Macon County— Illinois

2021

Community Health Needs Assessment

Decatur **Memorial Hospital**

Contents

EXECUTIVE SUMMARY

In 2021, Decatur Memorial Hospital (DMH) completed a Community Health Needs Assessment (CHNA) for Macon County, Illinois, as required of nonprofit hospitals by the Affordable Care Act of 2010.

As an affiliate of Memorial Health (MH), DMH worked with four other affiliate hospitals on the overall timeline and process for the CHNA, but completed its Macon County assessment independently from those hospitals in collaboration with local community partners. In order to narrow down the multiple needs and issues facing the community to a set of final priorities the hospital would address, the same defining criteria were used throughout the CHNA process. These defining criteria are:

1. Institute of Medicine's Triple Aim Impact

2. Magnitude of the Issue

3. Seriousness of the Issue

4. Feasibility to Address the Issue

Decatur Memorial Hospital collaborated with HSHS St. Mary's Hospital Decatur (SMD) and the Macon County Health Department (MCHD) to complete the 2021 CHNA. Community health needs were prioritized based on reviews of secondary community data, as well as primary data gathered from a Community Advisory Committee (CAC) and community focus groups that sought input from the community and those who are minoritized and underserved. Access to health, the social determinants of health and racial inequities and inequalities were considered in all parts of the process. DMH then convened an Internal Advisory Committee (IAC), which approved the final priorities selected by DMH, as listed below.

1.   Mental/Behavioral Health

2.   Economic Disparities

3.   Access to Health

MH Community Health leaders additionally agreed on a health system priority of Mental Health to be addressed in our Community Health Implementation Plans (CHIPs).

The Memorial Health Board of Directors Community Benefit Committee approved the 2021 Community Health Needs Assessment report and final priorities on July 23, 2021. Approval was also received from the Decatur Memorial Hospital board of directors. This report is available online at **memorial.health/about-us/community/community-health-needs-assessment/** or by contacting MH community health at **CommunityHealth@mhsil.com**.

An implementation plan is being developed to address the identified needs, which DMH will implement during FY22–FY24. The plan will be posted at the same website upon its completion, anticipated prior to January 2022.

2021

INTRODUCTION

MEMORIAL HEALTH

Memorial Health of Springfield, one of the leading healthcare organizations in Illinois, is a community-based, not-for-profit corporation dedicated to our mission to improve lives and strengthen communities through better health. Our highly skilled team has a passion for excellence and is dedicated to providing a great patient experience for every patient every time.

Memorial Health includes five hospitals: Springfield Memorial Hospital in Sangamon County; Decatur Memorial Hospital in Macon County; Lincoln Memorial Hospital in Logan County; Taylorville Memorial Hospital in Christian County; and Jacksonville Memorial Hospital in Morgan County. Memorial Health also includes primary care, home care and behavioral health services. Our more than 9,000 colleagues, partnering physicians and hundreds of volunteers are dedicated to improving the health of the communities we have served since the late nineteenth century.

The Memorial Health Board of Directors' Community Benefit Committee is made up of board members, community health leaders, community representatives and senior leadership who approve and oversee all aspects of the MH community benefit programs, CHNAs and CHIPs. Strategy 3 of the FY22–25 MH Strategic Plan is to "build diverse community partnerships for better health" by building trusting relationships with those who have been marginalized, partnering to improve targeted community health inequities and outcomes and partnering to support economic development and growth of our communities. These objectives and strategy are most closely aligned with the MH goal of being a Great Partner, where we grow and sustain partnerships that improve health.

CHNAs are available for each of the counties where our hospitals are located—Christian, Logan, Macon, Morgan and Sangamon counties. These assessments and the accompanying CHIPs can be found at memorial.health/about-us/community/community-health-needs-assessment/s. Final priorities for MH are listed in the graphic below.

Our Mission

Why we exist:

To improve lives and build stronger communities through better health

Our Vision

What we aspire to be:

To be the health partner of choice

FY22–24 Final Priorities

Decatur Memorial Hospital

1. Mental/Behavioral Health
2. Economic Disparities
3. Access to Health

Springfield Memorial Hospital

1. Mental/Behavioral Health
2. Economic Disparities
3. Access to Health

Lincoln Memorial Hospital

1. Youth Mental Health
2. Obesity
3. Substance Use

Jacksonville Memorial Hospital

1. Mental Health
2. Obesity
3. Cancers

Taylorville Memorial Hospital

1. Mental Health
2. Obesity
3. Lung Health

Memorial Health Priority
Mental Health

Introduction to Decatur Memorial Hospital

DMH is a 300-bed, not-for-profit hospital that has served the people and communities of Macon County since its founding in 1916. DMH offers a wide range of general and specialized diagnostic, surgical and treatment services, including a Level 2 trauma center and designation by The Joint Commission/American Heart Association as a primary stroke center. DMH is also a leading provider of cancer care, obstetrics and gynecology, radiology, surgical services, wound care, occupational health and rehabilitation, among others.

In 2019, DMH became the newest hospital affiliate of Springfield-based Memorial Health, joining its strengths to that of a regional health system. DMH is a member of the American Hospital Association, the Illinois Hospital Association and Vizient.

Decatur Memorial Hospital is committed to providing financial support for its patients and community partners. Since joining Memorial Health, DMH has provided nearly $20 million toward these efforts.

COVID-19 AND COMMUNITY HEALTH

On the afternoon of Saturday, March 14, MH leaders gathered with their peers from other local healthcare organizations at a news conference announcing that Springfield Memorial Hospital was treating the first known patient hospitalized with COVID-19 in central Illinois. MH mobilized its Hospital Incident Command System (HICS). Incident Command protocols are intended to provide short-term leadership during a crisis, such as a severe weather event or an accident that brings a rush of injured patients to the hospital. Usually, Incident Command teams are only mobilized for a few hours or days. But the team handling the COVID-19 response quickly became the longest-running Incident Command in Memorial history.

Respiratory clinics sprang up overnight to test and treat patients. Colleagues sidelined by the cancellation of elective procedures were redeployed to new roles. Providers began using telehealth to connect with patients. In April and May, as COVID-19 restrictions began to lift statewide, many restaurants, businesses and churches reopened for the first time since the pandemic began. Community Health colleagues from Memorial Health distributed signs and educational materials organizations could use to encourage mask-wearing, handwashing, social distancing and other infection prevention practices. In partnership with the Office of Equity, Diversity and Inclusion at SIU School of Medicine, MH also distributed more than 2,500 signs to organizations that primarily serve people of color and other marginalized communities. Over 80,000 masks were provided throughout our region to more than 70 partnering organizations.

Our health system and the entire region came together to care for the sick and slow the spread of the virus during an unprecedented and unforgettable year. The impact of the COVID-19 pandemic is hard to overstate in regards to community health, racial disparities and the social determinants of health. As such, and in the wake of the murder of George Floyd, MH committed its support and resources to Equity, Diversity and Inclusion (EDI) and issued a pledge outlining ways it intended to advance EDI throughout our institution and communities. The pandemic influenced how we conducted our health needs assessments and, more importantly, strengthened our resolve to improve lives and build stronger communities through better health.

Equity, Diversity and Inclusion *Pledge*

- We will use our resources to work toward greater equity within our organization and community.

- We will promote a culture of respect, acceptance and understanding.

- We will examine and challenge the conscious and unconscious biases that create barriers to healthcare— not only outward displays of prejudice, but also the unacknowledged biases that can subconsciously affect our perceptions of people different from ourselves.

- We will create spaces where colleagues feel safe discussing concerns about equity, diversity and inclusion.

- We will listen to and elevate the voices of individuals from underrepresented communities in discussion and decision-making.

- We will expand our Community Benefit programs that increase access to care for people and communities of color, in collaboration with other organizations that share our mission and values.

- We will actively recruit, hire and promote diverse candidates so that our colleagues more accurately reflect the communities we serve.

- We will not tolerate and strongly reject expressions of discrimination or hate speech from anyone who enters our facilities, including patients, visitors and colleagues.

Our Values

Safety
- We put safety first.
- We speak up and take action to create an environment of zero harm.
- We build an inclusive culture where everyone can fully engage.

Integrity
- We are accountable for our attitude, actions and health.
- We honor diverse abilities, beliefs and identities.
- We respect others by being honest and showing compassion.

Quality
- We listen to learn and partner for success.
- We seek continuous improvement while advancing our knowledge.
- We deliver evidence-based care to achieve excellent outcomes.

Stewardship
- We use resources wisely.
- We are responsible for delivering equitable care.
- We work together to coordinate care.

Community Health Factors

Community health is produced at the intersection of a multitude of contributing societal factors, both historical and current. At times, these factors are the direct result of policies and practices, both current and historical, put in place by the healthcare industry; just as frequently, these factors are the result of larger societal structures of which healthcare is only a part. Three major contributing factors were identified as affecting many of the health indicators across our region and the communities we serve—access to health and healthcare, the social determinants of health and racial inequity and inequality.

ACCESS TO HEALTH AND HEALTHCARE

Access to health and healthcare is a multilayered contributing factor including structural, financial and personal components. The presence of facilities, availability of providers, hours of operation and access via public transportation all have a significant impact on access to health and healthcare as determined by the organization's structural decisions.

In addition to structure, access to health can be hindered by financial considerations when community members are uninsured, underinsured and/or unable to pay copays and deductibles. While financial considerations are beyond the dedicated control of healthcare providers, institutions can be creative and strategic in utilizing organizational resources to support publicly funded organizations that are working locally to bridge financial barriers.

