Christian County—Illinois

2021

Community Health Needs Assessment

Taylorville
**Memorial
Hospital**

Contents

EXECUTIVE SUMMARY

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

As an affiliate of Memorial Health (MH), TMH worked with four other affiliate hospitals on the overall timeline and process for the CHNA, but completed its Christian 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

Taylorville Memorial Hospital included input from the Christian County Health Department (CCHD) 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 survey. Access to healthcare, the social determinants of health and racial inequities and inequalities were considered as part of this process. TMH then convened an Internal Advisory Committee (IAC), which approved the final priorities selected for TMH, as listed below.

1. Mental Health

2. Obesity

3. Lung 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 Taylorville 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 TMH 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/. 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 Taylorville Memorial Hospital

TMH is a not-for-profit rural critical access hospital located in Taylorville, Illinois. TMH was established in 1906 by the Adorers of the Blood of Christ and has served the citizens of Christian County for more than 115 years. TMH operates a 25-bed acute medical/surgical inpatient unit. A wide range of outpatient services are offered at TMH, including surgery; physical, occupational and speech therapy services; cardiac and pulmonary rehabilitation; advanced diagnostic imaging; and comprehensive emergency services, available 24 hours a day.

TMH is fully accredited by The Joint Commission and is a member of the American Hospital Association, the Illinois Hospital Association and Vizient. TMH has been designated as an Emergent Stroke Ready Hospital by the Illinois Department of Public Health. In order to qualify for this designation, a hospital is required to have the knowledge and resources to care for an emergent stroke patient 24 hours a day, seven days a week.

As a nonprofit community hospital, TMH provides significant dollars in community support each year, both for its patients and in support of community partnerships. During the past three years, this support has totaled more than $7.7 million.

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

MAJOR CONTRIBUTING 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.
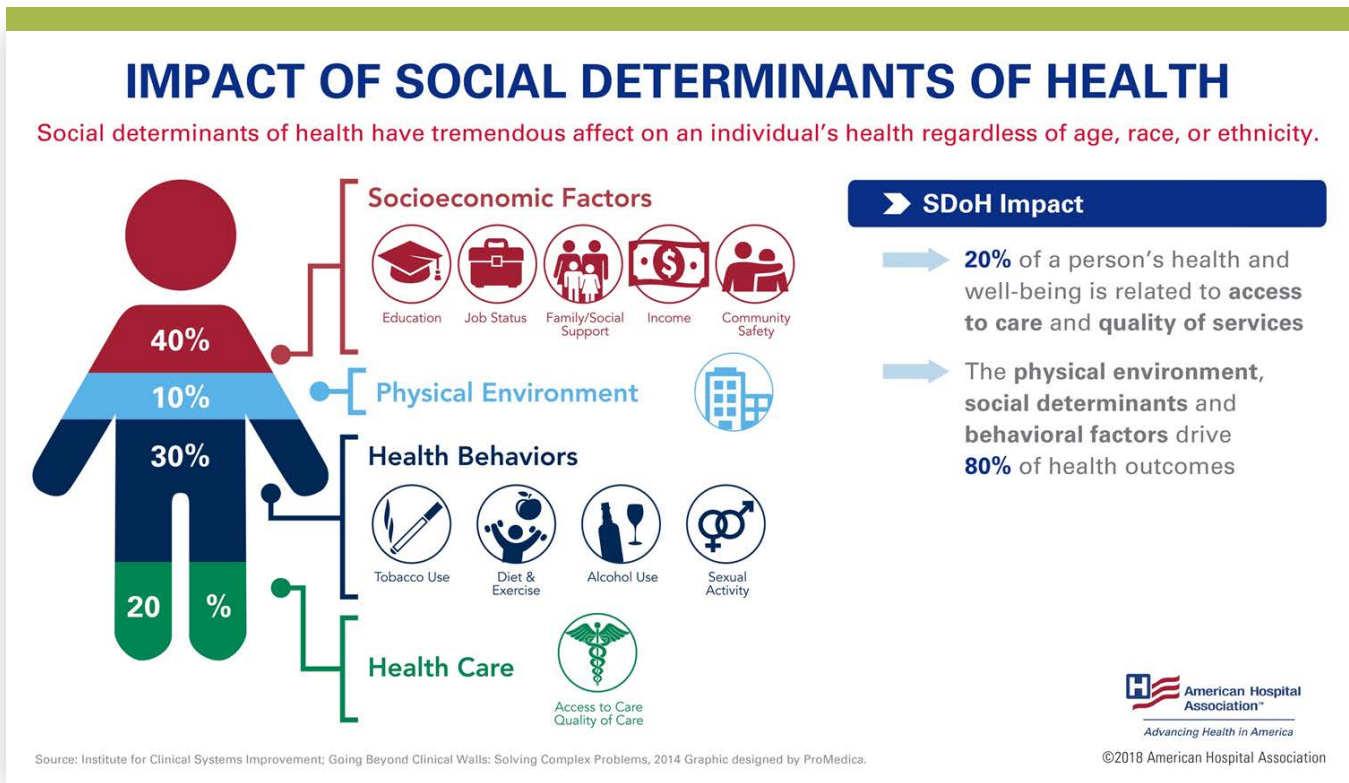
ACCESS TO HEALTH AND HEALTHCARE

