

Annual Non Profit Hospital Community Benefits Plan Report

Name of Hospital Reporting: _____

Mailing Address: _____
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address): _____
(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: ____/____/____ through ____/____/____ Taxpayer Number: _____
Month Day Year Month Day Year

If part of a health system, list the other Illinois hospitals included in the health system (Note: A separate report must be filed for each Hosp).

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. **ATTACH Mission Statement:**
The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. **ATTACH Community Benefits Plan:**
The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. **REPORT Charity Care:**
Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care \$ _____

ATTACH Charity Care Policy:
Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

4. **REPORT Community Benefits** actually provided other than charity care.

See instructions for completing Section 4 of Form AG-CBP-1 (Community Benefits Plan Annual Report Form For Not For Profit Hospital)

Community Benefit Type

Language Assistant Services	\$_____	—
Financial Assistance	\$_____	—
Government Sponsored	\$_____	—
Donations	\$_____	—
Volunteer Services		
a) Employee Volunteer Services	\$_____	—
b) Non-Employee Volunteer Services	\$_____	—
c) Total (add lines a and b)	\$_____	—
Education	\$_____	—
Government-sponsored program services	\$_____	—
Research	\$_____	—
Subsidized health services	\$_____	—
Bad debts	\$_____	—
Other Community Benefits	\$_____	—

Attach a schedule for any additional community benefits not detailed above.

See footnote regarding the Illinois Hospital Assessment Program

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Name/ Title (Please Print)

Phone: Area Code/ Telephone No.

Signature

Date.

Name of Person Completing Form

Phone: Area Code/ Telephone No.

Electronic / Internet Mail Address

FAX: AreaCode/FAXNo.

Memorial Health
Springfield, Illinois

MISSION STATEMENT

The mission of Memorial Health is to improve lives and build stronger communities through better health.

Reviewed/Approved by: Edgar J. Curtis
President and Chief Executive Officer

Replaces: Philosophy and Objectives of Memorial Medical Center
September 1981; October 1985

Approved: March 1988
Revised: June 1989
Reviewed: June 1990
Reviewed: January 1991
Revised: August 1992
Reviewed: July 1993
Revised: March 1994
Revised: May 1995
Reviewed: March 1997
Reviewed: May 1998
Reviewed: June 1999
Revised: July 2000
Reviewed: July 2003
Revised: December 2004
Revised: May 2006
Reviewed: July 2007
Revised: November 2008
Reviewed: January 2012
Reviewed: March 2014
Reviewed: March 2015
Reviewed: March 2016
Reviewed: March 2017
Reviewed: March 2018
Reviewed: March 2019
Reviewed: March 2020
Reviewed: March 2021
Revised: October 2021
Reviewed: October 2022
Reviewed: October 2023
Reviewed: October 2024

Reviewed: Octoberr 2024

Reviewed: Octoberr 2024



***Community Health
Implementation Plan***

**Macon
County Illinois
2025-27**



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EXECUTIVE SUMMARY

Every three years, Decatur Memorial Hospital (DMH) 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), DMH 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. Decatur Memorial Hospital collaborated with the Macon County Health Department 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 Decatur Memorial Hospital to address: **cancer, mental health, racism and unemployment.**

This plan has been developed to address the priorities identified in the 2024 CHNA. Decatur 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 Jacksonville Memorial Hospital, Lincoln Memorial Hospital, Springfield Memorial hospital and Taylorville Memorial Hospital. The Decatur Memorial Hospital Board of Directors also approved this plan on Nov. 12, 2024. The Memorial Health Community Benefit Committee reviewed and approved these strategies on Nov. 18, 2024.

INTRODUCTION

MEMORIAL HEALTH

Memorial Health of Springfield is one of the leading healthcare organizations in Illinois. It 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: Decatur Memorial Hospital in Macon County; Jacksonville Memorial Hospital in Morgan County; Lincoln Memorial Hospital in Logan County; Springfield Memorial Hospital in Sangamon County; and Taylorville Memorial Hospital in Christian County.

Memorial Health also includes primary care, home care and behavioral health services. Our more than 9,000 colleagues, partnering physicians and hundreds of volunteers are dedicated to improving the health of the communities we have served since the late nineteenth century. The Memorial Health Board of Directors Community Benefit Committee is made up of board members, community health leaders, community representatives and senior leadership who approve and oversee all aspects of the MH community benefit programs, CHNAs and CHIPs.

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



Memorial Health

Our Mission
Why we exist:
To improve lives and build stronger communities through better health

Our Vision
What we aspire to be:
To be the health partner of choice

FY25–27 FINAL PRIORITIES

<p>DMH MENTAL HEALTH RACISM CANCER AND UNEMPLOYMENT</p>	<p>JMH MENTAL HEALTH HEART DISEASE CANCER AND HEALTHY EATING</p>	<p>LMH MENTAL HEALTH HEALTHY WEIGHT CANCER</p>
<p>SMH MENTAL HEALTH CHRONIC DISEASES HOMELESSNESS AND SUBSTANCE USE</p>	<p>TMH MENTAL HEALTH HEART DISEASE/STROKE ACCESS TO PRIMARY CARE</p>	

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.

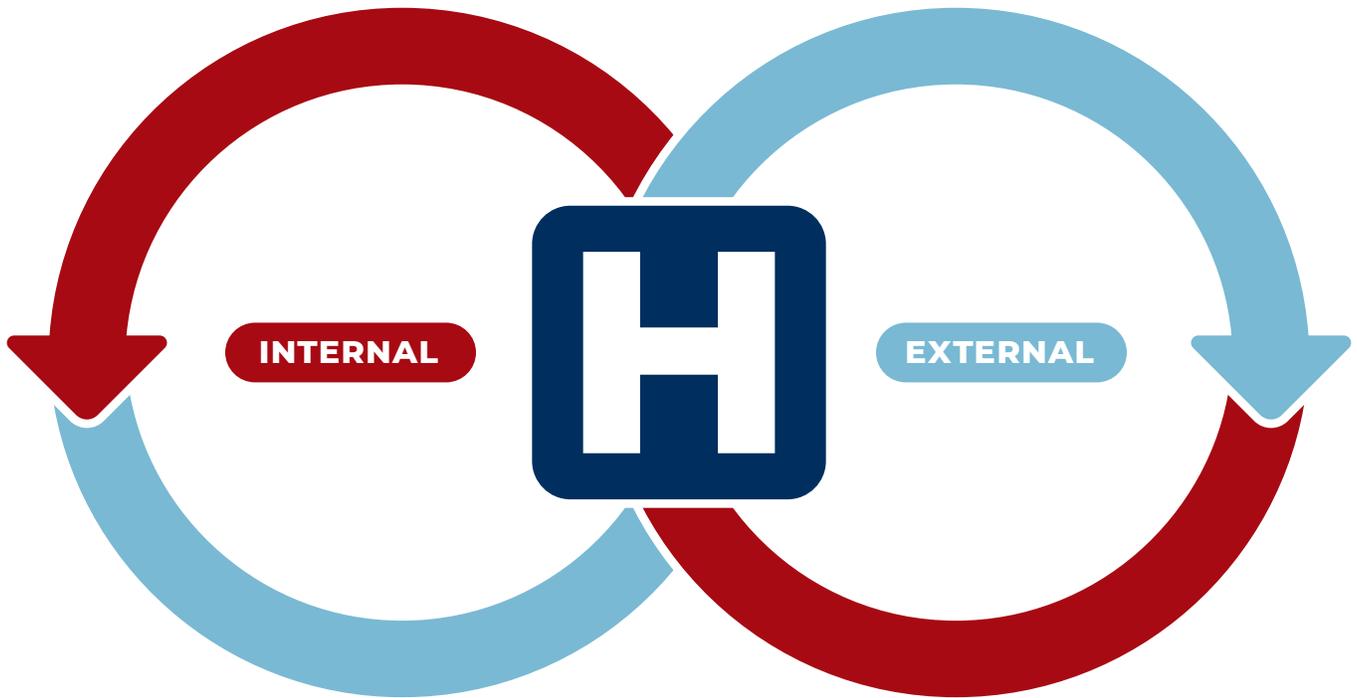
Social and structural factors are key drivers of health, often called “social determinants of health.” The American Hospital Association (AHA) estimates that 40% of a person’s health comes from socioeconomic factors like income, education and community safety. Other structural factors like discrimination 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 DECATUR MEMORIAL HOSPITAL

Decatur Memorial Hospital, located in Decatur, Illinois, is a 280-bed, nonprofit, community hospital that has provided medical care since 1916 for residents of central Illinois. Today, DMH is a designated Level II Trauma Center and a Primary Stroke Center. Services include orthopedics, cardiopulmonary, vascular medicine, gastroenterology, obstetrics, neurosciences, emergency medicine and laboratory and radiology services, wound care, surgical services, infusion, physical therapy, cancer care and more. In 2019, DMH became the newest hospital affiliate of Springfield-based Memorial Health, joining its strengths to that of a regional health system. DMH is a member of the American Hospital Association, the Illinois Health and Hospital Association and Vizient. Decatur Memorial Hospital is committed to providing financial support for its patients and community partners.

OUR COMMUNITY

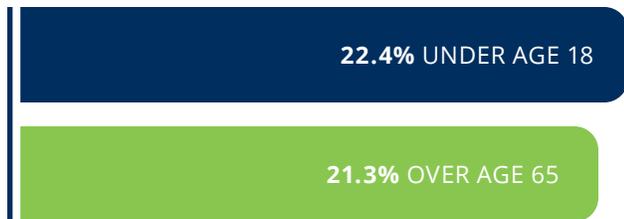
DEMOGRAPHIC OVERVIEW

DMH is located in Decatur, Illinois, near the center of the state. In 2023, the U.S. Census Bureau Populations and Housing Unit Estimates reported that Macon County has a population of 100,591. Decatur is the county seat with the highest population of 68,670.

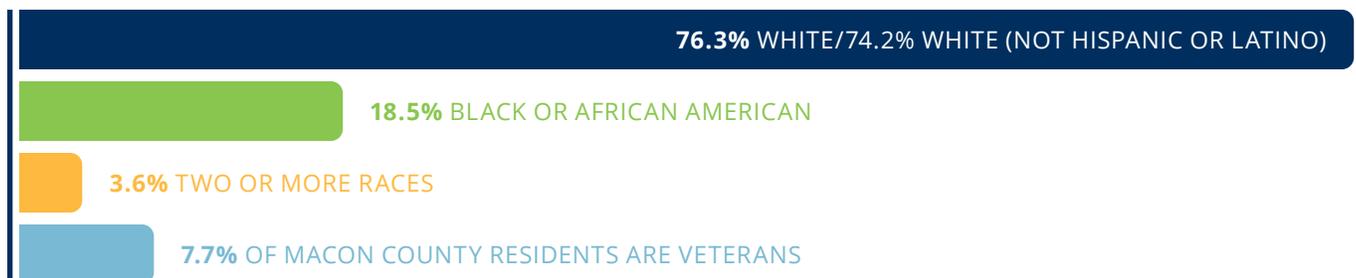
Decatur is home to a diverse set of major industries and a broad-based network of ancillary and supporting businesses. Agriculture companies such as Archer Daniels Midland Co., Caterpillar and Primient, as well as healthcare and local government, are the major employers in the county. Most patients served by DMH come from Decatur and this is where the hospital focuses the majority of its community engagement and community health initiatives.