Personal considerations may include questions of acceptability and general attitude toward seeking certain services, lack of trust with the healthcare industry, concerns over cultural norms being respected, language barriers and the like. While it is a challenge to change attitudes, access can be improved in many ways, such as ensuring that individuals do not face barriers due to language by providing clear guidance on how to access interpreters or ensuring there are supportive services available to meet a person's spiritual or cultural needs. It can also train colleagues to have high-impact encounters with patients in which individuals feel valued and respected.
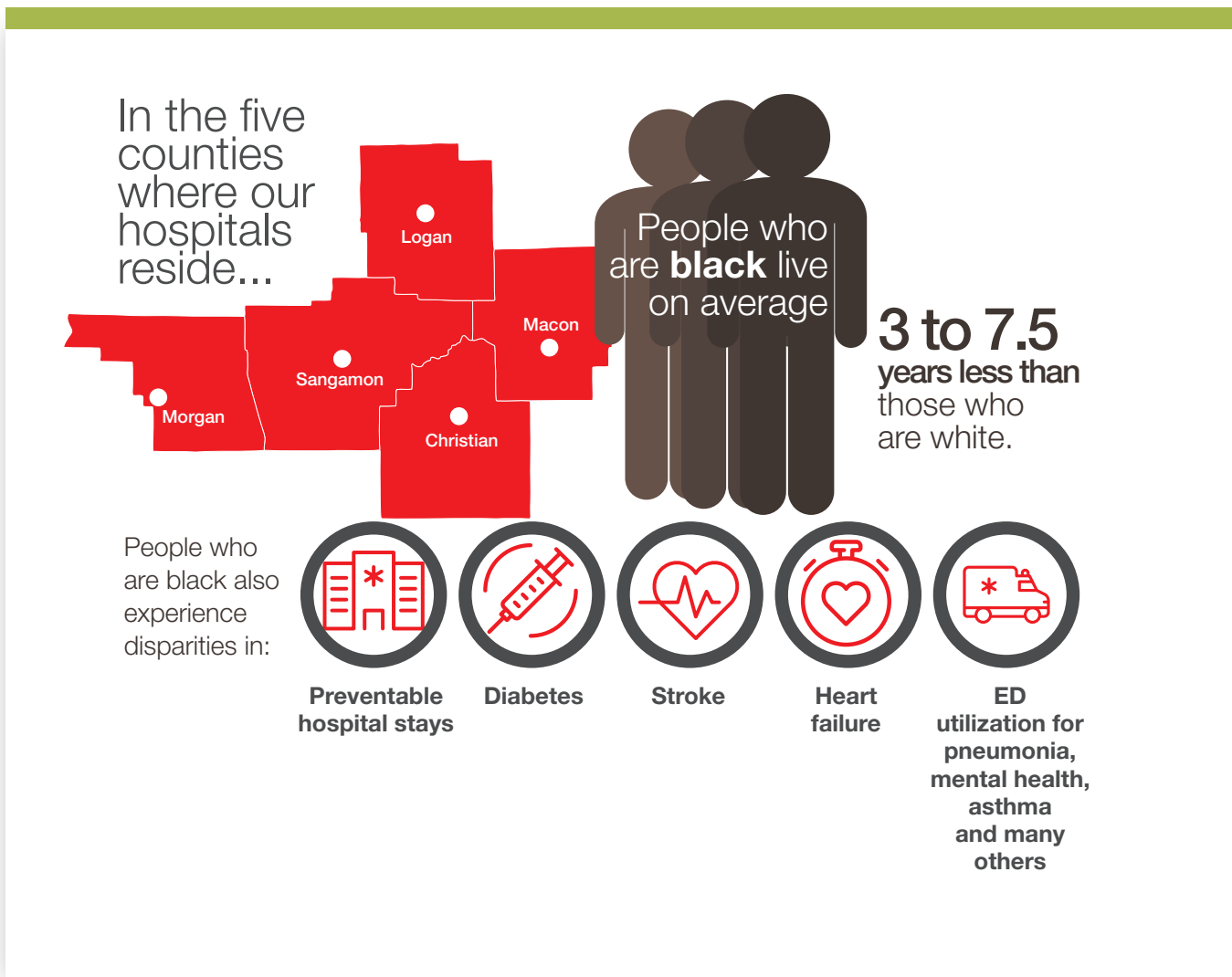
SOCIAL DETERMINANTS OF HEALTH

In addition to access to health and healthcare, another major contributing factor is the social determinants of health. If put into percentages, access to health as described above accounts for 20% of positive health outcomes. The other 80% are determined by socioeconomic factors (40%), physical environment (10%) and health behaviors (30%). Socioeconomic factors and physical environment, which represent 50% of positive health outcomes, can be largely attributed to the zip codes where community members reside. Socioeconomic factors include education, job status, family and social support, income and community safety. Health behaviors can include tobacco and alcohol use, diet and exercise, sexual activity and more. It is important to note that negative individual health behaviors can stem from unmitigated trauma brought on by structural factors like socioeconomic and physical environments. As such, it is critical for healthcare providers to be out in communities partnering with local residents, community leaders, schools and community groups to educate on healthy behaviors, advocate for structural change and to learn how to better serve patient populations.
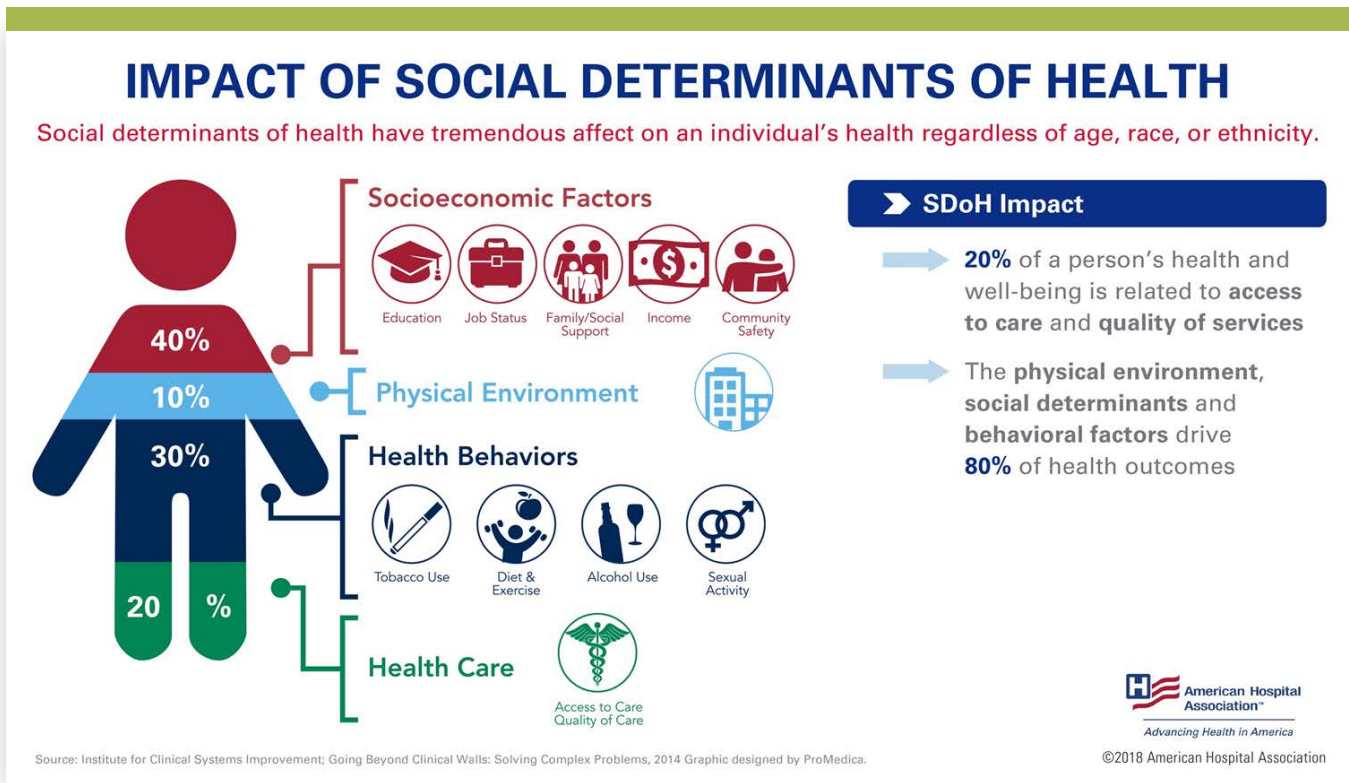
RACIAL INEQUITY AND INEQUALITY

Racial inequities and inequalities negatively impact the health of minoritized community members. Equality – providing everyone the same thing—is often confused with equity, which refers to providing people what they need when they need it in order to achieve an outcome. As previously noted, the location of one's community has a profound impact on health outcomes. Through laws, policies and practices, both current and historical, black and brown communities are more likely to have underfunded public schools, fewer opportunities for stable employment, inadequate family incomes and diminished community safety. Within the U.S. context, racial segregation is high and communities of color are congregated in zip codes with lower life expectancy, income and resources. This segregation is evident locally as well, as each county where Memorial Health hospitals are located sees disparities in health outcomes and income across racial lines. These structures and the consequences thereof create a fundamental inequality that delivers inequitable supports.

In the five counties where our hospitals reside...

Logan

Macon

Sangamon

Morgan

Christian

People who are **black** live on average **3 to 7.5** **years less than** those who are white.

People who are black also experience disparities in:

Preventable hospital stays

Diabetes

Stroke

Heart failure

ED utilization for pneumonia, mental health, asthma and many others

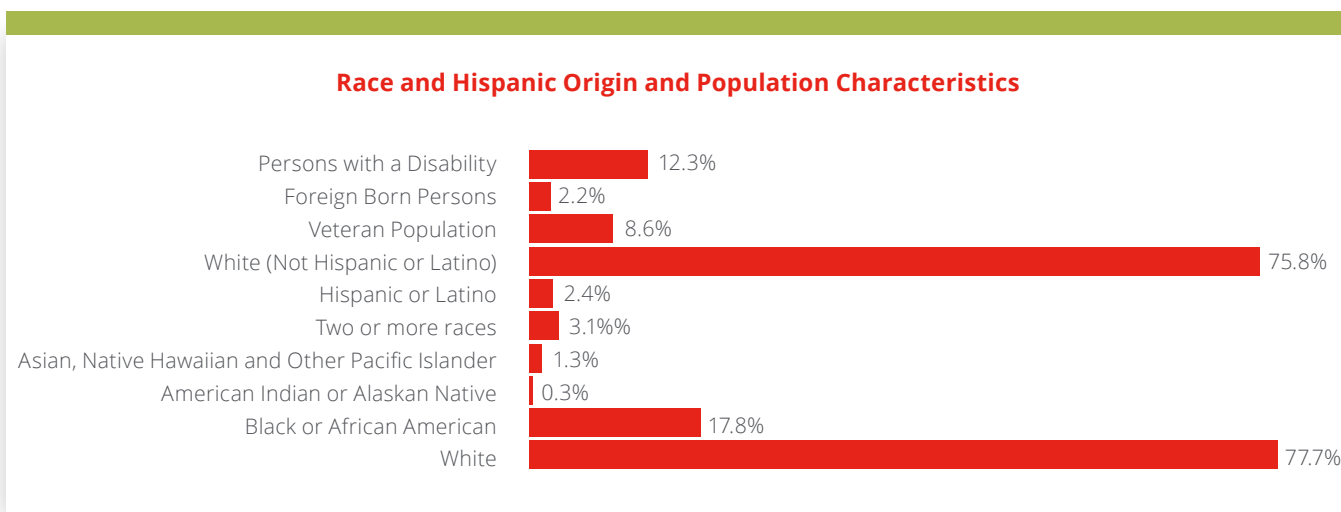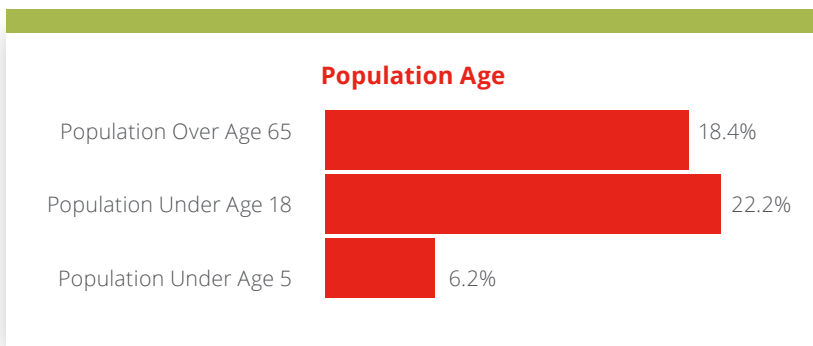## SECTION I—COMMUNITY SERVED & DEMOGRAPHICS

GENERAL INFORMATION

DMH is located in Decatur, Illinois, near the center of the state. Decatur is the county seat. Macon County is home to a diverse set of major industries and a broad-based network of ancillary and supporting businesses. Agriculture companies such as Archer-Daniels-Midland Co., Caterpillar and Tate & Lyle, as well as healthcare and local government, are the major employers in the county. The majority of patients served by DMH come from Decatur and surrounding areas and this is where the hospital focuses most of its community engagement and community health initiatives, due to its population density and resources for collaborative partnerships.