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.
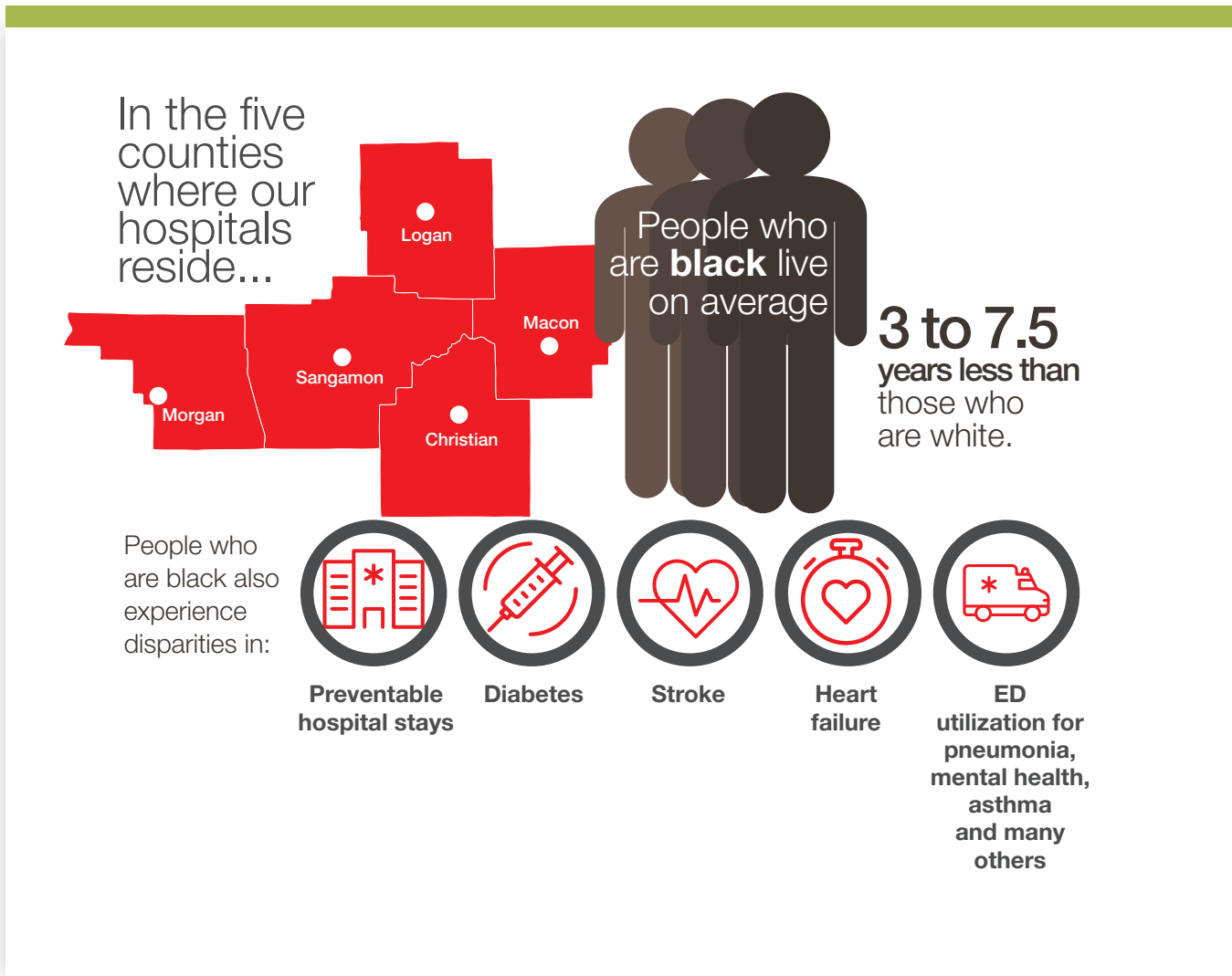
SOCIAL DETERMINANTS OF HEALTH

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.

IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.

Socioeconomic Factors

40%

Education | Job Status | Family/Social Support | Income | Community Safety

Physical Environment

10%

Health Behaviors

30%

Tobacco Use | Diet & Exercise | Alcohol Use | Sexual Activity

20 %

Health Care

Access to Care Quality of Care

> **SDoH Impact**

→ **20%** of a person's health and well-being is related to **access to care** and **quality of services**

→ The **physical environment**, **social determinants** and **behavioral factors** drive **80%** of health outcomes

American Hospital Association™
Advancing Health in America

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Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.

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

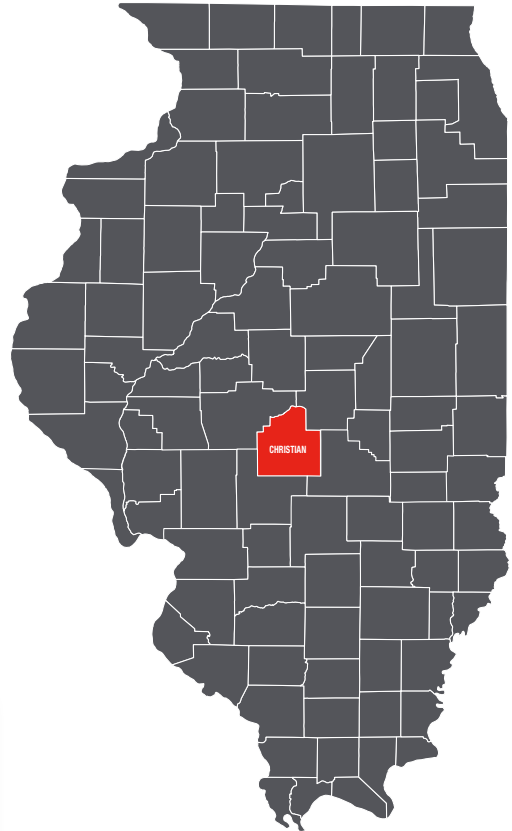## SECTION I—COMMUNITY SERVED & DEMOGRAPHICS

GENERAL INFORMATION

TMH is located in Taylorville, Illinois, near the center of the state. Taylorville is the county seat. Christian County is largely rural and agricultural, with healthcare being one of the largest employers. The majority of patients served by TMH come from Christian County, where the hospital focuses most of its community engagement and community health initiatives.
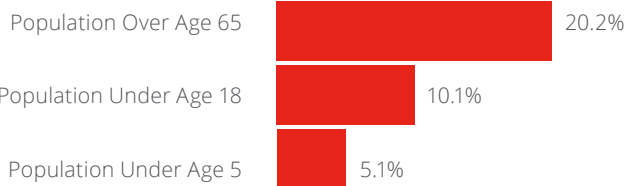
The following statistics, from the U.S. Census Bureau's Quick Facts, came from Healthy Communities Institute. Source: U.S. Census Bureau Quick Facts, last updated in December 2020.
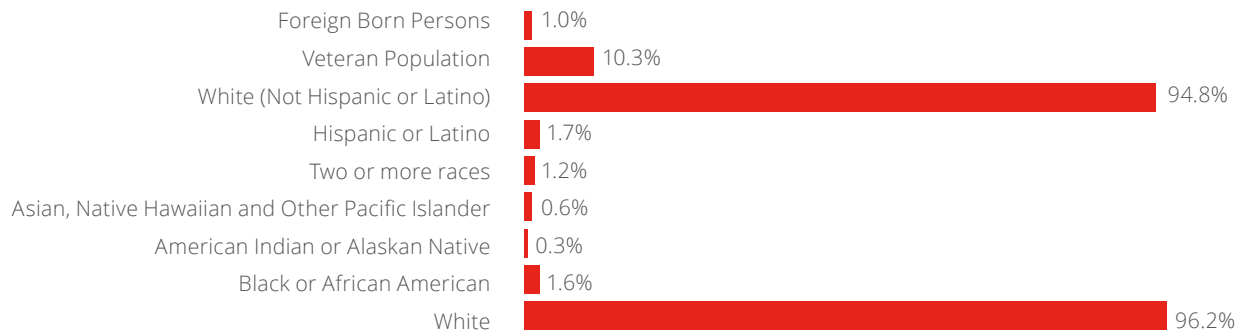
POPULATION

The population of Christian County is 32,304 and the largest urban setting in Christian County is Taylorville, with a population of 10,491.

