouchers to SNAP/LINK recipients as part of the farmer markets Fresh Produce Voucher Program. St. Elizabeth's contribution to this was 500 vouchers each season.

INFANT MORTALITY

Strategy 1:
Collective impact model to address infant death due to unsafe sleep related suffocation.

St. Elizabeth's Hospital helped spearhead and now collaborates with the Maternal and Child Health Workgroup. St. Elizabeth's along with the Illinois Department of Children and Family Services and Southern Illinois Healthcare Foundation joined forces to help prevent sleep related infant deaths within southern Illinois, where 35 infant deaths occurred due to unsafe sleep related suffocation between 2013 – 2017.

Strategy 2:
Community education and resources to raise awareness and prevent suffocation due to unsafe sleep.

St. Elizabeth's joined Healthier Together, Memorial Hospital East to provide safe sleep items to each mother and their newborn. During Infant Mortality Awareness and SIDS Awareness months (September and October) a

book entitled Sleep Baby Safe & Snug was provided to each mother. Books were available in both English and Spanish.

Strategy 3:
Hospital and colleague awareness and education on becoming a safe sleep center.

In 2019, St. Elizabeth's Hospital's Women and Infants Center received national safe sleep hospital certification. The hospital was the first and only hospital in the Metro East to receive this recognition. St. Elizabeth's Hospital was also recognized for following the safe sleep guidelines recommended by the American Academy of Pediatrics and provided training programs for parents, staff and the community.


HSHS
St. Elizabeth's
Hospital