The following statistics, from the U.S. Census Bureau's Quick Facts, came from Healthy Communities Institute. Source: U.S. Census Bureau Quick Facts, last updated in December 2020.

POPULATION

The population of Macon County is 104,009 and the largest urban setting in Macon County is Decatur, with a population of 71,290.

Population Age

Population Over Age 65	18.4%
Population Under Age 18	22.2%
Population Under Age 5	6.2%

Race and Hispanic Origin and Population Characteristics

Persons with a Disability	12.3%
Foreign Born Persons	2.2%
Veteran Population	8.6%
White (Not Hispanic or Latino)	75.8%
Hispanic or Latino	2.4%
Two or more races	3.1%%
Asian, Native Hawaiian and Other Pacific Islander	1.3%
American Indian or Alaskan Native	0.3%
Black or African American	17.8%
White	77.7%

EDUCATION AND HEALTHCARE RESOURCES

DMH serves as a teaching hospital for surrounding schools that train healthcare workers, such as nurses, dietitians, physical therapists and more. Decatur is also home to two higher education institutions: Millikin University and Richland Community College.

Thousands of patients come to Decatur annually for quality specialty care and surgery that is not available in their own communities. In addition to DMH, other Macon County healthcare resources include:
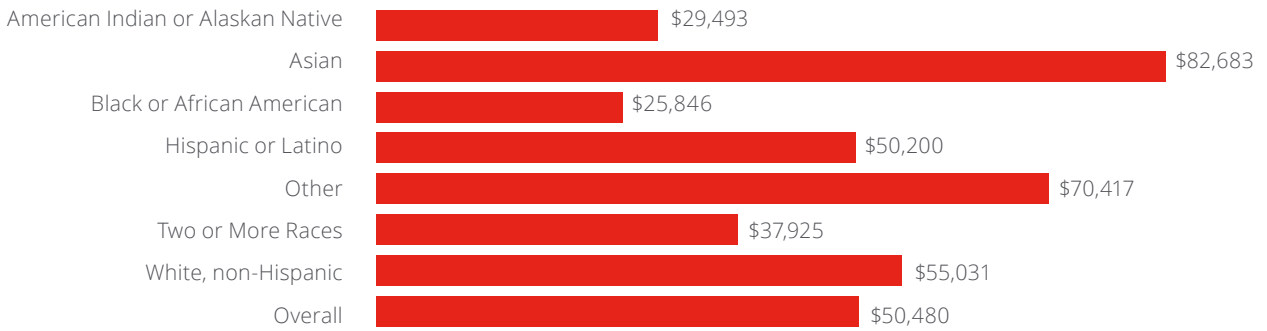
- Crossing Healthcare, FQHC—Federally Qualified Health Center
- Decatur Manor Healthcare
- Decatur VA Clinic
- Heritage Behavioral Health Center
- HSHS St. Mary's Hospital
- Macon County Health Department
- Macon County Mental Health Board
- SIU Decatur Family Medicine

ECONOMICS

ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by households that earn above the federal poverty line (FPL), but not enough to afford a "bare bones" household budget. In Illinois, 12% of households live below the FPL, and an additional 23% qualify as ALICE. Macon County has 34% of households living below the FPL or qualifying as ALICE.

Median Household Income by Race/Ethnicity
County: Macon

Race/Ethnicity	Income
American Indian or Alaskan Native	$29,493
Asian	$82,683
Black or African American	$25,846
Hispanic or Latino	$50,200
Other	$70,417
Two or More Races	$37,925
White, non-Hispanic	$55,031
Overall	$50,480

Source: American Community Survey (2015–2019)

Children Living Below the Poverty Level by Race/Ethnicity
County: Macon

Race/Ethnicity	Percent
American Indian or Alaskan Native	100.0%
Asian	15.3%
Black or African American	50.1%
Hispanic or Latino	31.5%
Other	0.0%
Two or More Races	43.0%
White, non-Hispanic	15.0%
Overall	25.5%
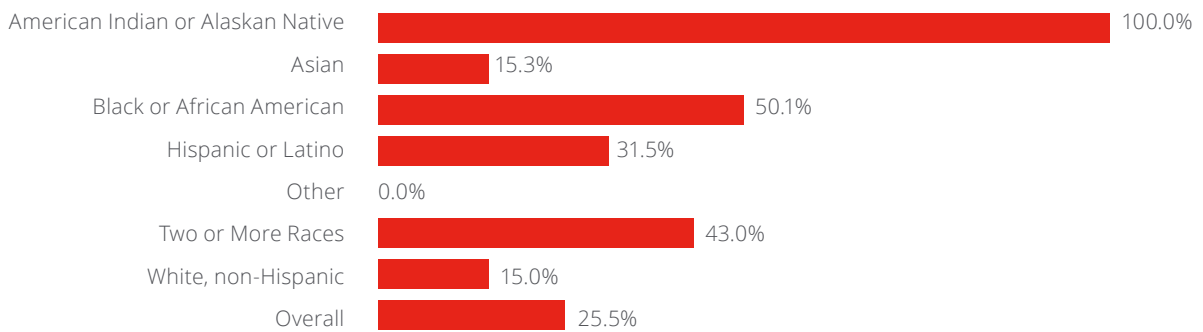
Source: American Community Survey (2015–2019)

EQUITY—RESIDENTIAL SEGREGATION, SOCIAL VULNERABILITY INDEX AND UNDER-RESOURCED ZIP CODES

Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. Although most overt discriminatory policies and practices, such as separate schools or seating on public transportation based on race, have been illegal for decades, segregation caused by structural, institutional and individual racism still exists in many parts of the country. The removal of discriminatory policies and practices has impacted institutional and individual acts of overt racism, but has had little effect on structural racism, like residential segregation, resulting in lingering structural inequalities. Residential segregation is a key determinant of racial differences in socioeconomic mobility and, additionally, can create social and physical risks in residential environments that adversely affect health. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or White residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.

Macon County has a Residential Segregation—Black/White score of 52, as compared to an overall score of 71 in Illinois, with county scores ranging from 19 to 85.

In other words, 52% of either Black or White residents would have to move to different geographic areas in order to produce a de-segregated residential distribution.

Natural disasters and infectious disease outbreaks can also pose a threat to a community's health. Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status, or housing type and transportation. The Social Vulnerability Index (SVI) ranks census tracts on 15 social factors, such as unemployment, minority status, and disability. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

Macon County's 2018 overall SVI score is 0.5971. A score of 0.5971 indicates a moderate to high level of vulnerability.

Though county vulnerability could be low to moderate, the high level of residential segregation indicates vulnerability likely varies by tract or zip code. The 2021 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. The index is calculated from six indicators, one each from the following topics: poverty, income, unemployment, occupation, education and language. The indicators are weighted to maximize the correlation of the index with premature death rates and preventable hospitalization rates. All zip codes, counties and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need).

In Macon County, the zip codes estimated with the highest socioeconomic need are 62523, 62522 and 62526.

SECTION II—METHODOLOGY, INPUT, ANALYSIS

COLLABORATING PARTNERS

For the first time, during this CHNA cycle, DMH collaborated with SMD and the MCHD. The MCHD used this collaboration to complete their Illinois Project for Local Assessment of Needs (IPLAN). The collaborative process was beneficial to both hospitals and the health department, paving the way for collaboration on final priority areas. The first meeting of the Core Team for the 2021 CHNA process took place in December 2020. The general process steps outlined below were used by the Core Team to conduct the CHNA. Members of key participant groups are also listed below and will be referenced throughout this report.

Secondary Data Reviews → Community Advisory Councils → Surveys/ Community Focus Groups → Identify Potential Joint Priorities → Internal Advisory Councils → Board Approvals → Report Published

CORE TEAM MEMBERS

The Core Team is responsible for planning, executing and reporting on all aspects of the CHNA and CHIP process.

- Becky Gabany, Memorial Health, System Director, Community Engagement
- Lingling Liu, Memorial Health, Equity, Diversity and Inclusion Program Coordinator
- Kimberly Luz, HSHS St. Mary's Hospital, Division Director, Community Outreach
- Marisa Hosier, Macon County Health Department, Director of Health Promotion and Public Relations

INTERNAL ADVISORY COUNCIL (IAC)

(Decatur Memorial Hospital and Springfield Memorial Hospital)

The IAC is responsible for providing strategic direction and insight regarding internal operations and how those initiatives may align with and compliment addressing the health needs of the community. They are also responsible for recommending final priorities for board approval.

- Becky Gabany, System Director, Community Engagement, Memorial Health (Core Team)
- Bob Scott, Senior Vice President & Chief Human Resources Officer, Memorial Health
- Chuck Callahan, President, MH Hospital Group & CEO, Springfield Memorial Hospital
- Diana Knaebe, System Administrator, Memorial Behavioral Health
- Drew Early, President & CEO, Decatur Memorial Hospital
- Florence Holmes, Clinician, Memorial Behavioral Health, Equity Diversity Inclusion (EDI) Coalition Development Team (CDT) member, Sangamon County resident
- Harold Armstrong, Computer Operator, Decatur Memorial Hospital, EDI CDT Member, Macon County resident
- Jay Roszhart, President, MH Ambulatory Group
- Julie Bilbrey, Executive Director, Decatur Memorial Hospital Foundation
- Kristi Olson-Sitki, Magnet® Coordinator, Springfield Memorial Hospital
- Lance Millburg, System Administrator, Performance Improvement, Memorial Health
- Linda Jones, Vice President, Ancillary Operations, Springfield Memorial Hospital
- Lingling Liu, Equity, Diversity and Inclusion Program Coordinator, Memorial Health (Core Team)

- Rajesh Govindaiah, MD, Senior Vice President and Chief Medical Officer, Memorial Health
- Robert Ellison, System Administrator, Business Development & Governmental Affairs, Memorial Health
- Sharon Norris, Assistant Vice President and Chief Nursing Officer, Decatur Memorial Hospital
- Tamar Kutz, Vice President, Quality and Operations, Decatur Memorial Hospital

COMMUNITY ADVISORY COUNCIL (CAC) INVITEES

Charter: The CAC of the Macon County 2021 CHNA exists to help DMH review existing data and offer insights into community issues pertaining to that data. The CAC will help identify local community assets and gaps in the priority areas, and will offer a ranking of issues by highest priority.