Population Age



Race and Hispanic Origin and Population Characteristics



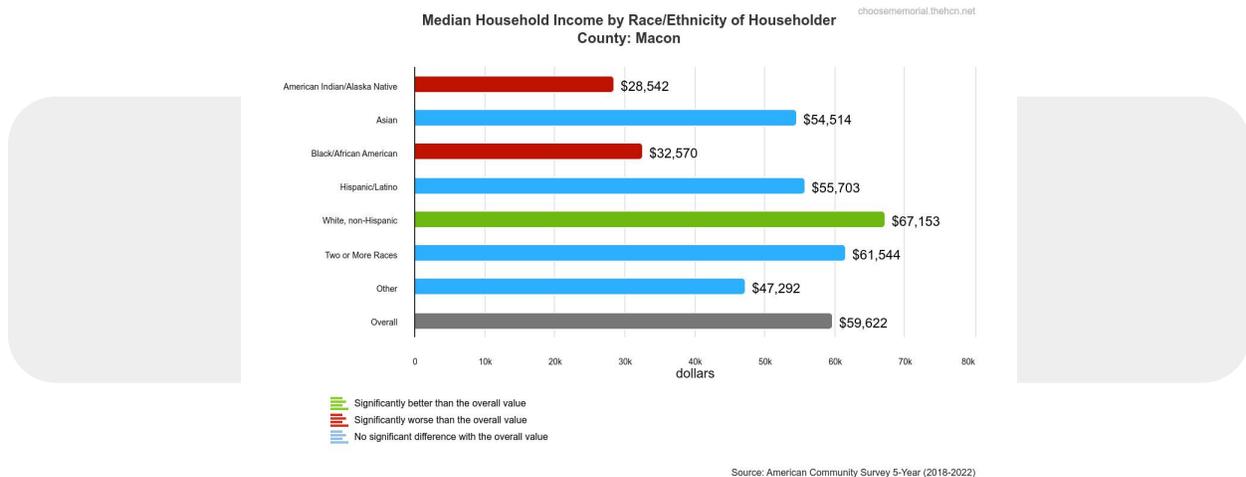
EDUCATION AND HEALTHCARE RESOURCES

DMH serves as a teaching hospital for surrounding schools that train healthcare workers, such as nurses, dietitians, physical therapists and more. Decatur is also home to two higher education institutions: Millikin University and Richland Community College. Thousands of patients come to Decatur annually for quality specialty care and surgery not available in their own communities. In addition to DMH, other Macon County healthcare resources include:

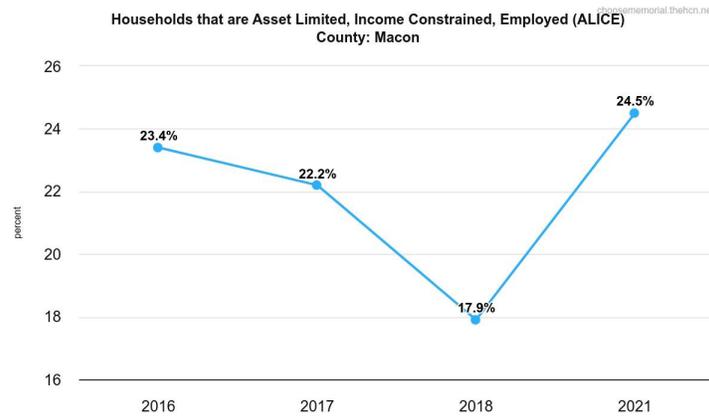
- Crossing Healthcare, FQHC—Federally Qualified Health Center
- Decatur Manor Healthcare
- Decatur VA Clinic
- Heritage Behavioral Health Center
- HSHS St. Mary’s Hospital
- Macon County Health Department
- Macon County Mental Health Board
- Memorial Care
- Memorial Specialty Care
- SIU Decatur Family Medicine
- Springfield Clinic Decatur

ECONOMICS

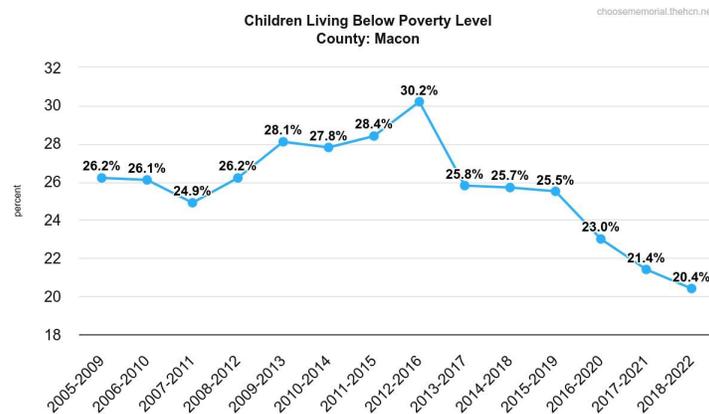
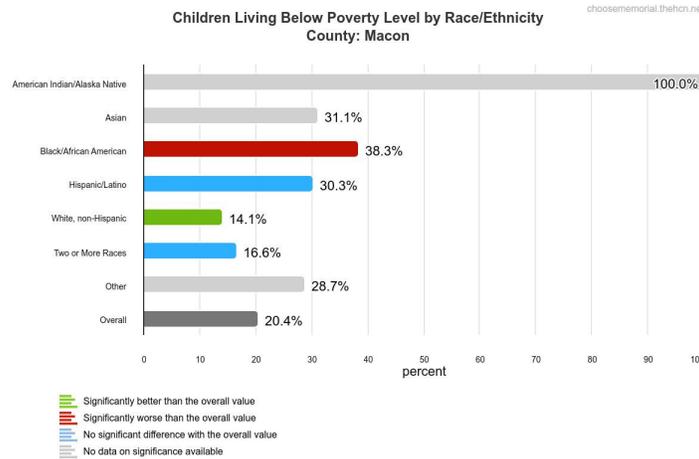
The American Community Survey reports that the median household income in Macon County is \$59,622, lower than both the Illinois and U.S. value.



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 United for ALICE in 2022, 43 percent of households in Macon 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.

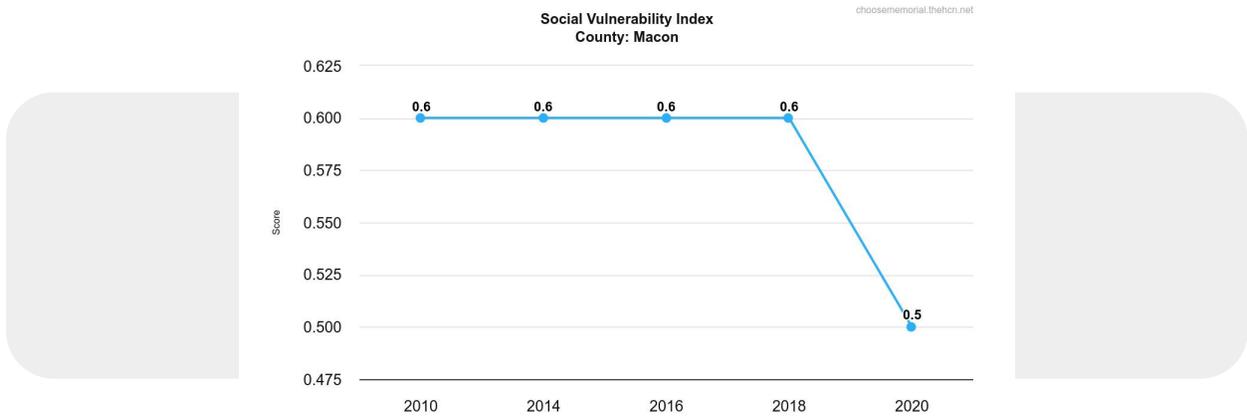


According to American Community Survey, 20.4 percent of Macon County children are living below the poverty level during the 2018-2022 reporting period with a decreasing trend since 2015. Black/African American children are more significantly impacted by poverty than their counterparts of other races, with 38.3 percent living in poverty.



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). Macon County’s 2020 overall SVI score is 0.6, 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. Macon County has a 99.8 and 91.2 score for zip codes in Decatur (62523 and 62522) followed by 84.4 in Warrensburg.

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 1 (low need) to 100 (high need) is assigned to each zip code. Again, the zip code of 62523 showed the highest need with a score of 99.3.

RESIDENTIAL SEGREGATION

Racial/ethnic residential segregation refers to the degree which two or more groups live separately from one another in a geographic area. Although most overt discriminatory policies and practices, such as separate schools or seating on public transportation based on race, have been illegal for decades, segregation caused by structural, institutional and individual racism still exists in many parts of the country. The removal of discriminatory policies and practices has impacted institutional and individual acts of overt racism, but has had little effect on structural racism, like residential segregation, resulting in lingering structural inequalities.

Residential segregation is a key determinant of racial differences in socioeconomic mobility and, additionally, can create social and physical risks in residential environments that adversely affect health. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or White residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. In 2024, Macon County has a Residential Segregation - Black/White score of 51.9. In other words, 52% of either Black or White residents would have to move to different geographic areas in order to produce a de-segregated residential distribution. 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 Decatur Memorial Hospital was led by DMH Community Health coordinator, Sonja Chargois. The process was also supported by the DMH president and CEO, Drew Early, 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 non-medical 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 makes it publicly available online as a free resource to the public. The 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 Youth Survey
- Illinois Report Card
- Macon County Health Department
- Race in the Heartland, University of Iowa and Iowa Policy Report
- 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
- United Way Community Needs Assessment
- 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 22 community organizations 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:

- Baby TALK
- Big Brothers Big Sisters
- Birth to Five Illinois
- City of Decatur
- Crossing Healthcare
- Decatur Civic Leadership Institute
- Decatur Family YMCA
- Decatur Memorial Hospital
- Decatur Park District
- Decatur Public School District 61
- Dove Inc.
- Empowerment Opportunity Center
- Heritage Behavioral Health Center
- HSHS St. Mary's Hospital
- Macon County Health Department
- Mt. Zion School District
- Richland Community College EnRich Program
- SIU School of Medicine Center for Family Medicine
- Suite 704
- United Way of Decatur & Mid-Illinois
- University of Illinois Extension
- Webster Cantrell Youth Advocacy Center

Community Survey

Q: *How do you rate your health?*

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

Q: *Is racism a problem in Macon County?*

A survey in both online and paper format was distributed throughout the county to gather feedback. Several community partners helped distribute the survey, including Crossing Health Care, Hope Academy, Eisenhower High School, MacArthur High School, Empowerment Opportunity Center, Oasis Day Center, Decatur Public Library, Decatur Family YMCA and Macon County Health Department. The survey was available in English and Spanish. 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 Macon County, 576 surveys were completed. A copy of the survey can be found in Appendix I.

- 76.9% identified as female
- 69% reported at least some college
- 22% reported a household income of less than \$40,000
- 73.5% identified as white (compared to 76.3% population)
- 23% identified as Black or African American (compared to 18.5% population)
- More than 50% reported that health 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)
- 54.5% reported safety and crime as a challenge to maintaining a healthy lifestyle
- 50% reported lack of motivation/education as a challenge to maintaining a healthy lifestyle
- 66% reported they had witness someone being treated differently because of their race sometimes or frequently
- 52% reported they agreed or strongly agreed that racism was a problem
- 53% had experienced emotional abuse in their household
- 43.98% reported mental illness in the household

Focus Groups

Twelve 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, LGBTQ+ identity and more. The following organizations and individuals participated in focus groups and interviews:

- Empowerment Opportunity Center customers
- Anna Waters Head Start parents & Policy Council
- Empowerment Opportunity Center Senior Program
- Empowerment Opportunity Center employees
- Hope Academy parents and faculty
- Northeast Community Fund
- Decatur Police Department
- LGBTQ+ community member
- Walk It Like We Talk It
- Richland Community College faculty
- Centro for Hispanic and Immigrant Community Opportunities (CHICO)
- Main Street Church of God

During community health focus groups, community members shared their concern for violence happening in the Decatur community. Many seniors stated they remain indoors due to the uptick in violence across Decatur. Some community members shared their concern for the ongoing challenges with substance abuse that seems to plague the communities of Macon County.

The need for cancer care education and awareness was a continued conversation throughout many of the focus groups, along with more mental health services and support. Community members also addressed their concern with “slumlords” and the rise in cost of unsafe rental properties and neighborhoods.

Community members who identify as LGBTQ+ shared that there is no safe hub if a person is struggling with substance use disorder, homelessness or the need to handle self-care. Decatur community does not offer enough services and isn’t equipped to work with those who identify as transgender or LGBTQ+. More education and training is needed throughout Macon County to assist all people, no matter how they identify.

The reality of racism and its ability to hinder progress for people of color was also a persistent conversation throughout community focus groups. Language barriers make accessing healthcare very difficult for community members who do not speak English. While there are translators, sometimes virtual, available in hospital settings, focus group members shared continued concern that translators are not available. There is a fear in navigating healthcare and a need for interpreters within the hospital settings.

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 IAC consisted of DMH colleagues listed below:

- DMH Administrative Director, Radiation Oncology
- DMH Chief Medical Officer, Physician
- DMH Clinical Coordinator
- DMH Community Health & EDI Coordinator
- DMH Director, Case Management
- DMH Director of Clinical Operations
- DMH Director of ICU
- Executive Director, DMH Foundation
- DMH Manager, Security Site
- DMH Patient Experience Liaison
- DMH Physician Assistant
- DMH President & Chief Executive Officer
- DMH System Administrator, Specialty Services
- DMH Vice President & Chief Nursing Officer
- MH Community Health Director

STEP 4: MEMORIAL HEALTH CHNA/CHIP REVIEW COMMITTEE

A Memorial Health CHNA/CHIP Review Committee was added to the CHNA 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 will 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.

