Morgan County
ILLINOIS

2022
-24

Community Health
Implementation Plan

Jacksonville
Memorial
Hospital

Contents

EXECUTIVE SUMMARY

In 2021, Jacksonville Memorial Hospital (JMH) completed a Community Health Needs Assessment (CHNA) for Morgan County, Illinois. This report is the accompanying FY22-24 Community Health Implementation Plan (CHIP) that outlines steps JMH intends to take during this three-year cycle to address the priorities set forth in the CHNA, as required of nonprofit hospitals by the Affordable Care Act of 2010.

As an affiliate of Memorial Health (MH), JMH worked with four other affiliate hospitals to produce the overall CHNA and CHIP, but completed its Morgan County assessment and plan independently from those hospitals in collaboration with local community partners. Final priorities selected by JMH are listed below.

- Mental Health (Mental health was approved as a priority across the health system.)
- Obesity
- Cancers

In order to narrow down potential projects and initiatives to address the final priorities, Community Health leaders used community input, internal input and strategic considerations to develop the CHIP. Access to health, the social determinants of health and racial inequities and inequalities were considered during the process as well.

Recognizing that initiatives often address multiple priorities, these plans have been organized into broader strategies that will be employed to address the priorities of the CHNA, as listed below.

1. Be an active participant and key partner within established/formal county-level community health coalitions to implement agreed-upon action plans and track metrics and outcomes.
2. Broadly support equity-focused, community-based initiatives that support our CHNA priorities.
3. Develop and implement county-level awareness campaigns related to final CHNA priorities.
4. Provide ownership/oversight and primary support for community health programs.
5. Develop and implement an Equity, Diversity, and Inclusion structure and strategic plan which addresses disparities and provides meaningful support for patients, colleagues, and the community.

The Memorial Health Board of Directors Community Benefit Committee approved the FY22-24 Community Health Implementation Plan on Oct. 29, 2021. Approval was also received from the Jacksonville 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.

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 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.

Memorial Health

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

Jacksonville Memorial Hospital
1. Mental Health
2. Obesity
3. Cancers

Lincoln Memorial Hospital
1. Youth Mental Health
2. Obesity
3. Substance Use

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

Taylorville Memorial Hospital
1. Mental Health
2. Obesity
3. Lung Health

Memorial Health Priority
Mental Health

INTRODUCTION TO JACKSONVILLE MEMORIAL HOSPITAL

As a nonprofit community hospital, JMH has been providing healthcare services to the residents of Morgan, Cass, Greene, Scott, Brown, Pike and Macoupin counties in west central Illinois since 1875. JMH contains 131 beds and is the largest employer in Morgan County, providing jobs and dollars that directly impact the local economy.

JMH offers a wide range of services to the region, including emergency care, radiation oncology, Family Maternity Suites, pain management clinic, a transitional care unit, inpatient dialysis, intensive care unit and more. JMH nursing teams have earned three consecutive Magnet® designations for nursing excellence from the American Nurses Credentialing Center.

JMH is committed to providing financial support to patients and community partners in pursuit of its mission to improve lives and strengthen communities through better health. During the past three years, JMH has provided more than $56.4 million in community benefit funding.

COVID-19 AND COMMUNITY HEALTH

On the afternoon of Saturday, March 14, 2020, 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

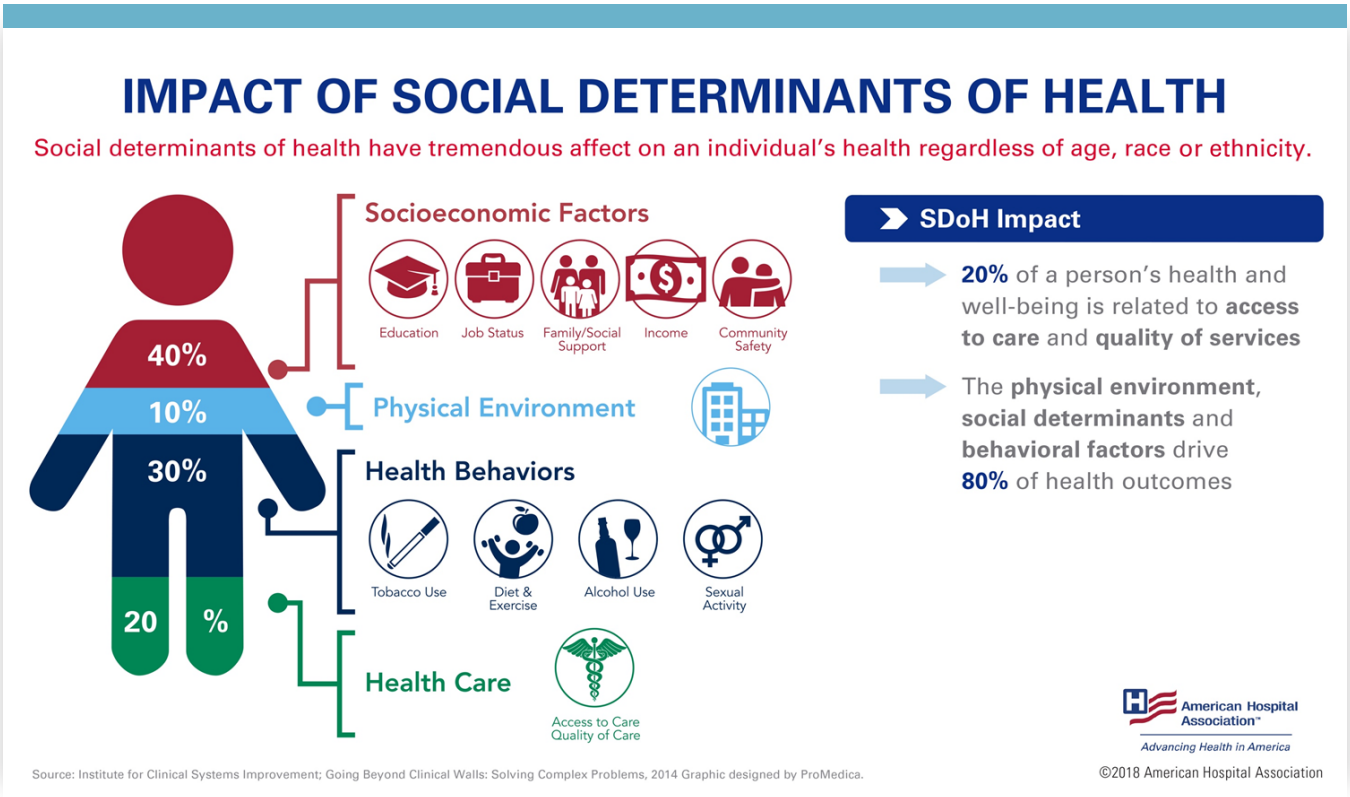
Access to health and healthcare is a multilayered contributing factor including structural, financial and personal components. The presence of facilities, availability of providers, hours of operation and access via public transportation all have a significant impact on access to health and healthcare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