- Baby TALK*
- Boys and Girls Club of Decatur*
- CHELP: Local Home Care Provider for Seniors
- City of Decatur
- Crossing Healthcare*
- Decatur Community Partnership*
- Decatur Family YMCA*
- Decatur Fire Department
- Decatur Memorial Hospital* (Core Team)
- Decatur Park District
- Decatur Police Department
- Decatur Public Schools*
- Decatur Regional Chamber of Commerce
- Economic Development Corporation of Macon County*
- Good Samaritan Inn*
- Heritage Behavioral Health*
- HSHS St. Mary's Hospital* (Core Team)
- Macon County CASA*
- Macon County Emergency Management
- Macon County Health Department* (Core Team)
- Macon County Mental Health Board
- Macon County Sheriff
- Macon-Piatt Regional Office of Education Community Foundation of Macon County*
- Millikin University
- NAACP*
- Northeast Community Fund*
- Old King's Orchard*
- Richland Community College
- SIU School of Medicine Center for Family Medicine*
- Springfield Clinic
- Tyler Yount Foundation
- United Way of Decatur & Mid-Illinois*
- University of Illinois Extension
- Workforce Investment Solutions
  Indicates groups representing low-income, underserved and/or minoritized populations.

COMMUNITY FOCUS GROUPS/INTERVIEWS

Community focus groups/interviews provide deeper insight to the Core Team, CAC and IAC about their personal experiences related to key health indicators.

- Alana Banks: LGBTQ Focus*
- Divine 9 Sororities & Fraternities*
- Good Samaritan Inn*
- Macon County Board: Karl Coleman
- Macon County Community Foundation
- Macon County Continuum of Care*
- Macon County United Way*
- Metro Decatur Black Chamber of Commerce*
- NAACP—Decatur Chapter*
- Terrance Taylor (TAT): EDI Focus*

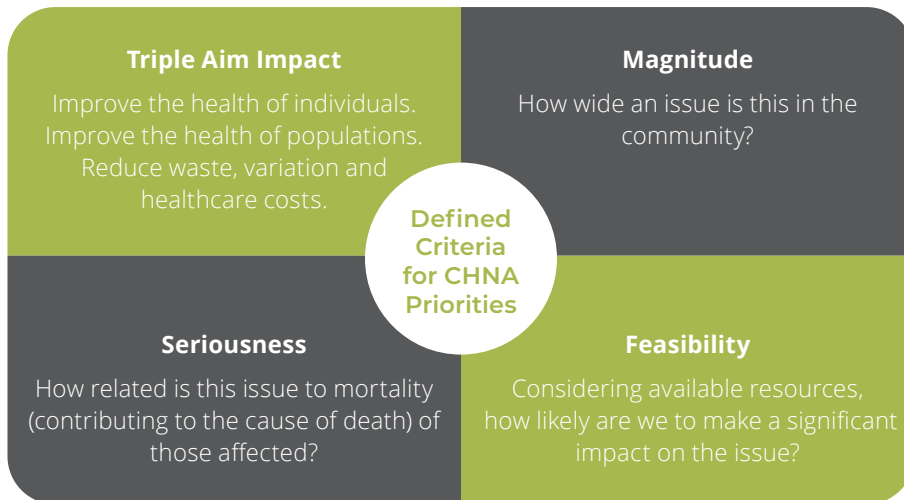 *Indicates groups representing low-income, underserved and/or minoritized populations.*

INTERNAL COMMUNITY HEALTH LEADERS

Community Health leaders are colleagues of MH who are responsible for the Community Health programming in their respective communities, as well as completion and execution of the CHNAs and CHIPs for the county in which their hospital resides.

- Memorial Health: Becky Gabany, System Director, Community Health
- Decatur Memorial Hospital: Sonja Chargois, Coordinator, Community Health & EDI (beginning 8/2021)
- Jacksonville Memorial Hospital: Lori Hartz, Director, Community Health
- Lincoln Memorial Hospital: Angie Stoltzenburg, Director, Community Health
- Springfield Memorial Hospital: Lingling Liu, Coordinator, Community Health & EDI
- Taylorville Memorial Hospital: Darin Buttz, Director, Community Health

CRITERIA FOR DETERMINING NEED

The following criteria were used by MH affiliates during the 2015 and 2018 CHNA processes for determining significant need, and were used for the first time for DMH during the 2021 CHNA.

Triple Aim Impact	Magnitude
Improve the health of individuals. Improve the health of populations. Reduce waste, variation and healthcare costs.	How wide an issue is this in the community?
Defined Criteria for CHNA Priorities	
Seriousness	Feasibility
How related is this issue to mortality (contributing to the cause of death) of those affected?	Considering available resources, how likely are we to make a significant impact on the issue?

2021 Community Health Needs Assessment Report

FEEDBACK FROM THE LAST CHNA

No written comments were received regarding the FY2018 CHNA. Verbal feedback was provided by DMH colleagues that the preceding CHNAs had opportunities for improvement and that, through the affiliation with MH, there was a desire and hope to produce an assessment and implementation plan DMH could be proud of. Additionally, comments have been received regarding the past contentious relationship between DMH and SMD and lack of collaboration on this effort up until now. Preliminarily, news of this new collaboration for the good of the community has been well-received.

SECONDARY DATA COLLECTION

The CHNA process relies on secondary data to help understand positive and negative outcomes of various health indicators in our community. This data provides the basis for the force-ranking process undertaken by community input groups.

Conduent Healthy Communities Institute Data

The most significant source of secondary data was collected and analyzed through memorial.health/about-us/community/community-health-needs-assessment/, a web-based community health data platform developed by Conduent Healthy Communities Institute and sponsored by Memorial Health. The site brings data and reporting tools to one accessible, user-friendly location. The site includes a comprehensive dashboard of more than 100 community indicators covering more than 20 topics in the areas of health, social determinants of health and quality of life. That data is primarily derived from state and national public secondary data sources. Specific Christian County indicators are compared to other communities, state-wide data, national measures,and Healthy People 2020/30. Many indicators also track change over time or identify disparities.

During the 2021 CHNA, HCI's data scoring tool for Macon County indicators was used to summarize and compare multiple indicators across the community dashboard and to rank these indicators based on highest need. Comparison scores went from 0 (best) to 3 (worst). These indicators were grouped into various topic areas. Members of the CHNA Core Team reviewed all indicators ranked 1.5 or higher, and additionally noted disparities in specific indicators to identify community health needs.

Additional Data Sources

Additional secondary data reports were reviewed for a nuanced understanding of community health indicators. Information from these sources were summarized in presentations to the IAC, CAC and focus groups/interviews.

- 500 Cities Project
- ALICE Report
- HRSA Health Center Program: Community Health Improvement
- Illinois Kids Count Report
- Illinois Public Health Community Map
- Illinois Report Card
- Robert Wood Johnson Foundation County Health Rankings
- State Health Improvement Plan: SHIP
- UIS Center for State Policy and Research Annual Report
- USDA Food Map—Food Deserts

Community Health Indicators from Secondary Data Dive

Twenty health indicators were identified from the review of secondary data and reports. These indicators were presented to the CAC for review and prioritization.

- Cancer
- Child Abuse/Neglect
- COVID-19/Disaster Response
- Diabetes
- Domestic Violence
- Gun Violence
- Health Concerns for those with Intellectual or Developmental Disabilities
- Health Concerns for those with Physical Disabilities
- Heart Disease/Stroke
- Immunizations Compliance
- Infectious Diseases
- Involuntary Hospitalizations
- Mental Health
- Obesity/Nutrition
- Poverty/Economic Disparities
- Safe and Affordable Housing
- Senior/Aging Challenges
- Substance Use—Tobacco, Alcohol, Drugs
- Suicide
- Unmanaged Chronic Conditions

Additionally, the three major contributing factors—social determinants of health, access to health and racial inequity and inequalities—described earlier in this report were identified as playing a key role in outcomes across all of these health indicators.

PRIMARY DATA COLLECTION

Primary data was collected in two ways: through the CAC as well as community focus groups. Representatives were included from organizations that serve low-income, minoritized and at-risk populations in Macon County. Community focus groups and interviews were conducted with persons who are often marginalized and could provide feedback regarding their lived experiences as they relate to the community health indicators identified in the secondary data review.

Community Advisory Council

The CAC was brought together in a two-hour virtual meeting to review existing data around the 20 health indicators and offer insight into community issues contributing to those data points. The CAC was asked to force-rank the top five health needs they perceive as most urgent. The CAC also helped identify community assets and gaps which helped shape the foundation of the CHIP.

The CAC narrowed down the community health indicators to eight priority areas, which were presented to the community focus group/interview participants to further prioritize the community's health needs.

- Behavioral Health—Substance Use
- Child Abuse and Neglect
- COVID-19/Disaster Response
- Disparities in Economy—Poverty
- Gun Violence
- Mental Health
- Safe and Affordable Housing
- Unmanaged Chronic Conditions (including Food Insecurity)

Community Survey

In past CHNA cycles, a survey has been conducted. The Core Team decided to forgo this component of the assessment this cycle in order to focus on deeper discussions around identified issues with the focus groups. MCHD conducted a survey for the IPLAN; however, those results were not utilized as part of this assessment by DMH.

Focus Groups/Interviews

Ten virtual focus groups were conducted with community members, representing diverse identities throughout the county. Representation included those of diverse age, race, ethnicity, education, socioeconomic status, LGBTQ identity and more. Most sessions were scheduled with a particular organization which was asked to invite its constituents to participate. The participants who attended were overwhelmingly leaders or representatives of the organizations contacted. An area of improvement for future assessments is to solicit additional community-member feedback from neighborhood associations and other unconventional avenues. Participants were asked to consider the defined criteria for CHNA priorities, as well as the three major contributing factors, in their prioritization. Three separate data sets were reviewed with open discussion held in between.

Data Set 1

- Access to Behavioral Health Services
- Behavioral Health—Substance Use
- Gun Violence

Data Set 2

- Disparities in Economy—Poverty
- Unmanaged Chronic Conditions (including Food Insecurity)
- Safe and Affordable Housing

Data Set 3

- COVID-19/Disaster Response
- Child Abuse and Neglect

Participants were asked to share how these issues affected them and those they know, as well as one thing that could be done to improve these indicators. Following the open discussions, participants were asked to force-rank the top three health needs they perceived as most urgent. The eight indicators were ranked as follows, with one being the highest priority:

1. Disparities in Economy—Poverty
2. Mental Health
3. Safe and Affordable Housing
4. Gun Violence
5. Child Abuse and Neglect
6. Unmanaged Chronic Conditions (including Food Insecurity)
7. Behavioral Health—Substance Use
8. COVID-19/Disaster Response

The two top-ranked indicators scored very high. Preliminary review of feedback showed gun violence, housing and substance use were closely linked to mental health and poverty during the open discussion segments of the focus groups/interviews. Access to behavioral health services was often considered part of access to mental health services by participants, and general access issues came up repeatedly.

