Community Health Implementation Plan

Morgan County Illinois 2025-27

Jacksonville Memorial Hospital

CONTENTS

EXECUTIVE SUMMARY

Every three years, Jacksonville Memorial Hospital (JMH) conducts a Community Health Needs Assessment (CHNA) and Community Health Implementation plan (CHIP) for its service area 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 on the overall timeline and process for the CHNA and the CHIP but completed its final reports independently from those hospitals in collaboration with local community partners. Jacksonville Memorial Hospital collaborated with the Morgan County Department of Public Health to complete the 2024 CHNA. The completed 2024 CHNA Report is publicly available online at https://memorial.health/about-us/community-health/community-health-needs-assessment/.

Based on the findings of the 2024 CHNA, the following priorities were selected for Jacksonville Memorial Hospital to address: **cancer, mental health, healthy eating and heart disease**.

This plan has been developed to address the priorities identified in the 2024 CHNA. Jacksonville Memorial Hospital has chosen ten strategies for the FY25-27 reporting period. In addition, four regional strategies have been selected to address the shared priority of mental health with the other Memorial Health affiliate hospitals including Decatur Memorial Hospital, Lincoln Memorial Hospital, Springfield Memorial Hospital and Taylorville Memorial Hospital. The Jacksonville Memorial Hospital Board of Directors also approved this plan on Nov. 14, 2024. The Memorial Health Community Benefit Committee reviewed and approved these strategies on Nov. 18, 2024.

INTRODUCTION

MEMORIAL HEALTH

Memorial Health of Springfield, one of the leading healthcare organizations in Illinois, is a community-based, nonprofit organization 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: Decatur Memorial Hospital in Macon County, Jacksonville Memorial Hospital in Morgan County, Lincoln Memorial Hospital in Logan County, Taylorville Memorial Hospital in Christian County and Springfield Memorial Hospital in Sangamon 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.

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

Strategy 3 of the FY22–25 MH Strategic Plan is to "build diverse community partnerships for better health" by building trusting relationships with those who have been marginalized, partnering to improve targeted community health inequities and outcomes and partnering to support economic development and growth of our communities. These objectives and strategy are most closely aligned with the MH goal of being a Great Partner, where we grow and sustain partnerships that improve health. CHNAs are available for each of the counties where our hospitals are located—Christian, Logan, Macon, Morgan and Sangamon counties. These assessments and the accompanying CHIPs can be found at memorial.health/about-us/community/community-health-needs-assessment. Final priorities for Memorial Health are listed in the graphic below.

FY25–27 FINAL PRIORITIES

DMH
- MENTAL HEALTH
- RACISM
- CANCER AND UNEMPLOYMENT

JMH
- MENTAL HEALTH
- HEART DISEASE
- CANCER AND HEALTHY EATING

LMH
- MENTAL HEALTH
- HEALTHY WEIGHT
- CANCER

SMH
- MENTAL HEALTH
- CHRONIC DISEASES
- HOMELESSNESS AND SUBSTANCE USE

TMH
- MENTAL HEALTH
- HEART DISEASE/STROKE
- ACCESS TO PRIMARY CARE

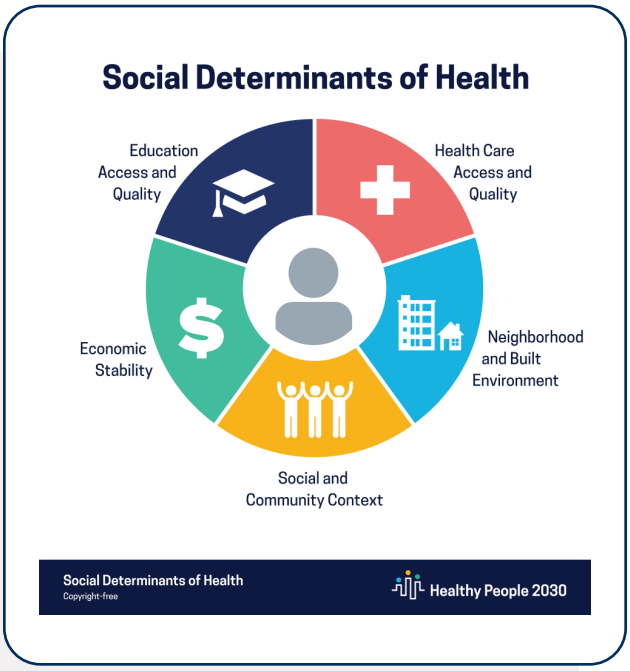
COMMITMENT TO ADDRESSING COMMUNITY HEALTH FACTORS AND HEALTH EQUITY

According to the Centers for Disease Control and Prevention, health equity is when everyone has a fair and just opportunity to attain their highest level of health. Across many health measures, we know that not everyone gets this fair chance. Historical and present-day systems of inequality continue to undermine the opportunities for well-being for particular groups of people. Memorial Health is committed to moving toward greater health equity both within our health system and in our broader communities.

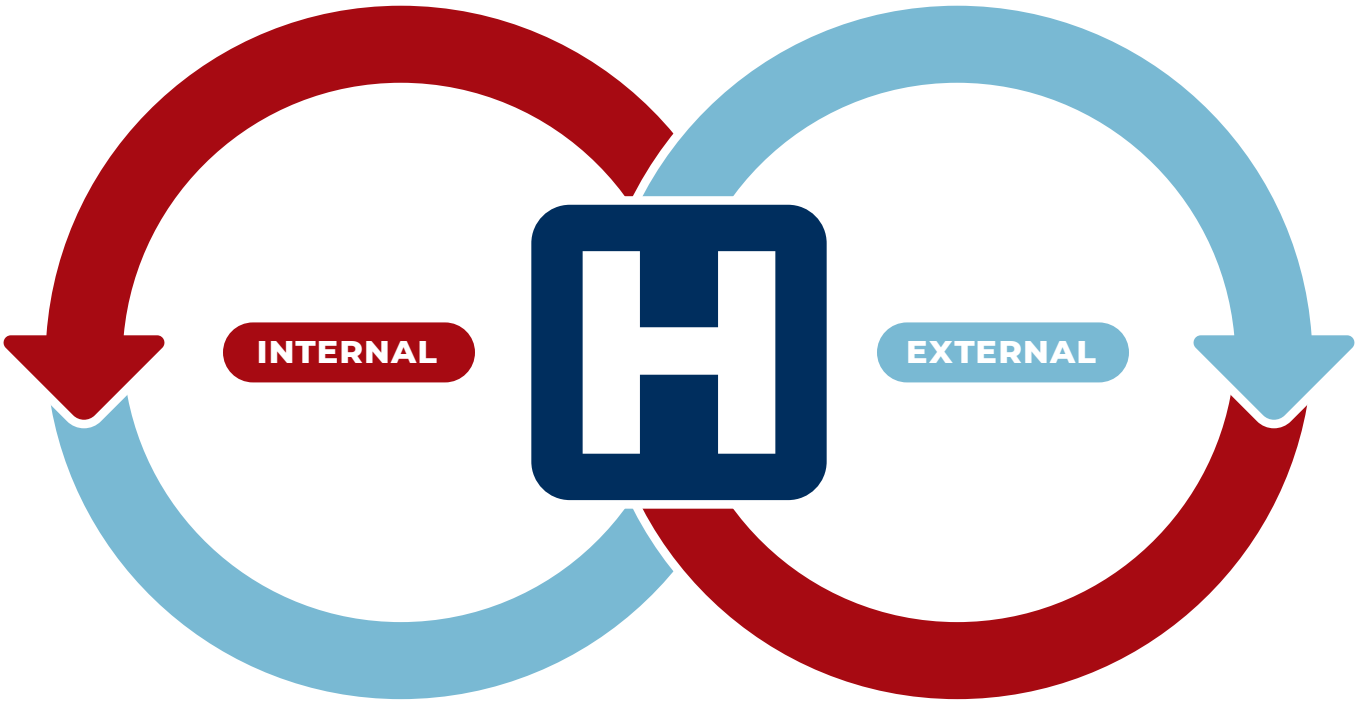
Social and structural factors are key drivers of health, often called "social determinants of health." The American Hospital Association (AHA) estimates that 40% of a person's health comes from socioeconomic factors like income, education and community safety. Other structural factors like discrimination and exclusion due to a person's race, gender, sexuality, age, veteran status, disability, immigration status and more can be included here, too. The AHA then attributes 10% of a person's health to the physical environment, like shelter, air and water quality. Another 30% comes from health behaviors like diet, exercise and drug and alcohol use, leaving the final 20% to come from access to and quality of healthcare.