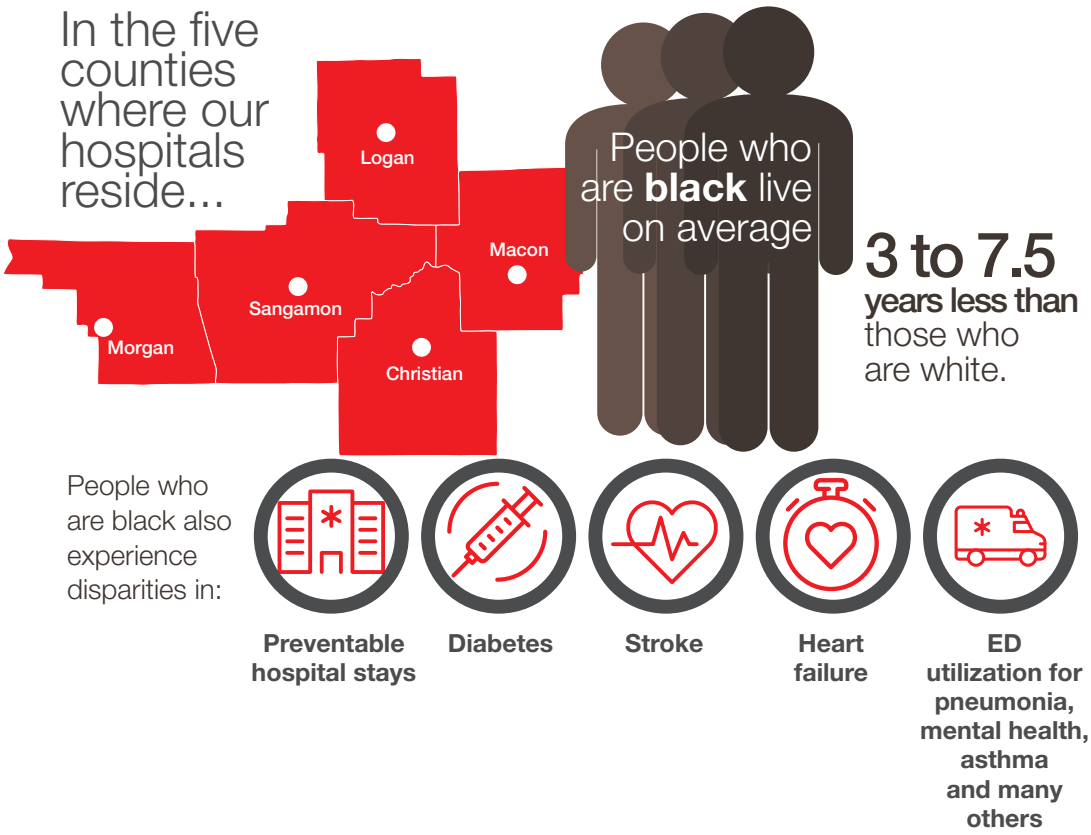
SOCIAL DETERMINANTS OF HEALTH

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.



SECTION I—COMMUNITIES SERVED & DEMOGRAPHICS

GENERAL INFORMATION

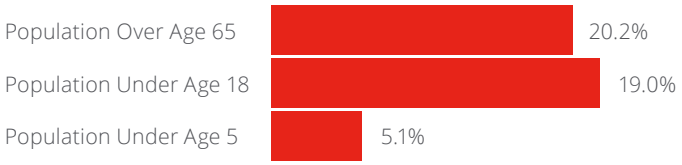
JMH is located in Jacksonville, Illinois, near the center of the state. Jacksonville is the county seat. Morgan County is largely rural and agricultural, with healthcare being one of the largest employers. The majority of patients served by JMH come from Jacksonville and surrounding areas. Jacksonville 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.