Theming Focus Group/Interview Feedback

The Southern Illinois University School of Medicine Student National Medical Association (SNMA) assisted with systematic theming of community focus group/interview feedback. The SNMA is the oldest and largest independent, student-run organization focused on the needs and concerns of Black medical students in the United States. One of their commitments is to addressing the needs of underserved communities and volunteer service. Most focus groups had multiple pages of notes from multiple scribes. The SNMA compiled the session notes from each group and organized them into outline format with key themes for each data set presented. These notes were then further analyzed by the Core Team to identify overarching themes. General feedback/themes about the CHNA process are included below and priority-specific feedback is included later in this report.

- Very grateful and surprised to be included and given a voice
- Overall lack of trust or skepticism in the healthcare community by those who have been marginalized
- Needs and concerns for each indicator varied within identity groups
- Sentiment that healthcare leaders have the access and resources to put pressure on these systems to change
- A desire for healthcare professionals to be proximate to the community

POTENTIAL TO COLLABORATE

Following this data collection and analysis process, Core Team discussions were held, as well as discussions with internal affiliate Community Health leaders to determine areas of potential collaboration. There is a strong willingness to collaborate around all of the final priority areas with all Core Team members and their respective organizations. Internal Community Health leaders are especially interested in collaborating on strategies related to mental health.

INTERNAL ADVISORY COMMITTEE

The IAC was brought together in a 90-minute virtual meeting on May 6, 2021, to review the results of the CHNA and to determine final priorities. Considering the defined criteria for CHNA priorities, major contributing factors, community feedback and key partners' willingness to collaborate, the final priorities selected were:

- Mental/Behavioral Health
- Economic Disparities
- Access to Health

"This is not new; why do we keep only talking about it."

SECTION III—SIGNIFICANT HEALTH NEEDS

SELECTED PRIORITIES

Decatur Memorial Hospital

1. Mental/Behavioral Health
2. Economic Disparities
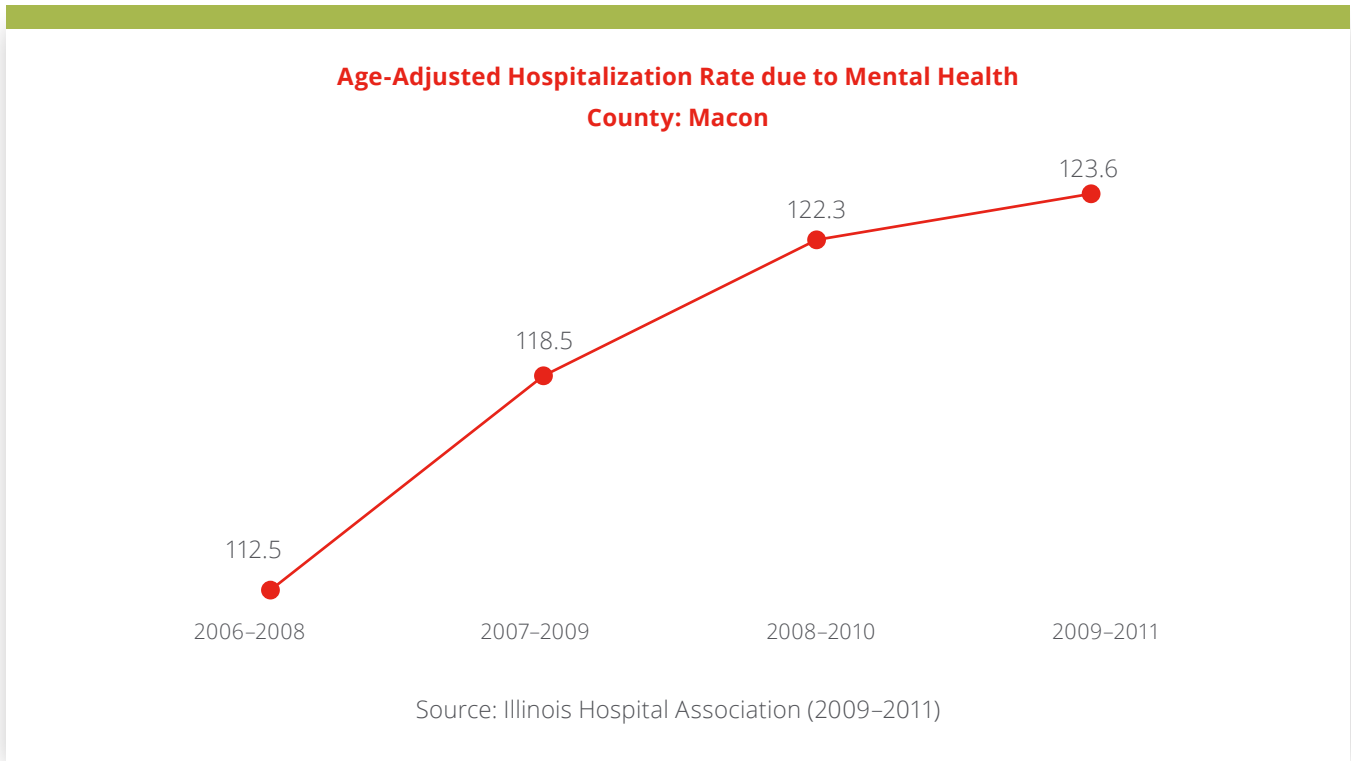3. Access to Health

Memorial Health Priority: Mental Health

The below sections will provide deeper insight into the chosen priorities, as well as those that were not chosen as final priorities. While many were not chosen as final priorities, MH is committed to meeting the needs of our communities and will continue to collaborate with community partners to help address the needs identified in this assessment.

Mental/Behavioral Health

Following disparities in economy and education, access to mental health services was the next highest-ranked health indicator. Many community members also considered gun violence and access to behavioral health services (including substance use) as closely related to this indicator, which, if combined, would result in an even higher score. (It was also noted, in relation to mental health, that there is a need for safe and affordable housing advocacy and education in the community.) The COVID-19 pandemic has had a significant impact on mental health, which was already identified as a top concern pre-pandemic.

Compared to Illinois counties, Macon County has 123.6 hospitalizations due to mental health per 10,000 in populations 18 years and older. This ranks in the worst 25% of Illinois counties.

Age-Adjusted Hospitalization Rate due to Mental Health

County: Macon

Source: Illinois Hospital Association (2009–2011)

While there are barriers to accessing mental healthcare for the broad community, such as cost and stigma, those who are marginalized face increased barriers, some of which are included below:

- There is a higher risk for people of color of being affected by the stigma of mental health from employers, the justice system and more.
- There is a lack of culturally competent care, diverse providers and services rendered in the primary language of many community members.
- Providers and the healthcare system are met with skepticism and deemed as untrustworthy.
- Mental health contributes to many of the social determinants of health, but is difficult to prioritize over other needs, such as food and shelter.
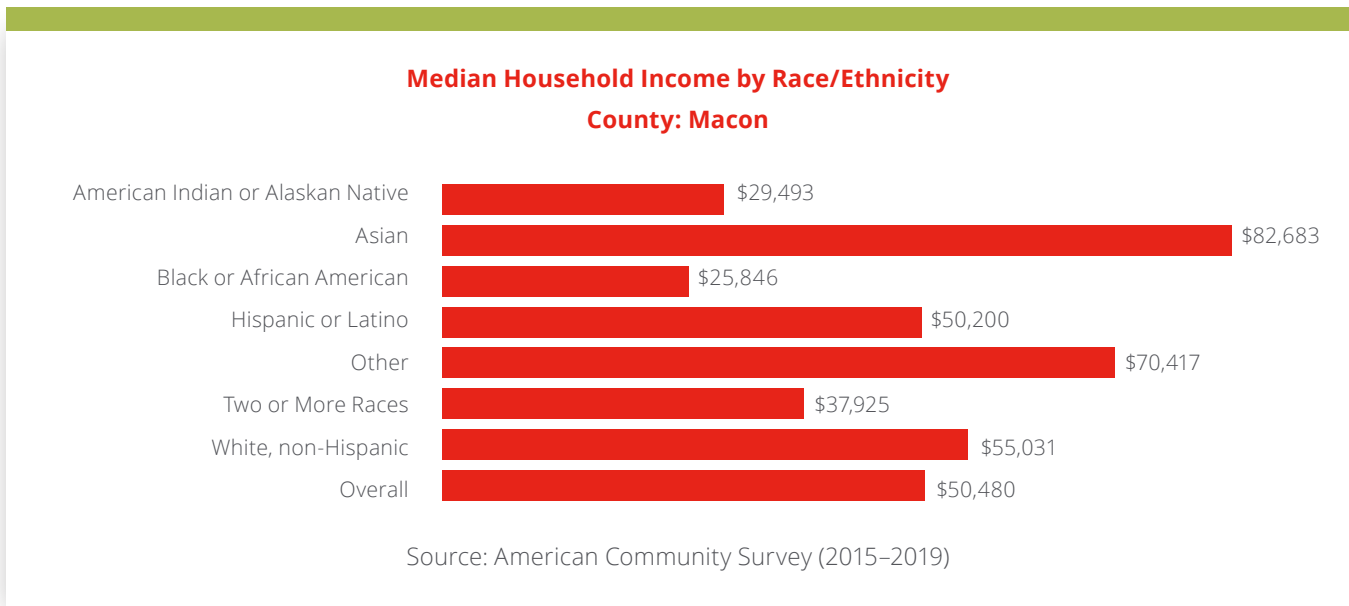
An additional common theme from community focus group/interview feedback is that people are unclear when to seek mental healthcare. Many people rely on their faith leaders to guide them through mental health issues and there was a strong sense of need to equip faith leaders for this role, as well as to help the community understand when mental healthcare is necessary.

Memorial Behavioral Health, a Memorial Health affiliate, is well-positioned to help address these community needs and was considered when assessing our ability to make an impact for this priority.

Variations of mental health were identified as the highest priorities in the CHNAs for each county where a Memorial Health hospital is located. Community Health leaders across the system have committed to making mental health a priority and using our combined resources to make a regional impact for this priority area. Strategies for our approach will be outlined in our CHIPs.

Economic Disparities

This was the highest-ranked priority throughout our community focus groups/interviews. Black or African American households are earning 45% of the income of White households. According to Governing Magazine, Decatur ranks in the worst 10% of the country for severe disparities in White and Black household incomes.