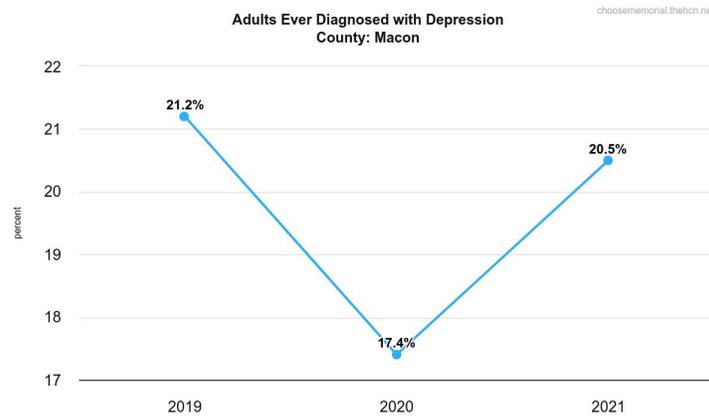
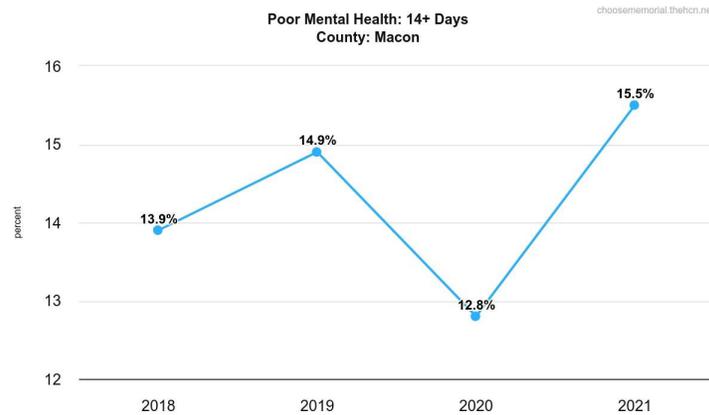
SELECTED PRIORITIES

The final priorities were selected by DMH after five final health needs were considered:

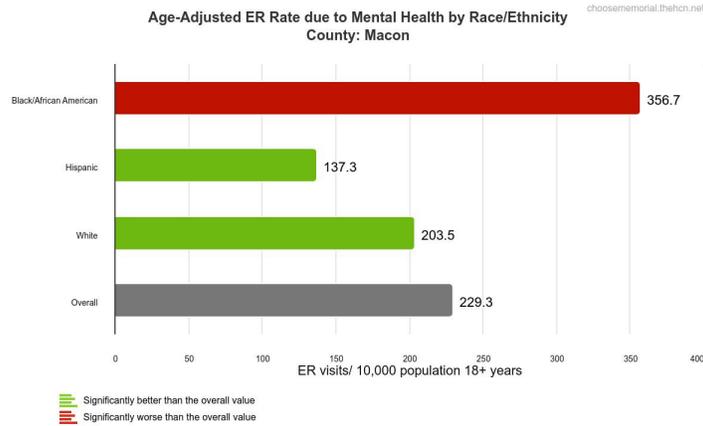
1. Mental Health – 3.9
2. Racism – 2.9
3. Cancer – 4.2
4. Unemployment – 2.7

MENTAL HEALTH

During the External Advisory Committee (EAC) meeting and in the community health survey, mental health was ranked as the number one concern for Macon County residents. According to CDC PLACES, 15.5 percent of adults in Macon County reported fourteen or more poor mental health days and 20.5 percent of adults have been diagnosed with depression.



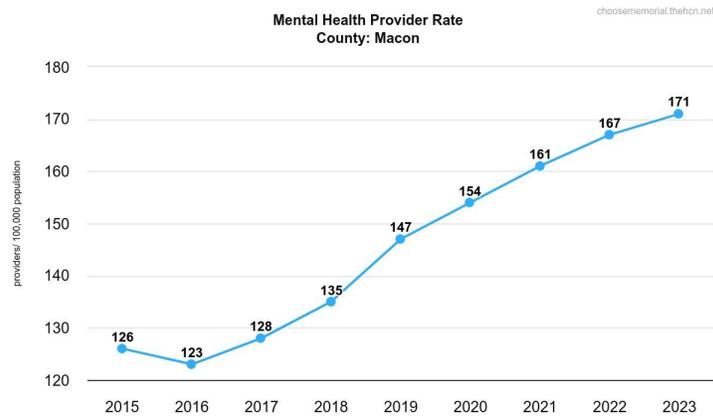
During the measurement period of 2020-2022, the Illinois Health and Hospital Association reported an age-adjusted rate of 229 per 100,000 Emergency Department (ED) visits in Macon County due to mental health challenges, compared to the state rate of 169. These visits primarily impact people ages 25-44 and males more than females. A significant disparity is evident with a rate of 356.7 for Black/African Americans. Macon County has the highest rate of ED visits for mental health challenges in the Memorial Health service area.



Further, 45 percent of those who took the community health survey reported mental health challenges are an issue within their household.

During a focus group with the Decatur Police Department (DPD), mental health was discussed as an issue and one that is on the rise within Decatur/Macon County.

The issues with mental health are exacerbated by a shortage of mental health providers. According to Robert Wood Johnson's County Health Rankings, Macon County has a provider rate of 171 per 100,000 population. The state rate is 315. Even with this rate consistently improving since 2016, there is a significant gap to meet the need. Overall, Macon County's most impacted individuals are Black men, children under the age of 18 and those who receive Medicare.



According to the 2024 Illinois Youth Survey, 47 percent of Macon County eighth-grade students self-reported that they have felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing their usual activities.

Mental health challenges can be a root cause of gun violence, substance use, domestic violence, sexual abuse and more. The Internal Advisory Committee also acknowledges that these adverse experiences can impact mental health. Therefore, choosing mental health as a priority is a way to address several community issues. This priority was also chosen because of the existing partnership with Heritage Behavioral Health to support the work happening to support mental health in Macon County and the strong community acknowledgement that mental health is a concern which will provide opportunities to collaborate.

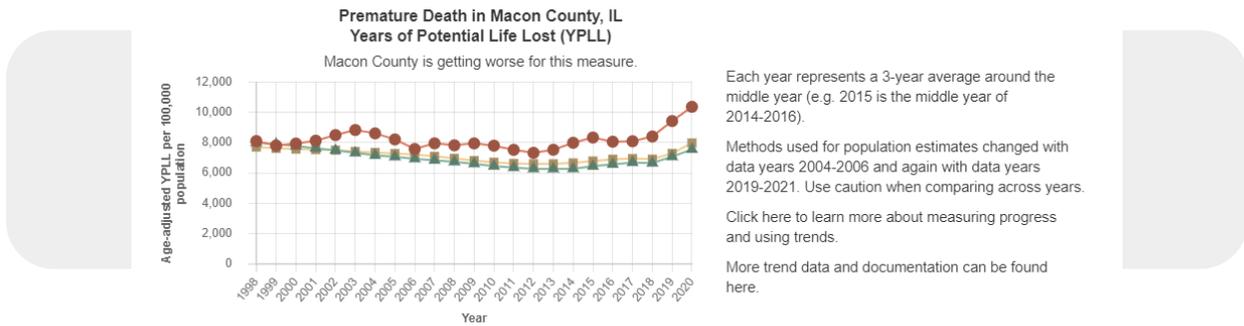
RACISM

During the community health survey and focus groups, community members identified racism as an ongoing challenge in Macon County. Sixty-seven percent of community members who took the community health survey stated they have sometimes or frequently seen someone being treated negatively due to their race. Fifty-two percent of those who took the community health survey stated they strongly agree that racism is a problem in Macon County. The Illinois Department of Public Health has identified racism as a public health crisis. It is a major public concern and addressed in the Healthy Illinois 2028 five-year plan to improve the overall well-being of Illinoisans.

Language barriers are also a constant challenge for community members who do not speak English as a first language. It can be difficult to navigate a health system designed for English-speaking people and receive adequate healthcare when interpreters aren't available or present.

Racism is a root cause of several significant challenges in Macon County, such as mental health, poor health outcomes, lack of trust in the healthcare system and lack of trust with healthcare providers.

These factors result in poor health outcomes for Black/African Americans in Macon County. According to the Robert Wood Johnson County Health Rankings premature death data, Macon County has a higher rate of premature death than the state and national rates. The number of years of life lost to deaths of people under the age of 75 per 100,000 people is shown on the chart below. When disaggregated by race, it is reported by CDC WONDER that while Macon County has an overall premature death rate of 10,400 years, non-Hispanic Black people have a premature death rate of 17,000. This is significantly higher than the figure for white residents in Macon County, who have a premature death rate of 8,900.



CANCER

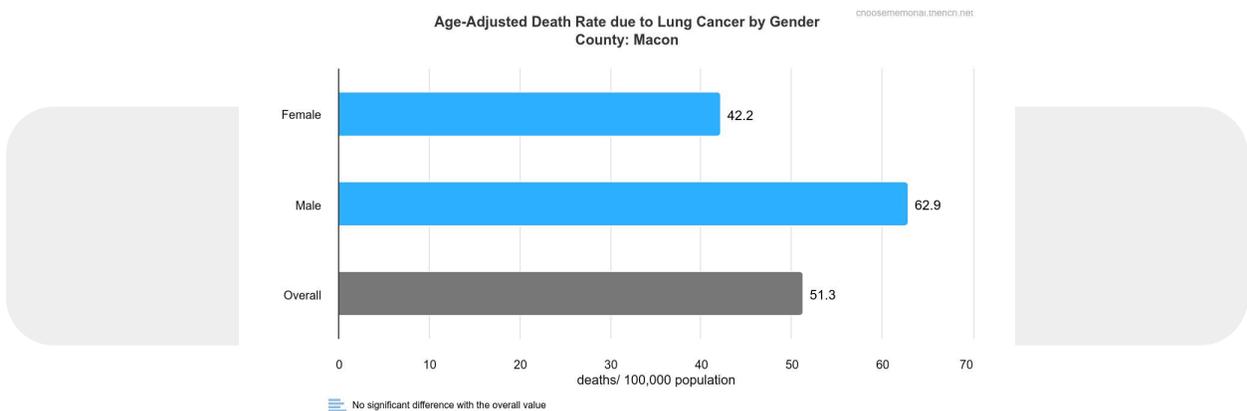
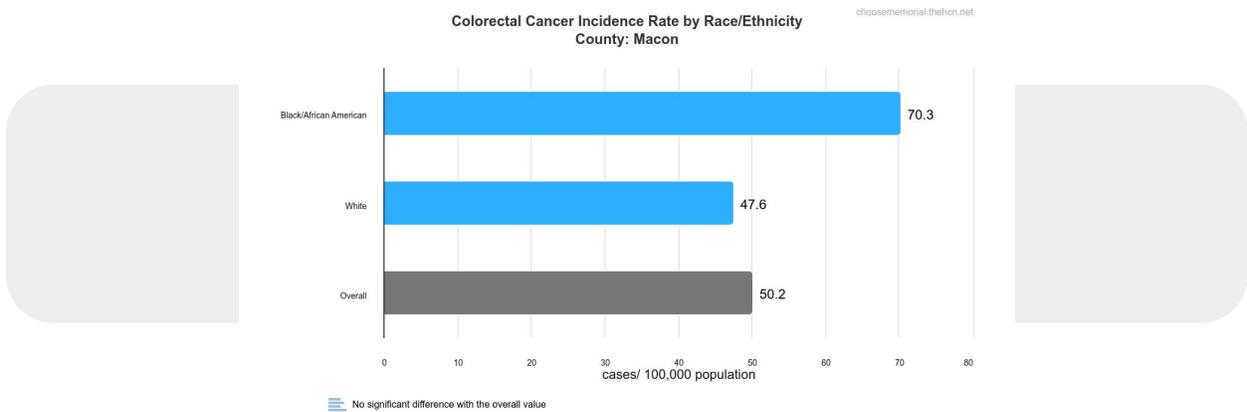
Cancer is the number one cause of death in Macon County. According to CDC-PLACES, 8.2% of Macon County adults were diagnosed with any type of cancer, skin cancer excluded. The age-adjusted incidence rate for all cancer sites in cases per 100,000 was 546 as compared to the Illinois (459.7) and US (442.3) values. While the incidence rate is still higher than state and local rates, it has decreased since the 2003-2007 reporting period at a high of 564.5, according to the National Cancer Institute. The highest incidence rate by race/ethnicity was for Hispanic people in Macon County.

Macon County reported an age-adjusted cancer death rate of 173.7 deaths per 100,000. This death rate surpasses both Illinois (155.3) and the United States (149.4). The following reflect specific cancer death rates in Macon County:

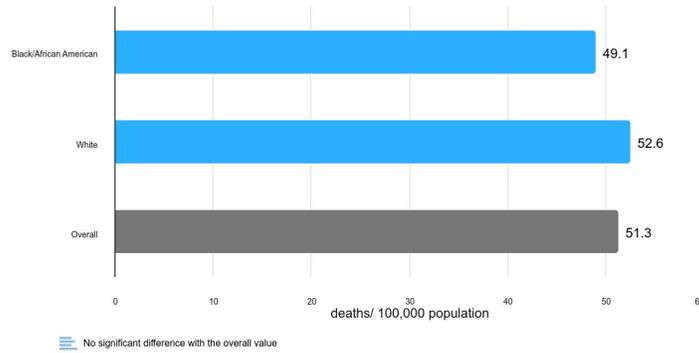
- Lung Cancer – 51.3
- Breast Cancer – 16.8
- Colorectal Cancer - 16.8
- Prostate Cancer – 13.5

Some genders and races are more impacted by these cancers than the overall population. At a rate of 51.3, lung cancer has the highest death rate and is significantly higher than the state (37.3) and national (35) rate. Males die of lung cancer 22.6 percent more frequently than females. People who identify as white are slightly more impacted (2.53 percent) by lung cancer deaths than Black/African Americans.