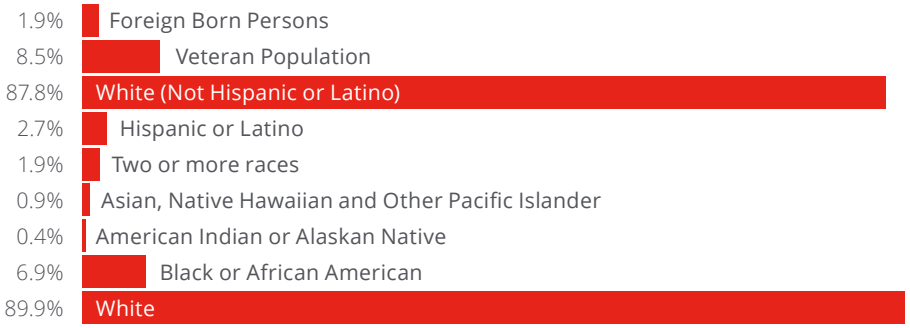
POPULATION

The population of Morgan County is 33,658 and the largest urban setting in Morgan County is Jacksonville, with a population of 18,729.

Population Age



Race and Hispanic Origin and Population Characteristics



EDUCATION AND HEALTHCARE RESOURCES

Jacksonville is also home to the Illinois School for the Deaf—a state operated pre-kindergarten, elementary and high school for those who are deaf or hard-of-hearing. It is also home to Illinois College, a private liberal arts college, and Lincoln Land Community College—Jacksonville.

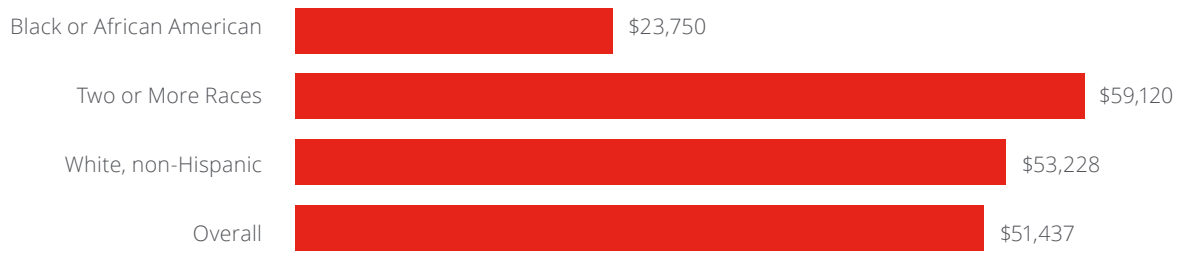
Many patients come to Jacksonville annually for quality specialty care that is not available in their community. In addition to JMH, other Morgan County healthcare resources include:

- Central Counties Health Centers, FQHC—Federally Qualified Health Center
- Hospice Care
- HSHS Medical Group
- Memorial Behavioral Health
- Memorial Home Medical Supply
- Morgan County Health Department
- Orthopedic Center of Central Illinois
- SIU Center for Family Medicine, FQHC
- Springfield Clinic

ECONOMICS

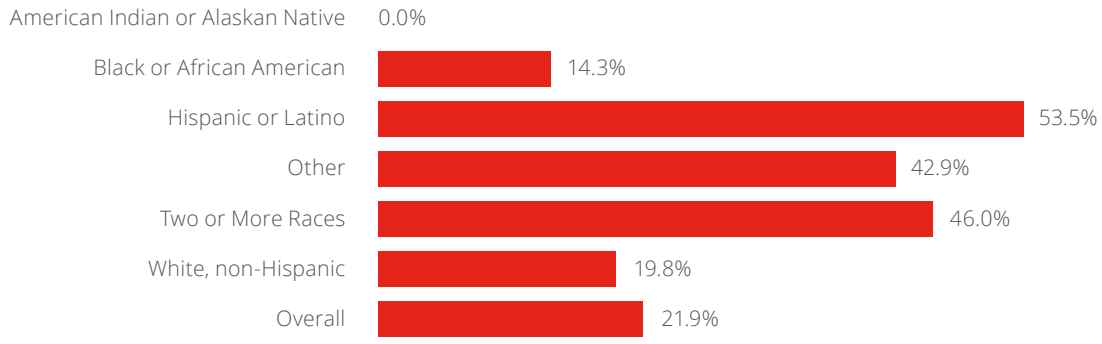
ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by households that earn above the federal poverty line (FPL), but not enough to afford a "bare bones" household budget. In Illinois, 12% of households live below the FPL, and an additional 23% qualify as ALICE. Morgan County has 36% of households living below the FPL or qualifying as ALICE.

Median Household Income by Race/Ethnicity
County: Morgan



Source: American Community Survey (2015–2019)

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



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 who would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.

Morgan County has a residential segregation—Black/white score of 60, as compared to an overall score of 71 in Illinois, with county scores ranging from 19 to 85.

In other words, 60% of either Black or white residents would have to move to different geographic areas in order to produce a desegregated 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).

Morgan County's 2018 overall SVI score is 0.5045. A score of 0.5045 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 Morgan County, the zip codes estimated with the highest socioeconomic need are 62665, 62650 and 62628.

SECTION II – CHNA PROCESS, CRITERIA USED & FINAL PRIORITIES

ASSESSMENT PROCESS

Jacksonville Memorial Hospital collaborated with the Morgan County Health Department (MCHD) to complete the FY21 Community Health Needs Assessment. As part of the CHNA process, an extensive secondary data review was completed. In addition to individual health indicators, 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 role in outcomes across some of the health indicators. Primary data was gathered through community focus groups and a community-wide survey, as well as input from the Community Advisory Council. These groups were asked to force-rank community health indicators by highest priority while considering the Criteria for Determining Need. They were also asked to share insight on how these priorities are experienced within the community and what the hospital might do to address them. Internal Advisory Councils and the Community Health team reviewed and analyzed feedback from the process and recommended final priorities to the Memorial Health Board of Directors Community Benefit Committee for approval. The general process steps illustrated below were used to conduct the CHNA. Members of key participant groups are also listed below.