The social and structural elements drive health at these other levels, too. Exercise outdoors is difficult if pollution and community safety are problems, and racism and economic marginalization shapes who has access to safe neighborhood spaces. Drug and alcohol use can result from the trauma that comes through exposure to community violence and the impact of various forms of marginalization. Access to healthcare can be limited by socioeconomic factors like transportation and insurance as well as by past experiences of discrimination leading to medical distrust.

Committing to health equity requires a collaborative and multifaceted approach. Within our health system, we provide education and support to colleagues to ensure we are offering culturally competent and inclusive care. All hospitals have "health equity projects" that work to identify and resolve particular health disparities in our patient outcomes. We also partner with groups like the Illinois Health and Hospital Association, the American Hospital Association, Vizient, Press Ganey and others to measure our progress and identify actionable goals.



Given that the driving health factors happen outside of the healthcare system, Memorial Health makes a strong investment in community health, including having a community health coordinator assigned at each affiliate hospital to initiate and coordinate community partnerships. Careful attention is paid to these social, structural, environmental and behavioral aspects of health, and this focus guides the CHNA process at all points. We can visualize some key efforts to address these social and structural determinants of health both inside and outside the walls of our hospitals in the following way:



INTERNAL

- Screening patients for social determinants Connecting patients to community resources
- Equity analysis in quality improvement projects
- Updating electronic health records for accurate information on LGBTQ+ patients
- Participating in the Illinois Health and Hospital Association Equity in Healthcare Progress Report
- Stratifying patient satisfaction scores to identify and address trends or patterns
- Annual colleague trainings regarding culturally sensitive data and unconscious bias in medicine

EXTERNAL

- Engaging with community through volunteerism
- Partnering with local homelessness, recreation opportunities and education initiatives
- Investing in the community including economic development and youth initiatives

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. Jacksonville Memorial Hospital was designated a Magnet® hospital in 2009, 2014, 2018 and 2023, the highest honor an organization can receive for professional nursing practice 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.

OUR COMMUNITY

DEMOGRAPHIC OVERVIEW

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 Morgan County and surrounding counties including Scott, Cass and Greene. 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.

In 2022, the U.S. Census Bureau Populations and Housing Unit Estimates reported that Morgan County has a population of 32,140. Jacksonville is the county seat with the highest population of 17,279.

Population Age

19.4% UNDER AGE 18

21.5% OVER AGE 65

Race and Hispanic Origin and Population Characteristics

90% WHITE/87.7% WHITE (NOT HISPANIC OR LATINO)

6.5% BLACK OR AFRICAN AMERICAN

3% HISPANIC OR LATINO

2% TWO OR MORE RACES

8.3% OF MORGAN COUNTY RESIDENTS ARE VETERANS

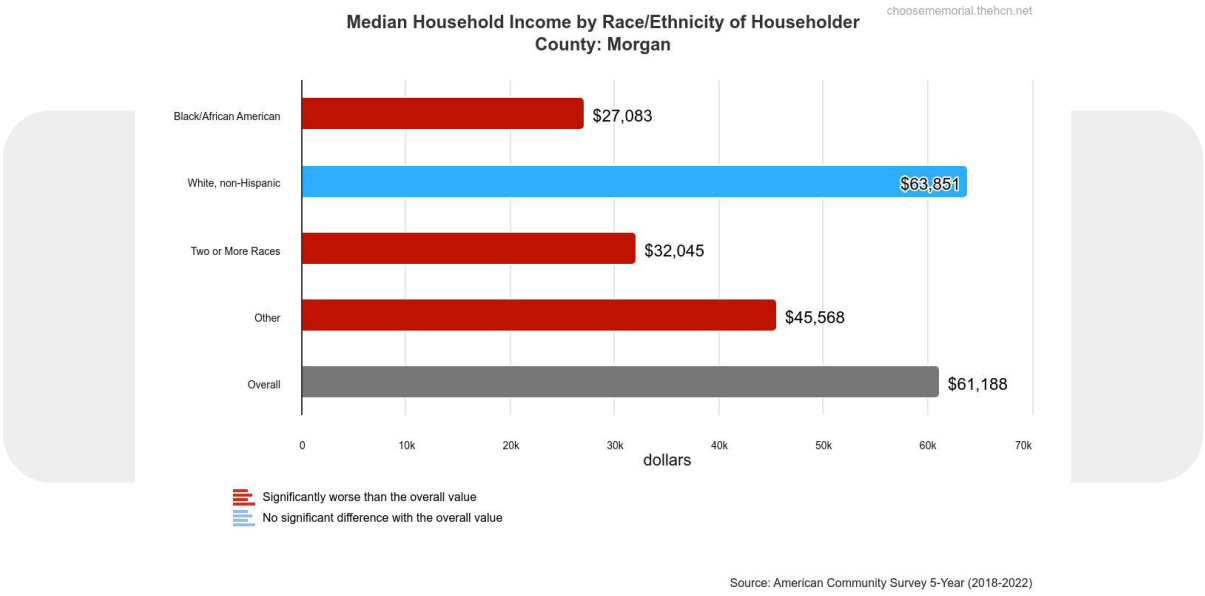
EDUCATION AND HEALTHCARE RESOURCES

Jacksonville is 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
- Jacksonville Skilled Nursing Home and The Grove Health and Rehab Center
- HSHS Medical Group
- Memorial Behavioral Health
- Morgan County Health Department
- Orthopedic Center of Central Illinois
- SIU Center for Family Medicine, FQHC
- Springfield Clinic

ECONOMICS

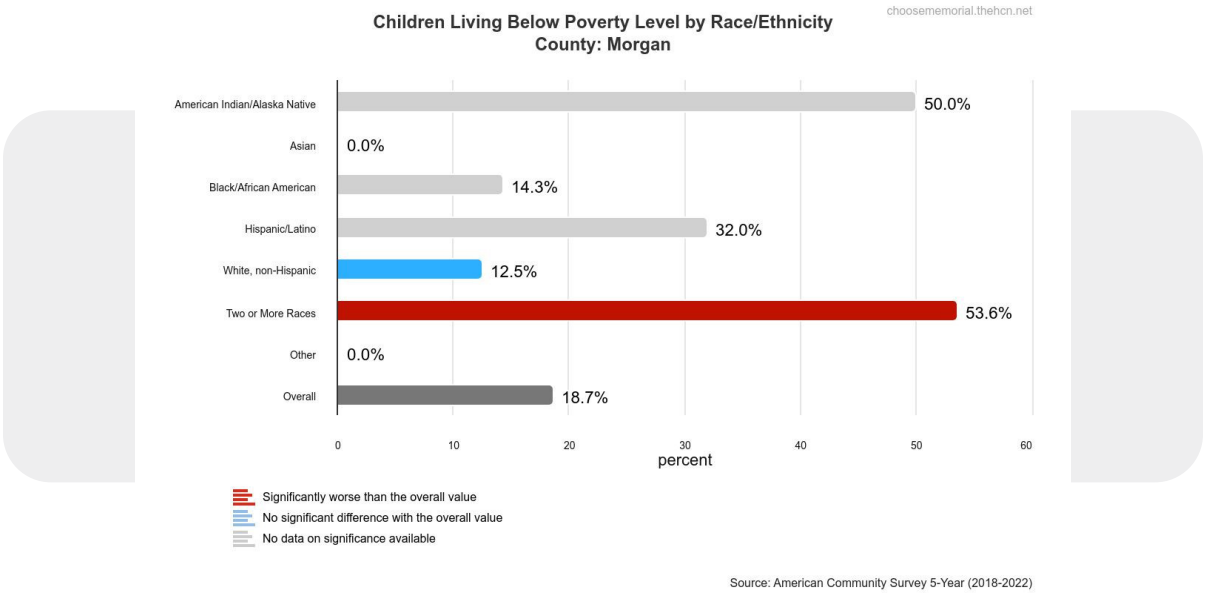
The median household income in Morgan County is $61,188, lower than both the Illinois and U.S. value. According to the American Community Survey, there are significant income disparities by race, with white households having the highest median household income at $63,851 and Black/African American households having the lowest median household income at $27,083.