Median Household Income by Race/Ethnicity
County: Macon

Race/Ethnicity	Median Household Income
American Indian or Alaskan Native	$29,493
Asian	$82,683
Black or African American	$25,846
Hispanic or Latino	$50,200
Other	$70,417
Two or More Races	$37,925
White, non-Hispanic	$55,031
Overall	$50,480

Source: American Community Survey (2015–2019)

Disparities in economy were strongly related to gun violence and mental health by community members. As one of the largest private employers in the county, we have the potential to make an impact in this area in a tangible way. We recognize that job training, raising awareness and equitable hiring practices must be key components of addressing these disparities. Additionally, significant disparities exist for children, seniors and those who have been disabled. A portion of the feedback from the community focus groups/interviews in Sangamon and Macon counties regarding this priority included the following statements:

- "Disparities in economy are disturbing, but not shocking to us – we're living it every day."
- "Young Black men feel like they won't live past 20 [years old]… we need to build scaffolding under these young men and women before we can even consider job skills training."
- "This same data goes back for decades…"
- "Why does it take data to validate the experience we've been trying to tell you we're living?"

Access to Health

While access to health can be difficult to define, it arose as a top priority amongst community members. Access to health was not specifically listed as a health indicator; however, it came up frequently among the CAC and community focus groups/interviews. During the 2021 CHNA process, we approached this as a major contributing factor, but did not include it on our list of indicators. However, community members organically indicated the importance of access to health and identified the following as some of the barriers to accessing healthcare:

- Lack of insurance, particularly for families with mixed-immigration status
- Lack of culturally competent, diverse providers and those who speak their primary language
- Transportation
- Housing and safe living conditions, including lack of kitchens, heating and cooling, and landlord accessibility
- Economic stability
- Food insecurity

With existing infrastructure and collaboration around this priority in Sangamon County, we hope to replicate some of those successes in our efforts to increase access to health in Macon County.

PRIORITIES NOT SELECTED

Organizational capacity prohibits DMH from implementing programs to address all significant health needs. DMH chose to focus efforts and resources on a few key issues in order to develop a meaningful CHIP and demonstrated impact that could be replicated with other priorities in the future.

Behavioral Health Services—Substance Use

Access to behavioral health services will be addressed as part of our comprehensive approach to mental/behavioral health. This includes substance use. While this was seen as a community need, it was widely viewed as a result of mental health issues and disparities in economy and was not highly prioritized in our final list.

Child Abuse and Neglect

Prevention of child abuse and neglect is an issue we are willing to support; however, our expertise and infrastructure to do so is limited. DMH is better suited in supporting the work and advocacy of experts already working in this field, such as SMD, rather than selecting this as a priority area of the hospital. Additionally, DMH is not affiliated with the regional children's hospital and, therefore, would not have as much of an impact due to limited patient care interaction with children.

COVID-19/Disaster Preparedness

As a healthcare institution, we will be supporting COVID-19 efforts whether or not it is a final priority by focus group participants. We chose instead to focus our community health efforts on long-term issues impacting the community. This was also the lowest-ranked priority.

2021

Gun Violence

Gun violence was a highly ranked priority by community members and causes significant negative burdens for the Decatur community. Based on community feedback, this was closely linked to other health indicators, such as disparities in economy and mental health and will be addressed through those priorities.

Safe and Affordable Housing

Affordable housing is a health indicator for which healthcare professionals are not the experts or thought leaders. Recognizing that, and considering the defined criteria for CHNA priorities, we cannot make a meaningful impact in this area at this time. We will, however, consider advocacy and education around this issue as part of our mental health strategy.

Unmanaged Chronic Conditions (Including Food Insecurity)

Unmanaged chronic conditions and food insecurity are being addressed by many existing programs and organizations. Food insecurity became a top priority early in the pandemic, and has been heavily supported. While the need is great, we anticipate partnering with the leaders in this work and addressing other chronic conditions as we prioritize access to health.

Other Health Indicators

Additional health indicators are in need of being addressed in our community; however, they were not ranked highly by the CAC and, therefore, have not been prioritized for our CHIP. These indicators include cancer, obesity, senior health, diabetes and suicide. Strategies to address these and other unselected priorities may be present in our final CHIP, as they relate to the final health priorities.

SECTION IV—POTENTIAL RESOURCES

RESOURCES & PARTNERS

Gaps, assets, collaborative partnerships and existing work for each of the final priorities will be explored with the CAC and members of the organizations who participated in the community focus groups/interviews. The result of these discussions will inform, and be included in, the Macon County CHIP. Below are some examples of existing or potential partnerships that can be leveraged to address the final priorities selected.

Economic Disparities

- Continue collaborative meetings between the Black Chambers of Commerce.

- Develop complementary internal strategies related to Equity, Diversity and Inclusion work and this final priority.

- Explore opportunities to promote connection between community colleges and DMH.

- Support workforce development and pipeline programs that are in existence in Macon County, lending much opportunity for support and collaboration.

Mental/Behavioral Health

- Support faith leaders who are already playing a role in addressing mental health needs of marginalized communities.

- Continue support of Memorial Behavioral Health's comprehensive mental health services and capitalize on eagerness to partner on this priority.

- Develop and grow relationship with Crossing FQHC.

- Find innovative ways to link collaboration between organizations to employ a diverse mental wellness workforce (relevant to this health indicator as well as economic disparities).

Access to Health

- Capitalize on strong existing partnership between HSHS and MH to help recreate some of the access to health successes realized in Sangamon County.

- Facilitate relationship between MCHD and organizations such as Sista Girl and Friends to develop strategies around this priority.

Additionally, there are more than 50 social service agencies and resources that can contribute to addressing the health needs of Macon County. Several of these organizations are identified in this CHNA report and will be integral partners to the work of addressing the health needs of our community.

SECTION V—2018 CHNA/CHIP

2018 CHNA/CHIP EVALUATION OF IMPACT

DMH conducted a CHNA in 2018 with input from the MCHD. Priorities selected by DMH were related to access issues, specifically access to primary care physicians, medical specialists and mental health providers. After the FY20 affiliation of DMH with MH and upon review of the 2018 CHNA, it was found that much of the focus of the prior assessment was on the internal services offered by DMH rather than the ways DMH can support work happening in the community. Priorities were redefined for FY21 based on information gleaned from the assessment report to include access to health, mental health and substance use. Based on these redefined priorities, we established annual measures of success internally. The below impacts are illustrative of some of the work accomplished during FY21, following the DMH affiliation with MH. The Community Benefit Committee of the MH Board of Directors reviewed annual outcomes to meet the strategic plan goal to "achieve 100% of approved Community Benefit targets." Highlights and expenses were shared annually in the Memorial Health Annual Report. The COVID-19 pandemic slowed progress in meeting our goals; however, we continued to make strides in addressing these priorities, as well as responding to COVID-19 and meeting the healthcare needs of our community. Throughout MH, more than 80 thousand masks were delivered to more than 70 community-based organizations.

Access to Care

A primary component of the strategies to address this priority is financial and in-kind support for SIU School of Medicine. This support makes it possible for SIU to increase their presence and activities within Macon County. Transportation tokens were also provided to community members struggling to access care. Additionally, two large coolers were requested and donated to the Salvation Army to increase capacity and access to food, including dairy and produce, during the pandemic. MH also expanded Memorial Weight Loss & Wellness services to Macon County.

Mental Health

In collaboration with SMD, DMH continued funding of the Baby TALK program, which provides books to new parents with tools to care for their baby, reduces maltreatment and provides overall support for emotional well-being. There were many adjustments needed for this program due to the pandemic. Warm line calls increased, along with increased demand for diapers, wipes and food. Memorial Behavioral Health staffs and supports the Behavioral Health Access to Care Hotline across all service areas, including Macon County, which includes the Farm Family Line, COVID-19 Emotional Support Line and the National Suicide Prevention hotline. Support groups also continue to be offered, though they were paused for a time in response to the pandemic. Fifteen events were held in the first half of FY21.

Substance Use

A representative from DMH is currently participating on the county-level substance use task force in Macon County. Memorial Health is working internally to address opioid prescriptions and usage within our institution. This work is ongoing.

THE 2021 CHNA Report and Final Priorities were adopted by the Community Benefit Committee of the Memorial Health Board of Directors on July 23, 2021.

The CHNA is made widely available on our website, as well as through press releases, social media and presentations. If you are interested in copies of this assessment or have additional questions, please direct inquiries to CommunityHealth@mhsil.com.

SECTION VI—Appendices

FOCUS GROUP PRESENTATION

THANK YOU!

Your input and suggestions are invaluable to this process. Thank you for your time today and your ongoing commitment to community

Presenters

Becky Gabany, System Director of Community Services
Memorial Health System / Decatur Memorial Health

Lingling Liu, Equity, Diversity and Inclusion Program Coordinator
Memorial Health System / Decatur Memorial Health

Kimberly Luz, Division Director of Community Outreach
HSHS Illinois / HSHS St. Mary's Hospital

NOTE TO PARTICIPANTS: we will be recording this presentation and discussion

Goals

Goal One: Data Review

Goal Two: Breakout Room Discussion

- Today, we would like to learn from you.
- You do not have to speak unless you wish to.
- Facilitators will be taking notes; but your name will NOT be recorded with anything you say.
- All opinions and voices will be respected and every idea will be noted.

Goal Three: Ranking

- Today, we would like you to rank your top three health priorities from the following list.

Eight Priority Areas & Three Major Contributing Factors

- Child Abuse and Neglect
- Emergency Preparedness
- Gun Violence
- Mental Health
- Poverty
- Safe and Affordable Housing
- Substance Use: Drugs and Alcohol
- Unmanaged Chronic Conditions (including food insecurity)

Major Contributing Factors

1. Access to Health and Healthcare
2. Social Determinants of Health
3. Racial Inequities and Inequalities
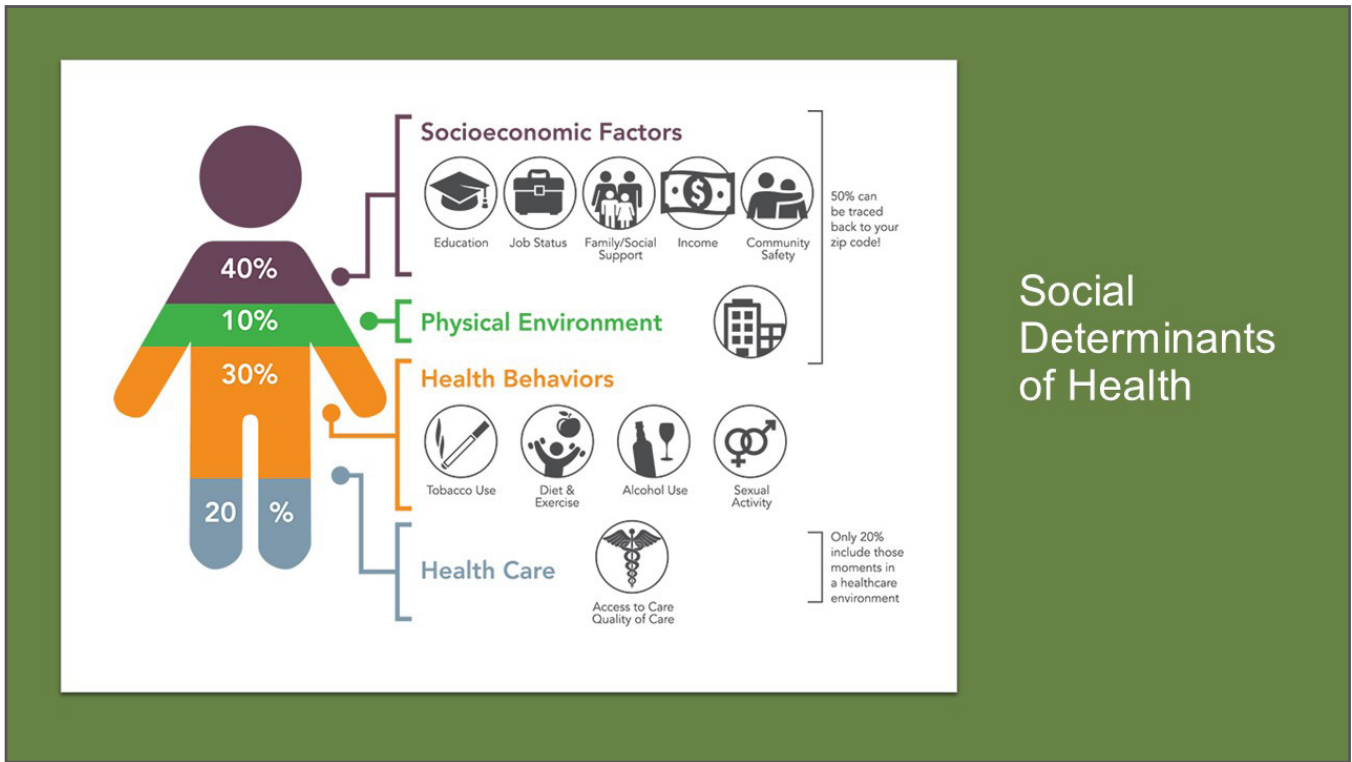
Access to Health and Healthcare Barriers