CORE TEAM MEMBERS

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

- Lori Hartz, Jacksonville Memorial Hospital, Director, Community Health
- Dale Bainter, Morgan County Health Department, Administrator
- Pat Simmons, Morgan County Health Department, Case Manager

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.

- Anthony Griffin, Jacksonville Memorial Hospital, Chief Medical Officer
- Dale Bainter, Morgan County Health Department, Administrator (Core Team)
- Leanna Wynn, Jacksonville Memorial Hospital, Affiliate VP and Chief Nursing Officer
- Lori Hartz, Jacksonville Memorial Hospital, Director, Community Health (Core Team)
- Paul Eddington, Jacksonville Memorial Hospital, Chief Financial Officer
- Sarah Karraker, Jacksonville Memorial Hospital, Manager, Quality, Safety and Operations Improvement
- Scott Boston, MD, Jacksonville Memorial Hospital, President and CEO
- Trevor Huffman, Jacksonville Memorial Hospital, Director, Ambulatory Services

COMMUNITY ADVISORY COUNCIL (CAC) INVITEES

Charter: The CAC of the Morgan County 2021 CHNA exists to help JMH and the MCHD 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.

- City of Jacksonville, Alderman
- Crisis Center Foundation*
- Health Alliance
- IL Guardianship and Advocacy Commission*
- Jacksonville School District 117/Early Years
- MCS Community Services*
- Memorial Behavioral Health*
- Midwest Youth Services*
- Morgan County Housing Authority*
- New Directions Homeless Shelter*
- Prairie Center Against Sexual Assault
- Prairie Council on Aging
- Prairieland United Way*
- University of IL Extension
- West Central Mass Transit

**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/or IAC about personal experiences related to key health indicators. Focus groups were conducted by theme, as outlined below:

- College students
- Consumers of social services*
- High school students
- Seniors*
- Under-represented populations*
- Workforce (HR managers from area businesses)

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

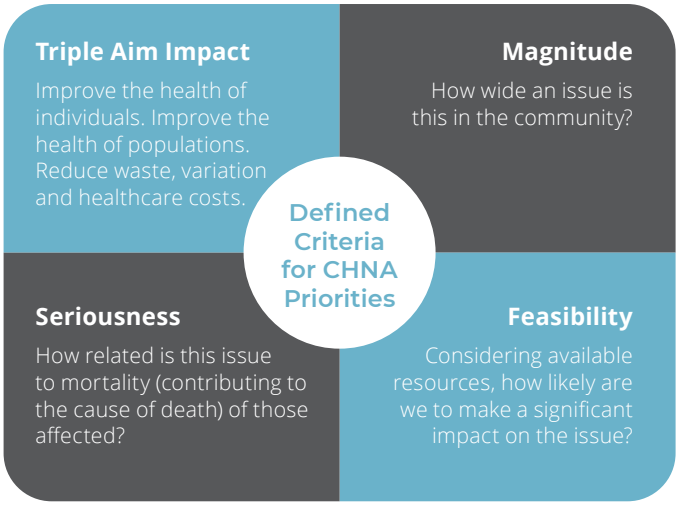
INTERNAL COMMUNITY HEALTH LEADERS

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.



SECTION III—SIGNIFICANT HEALTH NEEDS

SELECTED PRIORITIES

Jacksonville Memorial Hospital

1. Mental Health
2. Obesity
3. Cancers

Memorial Health Priority: Mental Health

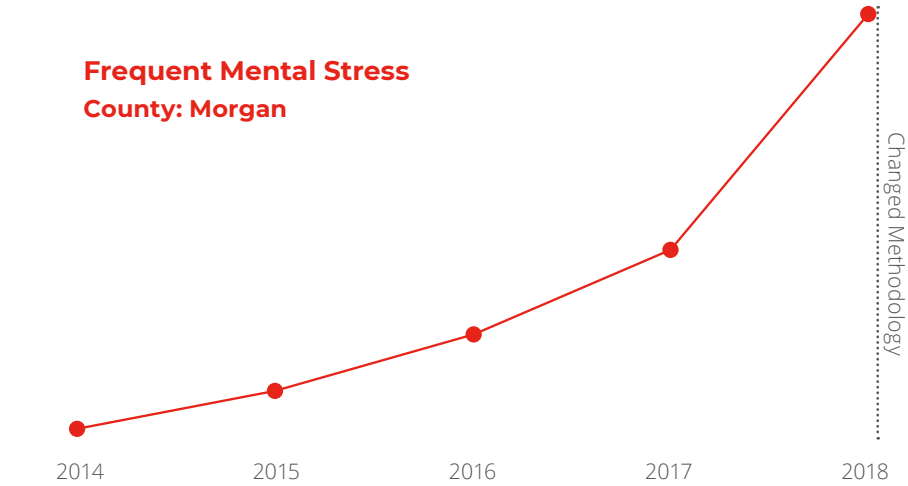
The below sections will provide deeper insight into the chosen priorities, as well as those that were not chosen as final priorities. While many are not chosen as final priorities, MH is committed to meeting the needs of our communities and will continue to collaborate with community partners to help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

Mental Health

The demand for mental health services continues to outpace the supply of providers and services. The mental health provider rate in Morgan County is 107 providers per 100,000 population, which is lower than Illinois value (245/100,000) and U.S. value (229/100,000). Data shows all subsets of the population in Morgan County rank higher than the state average for their emergent healthcare needs. Over half of the respondents on the community survey ranked mental health as having a significant impact on the health of the county.