Source: American Community Survey 5-Year (2018-2022)

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. According to 2022 data from United for ALICE, in Morgan County, 30 percent of households in Morgan County are considered at the ALICE threshold or lower, which means they do not have enough to afford the basics in the communities where they live.

According to the American Community Survey, during the 2018-2022 reporting period,18.7 percent of Morgan County children lived in poverty. This is higher than state and national percentages and has been getting worse since 2005. Morgan County children who identify as having two or more races are significantly impacted, with 53.6 percent living at or below the poverty level as compared to only 12.5 percent of their white peers.



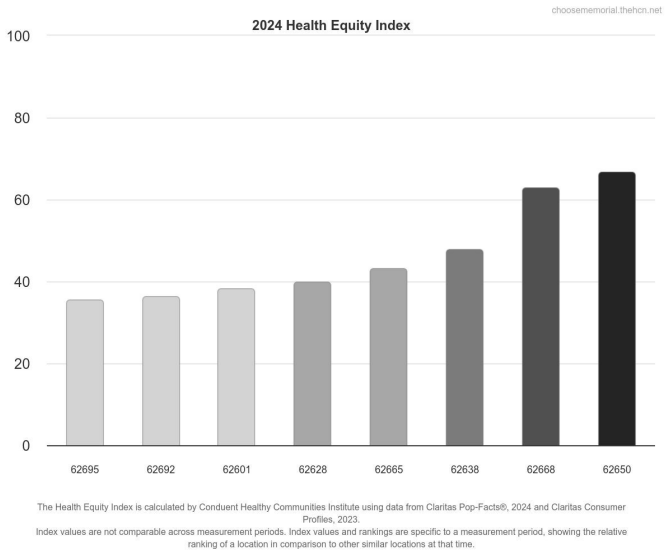
Source: American Community Survey 5-Year (2018-2022)

SOCIAL VULNERABILITY INDEX

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 0.5, indicating a moderate to high level of vulnerability.

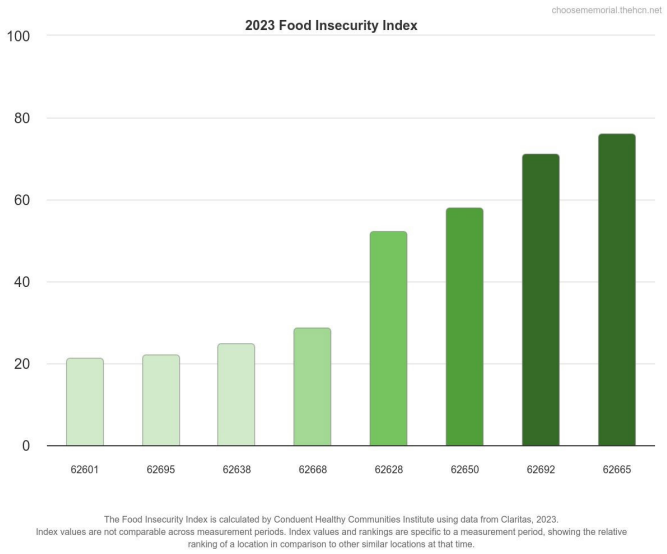
HEALTH EQUITY INDEX

The 2024 Health Equity Index, created by Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. An index value 0 (low need) to 100 (high need) shows the greatest need. Morgan County has a 66.8 score in Jacksonville (62650) followed by 62.9 in Murrayville (62668).



FOOD INSECURITY INDEX

The 2023 Food Insecurity Index, also created by Healthy Communities Institute, measures economic and household hardship correlated with poor food access. An index value from 0 (low need) to 100 (high need) is assigned to each zip code. The zip code of Meredosia (62665) showed the highest need with a score of 76.1.



RESIDENTIAL SEGREGATION

Racial/ethnic residential segregation refers to the degree in 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 45.1. In other words, 45% of either Black or white residents would have to move to different geographic areas to produce a de-segregated residential distribution. Illinois has an overall score of 71.5.

ASSESSING THE NEEDS OF THE COMMUNITY

ALL HOSPITAL AFFILIATES OF MEMORIAL HEALTH CONDUCTED THE 2024 CHNA USING THE SAME TIMELINE, PROCESS AND METHODOLOGY.

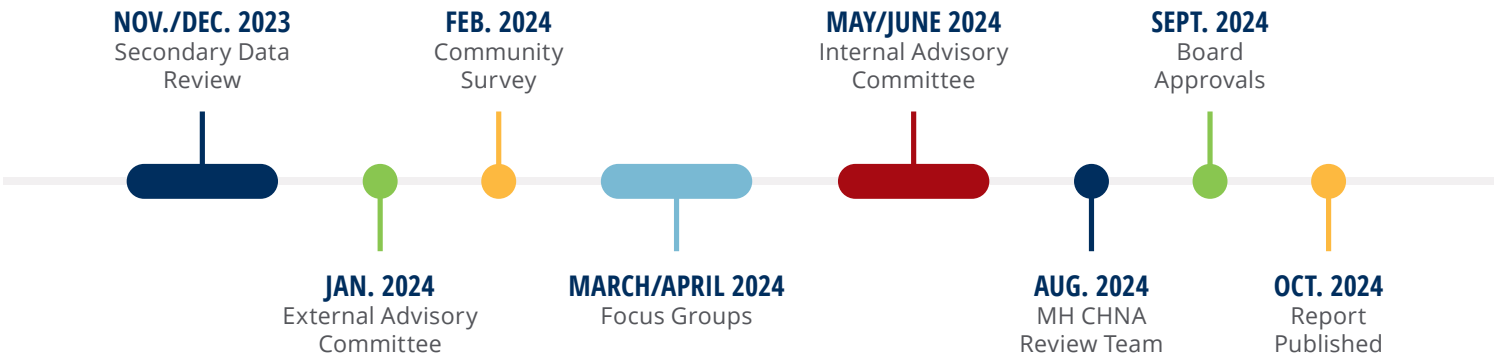
FEEDBACK FROM THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT

To inform the CHNA process, written or verbal comments for the last CHNA and Community Health Implementation Plan (CHIP) are reviewed and considered. There were no comments received from the public regarding the 2021 CHNA or the FY22-24 CHIP.

OVERSIGHT

The CHNA process for Jacksonville Memorial Hospital was led by JMH Community Health coordinator, Claire Peak. The process was also supported by JMH president and CEO, Trevor Huffman, and Memorial Health director of Community Health, Angela Stoltzenburg.

TIMELINE



PRIORITIZATION CRITERIA

The following criteria were referenced throughout the process. Final priorities were selected by ranking identified issues with these criteria, weighted to reduce individual bias and subjectivity resulting in a more objective and rational decision-making process.

20% MAGNITUDE – What is the number of people impacted by this problem or is this a trending health concern for the community?

20% SEVERITY – How severe is this problem or is it a root cause of other problems?

30% FEASIBILITY – Ability to have a measurable impact, availability of resources and evidence-based interventions available.

20% EQUITY – Does the issue have the greatest impact on people who are marginalized, vulnerable or living in poverty?

10% POTENTIAL TO COLLABORATE – Is this issue important to the community? Is there a willingness to act on the issue?

PROCESS

STEP 1: SECONDARY DATA COLLECTION

Primary and secondary qualitative and quantitative data were collected as the first step to identifying local community health needs. A variety of data was reviewed to assess key indicators of the social determinants of health including economic stability, education access/quality, healthcare access/quality, neighborhood/built environment and social/community context. As mentioned earlier in the report, these nonmedical factors influence the health outcomes of the community and represent the conditions in which people are born, grow, live, work and age.