Population Age

Population Over Age 65	20.2%
Population Under Age 18	10.1%
Population Under Age 5	5.1%

Race and Hispanic Origin and Population Characteristics

Foreign Born Persons	1.0%
Veteran Population	10.3%
White (Not Hispanic or Latino)	94.8%
Hispanic or Latino	1.7%
Two or more races	1.2%
Asian, Native Hawaiian and Other Pacific Islander	0.6%
American Indian or Alaskan Native	0.3%
Black or African American	1.6%
White	96.2%

EDUCATION AND HEALTHCARE RESOURCES

Another healthcare resource in Christian County is Pana Community Hospital, a rural critical access hospital in the southeast corner of the county. Taylorville is also home to a Lincoln Land Community College education center.

Residents access care through a variety of healthcare resources in the county. In addition to TMH, other Christian County healthcare resources include:
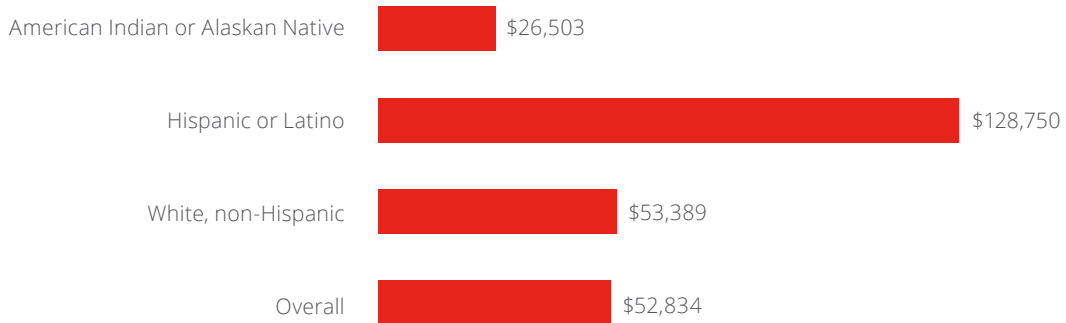
- Central Counties Health Centers, FQHC—Federally Qualified Health Center
- Christian County Health Department
- Dental offices
- Home health agencies
- Hospice care
- HSHS Medical Group Multispecialty Care
- SIU Center for Family Medicine, FQHC
- Springfield Clinic Primary and Multispecialty Care
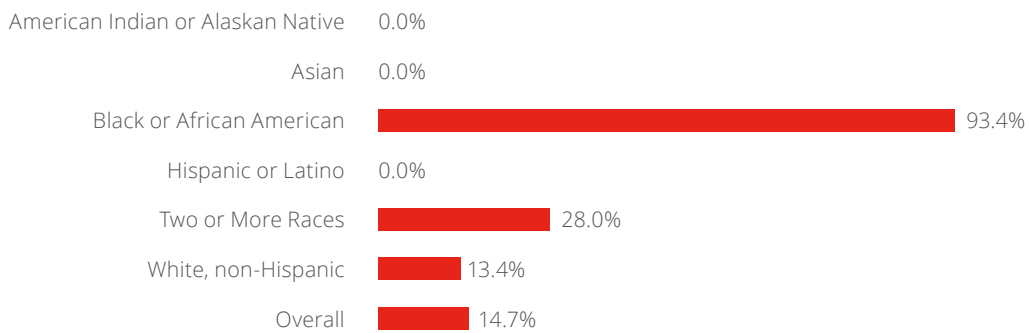- Taylorville Urgent Care

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. Christian County has 35% of households living below the FPL or qualifying as ALICE, mirroring the same percentages as the state averages.

Median Household Income by Race/Ethnicity
County: Christian

Race/Ethnicity	Median Household Income
American Indian or Alaskan Native	$26,503
Hispanic or Latino	$128,750
White, non-Hispanic	$53,389
Overall	$52,834

Source: American Community Survey (2015–2019)

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

Race/Ethnicity	Percent
American Indian or Alaskan Native	0.0%
Asian	0.0%
Black or African American	93.4%
Hispanic or Latino	0.0%
Two or More Races	28.0%
White, non-Hispanic	13.4%
Overall	14.7%

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 is unavailable for Christian County, indicating unreliable or missing data. While prison populations are not included in residential segregation indexes, it is important to note that Taylorville is home to a minimum security prison, the Taylorville Correctional Center (TCC), which houses approximately 1,000 inmates. Within the TCC, 42% of inmates are people of color.

42% of inmates at the Taylorville Correctional Center are People of Color.

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).

Christian County's 2018 overall SVI score is 0.2408. A score of 0.2408 indicates a low 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 Christian County, the zip codes estimated with the highest socioeconomic need are 62568, 62555 and 62531.

SECTION II—METHODOLOGY, INPUT, ANALYSIS

COLLABORATING PARTNERS

During the CHNA process, TMH collaborated with various community organizations, via the CAC, including the CCHD. The first meeting of the IAC 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.

- Kim Bourne, Taylorville Memorial Hospital, President and CEO
- Angie Stoltzenburg, Lincoln Memorial Hospital, Director, Community Health (through May 2021)
- Darin Buttz, Taylorville Memorial Hospital, Director, Community Health (beginning June 2021)

INTERNAL ADVISORY COUNCIL (IAC)

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.

- Angie Stoltzenburg, Lincoln Memorial Hospital, Director, Community Health (Core Team)
- Cassie Watson, Taylorville Memorial Hospital, Director, Clinical Operations and Performance Improvement
- Darin Buttz, Taylorville Memorial Hospital, Director, Community Health (Core Team)
- Eli Heicher, Taylorville Memorial Hospital, Chief Nursing Officer
- Geri Kirkbride, PhD, Taylorville Memorial Hospital, Director, Quality, Safety and Compliance
- Jana Beeler, Taylorville Memorial Hospital, Nurse Manager
- Kim Bourne, Taylorville Memorial Hospital, President and CEO (Core Team)
- Lora Polley, Taylorville Memorial Hospital, Director, Ancillary Services

COMMUNITY ADVISORY COUNCIL (CAC)

Charter: The CAC of the Christian County 2021 CHNA exists to help TMH review existing data and offer insights into community issues affecting that data. The Committee will help identify local community assets and gaps in the priority areas, and will offer advice on which issues are the highest priority.