Additionally, many community members considered suicide as a high priority and closely related to mental health. The COVID-19 pandemic has also had a significant impact on mental health, which was already identified as a top concern pre-pandemic. Community partners have expressed a growing need for mental health services. For these reasons, JMH has prioritized mental health as a final priority.

14.7% of adults stated that their mental health, which includes stress, depression and problems with emotions, was not good for 14 or more of the past 30 days in Morgan County. This rate is higher than Illinois value (11.5%) and U.S. value (13%).



Beginning with 2018, the CDC's BRFSS has updated their modeling procedure for producing small-area estimates.
Source: County Health Rankings (2018)

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

- Providers and the healthcare system are often viewed as untrustworthy.
- There is a lack of culturally competent care, diverse providers and services rendered in the primary language of many community members.
- 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 concern is that people are unclear when to seek mental healthcare and there is an overall national shortage of mental health providers. Memorial Behavioral Health, a Memorial Health affiliate, is well-positioned to help address some of these community needs and was considered when assessing our ability to make an impact for this priority.

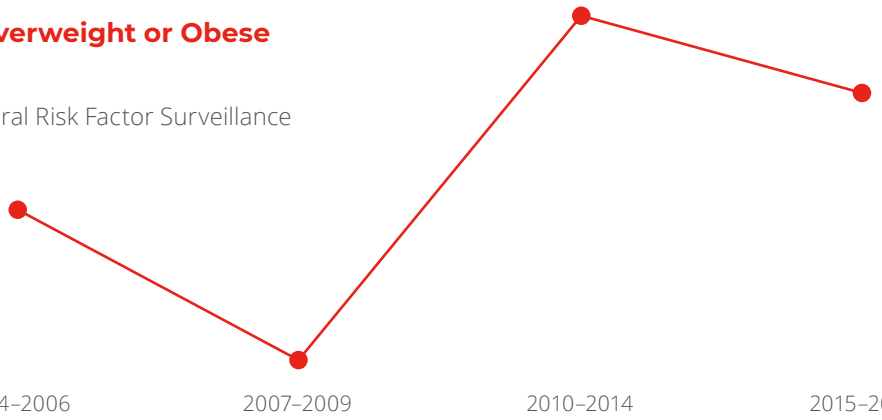
Variations of mental health were identified as the highest priorities in the CHNAs for each county where a Memorial Health hospital is located. Community Health leaders across the system have committed to making mental health a priority and using our combined resources to make a regional impact for this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

Obesity

More than half of Morgan County adults are overweight or obese (66.2%). Obesity is an indicator of the overall health and lifestyle of a community. Obesity was a top concern of the CAC, as well as in the community survey. Obesity increases the risk of many diseases and health conditions, including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems and osteoarthritis. Losing weight and maintaining a healthy weight helps to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings, as well as increased risk of depression and emotional distress.

Adults who are Overweight or Obese
County: Morgan

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



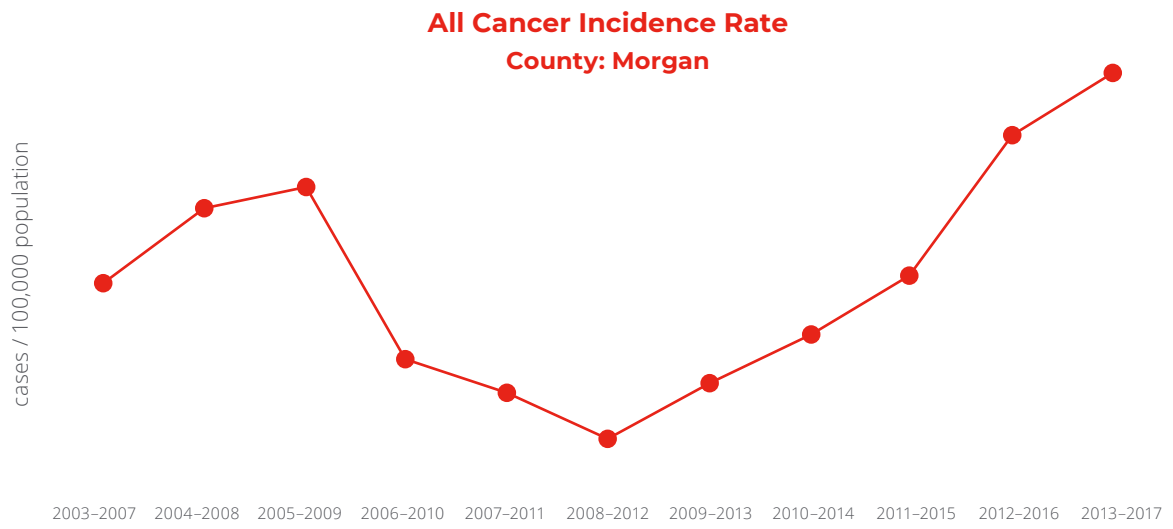
We recognize that several local factors contribute to this poor health outcome, including low fruit and vegetable consumption, lack of physical activity, lack of access to physical activity opportunities and local poverty which creates food insecurity, homes that lack a kitchen, dependence on convenience foods and less cooking. We recognize that obesity is a root cause for cancers, diabetes and hypertension, which can lead to heart disease and stroke.

