

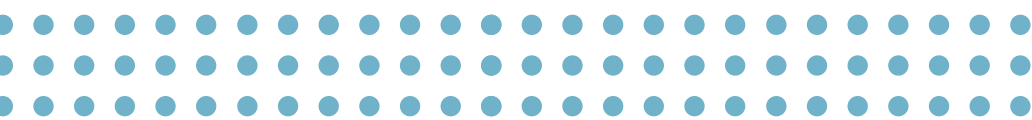


Christian County

ILLINOIS

Community Health
Implementation Plan

2022
-24



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EXECUTIVE SUMMARY

In 2021, Taylorville Memorial Hospital (TMH) completed a Community Health Needs Assessment (CHNA) for Christian County, Illinois. This report is the accompanying FY22-24 Community Health Implementation Plan (CHIP) that outlines steps TMH 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), TMH worked with four other affiliate hospitals to produce the overall CHNA and CHIP, but completed its Christian County assessment and plan independently from those hospitals in collaboration with local community partners. Final priorities selected by TMH are listed below.

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

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. Broadly support equity-focused, community-based initiatives that support our CHNA priorities.
2. Build partnerships and work groups, as appropriate, to develop action plans around final priority areas, determining the best approach for collective impact.
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 (EDI) 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 Taylorville Memorial Hospital board of directors. This report is available online at [memorial.health/about-us/community/community-health-needs-assessment/](https://www.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/](https://www.memorial.health/about-us/community/community-health-needs-assessment/). Final priorities for MH are listed in the graphic below.

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



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



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, 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

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

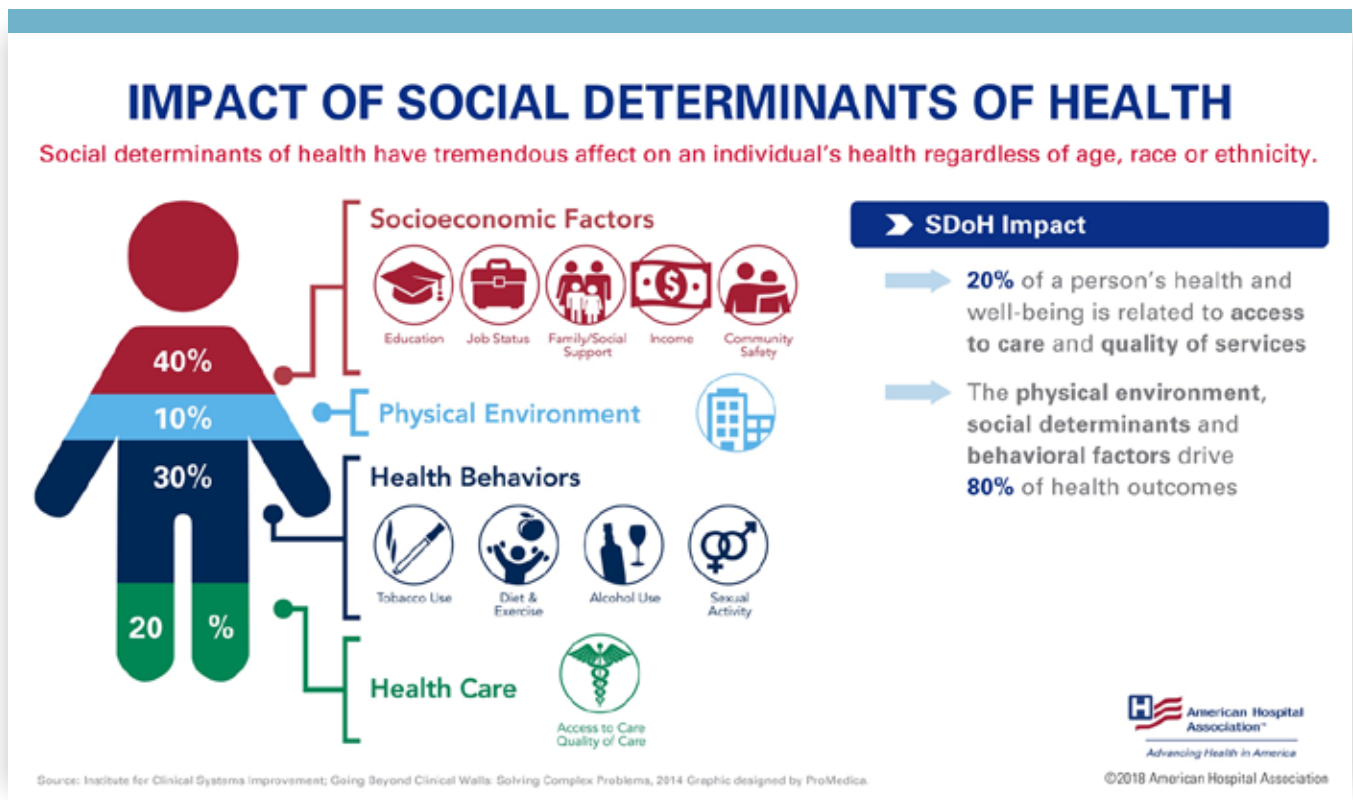
Access to health and healthcare is a multilayered contributing factor including structural, financial and personal components. The presence of facilities, availability of providers, hours of operation and access via public transportation all have a significant impact on access to health and healthcare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