Structural
- Availability
- How Organized
- Transportation

Financial
- Insurance Coverage
- Reimbursement Levels
- Public Support

Personal
- Acceptability
- Cultural
- Language
- Attitudes
- Education / Income

Social Determinants of Health

Breakout Session One:

- Substance Use: Drugs and Alcohol
- Mental Health
- Gun Violence

How do these issues impact you?

How do these issues impact those you know?

What is one thing we could do to improve these issues?

Mental Health

- Out of every 10,000 population over the age of 18, 123 people are hospitalized due to mental health.
- Hospitalization rate due to mental health has increased steadily from 2008, and the rate in Macon County is higher than state rate (102/10,000).
- For individuals under the age of 18, hospitalization rate due to mental health is 108/10,000, while state rate is 46/10,000.
- Depression among Medicare population is 19%, steadily increasing since 2009.
- 12.5% of adults stated that they experience frequent mental distress for 14 or more of the past 30 days.

Sources: Illinois Hospital Association, Centers for Medicare & Medicaid Services, County Health Rankings.
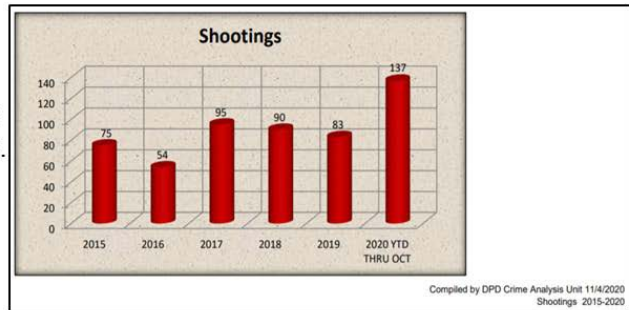
Substance Use: Drugs and Alcohol

- Macon County Health Behaviors Ranking is 82, calculated from measures on adult smoking, adult obesity, and physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index (the higher the score, the more severe the problem is).
- 15% of adults binge drink, 22% of adults smoke cigarettes, compared to state rate of 15%.
- Death rate due to drug poisoning (drug overdose death) is 19 per 100,000.
- Among teens, 13% use alcohol, 5% smoke cigarettes, and 7% use marijuana.

Sources: County Health Rankings, Illinois Behavioral Risk Factor Surveillance System

Gun Violence

- Shootings recorded by Decatur Police Department has increased in 2020 compared to previous years.
- Overall total violent crimes for 2020 YTD through September is 363, while in 2019 there were 375 cases of violent crimes.

Shootings

Compiled by DPD Crime Analysis Unit 11/4/2020
Shootings 2015-2020

Decatur Police Department 2020 UCR Statistics
source: DPD Records Division

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Total
Homicide	0	0	0	3	0	1	1	2	0				7
Forcible Rape	7	4	2	0	5	2	4	5	6				35
Robbery	4	3	8	7	6	17	7	14	5				71
Agg Asslt/Agg Battery	14	12	25	11	15	53	32	65	23				250
Total Violent Crimes	25	19	35	21	26	73	44	86	34	0	0	0	363

Source: Decatur Police Department

Breakout Session Two:

- Unmanaged Chronic Conditions
- Poverty
- Safe and Affordable Housing

How do these issues impact you?

How do these issues impact those you know?

What is one thing we could do to improve these issues?

Poverty

- 27% of Macon County children live in poverty:
  - 16% Caucasian
  - 37% Hispanic
  - 46% Black and African American
  - 41% of children live in a single family home

- 40.5% of persons with a disability are living in poverty.

- Macon County has a higher unemployment rate compared to the state of Illinois.

- Black Incomes Lag Far Behind: Decatur ranks in the top 10% nationally for severe disparities between white and black household incomes. On average, black households earn 45.6% what white households earn.

Poverty by Race

Race	Population	Poverty
White	76.5%	11.9%
Black or AA	14.3%	33.7%
Hispanic	2.2%	25.4%

Unmanaged Chronic Conditions

- Macon County's cancer rate for all cancers is higher than the state rate. Most notably the lung and bronchus cancer rates.

- Approximately 62% of Macon County patients who presented in the Emergency Department have one or more chronic condition (obesity, depression, hypertension, diabetes, etc.)

- Leading Causes of Death:
  - Heart Disease
  - Cancer
  - Stroke
  - Chronic Lower Respiratory
  - Alzheimer's Disease
  - Diabetes
  - Kidney

Food Access

- 12.6% of Macon County residents are food insecure.

- 19.1% of children are food insecure.

- Of the population that is food insecure, 36% are ineligible for federal nutrition programs.
  - Eligibility is determined by income

- Child food insecurity rate is projected to go up to 26.5% due to COVID.

Affordable Housing

- In Macon County, almost 50% of renters spend more than 30% of their monthly income on rent.

- More renters report the inability to pay for utilities, especially since COVID-19

- 13% of renters report severe housing issues such as lack of kitchen and plumbing, and overcrowding.

- Decatur's eviction rates are double the statewide rate.

- Rental vs Homeownership: Decatur was also named the metropolitan area with the nation's most affordable housing. *July 2018 H&R Report

Breakout Session Three:

- Emergency Preparedness
- Child Abuse

How do these issues impact you?

How do these issues impact those you know?

What is one thing we could do to improve these issues?

Emergency Preparedness

Sentinel Events:

- Higher rates than IL average in causes of hospitalization for alcohol, cannabis, and cocaine abuse, as well as pneumonia, skin infections, and arthritis.

COVID-19:

- Disparities in positivity and death rates for Black residents.
- Average case fatality rate: 3 per 100 cases, higher than US value of 2.6, though average for IL.
- Daily average incidence rate is in top quartile for IL and US counties.

Child Abuse and Neglect

- Substantiated Child Abuse Rate: 31.0 cases per 1,000 children vs. IL value of 9.7 and trending upwards.

- Child mortality rate: 58 versus IL value of 50.

- 630 children in foster care – 2nd highest per capita rate in IL.

Court Appointed Special Advocates (CASA) Numbers

	2016	2017	2018	2019	2020 (thru Oct. 15)
CASA total kids	176	235	337	413	381
New CASA kids	50	115	173	162	91
Closed CASA kids	76	76	86	123	84
Volunteers	58	84	125	176	223
Total new kids in care in Macon County		269	290	388	258

Rank your top three priorities.

1 = Highest

- Child Abuse and Neglect
- Emergency Preparedness
- Gun Violence
- Mental Health
- Poverty
- Safe and Affordable Housing
- Substance Use: Drugs and Alcohol
- Unmanaged Chronic Conditions (including food insecurity)

Data Sources

- Townhall Charts: 2019 Census Bureau
- Illinois Department of Public Health: 2018
- 2019 IHA COMPdata
- Springfield District 186
- American Community Survey
- Feeding America: 2018
- Sangamon County 2019 Citizen's Survey
- Illinois Kids Count 2020
- 2019 County Health Rankings
- National Council for Behavioral Health
- State of Homelessness 2020

Decatur Memorial Hospital
A Memorial Health System Affiliate

HSHS St. Mary's Hospital

Public Health
Macon County Health Department

COMMUNITY FEEDBACK

MACON—ALANA BANKS

Access to Behavioral Health/Mental Health/Gun Violence

- Things have gotten worse through COVID-19.
- Alcohol is a common coping mechanism.
- Schools are not prepared to address mental and sexual health.
- Mental health/medical care, housing, lack of providers, lack of access to gender-affirming care are all contributing factors for LGBTQ community.
- Solutions
  - Gender-affirming care can be overwhelming and drives individuals to the black market rather than healthcare.
  - Education and awareness among providers.

Poverty, Unmanaged Chronic Conditions, Affordable Housing

- Billboards say job growth is big, but not felt in the community.
- More needs done in inner-city on poverty.
- Income disparity has been talked about through generations.
- Access to assistance limited to CIS women and mothers.
- Education levels cause disparities for what jobs you can get.
- Affordability means different things to different people, especially considering income disparities.
- Transitional housing is unsafe at times.
- Solutions
  - Educate policy makers.
  - Get out of bubble that makes you unaware of people's struggles.

Emergency Preparedness, Child Neglect

- County didn't do a good job preparing for pandemic.
- Solutions
  - More support for CASA volunteers, re: child abuse.

MACON—COMMUNITY FOUNDATION

Access to Behavioral Health/Mental Health/Gun Violence

- Too much time on hands, without role models.
- Very tied to economy.
- Being a young Black man and seeing other Black men being murdered on camera with no justice is a contributing factor.
- Mental health is thought to be prayed away by the church.
- Hard for kids to come to school and be on time when they have to get their siblings ready or if they've been up all night or are hungry.
- Gun violence comes from poverty.
- Solutions
  - Need therapists of color.
  - Celebrate kids showing up to school.

Poverty, Unmanaged Chronic Conditions, Affordable Housing

- Parents having to work more to ensure ends meet. Causes lack of parental guidance.
- Need skills programs for folks looking for a "5th or 6th" chance.
- Black men feel being in the streets is the only way to provide for our families.
- Folks without education needing jobs later in life.
- Legacy of White people being in executive roles and POC in blue collar work.
- Long histories of working without promotion, gaps in "old money," etc.
- African American stress levels high, leading to unmanaged chronic conditions.
- Shame around food access. People don't access due to stigma.
- Homeownership is not talked about in Black homes. Always in survival mode.
- People need knowledge of how to purchase a home rather than being taken advantage of by landlords.
- Solutions
  - Trade school.
  - Normalize needing help accessing food.