Cancers

The incidence rate for all cancers in Morgan County is 548.0, and trending upward, which is higher than state (465.5) and national (448.7) averages. Breast and lung cancer were ranked highly by the CAC. Cancer incidence rates in Morgan County for the following cancers ranked in the worst quartile for state and U.S. counties:

- All Cancers
- Breast Cancer
- Lung Cancer
- Oral Cavity and Pharynx
- Prostate Cancer

With existing infrastructure and collaboration around this priority, JMH will focus on cancer prevention efforts.



Source: National Cancer Institute (2013–2017)

PRIORITIES NOT SELECTED

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

Alcohol Use, Drug Overdose Deaths, Smoking/Vaping
Substance use will be addressed as part of our comprehensive approach to mental health. While these indicators were seen as a community need, they were not highly prioritized and have some overlap in relation to our final priorities and may be partially addressed through strategies around cancer and mental health.

Diabetes, Heart Disease/Stroke
These indicators will be addressed partially through our measures around obesity. Obesity is considered a root cause of these indicators; therefore, our approach will be targeted on obesity rather than diabetes, heart disease and stroke.

Influenza/Pneumonia
This indicator was not scored highly in the community survey, though it was scored higher by the CAC. JMH chose to focus resources on more urgent needs that may see a larger community impact.

Oral Health
This indicator was not ranked with high concern by the community survey or the CAC. Components of oral health may effect oral cancers and may be considered within the final priority of cancer.

Suicide
Suicide was ranked fifth in the category of health outcomes/quality of life. Due to being considered a part of mental health challenges, we will continue efforts to address suicide in the community through our mental health strategies.

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 low birth weight, teen birth, STDs and more. Some elements to address these and other unselected priorities may be present in our final CHIP, as they relate to the final health priorities.

SECTION IV – CHIP DEVELOPMENT

The CHIP was developed with the input of the community, internal Memorial Health stakeholders and additional strategic considerations. Community Health leaders worked to balance these plans to be both broad and specific. It is important to be flexible and allow room for change as community partnerships evolve, while also being explicit and direct regarding MH's commitment to address the priorities of the community. After reviewing current Community Health work and the desires of the community, goals were established for each priority and broad strategies were developed to help meet those goals. Within the strategy templates, detailed information is included regarding which priorities the strategy addresses, resources we will commit, potential impacts, measures we can report on, community partnerships and more.

Community Input

- Several meetings have been held with community partners and organizations working to address the final priority areas. Through these meetings, gaps were identified that could serve as potential projects or initiatives for the hospital to be involved in.
- Meetings were held with the CHNA collaborative partners to identify areas for collaboration.
- Many ideas were garnered through the CHNA process. Notes from these events were analyzed for trends and ideas that address these priorities.

Internal Input

- Community Health leaders spend much of their time in the community, working alongside those who have been engaged in work around the final priorities for years. Community Health leaders' insight and expertise was relied on as the CHIP was developed.
- Members of the Internal Advisory Committees were consulted at various points to discuss general budget expectations, internal operations considerations and overall guidance and input.

Strategic Plans and Commitments

- Memorial Health's new strategic plan, Destination 2025, was reviewed and considered to be a guiding document as Memorial Health deepens its commitment to community health.
- Evolving work around equity, diversity and inclusion (EDI) helped shape and prioritize strategies and potential projects Memorial Health will engage in. Organizations who are conducting their work in an anti-oppressive and inclusive way are prioritized for partnership.
- Current community health work was inventoried, as well as those projects and initiatives MH has committed to in the coming years. This work was incorporated into the CHIPs when it was applicable to addressing the final priorities.

Complexity and Intersectionality

As input was sought on the development of the CHIP, it was apparent that many initiatives and programs address multiple final priorities. It is also clear these priorities intersect in many ways and the interventions needed will often intersect as well. For these reasons, broader strategies were defined and detailed strategy templates were developed to highlight anticipated work, resources and outcomes. Within those strategy templates are some of the potential projects to collaborate on, as well as which priorities those projects and strategies address. It is also recognized that this CHIP is developed, for this three-year cycle, during a global pandemic in which community needs and ways to address them are changing rapidly. For these reasons, the terms "potential programs" are used within the strategy templates to indicate work already being collaborated on, or intended to, so long as the current needs and plans continue during this CHIP cycle.

SECTION V—GOALS, STRATEGIES & POTENTIAL PROGRAMS

GOALS

Each of the final priority areas have a corresponding goal. The strategies employed are intended to help meet these goals.

Mental Health

- To improve mental health.

Obesity

- To reduce overweight and obesity.

Cancers

- To reduce the incidence of cancers.

System Priority: Mental Health

- To improve mental health in Christian, Logan, Macon, Morgan and Sangamon counties.

STRATEGIES

Multiple strategies will be employed to meet the aspirational goals previously outlined. Included in the strategy templates are the following details:

- The potential programs that will be pursued as part of the strategy
- The anticipated impact of the potential programs
- The resources the hospital will dedicate to those potential programs
- The community partners we intend to collaborate with for potential programs
- The social determinants of health that the strategy and potential programs help address
- The final priorities which will be addressed through the strategy and potential programs
- Any related inequities identified
- Whether this strategy will provide support to low-income and disadvantaged communities
- Outcomes we can measure and report on annually and in our next CHNA

The CHIP strategies are listed below and are detailed within the subsequent strategy templates.

1. Be an active participant and key partner within established/formal county-level community health coalitions to implement agreed-upon action plans and track metrics and outcomes.
2. Broadly support equity-focused, community-based initiatives that support our CHNA priorities.
3. Develop and implement county-level awareness campaigns related to final CHNA priorities.
4. Provide ownership/oversight and primary support for community health programs.
5. Develop and implement an Equity, Diversity, and Inclusion structure and strategic plan which addresses disparities and provides meaningful support for patients, colleagues, and the community.