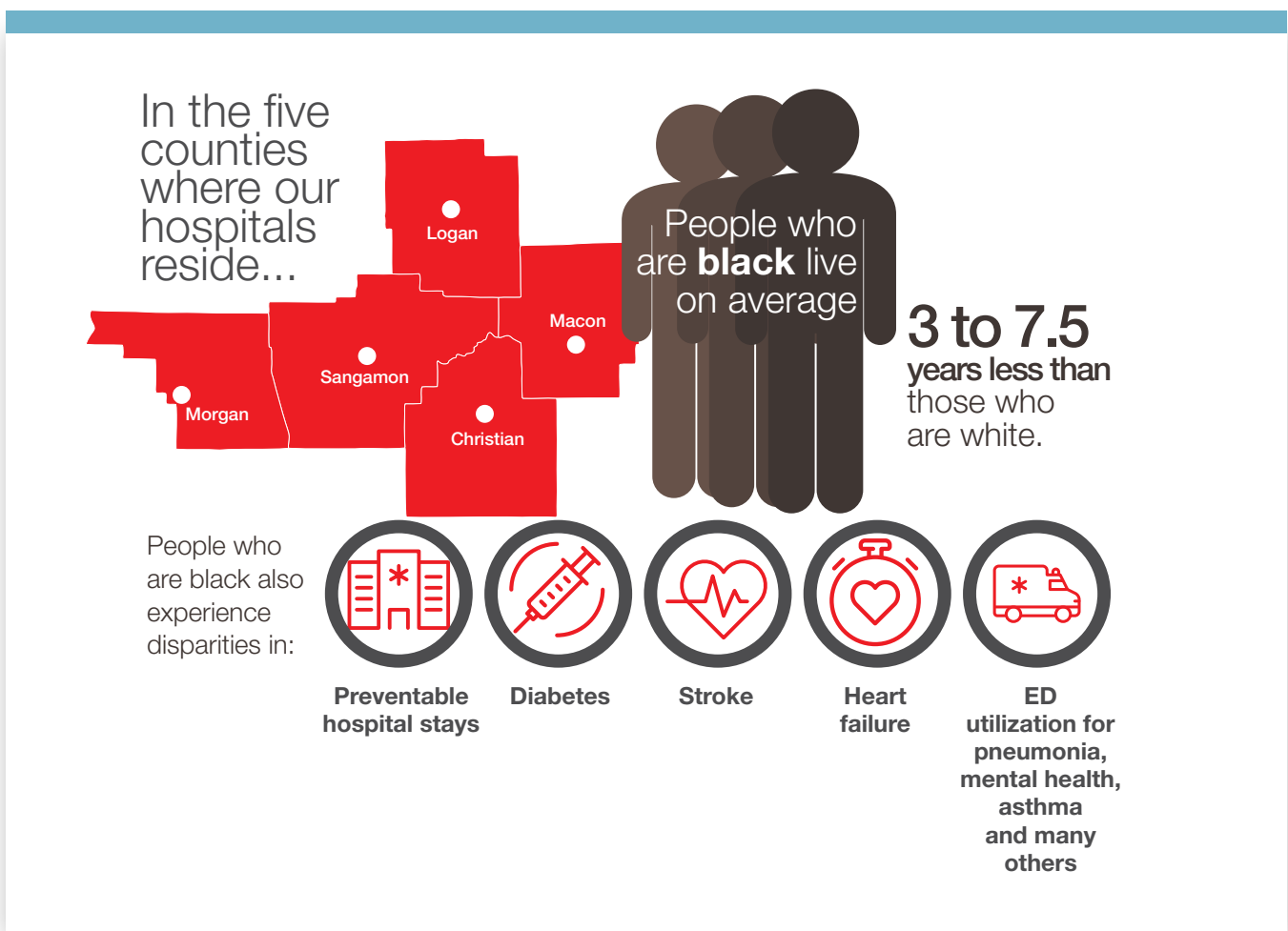
SOCIAL DETERMINANTS OF HEALTH

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.



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

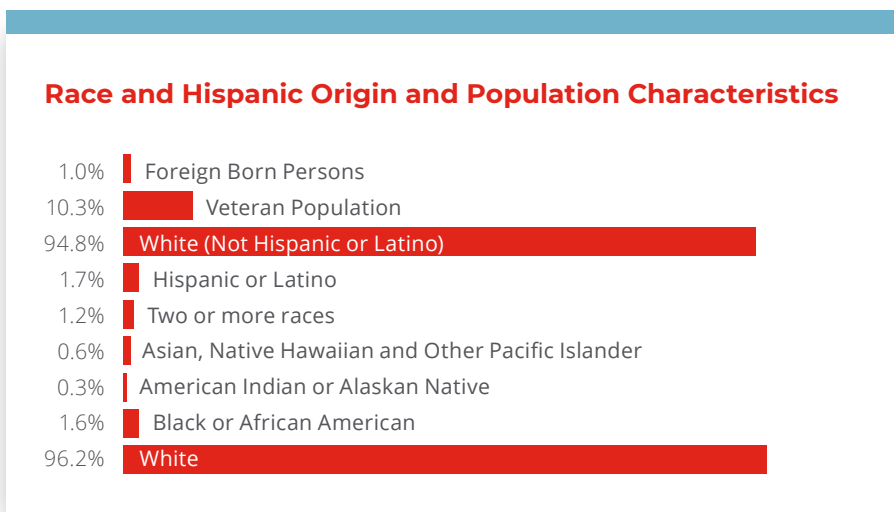
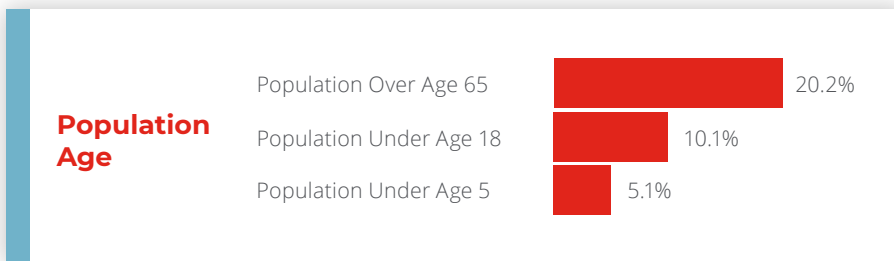
TMH is located in Taylorville, Illinois, near the center of the state. Taylorville is the county seat. Christian County is largely rural and agricultural, with healthcare being one of the largest employers. The majority of patients served by TMH come from Christian County, where the hospital focuses 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.