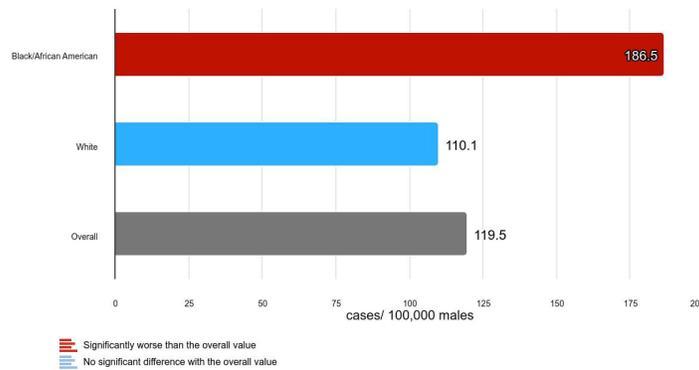
Breast cancer impacts white people slightly more (2.23 percent) than Black/African Americans. Males are significantly more impacted (19.52 percent) by colon cancer than females. And Black/African Americans are significantly more impacted by colon cancer (40.04 percent) than white people. Black/African Americans are also significantly more impacted by prostate cancer, with an incidence rate of 186.5 as compared to white people with an incidence rate of 110.1.



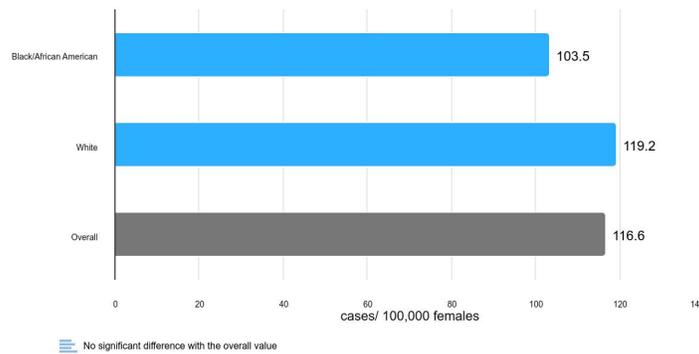
Age-Adjusted Death Rate due to Lung Cancer by Race/Ethnicity
County: Macon



Prostate Cancer Incidence Rate by Race/Ethnicity
County: Macon



Breast Cancer Incidence Rate by Race/Ethnicity
County: Macon



During community health focus groups, community members stated a need for more cancer education, as well as help understanding screenings and costs associated with those screenings. During the community health focus group with DPD, officers shared that they are enforcing citations for youth tobacco and vape sales throughout Macon County. Tobacco and vaping use contribute to lung cancer in adults.

The Internal Advisory Committee recognized that there is a community willingness to collaborate on cancer and partners available to make strategies feasible. DMH can partner with local churches and organizations who work specifically with Black women and Black men to address the disparities that exist among this population. There is also opportunity for the DMH Community Health coordinator to work in partnership with Memorial Cancer Care to provide cancer education and screenings at community events and functions.

UNEMPLOYMENT

During the EAC meeting and the community health survey, unemployment was one the top three issues identified. Macon County has an unemployment rate of 6.4 percent compared to the state of Illinois, which has a rate of 5.3 percent, and the United States rate of 4.2 percent.

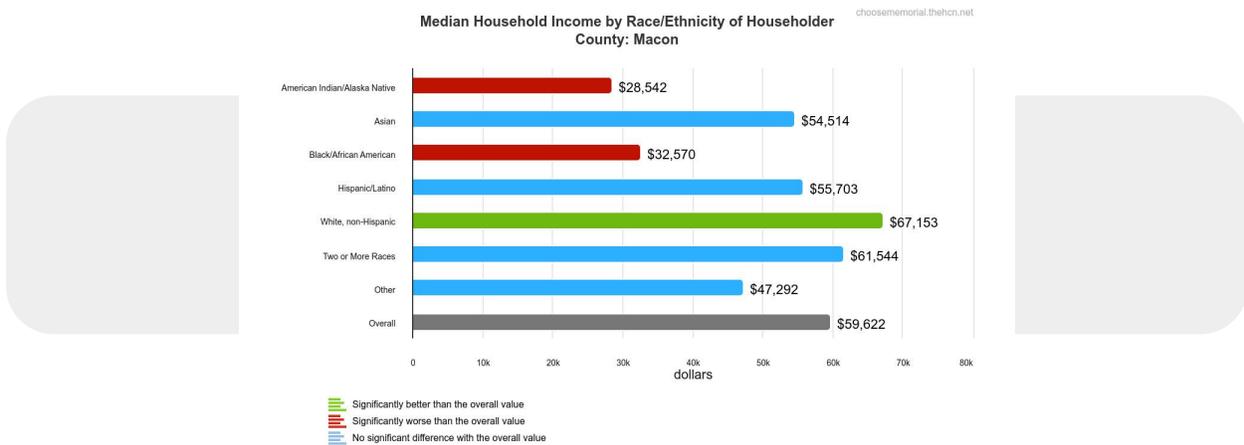
The Internal Advisory Committee recognized that unemployment contributes to many societal challenges such as low-income or poverty-stricken households, housing overcrowding, lack of insurance and the ability to pay out-of-pocket for prescriptions, food insecurity and mental health challenges due to inability to meet financial demands.

During the 2024 CHNA data research, it was discovered that 12 percent of Macon County youth are disconnected. That means 12 percent of individuals ages 16-19 are not in school or working. We also recognize this leads to poor mental health due to possible isolation, loneliness, lack of belonging and purpose. Macon County has more disconnected youth than both the state of Illinois (6 percent disconnected youth) and the United States (7 percent disconnected youth).

There is a significant disparity in income when comparing Black family households in Macon County to households of other races. Black households show an average annual income of \$30,176, while white households have an average annual income of \$55,954.

Focus groups discussed that lack of transportation can keep people from obtaining employment. The current public transportation does not allow those who do not have their own transportation to work past evening hours or late shifts. Child care costs are also a major challenge for families.

Community members also stated the need for more job training and skill-building opportunities for community members to learn a trade, and discussed a need for employers to become trauma-informed to retain staff who may exhibit trauma responses while at work. They felt that employers could also retain employees by offering access to mental health services.



HEALTH NEEDS NOT SELECTED

Often, organizational capacity prohibits DMH from implementing programs to address all significant health needs identified during the CHNA process. DMH 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.

Gun Violence – Gun violence was the fifth-highest priority need reviewed by the Internal Advisory Committee, but was ranked lowest (1.3) in our force ranking exercise based on the criterion. While gun violence has a severe impact on health, both physically and mentally, it did not rank as high in magnitude or feasibility as the other needs reviewed. Specifically, the IAC felt that DMH lacks the expertise or competencies to effectively address this issue. Based on community feedback, gun violence is linked to other health indicators, such as disparities in economy and mental health, which we hope to address through our other priorities.

The following needs were reviewed throughout the process but were not considered by the IAC due to competing priorities. However, we feel it is important to recognize those needs and explain why they were not chosen as a final priority.

Black Children Living in Poverty – Throughout the process, we discussed issues related to poverty and the stress and trauma that can be caused by poverty. Specifically, we recognized the disparity of so many more Black/African American children living in poverty when compared to children of other races in Macon County. This was not chosen as a priority due to a lack of evidence-based interventions, but also because by addressing unemployment, we hope to have an impact on this need.

Low Reading and Math Scores – DMH does not feel that we have the expertise or competencies to effectively address this need; however, we recognize the future impact on children who do not have sufficient reading and math skills. We partner with Hope Academy and desire partnerships with other schools in Macon County to support their work in improving reading and math scores if we have the opportunity and capacity.

Social Vulnerability – This concern was chosen as a potential top priority by the EAC. While it represents socioeconomic factors such as poverty, lack of access to transportation and crowding that could make Macon County vulnerable during a disaster, it was decided that it would be difficult to have a measurable impact on that score due to all contributing factors. Further, it was ranked eighth out of 10 competing priorities. By addressing unemployment, we hope to have an impact on social vulnerability.

High Truancy Rate – The EAC chose high truancy as a potential top priority because it is a root cause of low high school graduation rates, disconnected youth, etc. We also feel it is an indicator of the barriers that can keep students from attending school, including lack of transportation, poverty and mental health. DMH does not feel that we have the expertise or competencies to effectively address this need; however, we recognize the future impact on children and continue to partner with Hope Academy. DMH hopes to support schools in their work to address this issue if we have the opportunity and capacity.

Housing Problems – The EAC also discussed the housing concerns. While these can be a root cause of poor health, the community survey participants ranked housing as the fifth need of ten needs provided. Most comments on the community survey were not housing-related. We recognize a need for improved living conditions and heard in focus groups that there are landlords providing unsafe living conditions to their tenants. Overall, the data shows that issues of overcrowding, people experiencing homelessness on a given night and severe housing problems in Macon County are at lower rates than the state and national rates and often improving. We believe this is because other community partners are addressing these concerns and having success in their chosen strategies.

Transportation - Improved access to transportation was also a common theme on the community survey. Forty-nine percent of respondents chose it as a reason people don't access healthcare when they need it. As mentioned earlier, lack of transportation options is a barrier to people who have employment opportunities outside of the public transportation hours of service. DMH does not have the resources or expertise to address this need for the broader community, but DMH hopes to continue to support the work of partners in this space if we have the opportunity and capacity to do so.

OVERSIGHT

The CHIP process for Decatur Memorial Hospital was led by the DMH community health coordinator, Sonja Chargois. The process was also supported by the DMH president and CEO, Drew Early, and Memorial Health director of community health, Angela Stoltzenburg.

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

MH CHNA/CHIP Committee Review FY25-27 CHIP Strategies

DMH Hospital Board Approves FY25-27 CHIP AND MH Community Benefit Committee Approves FY25-27 CHIP

SEPT. 2024

OCT. 2024

NOV. 2024

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 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 DMH plans to commit to address the health need.

Community Partners

Any local organizations and agencies that are taking the lead or collaborating with DMH 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).

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	BabyTalk
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> RACISM <input type="checkbox"/> CANCER <input type="checkbox"/> UNEMPLOYMENT
ANTICIPATED IMPACT	To positively impact child development and nurture healthy and responsive relationships during the critical early years.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input checked="" type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MEASURES OF SUCCESS	Fund \$15,000 annually.

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	Free Community Equity, Diversity & Inclusion Training
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> RACISM <input type="checkbox"/> CANCER <input type="checkbox"/> UNEMPLOYMENT
ANTICIPATED IMPACT	To provide communities with tools to promote and celebrate inclusion, diversity and equitable practices.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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 type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	The Community Foundation of Macon County
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66% reported they had witness someone being treated differently because of their race sometimes or frequently 52% reported they agreed or strongly agreed that racism was a problem Noted during CH focus groups, more education and training is needed throughout Macon County to assist all people, no matter how they identify. Racism is a root cause of several significant challenges in Macon County, such as mental health, poor health outcomes, lack of trust in the healthcare system and lack of trust with healthcare providers.
MEASURES OF SUCCESS	FY25: Develop an external EDI Training. FY26: Pilot external EDI training to Macon County community members and organizations. # of participants # of organizations served FY27: Expand external EDI training to other MH counties. # of participants # of organizations served

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	Free Cancer Screenings
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> RACISM <input checked="" type="checkbox"/> CANCER <input type="checkbox"/> UNEMPLOYMENT
ANTICIPATED IMPACT	<p>To increase access to screenings. To promote early cancer detection. To decrease cancer death rates. To improve access to care for under-served populations.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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	Regional Cancer Partnership Cancer Care Center
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - 8.2% adults diagnoses in Macon County (US rate is 7%) - #1 cause of death in Macon County - Lung, correctional & prostate disproportionately affects males - Colorectal disproportionately affects Black males 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-FY27: Support Colorectal Cancer Awareness Support National Cancer Survivors Day Support Mammogram Mondays Support Skin Cancer Screenings Support Prostate Cancer Screenings Join Memorial Cancer Care in Decatur monthly meetings Meet with Cancer Outreach Coordinator monthly Join Regional Cancer Care Partnership monthly meetings

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	Promote DMH Career Opportunities
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> RACISM <input type="checkbox"/> CANCER <input checked="" type="checkbox"/> UNEMPLOYMENT
ANTICIPATED IMPACT	To decrease the Macon County unemployment rate by sharing local job opportunities within MH. To create a more diverse workforce at DMH by recruiting from marginalized groups and better representing those we serve.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input checked="" type="checkbox"/> CONSULTANT/EXPERT <input type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Hope Academy Juneteenth Events Decatur Pride CHICO Hispanic Festival
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Address SDOH socioeconomic factor - when people have access to better income, access to better medical benefits, and an opportunity to advance in career opportunities their health can improve tremendously.
MEASURES OF SUCCESS	FY25: Explore a partnership with MH HR Department to provide awareness of available positions at community events that attract people from marginalized populations. FY26: Invite MH HR department to attend at least 2 CH events with the hope of sharing available positions with marginalized populations. FY27: Invite MH HR department to attend at least 4 CH events with the hope of sharing available positions with marginalized populations.