Every year, Memorial Health contributes millions of dollars in patient financial assistance and government-sponsored health care subsidies. You can find more details about these contributions in the Community Benefit Annual Reports on the Memorial Health website. Memorial will continue to provide these community benefits, in addition to the strategies outlined in this implementation plan.

STRATEGY TEMPLATES WITH POTENTIAL PROGRAMS

System Priority: MENTAL HEALTH

STRATEGY	Take a regional, collective-impact approach to selected interventions related to improving mental wellness in counties where Memorial Health hospitals reside.
POTENTIAL PROGRAMS	• Awareness Campaign • Trauma-Informed Care training • Memorial Behavioral Health Community Committee participation • Emergency Department handoffs for Substance Use Disorder treatment
ANTICIPATED IMPACT	• Decreased stigma around mental wellness and seeking care. • Increased community residents seeking mental health care. • Community partners approaching their work in a trauma-informed way. • Increased connection to Substance Use Disorder treatment. • Improved collaboration and greater impact between Memorial Behavioral Health and MH hospitals.
HOSPITAL RESOURCES	☑ Colleague Time ☑ Marketing ☑ Financial Support ☑ Printing/Supplies ☑ Meeting Space/Virtual Platform ☑ Consultant/Expert ☑ Other Support
COMMUNITY PARTNERS	Memorial Behavioral Health, others as appropriate
AREA(S) OF IMPACT Social Determinants of Health	☑ Healthy Behaviors ☐ Social/Economic Factors ☑ Clinical Care ☐ Physical Environment
TARGETED PRIORITY(IES)	☑ Mental Health
IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed?	Many people of marginalized identities expressed barriers to seeking and accessing mental healthcare during the CHNA process. These needs will be centered in our interventions.
Does this strategy provide support to low-income and disadvantaged communities	☑ Yes ☐ No
OUTCOME MEASURE	• Awareness campaign developed and implemented. • Number of organizations reached through campaign. • Usage data from 988 hotline. • Trauma-Informed Care training options evaluated, plan developed, and executed. • Number of participants. • Tracked metrics from participants. • Number of meetings Community Health leaders attend on MBH Community Committee. • Reduced readmissions to EDs for SUD. • Impacts reported from work on MBH Community Committee.

County-Level Coalitions

STRATEGY	Be an active participant and key partner within established/formal county-level community health coalitions to implement agreed upon action plans and track metrics and outcomes.
POTENTIAL PROGRAMS	• Substance Use Prevention Coalition • Healthy Communities Jacksonville
ANTICIPATED IMPACT	• Increased partnership and collaboration between organizations and the hospital. • Increased awareness of alcohol overuse. • Decreased alcohol use. • Increased SUD referrals. • Improvements related to food/nutrition, transportation, income/employment and mental health/substance use.
HOSPITAL RESOURCES	☑ Colleague Time ☑ Marketing ☐ Financial Support ☑ Printing/Supplies ☑ Meeting Space/Virtual Platform ☑ Consultant/Expert ☑ Other Support
COMMUNITY PARTNERS	Family Guidance Centers, Morgan County Health Department, Healthy Communities Jacksonville
AREA(S) OF IMPACT Social Determinants of Health	☑ Healthy Behaviors ☑ Social/Economic Factors ☑ Clinical Care ☑ Physical Environment
TARGETED PRIORITY(IES)	☑ Mental Health ☑ Obesity ☑ Cancers
IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed?	
Does this strategy provide support to low-income and disadvantaged communities	☑ Yes ☐ No
OUTCOME MEASURE	• Objectives met for Healthy Communities Jacksonville work groups. • Change in alcohol use reported by students in the annual youth survey. • Substance Use Prevention Coalition revived with consistent regular meetings. • Campaign developed and implemented regarding risk of alcohol overuse. • Report on tracked metrics by Family Guidance Centers related to hospital referrals.

Community Initiatives

STRATEGY	Broadly support equity-focused, community-based initiatives that support our CHNA priorities.
POTENTIAL PROGRAMS	• Bike and walking paths • LINK card access at Farmers Market • Complete park renovation • Sponsorships
ANTICIPATED IMPACT	• Resources provided for what the community needs, as requested by those already doing the work. • Partnership and collaboration increased between organizations and residents. • More opportunities to be active. • Innovation around supporting the Social Determinants of Health and increasing equity. • Increased access to healthy foods.
HOSPITAL RESOURCES	☑ Colleague Time ☑ Marketing ☑ Financial Support ☑ Printing/Supplies ☑ Meeting Space/Virtual Platform ☑ Consultant/Expert ☑ Other Support
COMMUNITY PARTNERS	City of Jacksonville, Farmers Market in Morgan County, LINK
AREA(S) OF IMPACT Social Determinants of Health	☐ Healthy Behaviors ☐ Social/Economic Factors ☑ Clinical Care ☑ Physical Environment
TARGETED PRIORITY(IES)	☑ Mental Health ☑ Obesity ☑ Cancers
IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed?	Numerous disparities and inequities were identified during the CHNA process in every indicator. This strategy centers partnerships and collaborations to address the most pressing priorities.
Does this strategy provide support to low-income and disadvantaged communities	☑ Yes ☐ No
OUTCOME MEASURE	• Number of persons served. • Increased number of bike paths. • Plan developed to improve sidewalks leading to health hubs and food resources. • Number of new partnerships and interventions implemented. • Ability to use LINK cards at Farmers Market in Morgan County. • Number of LINK tokens redeemed. • Objectives met for park renovation.