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:

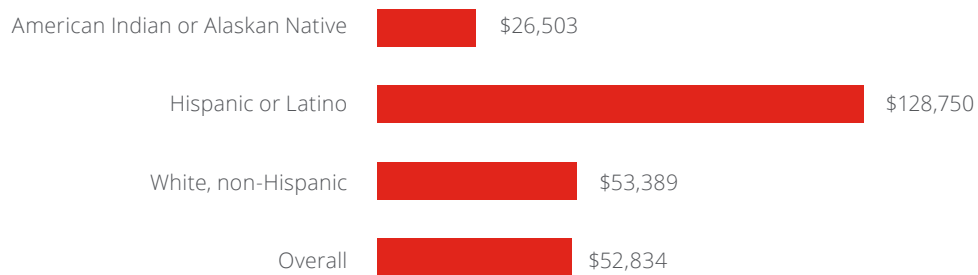
- Central Counties Health Centers, FQHC—Federally Qualified Health Center
- Christian County Health Department
- Dental offices
- Home health agencies
- Hospice care
- HSHS Medical Group Multispecialty Care
- SIU Center for Family Medicine, FQHC
- Springfield Clinic Primary and Multispecialty Care
- Taylorville Urgent Care



ECONOMICS

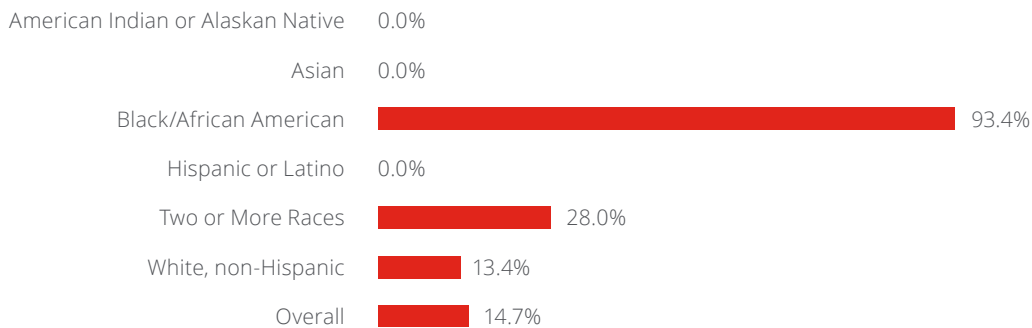
ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by households that earn above the federal poverty line (FPL), but not enough to afford a “bare bones” household budget. In Illinois, 12% of households live below the FPL, and an additional 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



Source: American Community Survey (2015–2019)

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



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 – CHNA PROCESS, CRITERIA USED & FINAL PRIORITIES

ASSESSMENT PROCESS

Taylorville Memorial Hospital collaborated with various community organizations via the Community Advisory Council, including the Christian County Health Department (CCHD), 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 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.

- 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) INVITEES

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.

- Center for Youth and Family Solutions*
- 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.*

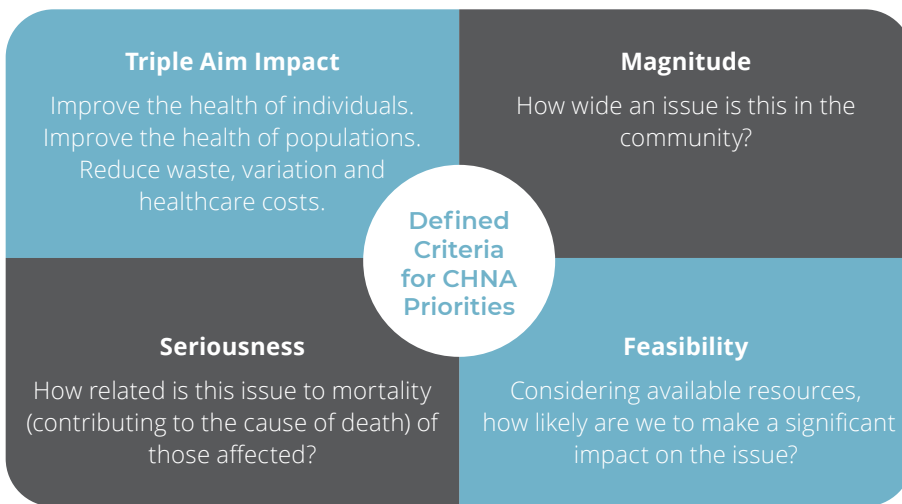
INTERNAL COMMUNITY HEALTH LEADERS

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.