Memorial Health engages Conduent Healthy Communities Institute to provide a significant source of secondary data and make it publicly available online as a free resource to the public. The HCI site provides local, state and national data to one accessible, user-friendly dashboard reporting more than 100 community indicators reflecting health topics, social determinants of health and quality of life. When available, specific county indicators are compared to other communities, state-wide data, national measures and Healthy People 2030. Many indicators also track change over time or identify disparities. The data can be found here: https://memorial.health/about-us/community-health/healthy-communities-data.

Additional secondary data and partner reports were reviewed for a nuanced understanding of community health indicators including:

- 500 Cities and PLACES Data Portal
- 2023 ALICE in the Crosscurrents: COVID and Financial Hardship in Illinois
- Centers for Disease Control and Prevention (WONDER)
- Illinois Health Data Portal
- Illinois Violent Death Reporting System
- Illinois Kids Count Report
- Illinois Public Health Community Map
- Illinois Report Card
- Illinois Youth Survey
- Morgan County Health Department
- Robert Wood Johnson Foundation County Health Rankings
- State Health Improvement Plan: SHIP
- State Unintentional Drug Overdose Death Reporting System
- UIS Center for State Policy and Research Annual Report
- United States Census
- USDA Food Map—Food Deserts

STEP 2: PRIMARY DATA COLLECTION

Primary data was collected directly from the community in three ways: an external advisory committee, interviews and focus groups. Participants included those who represent, serve or have lived experience with local low-income, minoritized or at-risk populations. These methods provided an opportunity to engage community stakeholders and hear their reactions to the secondary data and provide their experiences in the community.

External Advisory Committee

The EAC consisted of 17 participants and was asked to review the secondary data collected to identify significant health needs in the community based on both the data as presented and their experience in the community. The following organizations were represented:

- Cass County Health Department
- Memorial Behavioral Health
- Jacksonville Police Department
- Locust Street Resource Center
- Prairieland United Way
- Morgan County Health Department
- MCS Community Services
- Salvation Army
- Spirit of Faith Soup Kitchen
- West Central Mass Transit District
- Bella Ease
- Jacksonville Memorial Hospital
- Birth to Five Illinois

Community Survey

Q: ***How do you rate your health?***

Q: ***Why don't local residents access healthcare when they need it?***

A survey in both online and paper format was distributed throughout the county to gather feedback. The survey was available in English, French, Ukrainian and Spanish. Several community partners helped distribute the survey in both online and paper format including local human service agencies and the Morgan County Department of Public Health. The survey asked several demographic questions to identify basic characteristics of respondents. The questions centered around age, gender, race, ethnicity, income and education. Participants were asked how they rate their health and the health of the community in addition to assessing adverse childhood experiences experienced in the home, exposure to racism and local challenges to maintaining a healthy lifestyle. The survey also provided an opportunity to write in the biggest health problem in the community. In Morgan County, more than 246 surveys were completed. A copy of the survey can be found in Appendix I. A summary of who took the survey and the findings are below:

- 78.9% identified as female
- 24.4% reported at least some college
- 17.1% reported a household income of less than $40,000
- 95.1% identified as white (compared to 87.7% population)
- 1.22% identified as Black or African American (compared to 6.4% population)
- More than 65% reported that healthcare is not accessed when needed due to financial barriers (inability to pay out of pocket expenses, lack of health insurance coverage and inability to pay for prescriptions)
- 49.8% reported lack of motivation/effort/concern as a challenge to maintaining a healthy lifestyle
- 49% reported access to healthy foods as a challenge to maintaining a healthy lifestyle
- 55.7% reported they had witnessed someone being treated differently because of their race sometimes or frequently
- 34.2% reported they agreed or strongly agreed that racism was a problem
- 57.4% had experienced emotional abuse in their household
- 56.1% reported mental illness in the household

Focus Groups

Six focus groups and interviews were conducted with community members, representing diverse identities throughout the county. Representation included those of diverse age, race, ethnicity, education, socioeconomic status and more. The following organizations participated in focus groups:

- NAACP
- Illinois College students
- Salvation Army
- Spirit of Faith Soup Kitchen
- Prairieland United Way
- Prairie Council on Aging
- Jacksonville Memorial Hospital Cardiopulmonary and Sleep Lab
- Jacksonville Area Community Food Center
- Family Guidance Center
- Scott County Health Department

During community health focus groups, community members shared their concern for mental health and the increasing need for support services. Each of the focus groups agreed that early attention to mental health, starting in youth, is crucial. Members also thought that addressing substance use could positively impact mental health, as the two issues are closely linked. Another subject discussed was the lack of motivation to address health outcomes. Focus group members agreed that lack of motivation to address outcomes is the root of ongoing health concerns; without interventions, no progress will be made. Access to care can be challenging due to cost, and patients often struggle to adhere to their care plans. Food insecurity was heavily discussed, as nutrition plays a crucial role in overall health, yet Morgan County residents struggle to afford healthy food. There was consensus that initiating education and screenings at a young age would help address many of these priorities effectively.

STEP 3: INTERNAL ADVISORY COMMITTEE

The Internal Advisory Committee reviewed both primary and secondary data collected and recommended final priorities for board approval based on the selected criteria. Each potential need was force ranked by the criteria category. The JMH Internal Advisory Committee reviewed the following seven potential priorities: Mental Health, Healthy Eating, Binge Drinking, Cancer, Heart Disease, Income Disparities/Poverty and Lack of Concern for Health. The IAC consisted of the following members:

- Jacksonville Memorial Foundation Executive Director
- JMH Healthy Jacksonville Community Health Worker
- Morgan County Health Department Executive Director
- JMH Affiliate Vice President and Chief Nursing Officer
- JMH AVP IS & Support Services
- JMH Nurse Manager
- JMH Patient Care Coordinator
- MH Director of Community Health
- MH Equity, Diversity and Inclusion Consultant

STEP 4: MEMORIAL HEALTH CHNA/CHIP REVIEW COMMITTEE

A Memorial Health CHNA/CHIP Review Committee was added to the process in 2024. The purpose of this team was to review the CHNA findings for all affiliate MH hospitals and identify a shared priority. Sharing these regional needs provided an opportunity to discuss potential strategies to create a regional impact or inform health system strategy. The review committee included Memorial Health colleagues in the following roles: MH Chief Administrative Officer; MH Vice President of Equity and Experience; MH Vice President and Chief Quality Officer; Hospital Presidents/CEOs; Director of Community Health and Community Health Coordinators. Mental Health was identified as a priority in every hospital CHNA and therefore was chosen as the system-wide priority.

ADDRESSING THE NEEDS OF THE COMMUNITY

The sections below provide deeper insight into the priorities selected. These priorities will be featured in the FY25-27 community health implementation plan. An explanation of additional identified health needs that were not chosen as final priorities is also included below. MH is committed to meeting the needs of our communities and will continue to collaborate with community partners to address priorities outside those identified in the CHNA, as resources allow.