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	Minority Health Coalition		
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> RACISM <input checked="" type="checkbox"/> CANCER <input checked="" type="checkbox"/> UNEMPLOYMENT		
ANTICIPATED IMPACT	To address disparities that exist in populations of minority populations such as Black and Brown communities and LGBT+ communities.		
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input checked="" type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY		
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	RCC Northeast Community Fund Main Street Church Center Sista Girls & Friends	Dr. Dana Ray Hope Academy Dove/Homeward Bound Power In Pumps	City of Decatur Decatur Public School 61 Heritage Behavioral Health Crossing Healthcare
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Minority Health Coalition will work to address the disparities that exists for people of color for people and in the LGBTQ+ communities within Macon County through healthcare education, screening, workforce skills; with a keen eye on cancer rate disparities and mental health disparities.		
MEASURES OF SUCCESS	FY25: Plan, research and structure a framework for the Minority Health Coalition with a community partner; as well as recruit community stakeholders to serve on the coalition. FY26-FY27: Launch and expand Minority Health Coalition with monthly meetings to identify organizations who support marginalized populations with healthcare services and resources. # of meetings # of participants #organizations represented		

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	DPS61 Hope Academy Partnership
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> RACISM <input checked="" type="checkbox"/> CANCER <input checked="" type="checkbox"/> UNEMPLOYMENT
ANTICIPATED IMPACT	<p>To increase health education and improve healthy behaviors among Hope Academy students and families.</p> <p>To promote healthcare careers and opportunities.</p> <p>To decrease unemployment rate.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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	Heritage Behavioral Health Center Hope Academy
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 87% of children attending Hope Academy are from low income families.
MEASURES OF SUCCESS	<p>FY25: Explore after school healthcare club for 6-8th grade students. Host a wellness fair for Hope Academy families. Offer at least 2 health & safety trainings for all 6-8th grade classes.</p> <p>FY26: Launch after school healthcare club for 6-8th grade students. # of participants # of times the club meets Host a wellness fair for Hope Academy families. Offer at least 3 health & safety trainings for all 6-8th grade students</p> <p>FY27: # of participants (% increase from FY26) # of times the club meets (% increase from FY26)</p>

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	Decatur Public School District 61 Prep Academy Partnership
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> RACISM <input type="checkbox"/> CANCER <input checked="" type="checkbox"/> UNEMPLOYMENT
ANTICIPATED IMPACT	To introduce DPS61 Prep Academy seniors, who will graduate with both a high school diploma and an associate's in arts degree, to healthcare as a career path. To decrease unemployment in Macon County. To increase high school graduation rates.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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	DPS61 Millikin University Richland Community College Heritage Behavioral Health Center First Mid Bank
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - Macon County has a 12% disparity of disconnected youth. - Macon County unemployment rate of 6.1%. 65% of DPS61 students are living in low income status. - 50.1% of DPS61 students are Black, 28.1% of DPS61 students are Hispanic, 28.3% of DPS61 students are white and 14.4% are two or more races. - According to DPS61 school trends, Hispanic students are increasing in numbers, students who identify with two or more races are increasing, Black students have been at 50% for the past two years and White students are decreasing.
MEASURES OF SUCCESS	FY25: Develop and launch a one day healthcare career project pilot in Spring of 2025 with DPS61 Prep Academy program. # of student participants FY26: Host a 1.5-day healthcare career project in Spring of 2026 with DPS61 Prep Academy program with the goal to expand partnerships. # of student participants. FY27: Host a 2-day healthcare career project in Spring of 2027 with DPS61 Prep Academy program with the goal to expand partnerships and provide a financial literacy program. # of student participants

**DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN
FY25-27**

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	Pooling Our Wisdom Equity Resources (POWER) Professionals Workgroup
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> RACISM <input type="checkbox"/> CANCER <input type="checkbox"/> UNEMPLOYMENT
ANTICIPATED IMPACT	To provide a safe space for EDI professionals to talk through EDI concepts, trends and the latest EDI education in an effort to move EDI work forward within communities, organizations and companies in an efficient, safe and inclusive manner.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input checked="" type="checkbox"/> CONSULTANT/EXPERT <input type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	EDI Professionals within counties where a MH hospital reside
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - 67% of residents in Macon County have witnessed someone being treated negatively due to their race. - 52% of community members who took the CH survey strongly agreed racism was a problem in Macon County. - Racism has been linked to mental health challenges with communities. - Racism can be linked to poor health outcomes for people of color resulting in mistrust within healthcare and other critical service organizations.
MEASURES OF SUCCESS	FY25-FY27: # sessions offered # of participants # of organizations represented # of zip codes represented

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	Promote Memorial Health Cancer Support Groups
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> RACISM <input checked="" type="checkbox"/> CANCER <input type="checkbox"/> UNEMPLOYMENT
ANTICIPATED IMPACT	<p>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. To increase awareness throughout Macon County of cancer support groups available for survivors and caregivers of those living with a cancer diagnosis with a focus on marginalized populations.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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	Regional Cancer Partnership Cancer Care Center
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - 8.2% adults diagnosed with cancer in Macon County (US rate is 7%) #1 cause of death in Macon County - Lung, colorectal & prostate cancers disproportionately affect males in Macon County. - Colorectal cancer disproportionately affects Black males in Macon County.
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 FY25-27: Conduct an analysis on opportunities to support and promote Macon County cancer support groups to those in marginalized populations. FY26-27 - Promote and assist in the success of the Macon County cancer support groups based on the exploration and data analysis found in year 2025.

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	Macon County Walking Program
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> RACISM <input checked="" type="checkbox"/> CANCER <input type="checkbox"/> UNEMPLOYMENT
ANTICIPATED IMPACT	<p>To improve mental health.</p> <p>To provide a social support opportunity for friends and families.</p> <p>To decrease cancer incidence rates.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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	<p>YMCA</p> <p>Decatur Indoor Sports Center (DISC)</p>
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <p>In an effort to address mental health disparities within Macon County and promote a healthy exercise practice to lower cancer rates, the Macon County Walking program will provide community members a free opportunity to get fit both mentally and physically through fitness opportunities and health screenings removing any financial burdens for physical activity opportunities.</p>
MEASURES OF SUCCESS	<p>FY25: Develop walking program and create a plan to update and beautify the DMH walking trail.</p> <p>FY26: Launch Macon County Walking Program on May 1, 2026. # of registered participants</p> <p>FY27: Incorporate health screening opportunities for registered walkers with the goal of increasing the number of registered participants # of health screenings provided to participants</p>

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)	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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 type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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 type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input checked="" type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 DMH Board of Directors approved the FY25-27 CHIP on Nov. 12, 2024. The Memorial Health Community Benefit Committee approved the FY25-27 CHIP on Nov. 18, 2024.

PUBLIC AVAILABILITY AND CONTACT

The 2024 Decatur 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 DMH Board of Directors.





***Community Health
Implementation Plan***

**Sangamon
County Illinois
2025-27**



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EXECUTIVE SUMMARY

Every three years, Springfield Memorial Hospital (SMH) 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), SMH 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. Springfield Memorial Hospital collaborated with the Sangamon 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 Springfield Memorial Hospital to address: **mental health, chronic diseases, homelessness and substance use**.

This plan has been developed to address the priorities identified in the 2024 CHNA. Springfield Memorial Hospital has chosen 18 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, Jacksonville Memorial Hospital, Lincoln Memorial Hospital and Taylorville Memorial Hospital. The Springfield 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 (MH) 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 providing great patient care and a great experience for every patient, every time. Memorial Health includes five hospitals: Springfield Memorial Hospital in Sangamon County, Decatur Memorial Hospital in Macon County, Jacksonville Memorial Hospital in Morgan County, Lincoln Memorial Hospital in Logan County and Taylorville Memorial Hospital in Christian 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 Community Health Implementation Plan (CHIPs).

Strategy 3 of the FY22–25 MH Strategic Plan is to “build diverse community partnerships for better health” by building trusting relationships with those who have been marginalized, partnering to improve targeted community health inequities and outcomes and partnering to support economic development and growth of our communities. These objectives and strategy are most closely aligned with the MH goal of being a Great Partner, where we grow and sustain partnerships that improve health. CHNAs are available for each of the counties where our hospitals are located— Christian, Logan, Morgan, Macon 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 all Memorial Health hospitals are listed in the graphic below.



Memorial Health

Our Mission
Why we exist:
To improve lives and build stronger communities through better health

Our Vision
What we aspire to be:
To be the health partner of choice

FY25–27 FINAL PRIORITIES

<p>DMH</p> <p>MENTAL HEALTH RACISM CANCER AND UNEMPLOYMENT</p>	<p>JMH</p> <p>MENTAL HEALTH HEART DISEASE CANCER AND HEALTHY EATING</p>	<p>LMH</p> <p>MENTAL HEALTH HEALTHY WEIGHT CANCER</p>
<p>SMH</p> <p>MENTAL HEALTH CHRONIC DISEASES HOMELESSNESS AND SUBSTANCE USE</p>	<p>TMH</p> <p>MENTAL HEALTH HEART DISEASE/STROKE ACCESS TO PRIMARY CARE</p>	

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.

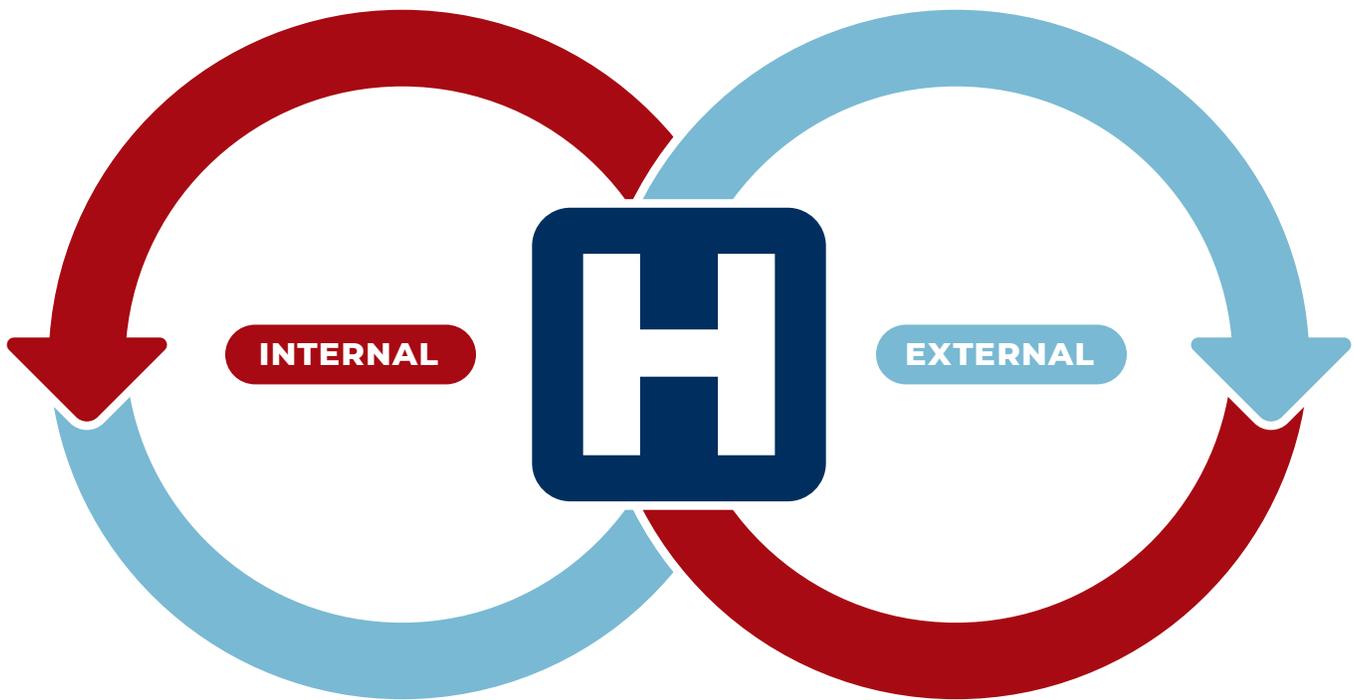
Social and structural factors are key drivers of health, often called “social determinants of health.” The American Hospital Association (AHA) estimates that 40% of a person’s health comes from socioeconomic factors like income, education and community safety. Other structural factors like discrimination 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 and education initiatives
- Investing in the community, including economic development and youth initiatives



INTRODUCTION TO SPRINGFIELD MEMORIAL HOSPITAL

SMH is a 500-bed acute care, nonprofit hospital in the state capital of Springfield, Illinois, that offers comprehensive inpatient and outpatient services. Since 1970, SMH has been a teaching hospital affiliated with Southern Illinois University School of Medicine for the purpose of providing clinical training for residents. In 2021, the hospital earned its fourth consecutive Magnet® Hospital designation from the American Nurses Credentialing Center for nursing excellence. The hospital is accredited by The Joint Commission and is a member of the American Hospital Association, the Illinois Health and Hospital Association and Vizient. SMH services include the Southern Illinois Level 1 Trauma Center, Memorial Heart & Vascular Services, Memorial Rehab Services, Family Maternity Suites, Regional Cancer Center, Memorial Wellness Center and Memorial Transplant Services. SMH is also a Joint Commission-designated Comprehensive Stroke Center. As a nonprofit community hospital, SMH provides millions of dollars in community support each year, both for its patients and in support of community partnerships.