SECTION III—SIGNIFICANT HEALTH NEEDS

SELECTED PRIORITIES

Taylorville Memorial Hospital

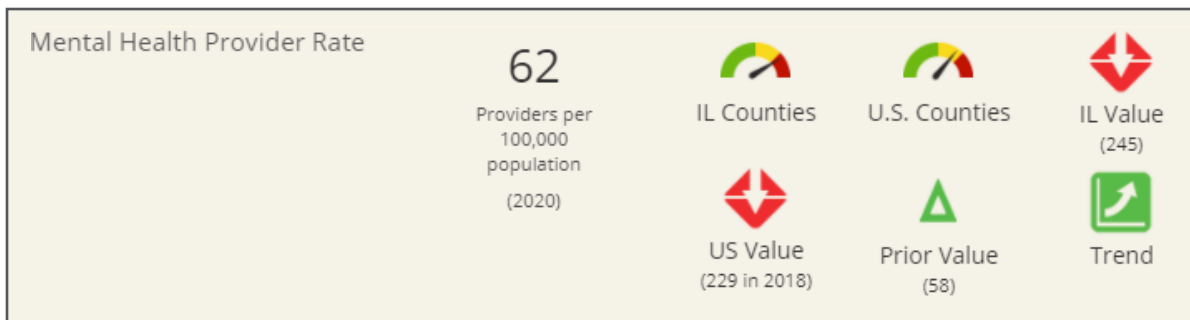
1. Mental Health
2. Obesity
3. Lung Health

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 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.

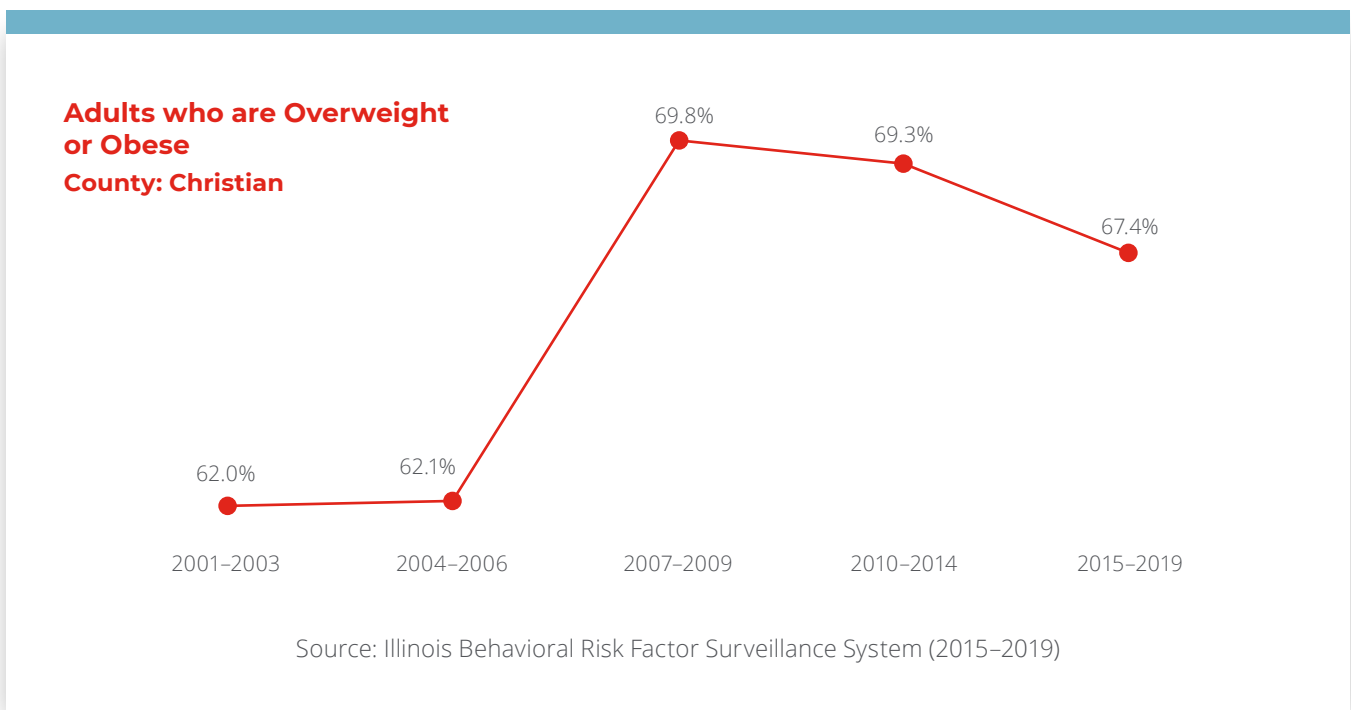
While there is an overall gap in mental health services for Christian County, frequent concern was raised through the survey and in discussions about the total lack of resources to support youth mental health. We also recognize there is a lack of diverse and culturally competent clinicians available 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.