- CEFS Economic Opportunity Corporation*
- Central Counties Health Centers, FQHC*
- Christian County Department of Public Health
- Christian County Mental Health Association*
- Christian County Probation Office
- Christian County YMCA

- Greater Taylorville Chamber of Commerce
- HSHS Medical Group – Taylorville, Dr. Delvalle's Office
- Lincoln Land Community College – Taylorville Branch
- Senior Citizens of Christian County*
- Springfield Clinic – Taylorville
- Taylorville Food Pantry*
- Taylorville Ministerial Alliance*
- Taylorville Police Department
- Taylorville Public School District 3
- United Way of Christian County*

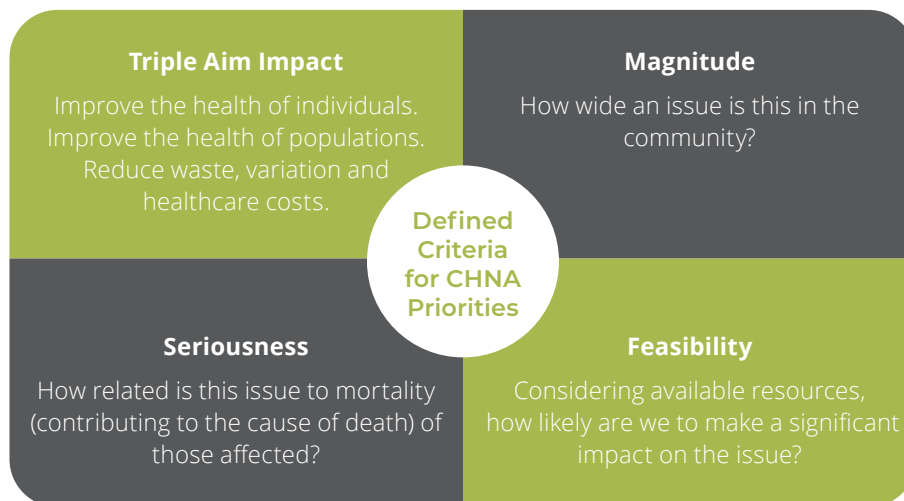 *Indicates groups representing low-income, underserved and/or minoritized populations.*

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 again during the 2021 CHNA.

Triple Aim Impact
Improve the health of individuals. Improve the health of populations. Reduce waste, variation and healthcare costs.

Magnitude
How wide an issue is this in the community?

Defined Criteria for CHNA Priorities

Seriousness
How related is this issue to mortality (contributing to the cause of death) of those affected?

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

FEEDBACK FROM THE LAST CHNA

No written comments were received regarding the FY18 CHNA.

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 2018 CHNA, HCI's data scoring tool for Christian 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 and CAC and informed the community survey.

- ALICE Report
- HRSA Health Center Program: Central Counties Health Centers, Inc.
- John Howard Association COVID-19 Survey Results: Taylorville Correctional Center
- Illinois Department of Corrections Prison Population Data Sets
- Illinois Department of Public Health Vital Statistics
- Illinois Kids Count Report
- Illinois Public Health Community Map
- Illinois Youth Survey
- 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

Dozens of health indicators were identified by the Core Team from the review of secondary data and reports. These indicators were presented to the CAC for review and prioritization. Some of the indicators reviewed are as follows:

- Premature/Accidental Death
- Cancer
- Heart Disease/Stroke
- Suicide
- Low Birth Weight
- High Blood Pressure
- Asthma
- Flu Vaccination Rates
- Fruit and Vegetable Consumption
- Obesity
- Diabetes
- Drug Use
- Alcohol Use
- Vaping/Tobacco Use
- Mental Health
- Lung Disease

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

PRIMARY DATA COLLECTION

Primary data was collected in two ways: through the CAC as well as a community survey. Representatives were included from organizations that serve low-income, minoritized and at-risk populations in Christian County. A community survey was conducted to gain deeper insight into how the residents of Christian County experience and prioritize the community health indicators identified in the secondary data review.

Community Advisory Council

The CAC was brought together to review existing data around the many health indicators identified from secondary data and offer insight into community issues contributing to those data points. The CAC was asked to provide input on their personal experience and those who are served by their organizations. The CAC discussed the social determinants of health and were asked if there were additional priorities that should be included in the community survey. No further significant issues were noted.

The CAC narrowed down the community health indicators to 11 priority areas, which were used in the community survey to further prioritize the community's health needs.

- Colorectal Cancer
- Obesity
- Diabetes
- Drugs/Alcohol/Smoking
- Youth Mental Health
- Adult Mental Health (senior not listed)
- Lung Disease
- Accidental Deaths
- Heart Disease/Stroke
- Vaping/Tobacco Use
- Suicide

Community Survey

A community-wide survey was distributed online, with paper copies available upon request during February 2021. The survey was promoted through press releases to all media outlets throughout the county, as well as by mail, social media, MH internal communications and on local radio stations. More than 165 surveys were completed. Survey participants were disproportionately female and educated in comparison to the general population. More than 45% of respondents had incomes higher than the median household income for Christian County ($52,834), while 18% of respondents had salaries greater than $100,000. There was very little response (3%, compared to ~5% of the county population) from people of color and there were no responses from persons who identified themselves as Black, African American, Hispanic or Latino. Additionally, 26% of respondents reported sometimes (22%) or frequently (4%) witnessing "anyone in Christian County being treated negatively because of their race."

Participants were asked to select the three most important concerns to be addressed in Christian County out of the 11 priorities identified by the IAC and CAC. Drugs/alcohol/smoking (~69%), obesity (~54%), adult and youth mental health (~40% each) and suicide (~29%) were the five highest-ranked priorities. Priorities below were ranked in order of importance with number one being highest-ranked.

1. Drugs/Alcohol/Smoking
2. Obesity
3. Adult Mental Health
4. Youth Mental Health
5. Suicide
6. Heart Disease/Stroke
7. Diabetes
8. Vaping/Tobacco
9. Lung Disease
10. Accidental Deaths
11. Colorectal Cancer

Community Focus Groups/Interviews

Focus groups were not conducted in Christian County due to staff constraints.

POTENTIAL TO COLLABORATE

Quarterly meetings have been set up with TMH, the CCHD and Pana Community Hospital to collaborate on future CHNA/IPLAN initiatives. Internal community health leaders are especially interested in collaborating on strategies related to mental health.

INTERNAL ADVISORY COMMITTEE

The IAC was brought together in May 2021 to review the results of the CHNA and to determine final priorities. Considering the defined criteria for CHNA priorities and community feedback, the final priorities selected were:

· Mental Health
· Obesity
· Lung Health

SECTION III—SIGNIFICANT HEALTH NEEDS

SELECTED PRIORITIES

**Taylorville Memorial Hospital**

1.   Mental Health

2.   Obesity

3.   Lung 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 are 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

Adult and youth mental health services were in the top five highest-ranked health indicators. Additionally, issues related to substance use were ranked as the highest priority and were closely linked to mental health. Community members who are unable to access mental healthcare are faced with seeking care outside of the county, if they can afford to, otherwise, they must use the Emergency Department. The COVID-19 pandemic has had a significant impact on mental health, which was already identified as a top concern pre-pandemic.
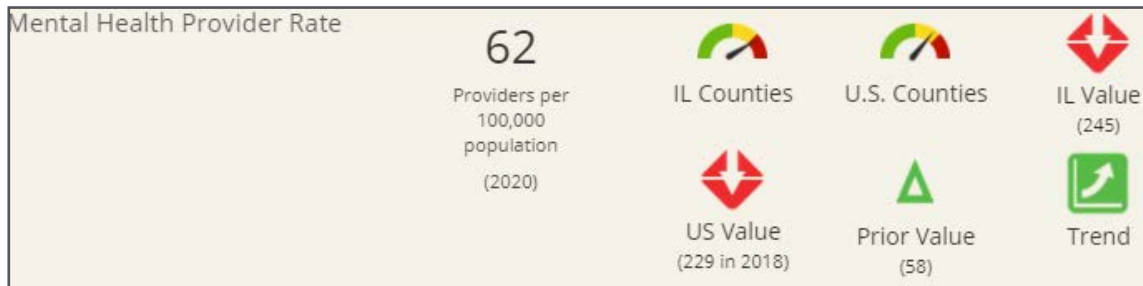
The need for mental health services are highlighted in the Christian County data points below.