Awareness Campaign

STRATEGY	Develop and implement county-level awareness campaigns related to final CHNA priorities.
POTENTIAL PROGRAMS	• Cancer Awareness campaign and outreach • Substance Use Awareness campaign
ANTICIPATED IMPACT	• Increased awareness of cancer screening importance. • Increased number of cancer screenings among minoritized and impoverished residents. • Increased awareness of alcohol overuse.
HOSPITAL RESOURCES	☑ Colleague Time ☑ Marketing ☑ Financial Support ☑ Printing/Supplies ☑ Meeting Space/Virtual Platform ☑ Consultant/Expert ☑ Other Support
COMMUNITY PARTNERS	Family Guidance Centers, Morgan County Health Department, Healthy Communities Jacksonville, American Cancer Partnership, Regional Cancer Partnership
AREA(S) OF IMPACT Social Determinants of Health	☑ Healthy Behaviors ☑ Social/Economic Factors ☑ Clinical Care ☑ Physical Environment
TARGETED PRIORITY(IES)	☑ Mental Health ☑ Obesity ☑ Cancers
IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed?	Disparities in cancer rates exist among minoritized and impoverished residents. This strategy will intentionally develop messaging and outreach to connect with these groups.
Does this strategy provide support to low-income and disadvantaged communities	☑ Yes ☐ No
OUTCOME MEASURE	• Campaign developed and executed regarding cancer screenings. • Campaign developed and executed regarding alcohol overuse. • Change in alcohol use reported by students in the annual youth survey. • Change in number of cancer screenings for specified demographic groups. • Report on metrics as defined by the awareness campaigns.

Community Health Programming

STRATEGY	Provide ownership/oversight and primary support for community health programs.
POTENTIAL PROGRAMS	• Senior Life Solutions • Healthy You • Vaping Cessation Program • Healthy Jacksonville Community Health Workers
ANTICIPATED IMPACT	• Improved mental health among senior citizens. • Reduced chronic disease over time. • Reduced overweight and obesity in participating individuals. • Decrease in vaping by participating individuals. • Increased physical activity. • Increased access to health.
HOSPITAL RESOURCES	☑ Colleague Time ☑ Marketing ☑ Financial Support ☑ Printing/Supplies ☑ Meeting Space/Virtual Platform ☑ Consultant/Expert ☑ Other Support
COMMUNITY PARTNERS	SIU School of Medicine, Memorial Wellness Center
AREA(S) OF IMPACT Social Determinants of Health	☑ Healthy Behaviors ☐ Social/Economic Factors ☑ Clinical Care ☐ Physical Environment
TARGETED PRIORITY(IES)	☑ Mental Health ☑ Obesity ☑ Cancers
IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed?	
Does this strategy provide support to low-income and disadvantaged communities	☑ Yes ☐ No
OUTCOME MEASURE	• Senior Life Solutions program launched. • Change in metrics tracked by Senior Life Solutions. • Healthy You program launched. • Reductions in overweight and obesity among Healthy You enrolled clients. • Vaping Cessation program launched. • Walking program launched. • Maintain Healthy Jacksonville Community Health Workers program. • Number of clients enrolled in Healthy Jacksonville. • Persons served.

Internal Equity, Diversity and Inclusion

STRATEGY	Develop and implement an Equity, Diversity and Inclusion structure and strategic plan which addresses disparities and provides meaningful support for patients, colleagues and the community.
POTENTIAL PROGRAMS	• EDI Strategic Planning
ANTICIPATED IMPACT	• Increased diversity and inclusion among MH workforce. • Improved patient outcomes. • Stronger relationships between MH and the communities we serve. • Culturally appropriate services, resources and interventions provided to the community.
HOSPITAL RESOURCES	☑ Colleague Time ☑ Marketing ☑ Financial Support ☑ Printing/Supplies ☑ Meeting Space/Virtual Platform ☑ Consultant/Expert ☑ Other Support
COMMUNITY PARTNERS	Korn Ferry, MH Coalition Development Team (CDT), various community organizations who participated in the CHNA process and are serving marginalized members of the community.
AREA(S) OF IMPACT Social Determinants of Health	☐ Healthy Behaviors ☑ Social/Economic Factors ☑ Clinical Care ☐ Physical Environment
TARGETED PRIORITY(IES)	☑ Mental Health ☑ Obesity ☑ Cancers
IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed?	People who identify or are typically identified with non-dominant dimensions of diversity experience emotional trauma, reduced employment and worse health outcomes than those who are typically identified by the dominant dimensions of diversity.
Does this strategy provide support to low-income and disadvantaged communities	☑ Yes ☐ No
OUTCOME MEASURE	• Comprehensive gap analysis completed. • Strategic plan developed with recommended strategies in implementation. • Metrics tracked related to diverse identities. • Continued commitment of resources to EDI work. • Annual report provided on progress and barriers. • Patient experience and colleague survey scores (stratified).

THE FY22-24 CHIP Report and Final Priorities were adopted by the Community Benefit Committee of the Memorial Health Board of Directors on Oct. 29, 2021.

The CHNA and CHIP is made widely available on the MH website, as well as through press releases, social media and presentations. Updates regarding this CHIP will be published in the MH Annual Report and posted on the website. If you are interested in copies of this report or have additional questions, please direct inquiries to communityhealth@mhsil.com.

Jacksonville Memorial Hospital

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