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 – 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 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.

Lung Health

- To improve lung health through prevention, reduction in smoking/vaping and other interventions.

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. Broadly support equity-focused, community-based initiatives that support our CHNA priorities.
2. Build partnerships and work groups, as appropriate, to develop action plans around final priority areas, determining the best approach for collective impact.
3. Develop and implement county-level awareness campaigns related to final CHNA priorities.
4. Provide ownership/oversight and primary support for community health program.
5. Develop and implement an equity, diversity and inclusion (EDI) 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	<ul style="list-style-type: none"> • Awareness Campaign • Trauma-Informed Care training • Memorial Behavioral Health Community Committee participation • Emergency Department hand offs for Substance Use Disorder treatment 	
ANTICIPATED IMPACT	<ul style="list-style-type: none"> • Decreased stigma around mental wellness and seeking care. • Increased community residents seeking mental healthcare. • 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	<input checked="" type="checkbox"/> Colleague Time <input checked="" type="checkbox"/> Marketing <input checked="" type="checkbox"/> Financial Support <input checked="" type="checkbox"/> Printing/Supplies	<input checked="" type="checkbox"/> Meeting Space/Virtual Platform <input checked="" type="checkbox"/> Consultant/Expert <input checked="" type="checkbox"/> Other Support
COMMUNITY PARTNERS	Memorial Behavioral Health, others as appropriate	
AREA(S) OF IMPACT Social Determinants of Health	<input checked="" type="checkbox"/> Healthy Behaviors <input type="checkbox"/> Social/Economic Factors	<input checked="" type="checkbox"/> Clinical Care <input type="checkbox"/> Physical Environment
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
OUTCOME MEASURE	<ul style="list-style-type: none"> • 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. 	



Community Initiatives

STRATEGY	Broadly support equity-focused, community-based initiatives that support our CHNA priorities.	
POTENTIAL PROGRAMS	<ul style="list-style-type: none"> • Walking Trail • YMCA Collaboration • Community Garden 	
ANTICIPATED IMPACT	<ul style="list-style-type: none"> • 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. • Increased classes available to residents through YMCA. 	
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> Colleague Time <input checked="" type="checkbox"/> Marketing <input checked="" type="checkbox"/> Financial Support <input checked="" type="checkbox"/> Printing/Supplies	<input checked="" type="checkbox"/> Meeting Space/Virtual Platform <input checked="" type="checkbox"/> Consultant/Expert <input checked="" type="checkbox"/> Other Support
COMMUNITY PARTNERS	City of Taylorville, Taylorville Public Schools, Christian County YMCA, Taylorville U of I Extension (Master Gardeners), Davis Memorial Church Community Garden, Taylorville Food Pantry	
AREA(S) OF IMPACT Social Determinants of Health	<input checked="" type="checkbox"/> Healthy Behaviors <input checked="" type="checkbox"/> Social/Economic Factors	<input checked="" type="checkbox"/> Clinical Care <input checked="" type="checkbox"/> Physical Environment
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Lung Health
IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed?		
Does this strategy provide support to low-income and disadvantaged communities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
OUTCOME MEASURE	<ul style="list-style-type: none"> • Number of persons served. • Formal approval of plan, design and budget for Walking/Wellness trail. • Walking/Wellness trail complete and in use. • Number of new partnerships and interventions implemented. • Change in number of programs provided through YMCA. • Report on agreed-upon metrics for YMCA programs. • Plan developed and executed to launch TMH Community Garden. • Amount of food donated from TMH Community Garden. 	