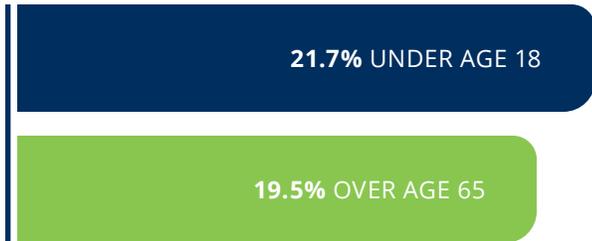
OUR COMMUNITY

DEMOGRAPHIC OVERVIEW

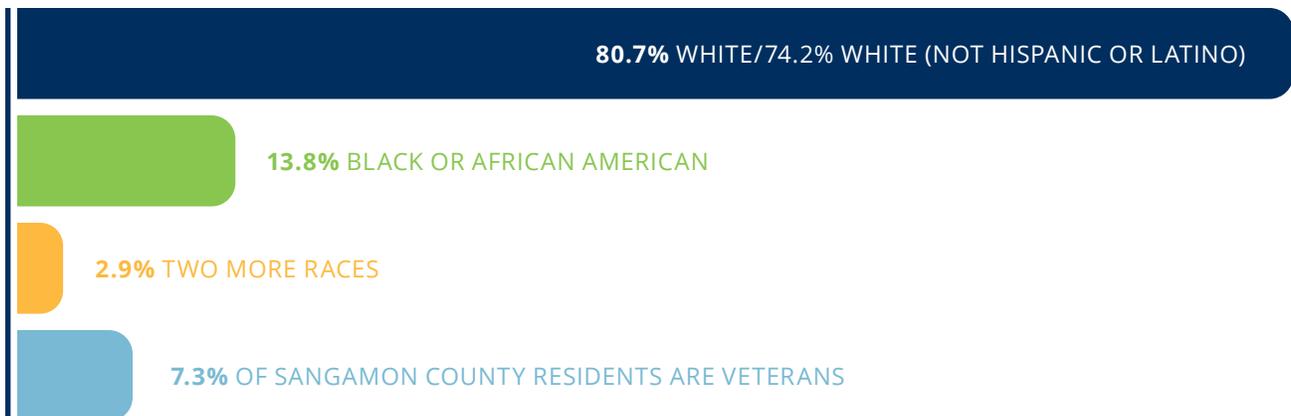
SMH is located in Springfield, near the center of the state. Springfield is the capital city and the county seat. Sangamon County is largely rural and agricultural, with healthcare and state and local government being the largest employers. The majority of patients served by SMH come from Springfield and surrounding areas, though patients come from more than 40 other counties and also from out of state. Springfield is where the hospital focuses most of its community engagement and community health initiatives, due to its population density and resources for collaborative partnerships.



Population Age



Race and Hispanic Origin and Population Characteristics



EDUCATION AND HEALTHCARE RESOURCES

Southern Illinois University School of Medicine is located in Springfield. SMH serves as a major teaching hospital for SIU School of Medicine, which has more than 300 medical students studying in Springfield during their second through fourth years of medical school, as well as more than 300 residents and fellows participating in 32 different specialty programs.

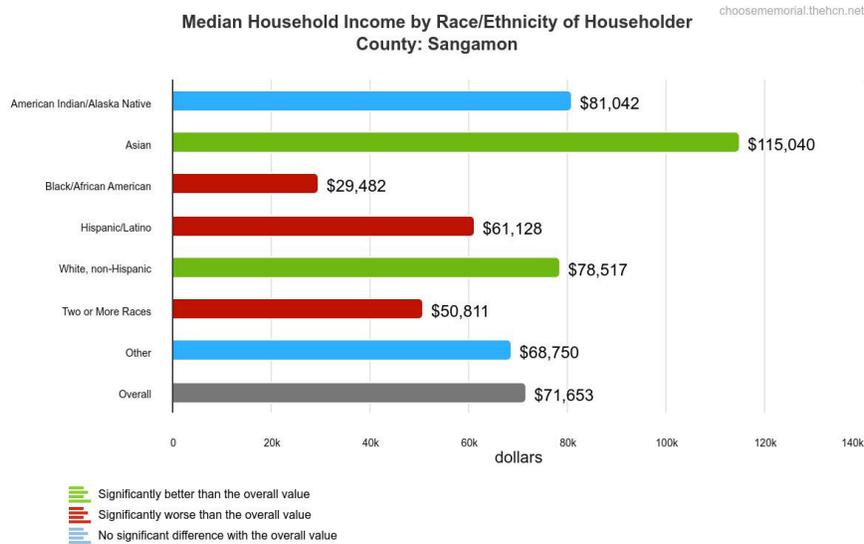
Springfield is also home to two higher education institutions: University of Illinois at Springfield and Lincoln Land Community College.

Thousands of patients come to Springfield annually for quality specialty care and surgery not available in their own communities. In addition to SMH, other Sangamon County healthcare resources include:

- Central Counties Health Centers, FQHC—Federally Qualified Health Center
- Family Guidance Center
- Gateway Foundation
- HSHS St. John’s Hospital
- Orthopedic Center of Central Illinois
- Sangamon County Department of Public Health
- SIU Center for Family Medicine, FQHC
- SIU Healthcare Clinics
- Springfield Clinic

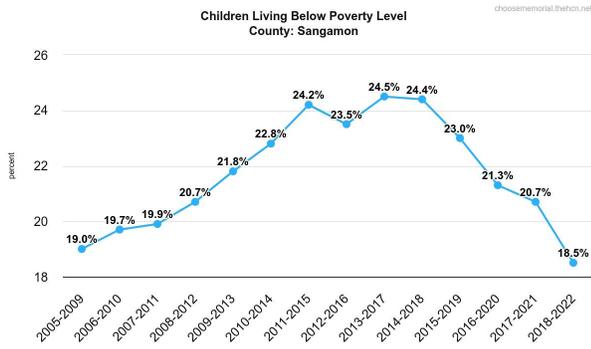
ECONOMICS

The median household income in Sangamon County is \$71,653, lower than both the Illinois and the US value.

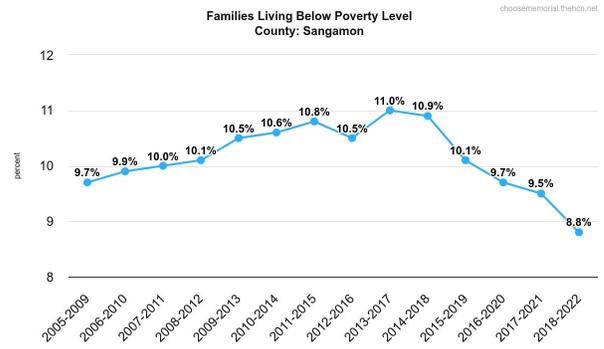


Source: American Community Survey 5-Year (2018-2022)

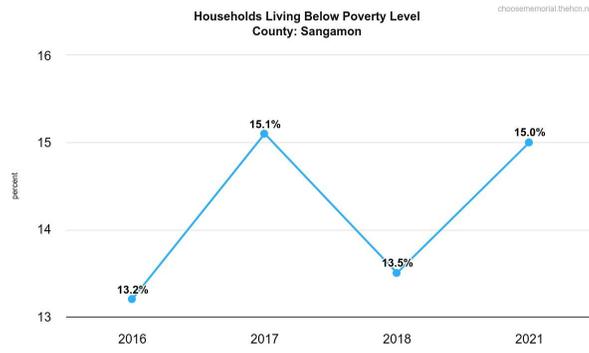
ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by working households that earn above the federal poverty line, but not enough to afford a “bare bones” household budget. According to United for Alice in 2022, 12 percent of households in Sangamon County were at the federal poverty level but a total of 24 percent of households 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.



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



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



Source: United For ALICE (2021)

SOCIAL VULNERABILITY INDEX

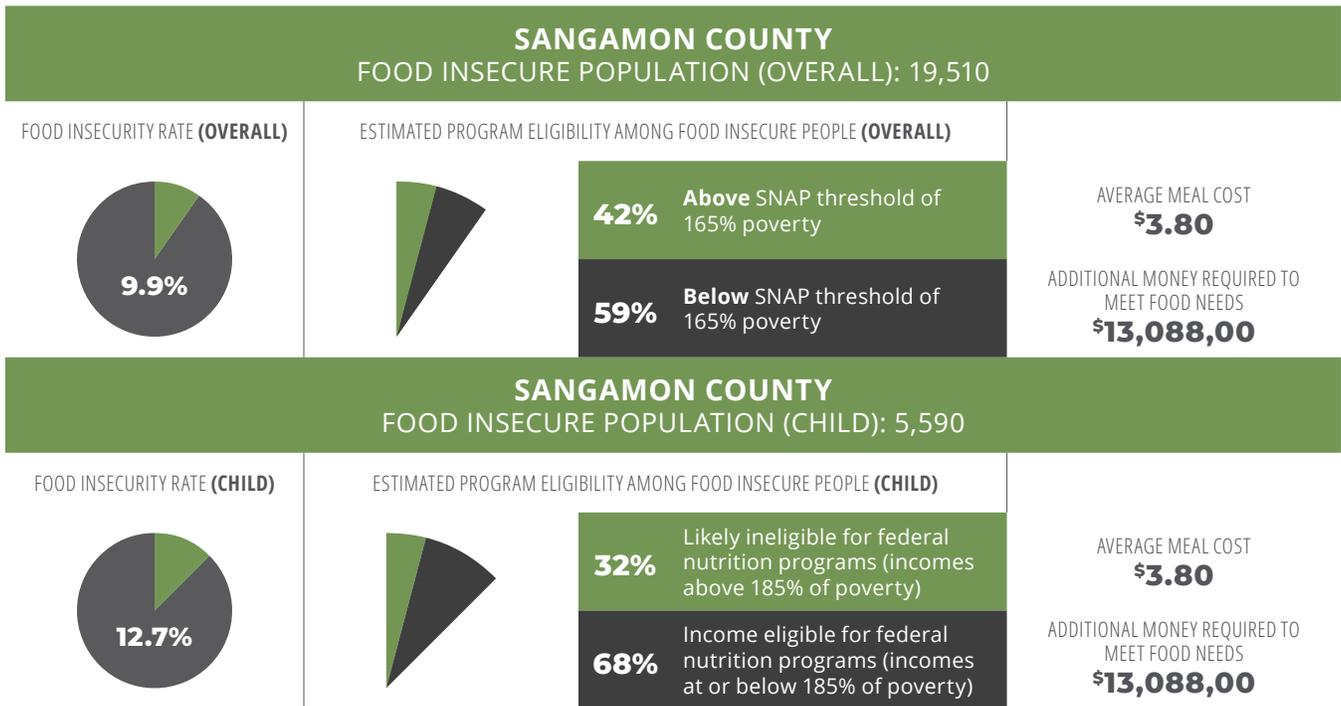
Natural disasters and infectious disease outbreaks can also pose a threat to a community’s health. Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status or housing type and transportation. 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). Sangamon County’s 2018 overall SVI score is 0.4, indicating a low to moderate 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. Sangamon County has a 95.1 and 85.7 score for zip codes in Springfield (62703 and 62702) followed by 83.9 in Loami.

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 5 (high need) is assigned to each zip code. The zip code of 62703 showed the highest need with a score of 92.9.



RESIDENTIAL SEGREGATION

Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. Although most overt discriminatory policies and practices, such as separate schools or seating on public transportation based on race, have been illegal for decades, segregation caused by structural, institutional and individual racism still exists in many parts of the country. The removal of discriminatory policies and practices has impacted institutional and individual acts of overt racism, but has had little effect on structural racism, like residential segregation, resulting in lingering structural inequalities.