·   The Centers for Disease Control and Prevention notes the age-adjusted death rate due to suicide is 21.9 deaths per 100,000 population, which is higher than the state and national average.

·   The age-adjusted hospitalization rate due to pediatric mental health (58.7) is trending upwards and is higher than the IL value (46.1).

·   The mental health provider rate is 62 providers per 100,000 population, which falls in the worst quartile for Illinois counties.
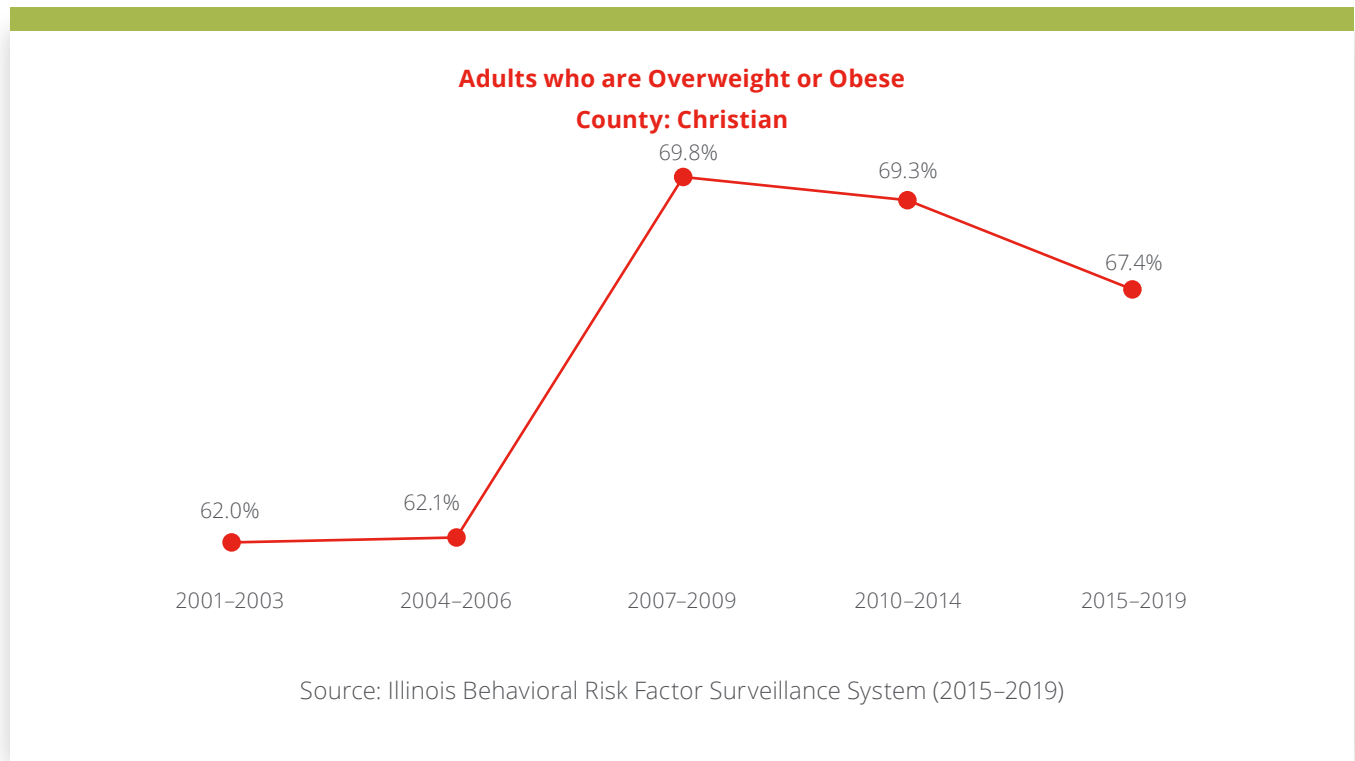
·   There are no youth mental health providers.

While there is an overall gap in mental health services for Christian County, frequent concern was raised through the survey and in discussions about the total lack of resources to support youth mental health. We also recognize there is a lack of diverse and culturally competent clinicians available for those who are minoritized in Christian County – a problem identified in our region through the CHNA process.

Memorial Behavioral Health, a Memorial Health affiliate, as well as local community organizations, are considered a resource to help address these community needs and were considered when assessing our ability to make an impact for this priority. TMH will collaborate with Taylorville public schools, Memorial Behavioral Health and SIU School of Medicine to establish interventions for mental health issues.

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.

Obesity

This was the second-highest ranked priority throughout the community survey. This indicator impacts other top health priorities such as diabetes, heart disease/stroke and mental health. Obesity is a complex disease with many contributing factors. Neighborhood design; access to healthy, affordable foods and beverages; and access to safe and convenient places for physical activity can all impact obesity. Racial and ethnic disparities in obesity underscore the need to address the social determinants of health such as poverty, education and housing to remove barriers to health.

Adults who are Overweight or Obese
County: Christian

	2001–2003	2004–2006	2007–2009	2010–2014	2015–2019
	62.0%	62.1%	69.8%	69.3%	67.4%

Source: Illinois Behavioral Risk Factor Surveillance System (2015–2019)

More than 35% of all adults in Christian County are obese. This is higher than state and national averages. Obesity-related conditions include the below issues, which are among the leading causes of preventable, premature death:

- Heart disease/stroke
- Type 2 diabetes
- Cancer

Lung Health

More than one negative indicator relating to lung health was present in the health indicators reviewed for Christian County. These indicators include drugs/alcohol/tobacco, smoking/vaping and lung disease. Combining responses to each of these indicators places the general need of lung health as a top priority for the county. The CAC, as well as the IAC, were in agreement this should be a high priority. There is a desire among community partners to address this issue collaboratively across the county.