Build Partnerships

STRATEGY	Build partnerships and work groups, as appropriate, to develop action plans around final priority areas, determining the best approach for collective impact.	
POTENTIAL PROGRAMS	<ul style="list-style-type: none"> • Community Level Work Groups 	
ANTICIPATED IMPACT	<ul style="list-style-type: none"> • Increased, stronger and effective community partnerships. • Positive outcomes related to priority areas. • Action plans and interventions made available to stakeholders. • Efficient use of limited resources. • Relationships built between the residents and the medical community. 	
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> Colleague Time <input checked="" type="checkbox"/> Marketing <input checked="" type="checkbox"/> Financial Support <input checked="" type="checkbox"/> Printing/Supplies	<input checked="" type="checkbox"/> Meeting Space/Virtual Platform <input checked="" type="checkbox"/> Consultant/Expert <input checked="" type="checkbox"/> Other Support
COMMUNITY PARTNERS	All who desire to be involved, center equity, have lived experience and/or have applicable connection to priority areas; Christian County Prevention Coalition, Taylorville Kiwanis Club	
AREA(S) OF IMPACT Social Determinants of Health	<input checked="" type="checkbox"/> Healthy Behaviors <input checked="" type="checkbox"/> Social/Economic Factors	<input checked="" type="checkbox"/> Clinical Care <input checked="" type="checkbox"/> Physical Environment
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Lung Health
IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed?	Work groups will focus on disparities as part of their action planning.	
Does this strategy provide support to low-income and disadvantaged communities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
OUTCOME MEASURE	<ul style="list-style-type: none"> • Potential members of work groups identified. • Work group formed. • Charter established. • Metrics to track determined. 	



Awareness Campaign

STRATEGY	Develop and implement county-level awareness campaigns related to final CHNA priorities.								
POTENTIAL PROGRAMS	<ul style="list-style-type: none"> • Lung Cancer Screenings and Outreach • Mental Health Awareness Campaign 								
ANTICIPATED IMPACT	<ul style="list-style-type: none"> • Reduced incidence of lung cancer over time. • Increased number of lung cancer screenings received. • Increased availability of information regarding mental health resources. • Improved mental health among connected individuals. 								
HOSPITAL RESOURCES	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input checked="" type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input checked="" type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Colleague Time	<input checked="" type="checkbox"/> Meeting Space/Virtual Platform	<input checked="" type="checkbox"/> Marketing	<input checked="" type="checkbox"/> Consultant/Expert	<input checked="" type="checkbox"/> Financial Support	<input checked="" type="checkbox"/> Other Support	<input checked="" type="checkbox"/> Printing/Supplies	
<input checked="" type="checkbox"/> Colleague Time	<input checked="" type="checkbox"/> Meeting Space/Virtual Platform								
<input checked="" type="checkbox"/> Marketing	<input checked="" type="checkbox"/> Consultant/Expert								
<input checked="" type="checkbox"/> Financial Support	<input checked="" type="checkbox"/> Other Support								
<input checked="" type="checkbox"/> Printing/Supplies									
COMMUNITY PARTNERS	Springfield Clinic, Memorial Behavioral Health, Local Businesses								
AREA(S) OF IMPACT Social Determinants of Health	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Healthy Behaviors</td> <td><input checked="" type="checkbox"/> Clinical Care</td> </tr> <tr> <td><input type="checkbox"/> Social/Economic Factors</td> <td><input type="checkbox"/> Physical Environment</td> </tr> </table>	<input checked="" type="checkbox"/> Healthy Behaviors	<input checked="" type="checkbox"/> Clinical Care	<input type="checkbox"/> Social/Economic Factors	<input type="checkbox"/> Physical Environment				
<input checked="" type="checkbox"/> Healthy Behaviors	<input checked="" type="checkbox"/> Clinical Care								
<input type="checkbox"/> Social/Economic Factors	<input type="checkbox"/> Physical Environment								
TARGETED PRIORITY(IES)	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Mental Health</td> <td><input checked="" type="checkbox"/> Lung Health</td> </tr> <tr> <td><input type="checkbox"/> Obesity</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> Lung Health	<input type="checkbox"/> Obesity					
<input checked="" type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> Lung Health								
<input type="checkbox"/> Obesity									
IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed?									
Does this strategy provide support to low-income and disadvantaged communities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
OUTCOME MEASURE	<ul style="list-style-type: none"> • Campaign developed and executed regarding lung cancer and screenings. • Inventory of mental health resources compiled for county. • Campaign and/or education developed and shared regarding mental health resources. • Number of persons reached. • Number of lung cancer screenings provided. • Number of outreach events related to mental health resources and lung cancer. • Number of referrals to mental health services with Springfield Clinic. • Report on metrics as defined by the awareness campaigns. 								