Residential segregation is a key determinant of racial differences in socioeconomic mobility and, additionally, can create social and physical risks in residential environments that adversely affect health. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. Sangamon County has a Residential Segregation—Black/White score of 56.2. In other words, 56% of either Black or white residents would have to move to different geographic areas in order 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

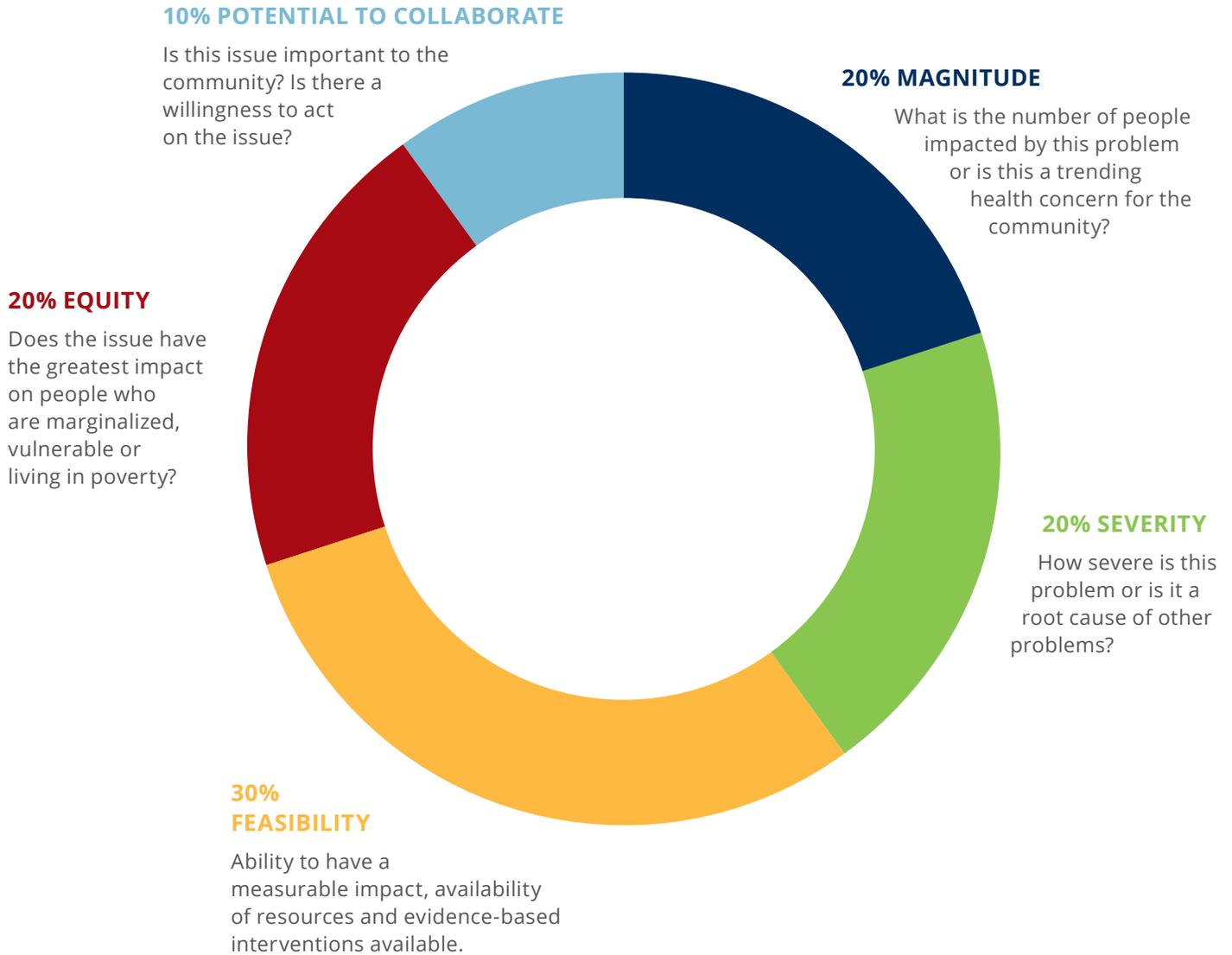
The CHNA process for Springfield Memorial Hospital was led by the SMH Community Health coordinator, Galia Cossyleon. The CHNA was completed in partnership with HSHS St. John's Hospital and the Sangamon County Department of Public Health. Steps 1-2 of the CHNA process were completed collaboratively. Final priorities selected by the Internal Advisory Committee have been shared between the partners and implementation strategies will be discussed to identify ways to partner for maximum impact. The process was also supported by the Memorial Health director of Community Health.

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.



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 non-medical 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 makes 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: [memorial.health/about-us/community-health/healthy-communities-data](https://www.memorialhealth.org/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
- Race in the Heartland, University of Iowa and Iowa Policy Project
- Sangamon County Department of Public Health
- 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
- Healthy People 2030

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 23 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:

- Springfield School District 186
- AgeLinc
- Sangamon County Farm Bureau
- Central Counties Health Center – Federally Qualified Health Center
- Memorial Behavioral Health
- Motherland Gardens Community Project
- SIU School of Medicine, Office of Equity, Diversity and Inclusion
- SIU School of Medicine, Strategy, Communication and Engagement
- Springfield Immigrant Advocacy Network
- Springfield Urban League
- Senior Center of Central Illinois
- SIU Center for Family Medicine – Federally Qualified Health Center
- United Way of Central Illinois
- Community Care Connection
- Greater Springfield Chamber of Commerce
- YMCA
- Heartland Housed
- Lincoln Land Community College, Open Door and Workforce Equity Program
- Sangamon County Department of Public Health, Health Education
- SIU Medicine’s Office of the Chief Medical Officer - representing medically underserved, low income and minority populations

Community Survey

Q: *How do you rate your health?*

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

Q: *Is racism a problem in Sangamon County?*

A survey in both online and paper format was distributed throughout the county to gather feedback. Several community partners helped distribute the survey, including local schools, human service agencies and the Sangamon County Department of Public Health. The survey was available in English and Spanish. 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 Sangamon County, more than 849 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:

- 76.7% identified as female.
- 21.3% reported at least some college education.
- 36.13% reported a household income of less than \$40,000.
- 82.05% identified as white (compared to 80.7% population).
- 14.76% identified as Black or African American (compared to 13.8% population).
- More than 60% 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).
- 53.50% reported motivation, effort or concern as a challenge to maintaining a healthy lifestyle.
- 53.2% reported lack of education or knowledge as a challenge to maintaining a healthy lifestyle.
- 66.8% reported they had sometimes or frequently witnessed someone being treated differently because of their race.
- 56% reported they agreed or strongly agreed that racism was a problem.
- 57.5% had experienced emotional abuse in their household.
- 53.6% reported mental illness in the household.

Focus Groups

Eight 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:

1. **Springfield Immigrant Advocacy Network (SIAN).** SIAN's clients expressed their concerns regarding their lack of access to healthy and culturally diverse foods. This stems from the accessibility to transportation and affordability of products. They also mentioned their concerns about maternal and infant health as they have faced microaggressions or lack of resources as they navigate pregnancy and motherhood.
2. **Public School District 186 Superintendent's Student Roundtable.** The school district invited us to talk to a group of high school students from all three high schools in Springfield (Springfield High School, Lanphier High School and Southeast High School). The students expressed their concerns around the mental health stigma and how it should be addressed both in clinical and nonclinical settings. The students also discussed substance use within the schools and how they often feel peer pressured to consume substances. Lastly, they talked about the diversity and accessibility of food within their schools, such as serving sizes, snacks and cost and variety of food choices in vending machines.
3. **Heartland HOUSED Continuum of Care Lived Experience group.** This group of people were currently experiencing homelessness. They explained challenges they face when trying to access care, including stigma and aggressions when visiting the hospital or a provider's office. They addressed the challenges of storing their prescriptions and the risk of losing their medications to theft. The group also expressed a need for more access to mental health resources and the need for a "person to talk to."
4. **Southern Illinois University Office of Community Care.** This group was composed of community health workers and program specialists in areas including access to care, maternal infant health, serious mental illnesses, etc. The participants discussed the severity of the health issues and concerns in our community, as well as ideas and suggestions on how to address it. The participants shared their concerns about the food desert on the east side of Springfield and the lack of appropriate transportation for their clients.
5. **The Springfield Project Neighborhood Leaders Monthly Meeting.** A group of Springfield residents shared their concerns regarding the lack of healthy food and fresh produce on the east side of Springfield. Attendees discussed services available to deliver low-cost food and Meals on Wheels. This focus group resulted in a group now called Springfield Eats that is working to address food insecurity as well as the food desert through diverse strategies on the east side of Springfield.
6. **Interview with Addictions Therapist at Springfield Memorial Hospital.** This interview was held to better understand and identify the common problems being faced by patients. Additionally, discussion focused on the patient perspective.
7. **Wooden It Be Lovely.** Program participants represent women who are healing from lives of poverty, addiction and abuse. Discussion focused on programs and services offered, as well as the needs seen within their clients. Mental health providers and resources are in high need, as well as better opportunities for workforce development and integration for clients who are struggling with substance use disorders.

STEP 3: INTERNAL ADVISORY COMMITTEE

The Internal Advisory Committee reviewed primary and secondary data collected and recommended final priorities for board approval based on the selected criteria. Each potential priority was force-ranked by the criteria category. The IAC consisted of SMH colleagues listed below:

1. SMH Chaplain
2. SMH Family Maternity Suites Nurse Manager
3. SMH Inpatient Advanced Care Management Manager
4. SMH Psychiatric Services Director
5. SMH Emergency and Trauma Services System Administrator
6. Memorial Wellness Center Primary Care Physician
7. SMH Mental Health Crisis System of Care Regional Director
8. Memorial Behavioral Health President
9. Springfield Memorial Hospital President and CEO

STEP 4: MEMORIAL HEALTH CHNA REVIEW COMMITTEE

Memorial Health developed a CHNA/CHIP Review Committee. This was new to the MH CHNA process in the 2024 cycle. The purpose of this team was to review the CHNA findings for all 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 for Equity and Experience
- MH Vice President and Chief Quality Officer
- Hospital Presidents/CEOs
- Director of Community Health
- Community Health Coordinators

This group identified mental health, which was selected as a priority in every hospital CHNA, as the system-wide priority.

ADDRESSING THE NEEDS OF THE COMMUNITY

The sections below will provide deeper insight into the selected priorities. 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. 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

The priorities selected by SMH are:

1. Chronic Diseases
2. Mental Health
3. Substance Use
4. Homelessness

CHRONIC DISEASES

Chronic diseases last a year or more and require individuals to receive ongoing healthcare services and/or adjust their lifestyles significantly. In the United States, the majority of illnesses, deaths and disabilities are caused by chronic diseases.

According to the CDC, most preventable chronic diseases are caused by risk factors including smoking, poor nutrition, physical inactivity and excessive alcohol use. Examples of chronic diseases include heart disease, obesity, cancer and diabetes. Sangamon County residents are heavily impacted by asthma, diabetes, cardiovascular diseases, hypertension, poor nutrition and oral health problems.

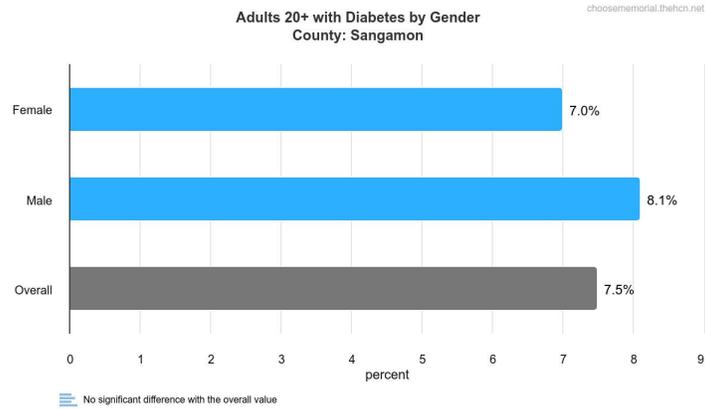
Chronic diseases were ranked as a major health concern on the CHNA due to the number of people impacted, the impact of chronic disease on quality of life/lifespan, the ability to find existing evidence-based strategies and the clear identification of an equity issue when reviewing who was being impacted.

When asked to rank health concerns on the community survey, respondents chose chronic diseases as the fourth-highest health concern for Sangamon County.

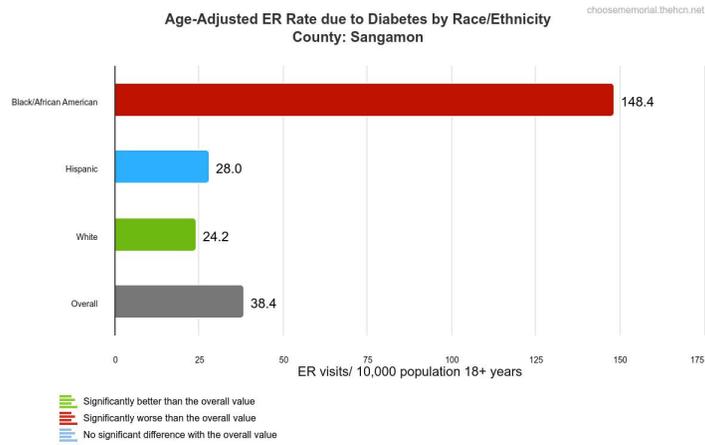
- Nearly 1 in 3 Illinoisans are living with obesity. In Sangamon County, 35% of adults had a BMI of 30 or greater.
- Nearly 1 in 3 Illinoisans have high blood pressure and high cholesterol.

Disparities were identified within these chronic diseases based on race, gender, age and income. These disparities can be seen below and will help inform strategies of how to reach those most impacted by chronic diseases in Sangamon County.

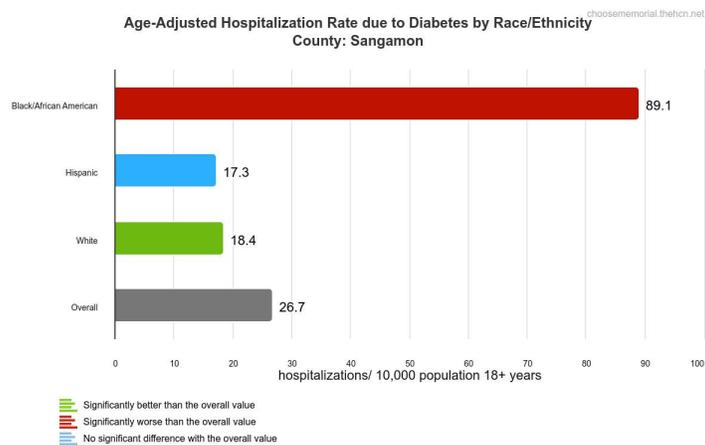
- Diabetes is more prevalent in Hispanic and Black/African Americans, particularly people who do not have a high school diploma.
- Adult asthma is more prevalent among Black or African American residents, as well as for women and lower-income households.
- Obesity has the highest prevalence among the Black/African American population, particularly among those without a college degree.
- High blood pressure and high cholesterol are more prevalent among Black/African American and white individuals in nonurban areas.