Some of the data that illustrates the severity of this issue is listed below:

- Lung and bronchus cancer incidence rate is 99.4, nearly double the national average of 58.3.
- A quarter (25%) of teens report smoking, ranking worst among Illinois counties and nearly double the Illinois average (13%).
- Age-adjusted ED rate due to COPD is 156.1 per 10,000 population 18+ years. This is trending up and is approximately four times the Illinois average value of 37.7.

PRIORITIES NOT SELECTED

Organizational capacity prohibits TMH from implementing programs to address all significant health needs. TMH 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.

Accidental Deaths

Accidental deaths were ranked low in comparison to other health indicators, with only 2.41% of survey respondents indicating this was a most important concern to be addressed. Due to other higher-ranked priorities, this was not chosen as a priority area of focus.

Colorectal Cancer

Colorectal cancer was ranked the lowest of the health indicators, with 1.2% listing this as a most important concern. Other indicators were prioritized over this due to the lack of community prioritization.

Diabetes

This indicator was also closely linked to obesity and was, therefore, not selected as its own priority. The IAC chose to focus efforts on the top risk factor for this condition (obesity) in hopes to focus on prevention.

Drugs/Alcohol/Smoking

Drugs/alcohol will be addressed as part of our comprehensive approach to mental health. Smoking will also be addressed in our lung health priority.

Heart Disease/Stroke

This is closely linked to obesity and was, therefore, not selected as its own priority. The IAC chose to focus efforts on the top risk factor for this condition (obesity) in hopes to focus on prevention.

Suicide

Suicide will be addressed under our mental health priority.

Vaping/Tobacco

Vaping/tobacco is also being considered as part of our strategies around lung health and, therefore, was not selected as a final priority on its own.

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, were not included in the community survey and have not been prioritized for our CHIP. These indicators include asthma, low birth weight, diabetes, etc. 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. The result of these discussions will inform, and be included in, the Christian County CHIP. Below are some examples of existing or potential partnerships that can be leveraged to address the final priorities selected.

Mental Health

- Partnering with Taylorville public schools and Memorial Behavioral Health to evaluate current programs and implement new mental health services in the schools.

- Working with Pana Community Hospital to offer collaborative mental health community resources.

- Partnering with SIU to develop/implement mental health services geared towards mental health in the farming community.

Obesity

- Collaborating with Taylorville public and private schools to implement programs such as CATCH to promote healthy food choices and increased activity.

- Working with the city of Taylorville to establish biking/walking paths and to be recognized as a "Bicycle Friendly Community/Business."

- Partnering with the Taylorville YMCA to offer community health education courses (i.e., diabetes education, healthy kids classes, etc.).

Lung Health

- Partnering with local organizations/schools/businesses to offer free smoking cessation resources to the community.

- Collaborating with local businesses to promote increased lung cancer screening awareness.

Additionally, there are more than 20 social service agencies and resources who can contribute to addressing the health needs of Christian 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

TMH and the CCHD collaborated on the 2018 CHNA conducted in Christian County in conjunction with the CCHD's Illinois Project for Local Assessment of Needs (IPLAN). TMH selected its own priorities to address over the following three years. Priorities selected by TMH were mental health and substance use. The CHIP was used as a guide for updating our annual measures of success internally. 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.

Mental Health

Prior to the COVID-19 pandemic, Mental Health First Aid was offered throughout Sangamon, Logan, Morgan and Christian counties. Since the program's start in 2018, a total of 1,227 people in central Illinois have been trained in Mental Health First Aid. More than 45 community members in Christian County were trained to recognize signs of mental and emotional distress during FY19-FY22.

Girls on the Run (GOTR) support was an additional part of our mental health strategy. In the last sponsored event prior to the pandemic, 740 participants participated and 90% of coaches and parents/guardians "agreed" or "strongly agreed" that because of participating in GOTR, their child was more confident.

Additionally, in all three fiscal years, TMH sponsored the Senior Life Solutions (SLS) program to provide seniors with group mental health therapy while supporting the development of individualized care plans and objectives under the direction of a clinical psychiatrist. In FY19 there were 30 patients admitted to SLS. In FY20, 78 patients were admitted. Data for FY21 was not available at the time of this report. Geriatric depression and Zung anxiety scores decreased overall for participants. Memorial Behavioral Health staffs and supports the Behavioral Health Access to Care Hotline across all service areas, including Christian County, which includes the Farm Family Line, COVID-19 Emotional Support Line and the National Suicide Prevention hotline.

Substance Use

In FY19-21, TMH was committed to working with public service programs to enrich the quality of life in our community. TMH provided leadership and support for the Christian County Prevention Coalition and the Families Anonymous Group by providing meeting space, staffing and in-kind support. In FY19, Memorial Health contracted with an outside company, Parkdale Solutions, to develop strategies for identifying and reducing the potential for diversion of controlled substances throughout our hospitals. Parkdale gathered information from hospital staff and leaders on the current attitudes, beliefs, policies and procedures surrounding the potential for drug diversion and the entire chain of custody for controlled substances. Many of their suggested corrective actions for Taylorville Memorial Hospital to reduce the potential for diversion of controlled substances have been implemented, including the installation of several additional surveillance cameras, changes in work processes for documentation and disposition of drug wastage, additional training for staff, replacement of medication storage and dispensing cabinets and technology and implementation of several control measures for anesthesia medications. In FY20, TMH funded an overdose lifeline program called "It's Not about Drugs" for Taylorville public schools grades 6–12. This program is a one-of-a-kind prevention program designed to raise student awareness of the risks associated with misusing prescription opioids. It also educates students about how misusing prescription opioids can lead to addiction, heroin use and overdoses. The lesson encourages students to make good choices and find alternatives to using substances in dealing with life stresses. Finally, TMH provided marketing resources and materials to improve outreach and education regarding tobacco use and smoking cessation resources.

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

CHNA SURVEY FINDINGS

The Hanlon Method was used by participants to gauge answers. Full survey details will be provided upon request.

Q: In what year were you born?

Varied responses were received for this question. Details provided upon request.

Q: What is your gender?

18.79%	Male
80.00%	Female
1.21%	Prefer not to answer

Q: What is your highest level of education?

0.00%	Less than high school
0.00%	Some high school
15.15%	High school diploma or equivalent
7.88%	Trade or technical school beyond hs
34.55%	Some college
20.61%	Four-year college
21.82%	More than four-year degree

Q: Annual Household income

5.45%	Less than $20,000
9.70%	$20,000–$40,000
13.33%	$40,001–$60,000
15.15%	$60,001–$80,000
12.12%	$80,001–$100,000
18.18%	More than $100,000
13.94%	Retired
12.12%	Prefer not to answer

Q: Ethnicity

1.82%	American Indian or Alaska Native
1.21%	Asian
0.00%	Black or African-American
0.00%	Hispanic, Latino or Spanish origin
0.00%	Native Hawaiian or other Pacific Islander
96.97%	White
0.00%	Other

Q: Your zipcode

Varied responses were received for this question. Details provided upon request.