Programming

STRATEGY	Provide ownership/oversight and primary support for community health programs.								
POTENTIAL PROGRAMS	<ul style="list-style-type: none"> • Tobacco Cessation Program • Healthy You • School Mental Health Programs 								
ANTICIPATED IMPACT	<ul style="list-style-type: none"> • Increased mental health programs for students. • Reduced chronic disease over time. • Reduced overweight and obesity in participating individuals. • Decrease in tobacco and vaping use by participating individuals. • Increased physical activity. 								
HOSPITAL RESOURCES	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input checked="" type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input checked="" type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Colleague Time	<input checked="" type="checkbox"/> Meeting Space/Virtual Platform	<input checked="" type="checkbox"/> Marketing	<input checked="" type="checkbox"/> Consultant/Expert	<input checked="" type="checkbox"/> Financial Support	<input checked="" type="checkbox"/> Other Support	<input checked="" type="checkbox"/> Printing/Supplies	
<input checked="" type="checkbox"/> Colleague Time	<input checked="" type="checkbox"/> Meeting Space/Virtual Platform								
<input checked="" type="checkbox"/> Marketing	<input checked="" type="checkbox"/> Consultant/Expert								
<input checked="" type="checkbox"/> Financial Support	<input checked="" type="checkbox"/> Other Support								
<input checked="" type="checkbox"/> Printing/Supplies									
COMMUNITY PARTNERS	SIU Population Science and Policy, Taylorville Schools, Memorial Wellness Center, Memorial Behavioral Health, Local Businesses								
AREA(S) OF IMPACT Social Determinants of Health	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Healthy Behaviors</td> <td><input checked="" type="checkbox"/> Clinical Care</td> </tr> <tr> <td><input type="checkbox"/> Social/Economic Factors</td> <td><input type="checkbox"/> Physical Environment</td> </tr> </table>	<input checked="" type="checkbox"/> Healthy Behaviors	<input checked="" type="checkbox"/> Clinical Care	<input type="checkbox"/> Social/Economic Factors	<input type="checkbox"/> Physical Environment				
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TARGETED PRIORITY(IES)	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Mental Health</td> <td><input checked="" type="checkbox"/> Lung Health</td> </tr> <tr> <td><input checked="" type="checkbox"/> Obesity</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> Lung Health	<input checked="" type="checkbox"/> Obesity					
<input checked="" type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> Lung Health								
<input checked="" type="checkbox"/> Obesity									
IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed?									
Does this strategy provide support to low-income and disadvantaged communities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
OUTCOME MEASURE	<ul style="list-style-type: none"> • Develop and implement school-based mental health programming. • Report on metrics tracked for school-based mental health programming. • Healthy You program launched. • Reductions in overweight and obesity among Healthy You enrolled clients. • Number of enrolled clients. • Maintain Tobacco Cessation program. • Change in tobacco and vaping use by enrolled clients. 								



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	<ul style="list-style-type: none"> • EDI Strategic Planning 	
ANTICIPATED IMPACT	<ul style="list-style-type: none"> • 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	<input checked="" type="checkbox"/> Colleague Time <input checked="" type="checkbox"/> Marketing <input checked="" type="checkbox"/> Financial Support <input checked="" type="checkbox"/> Printing/Supplies	<input checked="" type="checkbox"/> Meeting Space/Virtual Platform <input checked="" type="checkbox"/> Consultant/Expert <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Healthy Behaviors <input checked="" type="checkbox"/> Social/Economic Factors	<input checked="" type="checkbox"/> Clinical Care <input type="checkbox"/> Physical Environment
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Lung Health	<input checked="" type="checkbox"/> Obesity
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
OUTCOME MEASURE	<ul style="list-style-type: none"> • 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.