SELECTED PRIORITIES

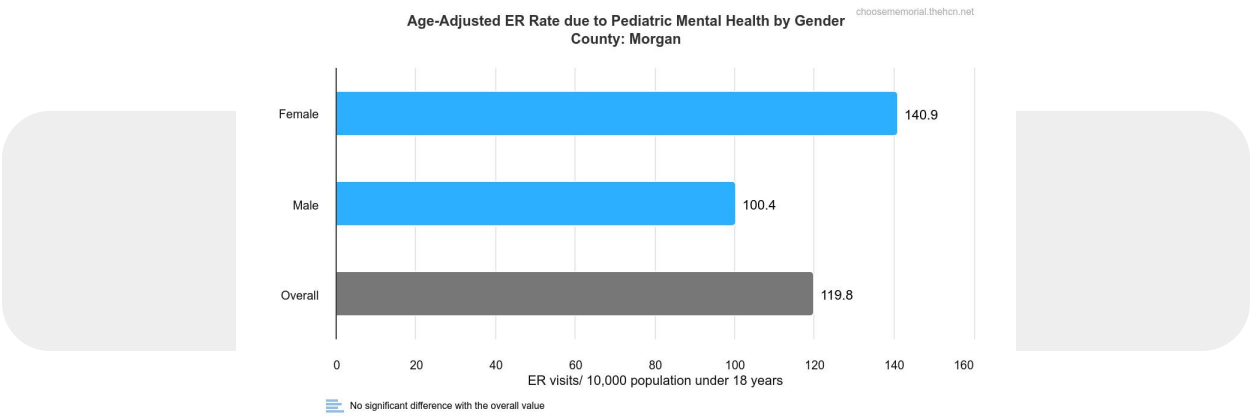
Using a prioritization matrix to calculate the weighted scores from the forced rankings of the final seven priorities considered, the following priorities were selected:

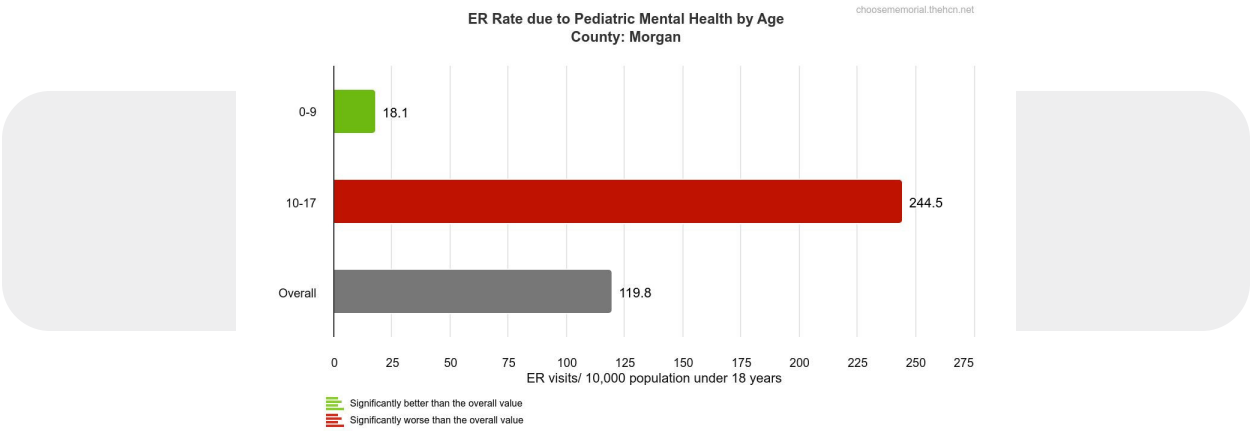
1. **Mental Health – Score of 11.3**
2. **Heart Disease – Score of 10.9**
3. **Cancer – Score of 9.4**
4. **Healthy Eating – Score of 8.1**

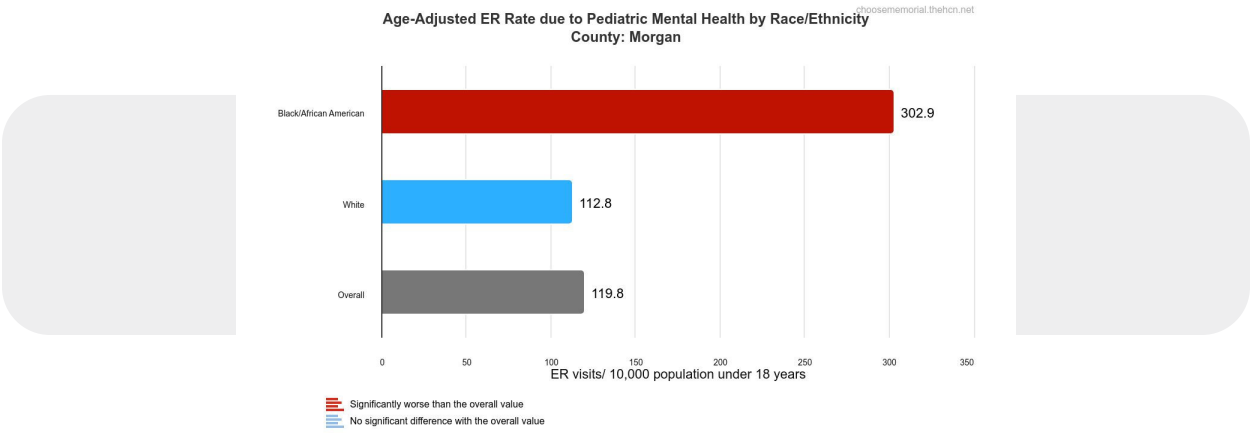
MENTAL HEALTH

Mental Health was a consistent theme of concern throughout the CHNA process. In our secondary data research, the 2020 Illinois Youth Survey found that 16 percent of Morgan County 12th graders reported that they had considered suicide in the past year. In addition, 38 percent of 10th graders reported that they had experienced recent depression. Twenty-one percent of adults in Morgan County have been diagnosed with depression, which is higher than the U.S. rate of 19.5 percent. The county seat of Jacksonville (zip code 62650) was rated a score of 93.9 out of a 100, showing a high need on the Mental Health Needs Index created by Healthy Communities Institute. Morgan County also reported an incidence rate (per 100,000) of 16 deaths by suicide.

Disparities were evident by age, gender and race regarding the annual age-adjusted emergency room visit rate due to mental health (per 100,000). In the 2020-2022 reporting period, the Illinois Health and Hospital Association reported that pediatric hospitalizations due to mental health in Morgan County were at a significantly higher rate (119.8) than in the state of Illinois (58). Children ages 10-17, girls and Black/African American children are most impacted by mental health emergency room visits.







We also acknowledge that LGBT youth across the country experience higher rates of mental health challenges as compared to heterosexual peers due to bias, discrimination, family rejection and other stressors related to how they are treated.

According to the Illinois Health and Hospital Association, 25–44-year-olds are seen in the emergency room due to mental health more than any other adults. However, we found that 17 percent of Medicare beneficiaries were treated for depression.

Men are seen in the emergency department slightly more with a rate of 183.1 as compared to women with a rate of 162. The Hispanic population in Morgan County is significantly more impacted by mental health concerns, with a rate of 348.5 in comparison to their Black and white counterparts who have rates at 182 and 180. In focus groups, language barriers were cited as a barrier to receiving healthcare services, which could indicate a lack of preventive services.

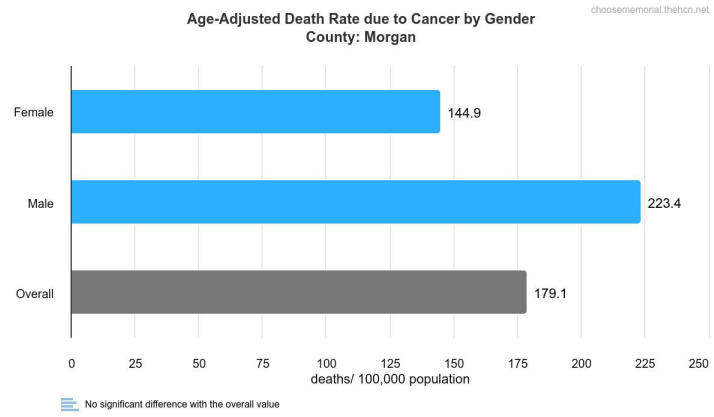
HEART DISEASE

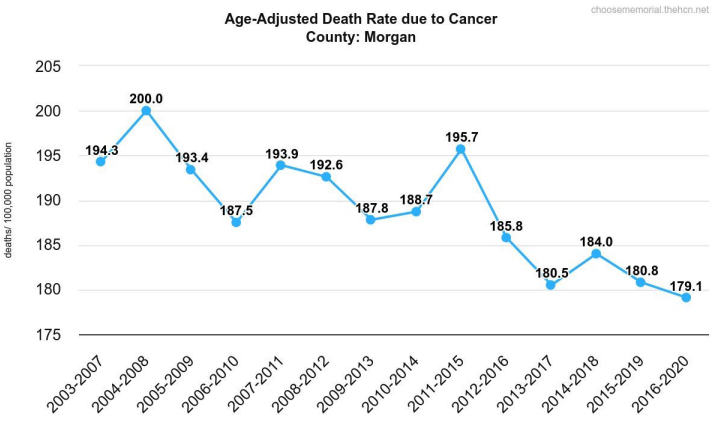
As the number one cause of death in Morgan County, it was clear to the internal advisory committee that heart disease should be included in the upcoming community health implementation plan. Heart disease includes various conditions affecting the heart, with coronary artery disease being the most prevalent. This type of heart disease can lead to heart attacks, angina, heart failure and arrhythmias. Key modifiable risk factors include smoking, obesity, lack of physical activity and an unhealthy diet. Managing high blood pressure and cholesterol levels is also crucial for prevention. In Morgan County, 43.8 percent of adults have high cholesterol, significantly higher than the Illinois average of 31.5 percent and the national average of 35.7%. Additionally, 7.4 percent of adults are diagnosed with coronary heart disease and 36.6 percent have high blood pressure, which is higher than the US average of 32.7 percent.