Emergency Preparedness, Child Neglect

- Savings is needed to have an emergency plan for COVID-19 and other issues.
- Child abuse is often related to poverty and mental health.
- Children being cared for by an elderly relative can quickly become neglectful.
- Parents absent because they have to work so much.
- Hurt people, hurt people.
- Solutions
  - More support for CASA.
  - Counseling, self-care, help with how to manage day-to-day.

MACON—DIVINE 9

Access to Behavioral Health/Mental Health/Gun Violence

- Uncertainty around root-cause, from pandemic, mental health, something else?
- Between COVID-19 and jobs, if 10% of the population is affected, probably 40% of the African American community has been affected.
- Depression comes quickly when living in a community with crime.
- Looking at adults, but mental health issues start younger.
- Parents have to work and kids are home without supervision.
- Solutions
    o More police officers.
    o Figuring out root causes and addressing.

Poverty, Unmanaged Chronic Conditions, Affordable Housing

- Many people seeking help, not enough resources.
- Need a specific agency to address housing issues.
- Poor housing contributes to mental health issues.
- Lack of knowledge around getting loans for homes.
- People not being able to afford rent makes issues for landlords as well.
- How many stops does it take on the bus route to get to a place to access food.
- If everyone is not prosperous, than nobody is prosperous.
- Solutions
    o Must have POC leading these charges in the community as you work on them.

Emergency Preparedness, Child Neglect

- Parents home with children ongoing can increase frustration.
- Ties to substance use and not being able to work.
- Institutional racism is not being addressed and these issues are perpetuated.
- Takes financial support to tackle these issues.
- Do you really care? We can talk about this, but the bottom line is what are you prepared to do?

MACON COUNTY UNITED WAY

Access to Behavioral Health/Mental Health/Gun Violence

- Steady employment helps with stress and income.
- Culture crisis among young Black males, feeling that they won't live past 20.
- Violence stems from poverty and mental health. Those folks need help.
- Challenges exiting the pandemic: bills, unemployment, kids left behind, etc.
- Lack of stability outside of schools for children is concerning.
- Racial inequity is a big determinant for gun violence.
- Social stigma for seeking mental health.
- Isolation and depression among senior residents.
- Solutions
  o Scaffolding for young men and women before jobs training.
  o Improve stake in economy and education.
  o Educate on how to access resources.
  o Programs bridging the pandemic and the new normal.
  o Employers promote mental health at work, from admitting needing care to navigating care resources. Make the message loud and clear through different platforms.
  o Need local psych presence in Decatur.
  o Start a culture that accepts mental health from grade school level.
  o Promote mental health using peers' voices.

Poverty, Unmanaged Chronic Conditions, Affordable Housing

- Look into root causes of poverty and barriers to homeownership—be it employment, credit, etc.
- Credit is a huge barrier. Cash only with no credit score are a huge disadvantage. Generational poverty.
- Lack of knowledge on how to get there (home ownership, out of poverty, employment, etc.).
- Solutions
  o Need to address these at home..
  o Financial literacy
  o Start with the basics—food, housing, access to healthcare.
  o Address child care issues.
  o Investors in the community investing to alleviate back-rent. We pay 1–2 months' rent, Decatur Landlords association might match.
  o Involve the folks that we are talking about and trying to help, folks who are really affected by these conditions.
  o Community Cares Campus in Decatur—medical detox, residential treatment, transitional housing, etc.
  o Early education on lifestyle issues and choices help learn skills for life.

Emergency Preparedness, Child Neglect

- All of these issues relate to each other. It starts at home and it starts early.
- Solutions
  o Start financial literacy courses young and early.

MACON COUNTY NAACP

Access to Behavioral Health/Mental Health/Gun Violence

- Gun violence is no surprise, and is a touchy subject. For some it is a means of survival.
- Politicians and the rich make decisions without caring about others and enrage folks.
- Many folks struggle between healthcare, medicine and food.
- Patient care is more about money less about care.
- Mental health and substance use is a pressing problem.
- Solutions
  - o Address issues when children are young.
  - o Transparency in healthcare cost pricing. Help patients understand benefits.

Poverty, Unmanaged Chronic Conditions, Affordable Housing

- Cost of treatment deters care, which causes hospitalizations.
- Food access and chronic conditions go along with mental health.
- Employment is key to improving these issues.

Emergency Preparedness, Child Neglect

- Child abuse may be related to alcohol and substance use.
- Strong foster care here in Decatur.
- Solutions
  - o Do a better job of education to prevent and decrease issues.

GOOD SAMARITAN INN

Access to Behavioral Health/Mental Health/Gun Violence

- We see mental health issues a lot.
- Violence has gotten worse.
- Tobacco use is higher among teens than reported.
- Poverty, mental health, and behavioral health mixed with an inequitable society.
- Wages can't keep up with living expenses.
- Child care, access to dental care, navigating care is difficult.
- Racial disparity in poverty is surprising.
- Solutions
  - o Create social enterprises to bridge gap between those who need jobs and those who get jobs.
  - o Workforce development and agriculture employability.

Emergency Preparedness, Child Neglect

- Child abuse is the symptom of a greater problem—poverty, stress, mental and behavioral health.
- Poverty and disparity make it hard to get out of the path and cause the symptoms.
- Hopelessness, helplessness and mental breakdown are causes.
- Harsh conditions for parents with children—these are created by deciding what we value or not value.

MACON COUNTY—METRO DECATUR BLACK CHAMBER

Access to Behavioral Health/Mental Health/Gun Violence

- Gun violence impacts the Black community more than others.
- Lack of employment leads to illegal activity. The unemployment rate for the Black population is twice that of the White population.
- Stigma associated with seeking counseling; also lack of minority counselors.
- People are uncertain of when to seek mental health services.

Poverty, Unmanaged Chronic Conditions, Affordable Housing

- Wealth gap between Black and White individuals and families.
  - o Also a reason why gun violence is higher in the Black population (see note above).
- Renters pay higher for monthly housing costs based on income than homeowners do.
- More access to trades and soft skill development to pipeline students from school to higher education, trades or career.
- Healthcare through the Affordable Care Act is not affordable.

Emergency Preparedness, Child Neglect

- Decatur is also higher for domestic violence.

MACON COUNTY—KARL COLEMAN

Access to Behavioral Health/Mental Health/Gun Violence

- Lack of employment leads to illegal activity. The unemployment rate for the Black population is twice that of the White population.
- Stigma associated with seeking counseling; also lack of minority counselors.
- Employment and workforce training is not available to meet the needs of the unemployed.

Poverty, Unmanaged Chronic Conditions, Affordable Housing

- Agriculture is strong with ADM but higher paying positions require advanced degrees.
- Decatur is most segregated community in U.S.
- Lower-income individuals and families live in areas with higher pollution—bad air quality leads to chronic conditions and other health issues.
- Grocery stores in low-income neighborhoods are closed. Hard to get nutrient dense foods.
- Access to safe housing disproportionately impacts minority populations.

Emergency Preparedness, Child Neglect

- Quality of health is not important to people worried about day-to-day survival.
- Poverty and lack of education drives child abuse and neglect.
- Opportunities
  - More minority providers.
  - Cost effective MH services/subsidized MH services for low-income.
  - Address distrust in healthcare.

MACON COUNTY—CONTINUUM OF CARE

Access to Behavioral Health/Mental Health/Gun Violence

- Need to address mental health at a younger age – don't wait until they are adults.
  - o Resources need to be identified and made known:
    - Coles Counseling Services
    - Dove
    - Heritage Behavioral Health
- Increase awareness of resources available and how to access them.

Poverty, Unmanaged Chronic Conditions, Affordable Housing

- We have improved access to food banks and not grocery stores.
- Transportation to food banks is a problem: location, hours of operation vs. working hours, etc.
- Better coordinate services and provide a continuum of care—we have the services but don't know the best way to cross-refer and coordinate care.
- Coming out of the pandemic people are going to be very behind on rent. This needs to be addressed before the moratorium ends.
- Barrier for renting/applying for housing. They (who are they??) want you to have three times more income to rent and that limits many people from getting rental units.
  - o Criminal background is a barrier.
  - o Unpaid utility bills is a barrier.
  - o Poor rental history is a barrier.

Emergency Preparedness, Child Neglect

- Mental health, substance use, violence, poverty—all these things lead to child abuse.
- Lack of child care availability can lead to crisis issues in the family.

CALL FOR ACTION

Dear community members,

Your participation in the recent community health needs assessment meetings and focus groups was instrumental in helping HSHS St. Mary's Hospital, Decatur Memorial Hospital and Macon County Health Department identify top health priorities for the Community Health Needs Assessment (CHNA) and Illinois Project for Local Assessment of Need (IPLAN).

Based on your input, our organizations identified the following health priorities for inclusion in a Community Health Improvement Plan (CHIP). While slightly different, there are similarities in each of our final priorities and opportunity for collaboration as we work together toward a healthier Macon County.

St. Mary's and Decatur Memorial Hospital: CHNA Priorities

1. Disparities in Economy

2. Access to Mental and Behavioral Health Services

3. Access to Health

4. Child Abuse and Neglect (St. Mary's)

Macon County Health Department: IPLAN Priorities

1. Access to Mental & Behavioral Health Services

2. Child Abuse and Neglect

3. Substance Use and Abuse

4. NARCAN Education and Distribution

We would like to invite you to join us once again on July 15, 2021: 12–1:30pm as we begin to develop a plan outlining steps we will take to address the identified health needs over the next several years.

During this meeting, we will:

·   Identify assets and gaps to addressing the priorities listed above.

·   Identify resources available to us in meeting the identified needs.

·   Identify existing programs, initiatives, and coalitions addressing the identified needs.

·   Identify goals and strategies to move toward health improvement.

·   Develop a shared vision and strategic plan to address the identified needs.

Please let us know if you or someone from your organization is available to join us and other community stakeholders in developing the Community Health Improvement Plan (CHIP). We hope the final product is a document all our organizations can use and reference as we journey together toward a healthier Clinton County.

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

Sincerely,

Kim Luz	Becky Gabany	Marisa Hosier
Division Director Community Outreach	System Director Community Engagement	Director Health Promotion
HSHS St. Mary's Hospital	Decatur Memorial Hospital	Macon County Department of Public Health
Kim.luz@hshs.org	Gabany.Becky@mhsil.com	mhosier@maconchd.org

MACON COUNTY FOCUS GROUP OVERALL SCORES FOR FORCE-RANKING

- 58—Poverty
- 54—Mental Health
- 27—Safe and Affordable Housing
- 23—Gun Violence
- 22—Child Abuse and Neglect
- 13—Unmanaged Chronic Conditions
- 9—Substance Use: Drugs and Alcohol
- 3—Emergency Preparedness