Q: Do you have a disability?

90.18%	No
6.75%	Yes
3.07%	Prefer not to answer

Q: How would you rate your health?

15.06%	Very healthy
53.01%	Healthy
29.52%	Somewhat healthy
2.41%	Not very healthy

Q: How would you rate the health of Christian County?

0.00%	Very healthy
27.27%	Healthy
60.61%	Somewhat healthy
12.12%	Not very healthy

Q: Have you ever witnessed anyone in Christian County being treated negatively because of their race?

73.33%	Never
22.4%	Sometimes
4.24%	Frequently

Q: Racism is a problem in Christian County.

16.97%	Strongly disagree
22.42%	Disagree
39.39%	Unsure
18.79%	Agree
2.42$	Strongly agree

Q: What do you think is/are the biggest health problem(s) in Christian County right now?

Varied responses were received for this question. Details provided upon request.

Q: What is the ONE thing you would do to make the health of Christian County better?

Varied responses were received for this question. Details provided upon request.

Q: How do you characterize the COVID-19 pandemic in Christian County?

4.24%   Not a problem
16.97%   Minor problem
46.67%   Somewhat a problem
32.12%   Major problem

Q: Do you believe you could get a COVID-19 test if you needed one?

6.02%   No
93.98%   Yes

Q: Are you or someone in your household an older adult or someone with an underlying health condition?

38.55%   No
61.45%   Yes

Q: Are you aware of mental health resources where you could go for help or could refer a friend for a help?

40.24%   No
59.76%   Yes

Q: Since the pandemic, how is your sleep?

4.22%   Better
75.90   About the same
19.88%   Worse

Q: Since the pandemic, are you arguing with your family?

20.00%   Less
68.75%   Same
11.25%   More

Q: How often do you follow social distancing, face covering and stay-at-home recommendations?

75.76%   Always
22.42%   Sometimes
1.82%   Never

Q: Has anyone in your household chosen to forgo medical appointments that they needed or had already scheduled because of concerns about COVID-19?

71.69%   No
28.31%   Yes

Q: Have you tried healthcare via phone, e-mail or virtual visit for the first since mid-March 2020?

66.67%   No
33.33%   Yes

Q: Are you likely to try healthcare via phone, e-mail or virtual visit in the future?

41.57%   No
58.43%   Yes

Q: Is there anything else you would like to say about the health of Christian County?

Varied responses were received for this question. Details provided upon request.

Q: Why don't Christian County residents access healthcare when they need it?

Lack of health insurance coverage	69.33%	113
Lack of transportation	41.10%	67
Language/cultural barriers	1.23%	2
Availability of providers/appointments	26.99%	44
Lack of child care	15.95%	26
Lack of access to a dentist	21.47%	35
Inability to pay out-of-pocket expenses	77.30%	126
Inability to pay for prescriptions	58.28%	95
Basic needs not met (food/shelter)	21.47%	35
Time limitations	9.82%	16
Lack of trust	19.63%	32
Lack of access to mental health providers	28.83%	47
Lack of access to physicians/providers	18.40%	30
Lack of concern or health is not a priority/valued	41.10%	67

Q: Select any populations you feel are not receiving sufficient healthcare in Christian County:

Underinsured/uninsured	62.50%	100
Black/African-American	2.50%	4
Seniors/Aging/Elderly	36.88%	59
Individuals with mental health challenges	50.00%	80
Low-income	49.38%	79
Hispanic/Latino	1.25%	2
Individuals with disabilities	13.13%	21
Homeless	30.00%	48
Immigrant/Refugee	4.83%	7
Children/Youth	10.63%	17
LGBTQ community	2.50%	4
Asian	0.63%	1
Young adults	10.00%	16
None of the above	13.75%	22

Q: Please select any challenge you feel Chrisitian County residents face when trying to maintain a healthy lifestyle:

Lack of Recreation Opportunities	33.75%	54
Affordable Housing	19.38%	31
Access to Healthy Foods	28.75%	46
Lack of Motivation/Lack of Care	62.50%	100
Time/Convenience	28.13%	45
Lack of Education or Knowledge	47.50%	76
Safety/Crime	5.63%	9
Cultural Barriers	3.75%	9
None of the above	10.00%	16

Q: Have you or anyone in your household EVER experienced any of the following:

Physical Abuse	11.32%	18
Emotional Abuse	18.87%	30
Sexual Abuse	5.03%	8
Physical Neglect	1.89%	3
Emotional Neglect	8.18%	13
Mental Illness in the Household	13.84%	22
Mother Treated Violently	3.14%	5
Parents Divorced or Separated	18.87%	30
Substance Use in the Household	11.32%	18
Household Member Incarcerated	2.52%	4
None of the above	60.38%	96

Q: Please SELECT THREE most important concerns to be addressed in Christian County:

Colorectal Cancer	1.20%	2
Obesity	54.22%	90
Diabetes	20.48%	34
Drugs/Alcohol/Smoking	69.28%	115
Youth mental health	40.36%	67
Adult mental health	40.96%	68
Lung Disease	9.04%	15
Accidental Deaths	2.41%	4
Heart Disease/Stroke	25.90%	43
Vaping/Tobacco	15.66%	26
Suicide	29.52%	49

Q: Since the pandemic, overall have you (check all that apply):

Exercised Less	52.41%	87
Exercised More	15.06%	25
Eaten less healthy foods than usual	43.37%	72
Eaten more healthy foods than usual	13.86%	23
Smoked/Vaped more	9.04%	15
Quit or lessened tobacco use	3.61%	6
Drank more alcohol	13.25%	22
Quit or lessened alcohol use	5.42%	9
Set personal goals	16.87%	28
Completed home projects	50.00%	83
No changes	18.67%	31

CHNA SURVEY

Taylorville Memorial Hospital is asking Christian County residents to participate in a community health survey.

The survey is part of a community health needs assessment being conducted in Christian County. The survey is available online and in paper format through Feb. 28.

Every three years, Taylorville Memorial Hospital works to complete a community health needs assessment. The process begins with a thorough review of local health data, including items that impact the length of life and the quality of life of residents in Christian County.

Taylorville Memorial Hospital also reviews social determinants of health. Social determinants of health are conditions and situations that can affect people's health, such as discrimination, income, education level, family/social support and community safety.

The information collected will guide community conversations that will result in a three-year community health improvement plan.

The survey can be found online at TaylorvilleMemorial.org on the scrolling banner or directly at

https://tinyurl.com/tmh2021. For more information or to request a paper survey, call 217-707-5250.

We want your feedback.

Take the Christian County Community Health Needs Assessment.

Help us identify the most important health needs in our community.

Find the survey at

https://tinyurl.com/tmh2021

SURVEY CLOSES FEB. 28.