Heart disease was selected as a priority due to its top ranking across all criteria, from magnitude to potential for collaboration.

CANCER

Cancer is the second leading cause of death in Morgan County. According to the National Cancer Institute, Morgan County has a cancer incidence rate of 556.7 per 100,000, which is higher than both the Illinois average of 459 and the national average of 442. The Morgan County death rate for the 2016-2020 reporting period was 179.1 as compared to 155 for Illinois and 149 for the nation. Males die from cancer more often than women, with a death rate of 223.4 compared to women at 144.9.



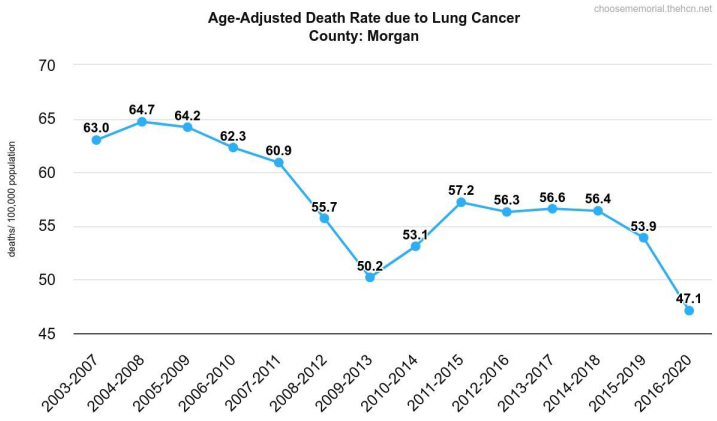


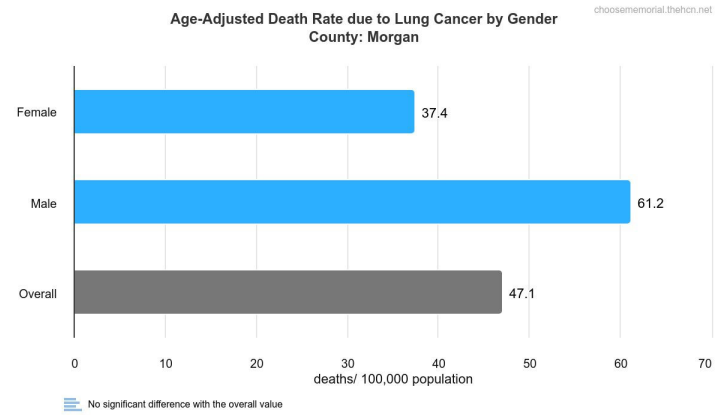
Cancer was also listed as one of the biggest concerns on the community survey. In community focus groups, members highlighted the need for increased cancer education and awareness, as well as the importance of campaigns addressing alcohol and tobacco abuse, both of which are significant risk factors for cancer. Emphasizing the importance of early detection and educating our community about the risk factors for certain cancers is crucial.

The IAC reviewed high-level cancer data but also specific data on the cancers with the highest incidence and death rates in Morgan County. The incidence rates and death rates are listed below:

1. Lung cancer incidence rate – 85.8
   Lung cancer death rate – 47.1
2. Breast cancer incidence rate – 162.7
   Breast cancer death rate – 21.8
3. Colorectal cancer incidence rate – 56.4
   Colorectal cancer death rate – 16.2
4. Prostate cancer incidence rate – 124.4
   Prostate cancer death rate – 18.7

The National Cancer Institute reports that more men die of lung cancer (a rate of 61.2) than women (a rate of 37.4). And while the trend does continue to decrease, likely to decrease tobacco smoking, the rates are still higher than the state and national rates and vaping education and prevention may help continue trends of lower lung cancer incidence and death.





The Internal Advisory Committee recognized tremendous community support to address cancer, including existing partnerships and strategies to address cancer.

HEALTHY EATING

Research has shown that when people can't access healthy food they are more likely to have negative health outcomes, including obesity, premature death, chronic diseases and lack of physical activity. Feedback from the external advisory committee showed that food insecurity and access to food was a high need in Morgan County. By recognizing these barriers, we can implement evidence-based strategies to address them, promote healthy eating and work to improve access to healthy foods and education for those facing food insecurity.

In Morgan County, 49 percent of community health survey respondents cited "access to healthy foods" as a challenge to maintaining a healthy lifestyle. Food insecurity stands at 11 percent, higher than the Illinois average of 8 percent. The 2023 Food Insecurity Index referenced earlier in the report rated Morgan County a 39.5 but the zip codes 62665 and 62692 are both over 70, showing a high need.

About 21 percent of Morgan County residents receive SNAP benefits, compared to 16 percent in Illinois. Robert Wood Johnson's County Health Rankings scores Morgan County as a 7.2 out of 10 on the food environment index, which measures access to healthy foods by distance from groceries stores and cost barriers to recognize food deserts. The U.S. average is 7.7. Additionally, 10 percent of 12th graders in Greene County report consuming no vegetables daily. In addition, 17.7 percent of children are living in a household projected to experience food insecurity at some point in the year. The rate of limited access to healthy food is 13 percent, which is higher than the Illinois value of 5 percent.

During focus groups, community members emphasized the need for better access to healthy food in Morgan County and for education on cooking and nutrition. They noted that poor nutrition is a major underlying cause of various health issues. Survey results revealed that limited access to healthy foods and a lack of education and knowledge are significant challenges faced by residents of Morgan County.

Because healthy eating is a root cause for so many positive health outcomes and because it impacts so many people, the IAC ranked it high, and it was selected as a priority. It also ranked for the ability to have measurable impact and find evidence-based strategies.

HEALTH NEEDS NOT SELECTED

Often, organizational capacity prohibits JMH from implementing programs to address all significant health needs identified during the CHNA process. JMH chose to focus efforts and resources on a few key issues to develop a meaningful CHIP and demonstrated impact that could be replicated with other priorities in the future.

Binge Drinking – Binge drinking is acknowledged as a concern for Morgan County due to a rate of motor vehicle crash deaths involving alcohol that is significantly higher than the IL (29 percent) and U.S. (27 percent) values. However, after reviewing the prioritization criteria, it was scored as a 4.8. JMH does not have the capacity and resources to address this issue in addition to those that ranked higher during the selection process.

Income Disparities/Poverty – While the internal advisory committee recognizes that poverty and income disparities are a root cause of several issues, JMH does not feel it has the expertise or resources necessary to effectively address this need at this time. It was ranked as a 4.7 during the prioritization process. There are several existing services in place to support low-income families who reside in Morgan County and the surrounding counties JMH serves. Further, food insecurity will be addressed as part of the chosen "healthy eating" priority.

Lack of Concern for Health – A root cause of poor health could be due to the cultural lack of concern for health in Morgan County and the surrounding counties. During the prioritization process, this was ranked a 4.0. The IAC felt it would be difficult to have an impact on this priority until other barriers to health were removed. Some existing strategies administered by JMH to encourage a culture of health include the local farmers market SNAP matching program, a 5K/10K race and community walking program. When possible, JMH will continue to support community partners who develop health education and recreation opportunities to foster a culture of health throughout the service area.

OVERSIGHT

The CHIP process for Jacksonville Memorial Hospital was led by the JMH community health coordinator, Claire Peak. The process was also supported by the JMH president and CEO, Trevor Huffman, and Memorial Health director of community health, Angela Stoltzenburg.

SEPT. 2024
2024 CHNA Report Approved by the Memorial Health Community Benefit Committee AND Internal Advisory Committees Reviews FY25-27 CHIP Strategies

OCT. 2024
MH CHNA/CHIP Committee Review FY25-27 CHIP Strategies

NOV. 2024
JMH Hospital Board Approves FY25-27 CHIP AND MH Community Benefit Committee Approves FY25-27 CHIP

CHIP DEVELOPMENT

Once the CHNA priorities were finalized for each affiliate hospital, each affiliate hospital used the same process to identify and select the strategies for the FY25-27 CHIP. Evidence-based strategies for each priority were researched by the community health leaders using the following tools:

- "What Works for Health" – Robert Wood Johnson's County Health Rankings and Roadmaps
- Healthy People 2030 Evidence-Based Resources
- Promising Practices – Conduent Healthy Communities Institute

Final strategies were selected with the input of the community, internal Memorial Health stakeholders and additional strategic considerations.

COMMUNITY INPUT

The community health leaders met 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. Areas for collaboration were also discussed with local partners in addition to a review of focus group conversations and survey responses.

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. The insight and expertise of community health leaders were relied on as the CHIP was developed. Members of the Internal Advisory Committees were also consulted throughout the process to identify hospital resources available to implement programs.

STRATEGIC PLANS AND COMMITMENTS

Memorial Health's strategic plan 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. Organizations who are conducting their work in an anti-oppressive and inclusive way are prioritized for partnership. Existing strategies, programs and partnerships were reviewed for effectiveness and alignment with the 2024 CHNA priorities to determine their inclusion in the FY25-27 CHIP.

FY25–27 STRATEGIES

The following strategies are planned to take place FY25-27. Each strategy below contains the following details:

Targeted Priorities
The specific identified priorities that will be addressed by the strategy.

Anticipated Impact
The short- and/or long-term outcome(s) resulting from the strategy.

Social Determinants of Health Areas of Impact
Any social determinants of health that will be addressed by the strategy.

Hospital Resources
The resources that JMH plans to commit to address the health need.

Community Partners
Any local organizations and agencies that are taking the lead or collaborating with JMH to implement the strategy.

Equity/Disparities
Any identified disparities that will be addressed by the strategy and if the strategy will support low-income, disadvantaged communities.

Measures of Success
The outcome measures that will be tracked to prove that the strategy accomplished its goal(s).

JACKSONVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease, Cancer and Healthy Eating

STRATEGY	Community Health Worker Program
TARGETED PRIORITY(IES)	■ MENTAL HEALTH ■ HEART DISEASE ■ CANCER ■ HEALTHY EATING
ANTICIPATED IMPACT	To improve access to healthcare services. To increase access to health screenings. To improve community awareness of health resources and social service system resources. To enhance communication between community members and health providers. To increase use of healthcare services. To improve adherence to recommendations from healthcare providers. To reduce demand for emergency and specialty services.
SOCIAL DETERMINANTS OF HEALTH IMPACT	■ ECONOMIC STABILITY ■ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ❒ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO The program provides support that can help remove barriers for low income individuals.
MEASURES OF SUCCESS	# of clients graduated, active, and discharged per fiscal year Average # of hours provided to clients per fiscal year Total # of hours provided per fiscal year # of referrals provided to clients per fiscal year Average care gap score improvement of 3.0, specifically for mental health, physical health, and nutrition

JACKSONVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Cancer and Healthy Eating

STRATEGY	Doorbell Dinners
TARGETED PRIORITY(IES)	■ MENTAL HEALTH ■ HEART DISEASE ■ CANCER ■ HEALTHY EATING
ANTICIPATED IMPACT	To increase access to nutrient-dense meals. To combat loneliness and isolation.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ❒ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ❒ MARKETING ❒ CONSULTANT/EXPERT ❒ FINANCIAL SUPPORT ❒ OTHER SUPPORT ❒ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Prairie Council on Aging
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO Home delivered meals removes the transportation barrier for the participants who are homebound and provides no-cost meals to low-income individuals.
MEASURES OF SUCCESS	# of meals provided

JACKSONVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Cancer and Healthy Eating

STRATEGY	Jacksonville Farmers Market Link Card Program
TARGETED PRIORITY(IES)	❒ MENTAL HEALTH ■ HEART DISEASE ■ CANCER ■ HEALTHY EATING
ANTICIPATED IMPACT	To increase fruit and vegetable consumption. To promote healthy eating habits and increase knowledge of healthy food choices. To increase access to healthy foods through Supplemental Nutrition Assistance Program. To improve local economy by supporting local growers.
SOCIAL DETERMINANTS OF HEALTH IMPACT	■ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ❒ HEATLH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ❒ CONSULTANT/EXPERT ❒ FINANCIAL SUPPORT ■ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	JMH Auxillary, Experimental Station, Jacksonville Farmers Market, U of I Extention.
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO Because the LINK card program is specific to providing a service to people with low incomes, this strategy is directly impacting people experiencing food insecurity.
MEASURES OF SUCCESS	- Receive grants funds to provide SNAP match dollars annually - Total SNAP dollars and LINK match vouchers redeemed annually. - Provide at least three educational food and nutrition activities annually in partnership with the JMH Axillary - Provide at least two educational food and nutrition programs annually in partnership with the University of Illinois Extension

JACKSONVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Cancer and Healthy Eating

STRATEGY	Free Cancer Screenings
TARGETED PRIORITY(IES)	❒ MENTAL HEALTH ❒ HEART DISEASE ■ CANCER ❒ HEALTHY EATING
ANTICIPATED IMPACT	To increase access to screenings. To promote early cancer detection. To decrease cancer death rates. To improve access to care for under-served populations.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ❒ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Mia Ware Foundation Simmons Cancer Institute Regional Cancer Partnership
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO African Americans in Morgan County have a higher incidence rate of cancer (591.3) than whites (563.2). Males in Morgan County have a higher incidence rate of cancer (589.3) than females (547.6). By providing services for free, it removes financial barriers to screenings that will support low-income or disadvantaged communities. It also encourages regular check-ups and closes the gap in health equity.
MEASURES OF SUCCESS	FY25-27: Distribute colorectal cancer screening kits annually. # of kits distributed # of kits returned # of positive results referred to primary care physician FY25-27: Host a free skin cancer screening annually. # of patients who received a free screening # of patients who received a referral # of patients who had a biopsy recommended FY25-27: Provide free mammograms. # of free mammograms provided throughout each fiscal year

JACKSONVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Cancer and Healthy Eating

STRATEGY	Oncology Rehabilitation Certification
TARGETED PRIORITY(IES)	❒ MENTAL HEALTH ❒ HEART DISEASE ■ CANCER ❒ HEALTHY EATING
ANTICIPATED IMPACT	To increase knowledge of physical therapists to better support patients who are impacted by cancer treatment including surgeries, chemotherapy, drug therapy and radiation.. To improve functional impairments experienced by people undergoing cancer treatment. To improve overall outcomes for patients impacted by cancer including better quality of life during and beyond treatment.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ❒ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ❒ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	❒ YES ■ NO
MEASURES OF SUCCESS	- Funding provided for certification trainings - # of physical therapists, occupational therapists and speech therapists who participate and are certified

JACKSONVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Cancer and Healthy Eating

STRATEGY	Promote Memorial Health Cancer Support Groups
TARGETED PRIORITY(IES)	■ MENTAL HEALTH ❒ HEART DISEASE ■ CANCER ❒ HEALTHY EATING
ANTICIPATED IMPACT	To enhance access to vital emotional and educational resources. To improve mental health for individuals impacted by cancer. To reduce loneliness and isolation by fostering connections. To decrease cancer death rates. To increase attendance and participation in support groups.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ❒ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ❒ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Memorial Health Community Cancer Education
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	❒ YES ■ NO
MEASURES OF SUCCESS	FY25-27: # of participants in the breast cancer support # of participants in the prostate cancer support # of participants in the Finding Hope cancer support group

JACKSONVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Cancer and Healthy Eating

STRATEGY	Senior Life Solutions
TARGETED PRIORITY(IES)	■ MENTAL HEALTH ❒ HEART DISEASE ❒ CANCER ❒ HEALTHY EATING
ANTICIPATED IMPACT	To decrease isolation and loneliness in the senior population. To decrease seniors presenting in the emergency room for depression. To support seniors experiencing grief. To increase access to care for seniors experiencing depression and anxiety.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	❒ YES ■ NO
MEASURES OF SUCCESS	FY25 Launch the program FY25-27 # of patients served by the program

JACKSONVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Cancer and Healthy Eating

STRATEGY	Summerfest
TARGETED PRIORITY(IES)	■ MENTAL HEALTH ■ HEART DISEASE ■ CANCER ■ HEALTHY EATING
ANTICIPATED IMPACT	To increase increase access to food for low-income families. To increase awareness of heart disease, cancer and mental health including signs, symptoms, local resources and prevention. To promote cycling and bicycle safety education.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Prairieland United Way Salvation Army Spirit of Faith Soup Kitchen Jacksonville Food Center Jacksonville Area Chamber of Commerce Jacksonville Police Department
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO The free food distribution will address food insecurity for low income families.
MEASURES OF SUCCESS	Organize, promote and facilitate Summerfest held annually in June. Conduct at least one healthy meal/snack demonstration at the event. # of health screenings available at the event # of health screening participants served by JMH # of families served by free food distribution # of bike rodeo participants

JACKSONVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Cancer and Healthy Eating

STRATEGY	Walking for Wellness
TARGETED PRIORITY(IES)	■ MENTAL HEALTH ■ HEART DISEASE ■ CANCER ❒ HEALTHY EATING
ANTICIPATED IMPACT	To increase physical activity. To decrease incidence of heart disease and cancer. To improve mental health.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ■ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ❒ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ❒ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Jacksonville School District First Christian Church
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO This activity removes the barrier for costs related to group physical activity.
MEASURES OF SUCCESS	FY25 Launch the program FY25-27 # of patients served by the program

JACKSONVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Cancer and Healthy Eating

STRATEGY	West Central Mass Transit Funding
TARGETED PRIORITY(IES)	■ MENTAL HEALTH ■ HEART DISEASE ■ CANCER ❒ HEALTHY EATING
ANTICIPATED IMPACT	To increase access to healthcare providers.
SOCIAL DETERMINANTS OF HEALTH IMPACT	■ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ■ NEIGHBORHOOD AND BUILT ENVIRONMENT ❒ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ❒ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ❒ PRINTING/SUPPLIES
COMMUNITY PARTNERS	West Central Mass Transit
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO Individuals who do not have access to transportation and face barriers to seeking medical care will receive free rides. This strategy specifically support individuals with financial barriers and people with disabilities who need safe transportation while using a wheelchair.
MEASURES OF SUCCESS	- $30,000 provided to WCMT annually - # of rides provided to healthcare appointments

REGIONAL STRATEGIES

The MH CHNA/CHIP Review Committee identified the shared priority of mental health. The following four collaborative strategies will be implemented to address mental health across the service areas of all five Memorial Health hospitals.

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

STRATEGY	Free, Community Anti-Racism Training
TARGETED PRIORITY(IES)	■ MENTAL HEALTH
ANTICIPATED IMPACT	To create an inclusive community culture of belonging. To create awareness of how marginalized groups are affected by racism in their community. To cultivate anti-racist communities that actively identify and oppose racism. To actively influence communities to change policies, behaviors and beliefs that perpetuate racist ideas and actions. To bring awareness to the trauma caused by racism and its contribution to mental health.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ❒ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Springfield Immigrant and Advocacy Network Springfield Coalition On Dismantling Racism
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO People of color and all those whose lives have been marginalized by those in power experience life differently from those whose lives have not been devalued. They experience overt racism and bigotry far too often, which leads to a mental health burden that is deeper than what others may face. Discrimination is a challenge that can't be controlled and can have a negative impact on health and safety throughout life.
MEASURES OF SUCCESS	FY25: Identify trainers, curriculum and training locations. Explore ability to award CEUs to participants. Develop marketing campaign to encourage attendance. FY26 and FY27: One in-person training held in each county each fiscal year. At least two virtual trainings held for the Memorial service area each fiscal year. # of participants at each training

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

STRATEGY	"Wellness on the Go" Health Literacy Kits at Public Libraries
TARGETED PRIORITY(IES)	■ MENTAL HEALTH
ANTICIPATED IMPACT	To improve mental health awareness and knowledge of free, local mental health resources. To increase usage of mental health services. To empower individuals to address the mental health of themselves, their family and friends.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ❒ SOCIAL AND COMMUNITY CONTEXT ■ HEATLH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ❒ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Memorial Behavioral Health Public Libraries Heritage Behavioral Health Center
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO Libraries are embedded in their communities and provide free access to resources for everyone. They have access to and serve diverse sectors of the population regardless of age, income, race, gender, religion, sexual orientation and housing status.
MEASURES OF SUCCESS	# of library partners # of kits distributed to libraries # of times the wellness kits are checked out by patrons Self-reported feedback from patrons who check out the health literacy kits including: - Increased knowledge of local mental health resources - Motivation to seek help from 988 and 211 to assist themselves or others when in need

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

STRATEGY	Free, Community Trauma Informed Care Trainings
TARGETED PRIORITY(IES)	■ MENTAL HEALTH
ANTICIPATED IMPACT	To increase understanding of trauma. To increase use of trauma-informed practices. To reduce the possibility of re-traumatization. To create a safe physical and emotional environment for community members served by participants.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ❒ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Heritage Behavioral Health Center Memorial Behavioral Health
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	❒ YES ■ NO
MEASURES OF SUCCESS	FY25-27: One in-person training held in each county each fiscal year. At least two virtual trainings held for the Memorial service area each fiscal year. # of participants who complete the training # of participants earning CEUs Participant will self report an increase in the following after completing the training: - "Agree" or "Strongly Agree" they understand the effect of trauma on a person's thoughts, feelings, and behaviors. - "Agree" or "Strongly Agree" that they have learned things they did not know previously about trauma. - "Agree" or "Strongly Agree" that the training met a need in their community. - "Agree" or "Strongly Agree" that the training helped destigmatize trauma.

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

STRATEGY	MH Mental Health Commission
TARGETED PRIORITY(IES)	■ MENTAL HEALTH
ANTICIPATED IMPACT	To increase understanding of mental health landscape in Memorial Health service area. To identify opportunities to improve mental health outcomes in Memorial Health service area.
SOCIAL DETERMINANTS OF HEALTH IMPACT	■ ECONOMIC STABILITY ■ EDUCATION ACCESS AND QUALITY ■ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ■ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO The commission will seek to identify disparities in root causes, service delivery and outcomes related to mental health.
MEASURES OF SUCCESS	FY25: Explore the creation of a MH Mental Health Commission.

ADOPTION OF THE CHIP

The JMH Board of Directors approved the FY25-27 CHIP on Nov. 14, 2024. The Memorial Health Community Benefit Committee approved the FY25-27 CHIP on Nov. 18, 2024.

PUBLIC AVAILABILITY AND CONTACT

The 2024 Jacksonville Memorial Hospital Community Health Needs Assessment and FY25-27 Community Health Implementation Plan are publicly available online at https://memorial.health/about-us/community-health/community-health-needs-assessment/ and hard copies are also available. For additional questions or to request a hard copy, please contact the director of community health, Angela Stoltzenburg, at stoltzenburg.angela@mhsil.com.

FUTURE STEPS

Over the next three years, the strategies will be implemented to create the anticipated impact described above. The measures of success identified in this plan will be formally reviewed at least twice annually by the Memorial Health Community Benefit Committee. Over this three-year period, needs may become less pressing, new community resources or programs may become available, barriers may challenge implementation, a strategy may be found ineffective, or a new need may present itself. If we must significantly shift our strategies or identified priorities, those changes will be reviewed and approved by the MH Community Benefit Committee and the JMH Board of Directors.

Jacksonville Memorial Hospital

159-0226b 01/13/25