TAYLORVILLE Memorial HOSPITAL

A Memorial Health System Affiliate

CHNA SURVEY

Christian County Community Health Needs Assessment

2020

Conducted by Taylorville Memorial Hospital

TAYLORVILLE Memorial HOSPITAL
A Memorial Health System Affiliate

The data gathered will help us identify and address health and quality-of-life issues in Christian County. Thank you!

The first several questions are for analysis purposes only. This information will NOT be used to identify you as a participant, but is important to ensure we have responses from all members of our community.

Do you reside in Christian County, Illinois?

☐ Yes   ☐ No

In what year were you born?

☐

What is your gender?

☐ Male   ☐ Female   ☐ Other, please specify in next question   ☐ Prefer not to answer

If selected "other" in previous question, please specify here:

☐

What is your highest level of education?

☐ Less than high school   ☐ Some high school   ☐ High school diploma or equivalent
☐ Trade or technical school beyond high school   ☐ Some college
☐ Four-year college degree   ☐ More than four-year degree

What was your household's income last year before taxes?

☐ Less than $20,000   ☐ $60,001 - $80,000   ☐ Retired
☐ $20,000 - $40,000   ☐ $80,001 - $100,000   ☐ Prefer not to answer
☐ $40,001 - $60,000   ☐ More than $100,000

What categories describe you? *(Check all that apply.)*

☐ American Indian or Alaska Native (Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)

☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)

☐ Black or African American (Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)

☐ Hispanic, Latino or Spanish origin (Mexican, Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.)

☐ Native Hawaiian or other Pacific Islander (Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)

☐ White (German, Irish, English, Italian, Polish, French, Lebanese, Egyptian, Iranian, Slavic, Cajun, etc.)

☐ Other (*please specify*)

What is your Christian County zip code?

☐ (blank field)

What is your disability status?

☐ Do not have a disability   ☐ Have a disability   ☐ Prefer not to say

How would you rate your overall health?

☐ Very healthy   ☐ Healthy   ☐ Somewhat healthy   ☐ Not very healthy

How would you rate the health of Christian County?

☐ Very healthy   ☐ Healthy   ☐ Somewhat healthy   ☐ Not very healthy

Why don't Christian County residents access healthcare when they need it? *(Check all that apply.)*

☐ Lack of health insurance coverage   ☐ Basic needs not met (food/shelter)

☐ Lack of transportation   ☐ Time limitations

☐ Language/cultural barriers   ☐ Lack of trust

☐ Availability of providers/appointments   ☐ Lack of access to mental health providers

☐ Lack of child care   ☐ Lack of access to physicians/providers

☐ Lack of access to a dentist   ☐ Lack of concern or health is not a priority/valued

☐ Inability to pay out-of-pocket expenses   ☐ None of the above

☐ Inability to pay for prescriptions

Select any populations you feel are not receiving sufficient healthcare in Christian County:

☐ Uninsured/underinsured   ☐ Hispanic/Latino   ☐ LGBTQ community

☐ Black/African American   ☐ Disabled   ☐ Asian

☐ Seniors/aging/elderly   ☐ Homeless   ☐ Young adults

☐ Individuals with mental health challenges   ☐ Immigrant/refugees   ☐ None of the above

☐ Low-income   ☐ Children/youth

☐ Please explain if there is a particular TYPE of healthcare that is not meeting the needs of specific populations:

☐ (blank field)

What challenges do Christian County residents face when trying to maintain a healthy lifestyle?
(Check all that apply.)

☐ Lack of recreation opportunities   ☐ Lack of education or knowledge

☐ Affordable housing   ☐ Safety/crime

☐ Access to healthy foods   ☐ Cultural barriers

☐ Lack of motivation/lack of care   ☐ None of the above

☐ Time/convenience

Have you ever witnessed anyone in Christian County being treated negatively because of their race?

☐ Never   ☐ Sometimes   ☐ Frequently

Racism is a problem in Christian County?

☐ Strongly disagree ☐ Disagree ☐ Unsure ☐ Agree ☐ Strongly agree

Have you or anyone in your household EVER experienced any of the following? *(Check all that apply.)*

☐ Physical abuse (push, grab, slap, throw something at you, kicked, threatened with a weapon, bruised)

☐ Emotional abuse (swear at, insult, put you down, humiliate, act in a way you were afraid)

☐ Sexual abuse

☐ Physical neglect (not enough to eat, had to wear dirty clothes, parents too drunk or too high to take care of you)

☐ Mental illness in the household

☐ Mother treated violently

☐ Parents divorced or separated

☐ Substance use in the household (alcoholism, street drug use)

☐ Household member incarcerated

☐ None of the above

What do you think is/are the biggest health problem(s) in Christian County right now?

[   ]

What is the ONE thing you would do to make the health of Christian County better?

[   ]

Please SELECT THREE most important concerns to be addressed in Christian County:

☐ Colorectal cancer   ☐ Obesity   ☐ Diabetes
☐ Drugs/alcohol/smoking ☐ Youth mental health ☐ Adult mental health
☐ Lung disease   ☐ Accidental deaths   ☐ Heart disease/stroke
☐ Vaping/tobacco   ☐ Suicide

How do you characterize the COVID-19 pandemic in Christian County?

☐ Not a problem   ☐ Minor problem   ☐ Somewhat a problem   ☐ Major problem

Do you believe you could get a COVID-19 test if you needed one?   ☐ Yes ☐ No

Are you or someone in your household an older adult or someone with an underlying health condition?   ☐ Yes ☐ No

How often do you follow social distancing, face covering and stay-at-home recommendations?

☐ Always   ☐ Sometimes   ☐ Never

Has anyone in your household chosen to forgo medical appointments that they needed or had already scheduled because of concerns about COVID-19?   ☐ Yes ☐ No

Have you tried healthcare via phone, email or virtual visits for the first time since mid-March 2020?   ☐ Yes ☐ No

Are you likely to try healthcare via phone, email or virtual visit in the future?   ☐ Yes ☐ No

Are you aware of mental health resources where you could go for help or could refer a friend for help?   ☐ Yes ☐ No

Since the pandemic, is your sleep:

☐ Better   ☐ About the same   ☐ Worse

Since the pandemic, overall have you *(check all that apply)*:

☐ Exercised less

☐ Exercised more

☐ Eaten less healthy foods than normal

☐ Eaten more healthy foods than normal

☐ Smoked/vaped more

☐ Quit or lessened tobacco use

☐ Drank more alcohol

☐ Quit or lessened alcohol use

☐ Set personal goals

☐ Completed home projects

☐ No change

Is there anything else you would like to say about the health of Christian County?

Please return completed survey to:

Taylorville Memorial Hospital
Attn: Community Benefit
201 E. Pleasant St.
Taylorville, IL 62568

Thank you!