Source: Centers for Disease Control and Prevention (2021)

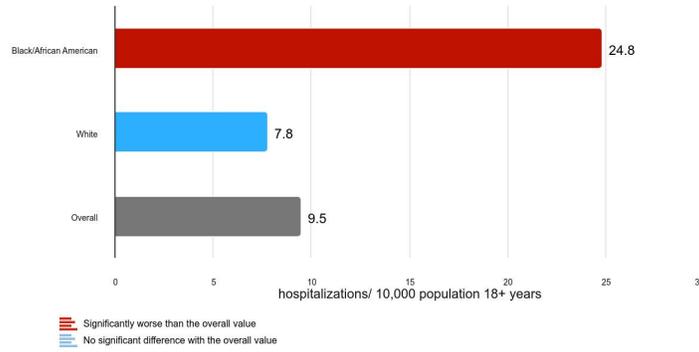


Source: Illinois Health and Hospital Association (2020-2022)



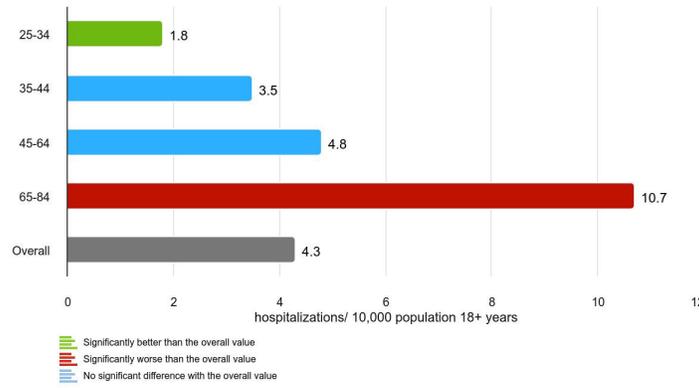
Source: Illinois Health and Hospital Association (2020-2022)

Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes by Race/Ethnicity
County: Sangamon



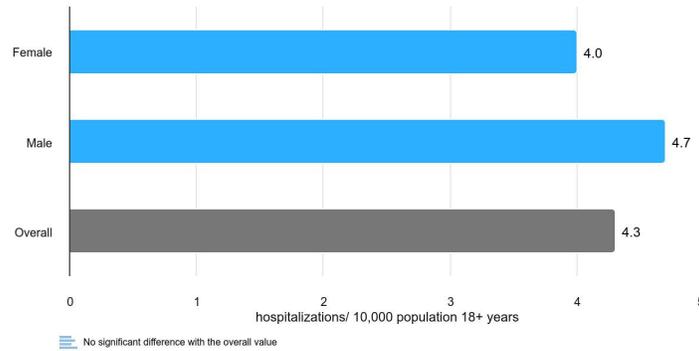
Source: Illinois Health and Hospital Association (2020-2022)

Hospitalization Rate due to Uncontrolled Diabetes by Age
County: Sangamon



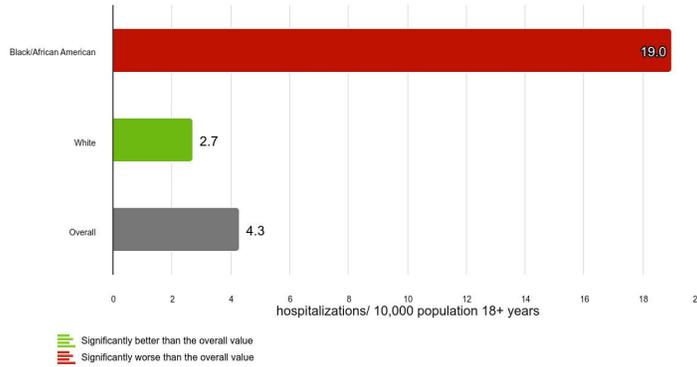
Source: Illinois Health and Hospital Association (2020-2022)

Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes by Gender
County: Sangamon



Source: Illinois Health and Hospital Association (2020-2022)

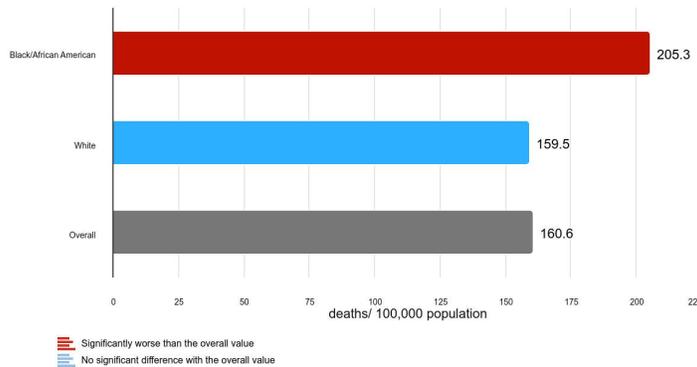
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes by Race/Ethnicity
County: Sangamon



Source: Illinois Health and Hospital Association (2020-2022)

According to the National Cancer Institute, the cancer incidence rate for Sangamon County and the age-adjusted death rate for cancer is higher than the Illinois and U.S. values. Cancer is the second-leading cause of death in Sangamon County. And while the overall death rate has been trending down since 2018, the Black/African American population death rate is significantly higher than the white and overall population impacted by cancer deaths.

Age-Adjusted Death Rate due to Cancer by Race/Ethnicity
County: Sangamon



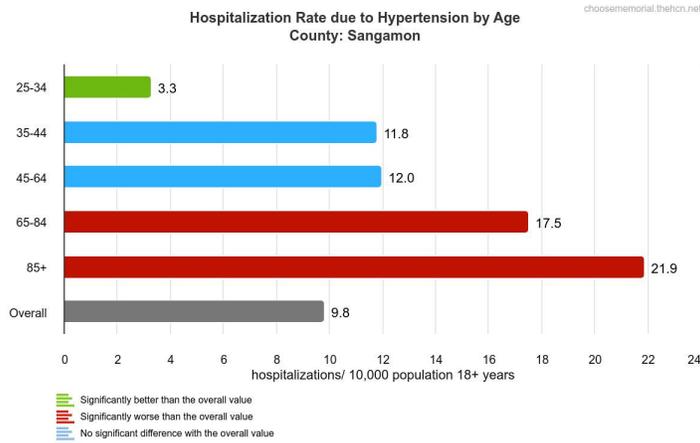
Source: National Cancer Institute (2016-2020)

The types of cancer with the highest incidence rates (per 100,000) of Sangamon County are breast cancer (148.3), prostate cancer (121.4) and lung cancer (39.5).

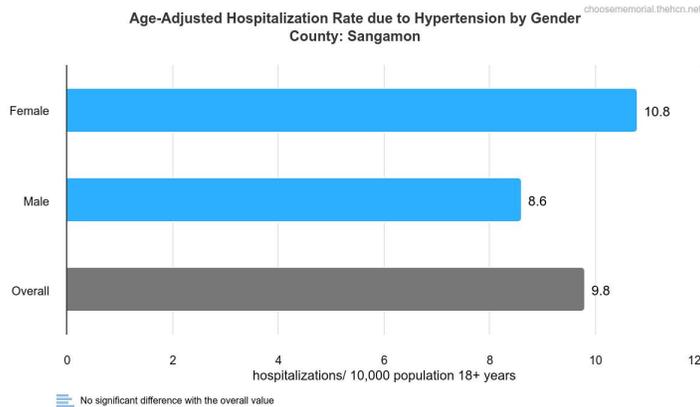
- Hispanic women are more impacted by breast cancer than the overall population, with an incidence rate of 227.
- Black/African Americans are more impacted by prostate cancer than the overall population, with an incidence rate of 181.
- Black/African American males are more impacted by lung cancer, with an incidence rate of 52.

Heart disease is the leading cause of death in Sangamon County. Heart disease encompasses a variety of different diseases affecting the heart, including coronary artery disease, which causes heart attacks, anginas, heart failure and arrhythmias. According to CDC - PLACES, 6.5 percent of Sangamon County residents have been told by a health professional that they have coronary heart disease. According to the National Environmental Public Health Tracking Network, the death rate due to heart attacks in Sangamon County has decreased steadily since 2012, but in 2021 the rate of 61.7 per 100,000 people was still higher than the Illinois value of 56.8.

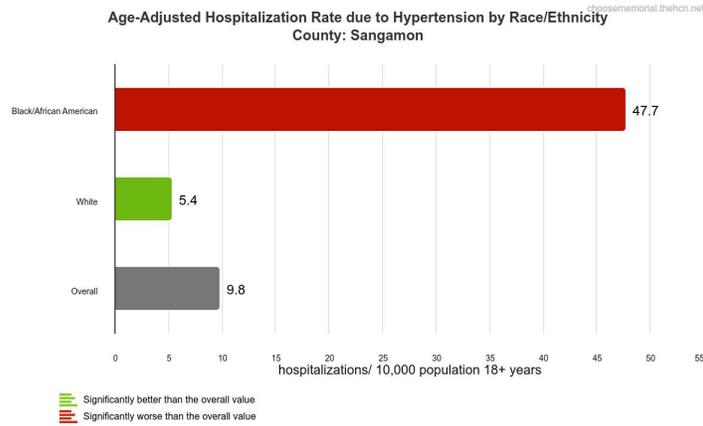
High blood pressure continues to be prevalent in Sangamon County. According to the Illinois Health and Hospital Association, the age-adjusted rate of hospitalization due to uncontrolled hypertension is 9.8, higher than the state rate of 4.5. This number has been increasing since 2016-2018 reporting period. Eighty percent of those diagnosed with high blood pressure are taking medications to decrease a major risk factor for heart disease. There are disparities in those experiencing high blood pressure based on age, gender and race.



Source: Illinois Health and Hospital Association (2020-2022)



Source: Illinois Health and Hospital Association (2020-2022)



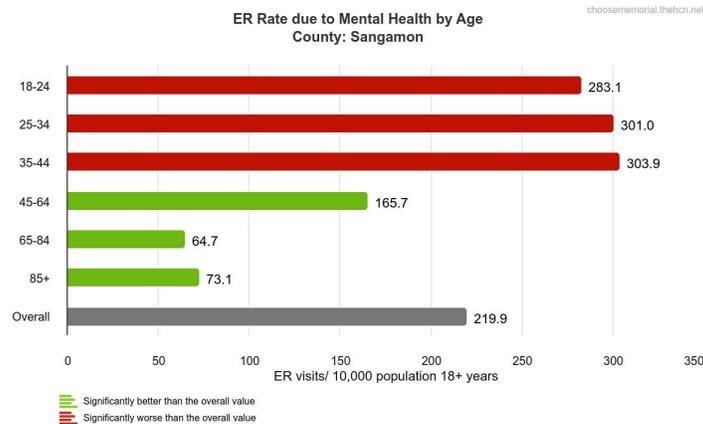
Source: Illinois Health and Hospital Association (2020-2022)

MENTAL HEALTH

Local residents identified mental health as a concern in the secondary data, but also throughout the conversations and surveys held during the CHNA process. When asked to rank health concerns on the community health survey, participants ranked mental health number one. Based on the prioritization criteria, mental health scores highly because of the number of people it is impacting, the severity of that impact and a high desire to address the concern by the community. Mental health is also considered a possible root cause of substance use disorder.

The CHNA process found that:

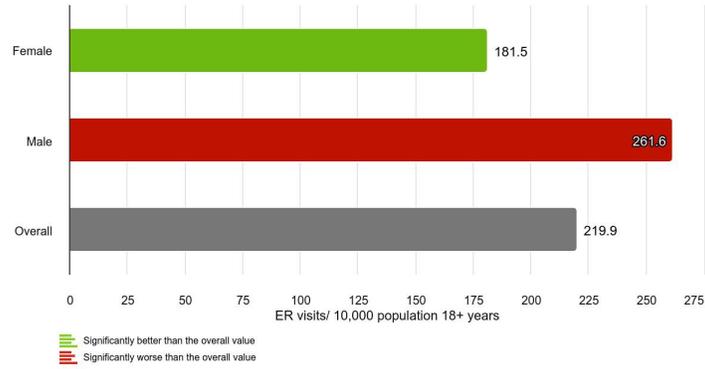
- Slightly more than 1 in 10 residents reported having 14 or more days of poor mental health in the past month.
- The highest prevalence of poor mental health days for Sangamon County residents was seen in those 18–24 years of age, Black or African Americans and those who identified as “other race” and lower income-groups.
- 54.7% of the community survey respondents reported that individuals with mental health challenges are not receiving sufficient healthcare.
- 53.61% of the community survey respondents reported that they had experienced mental illness in their household.



Source: Illinois Health and Hospital Association (2020-2022)

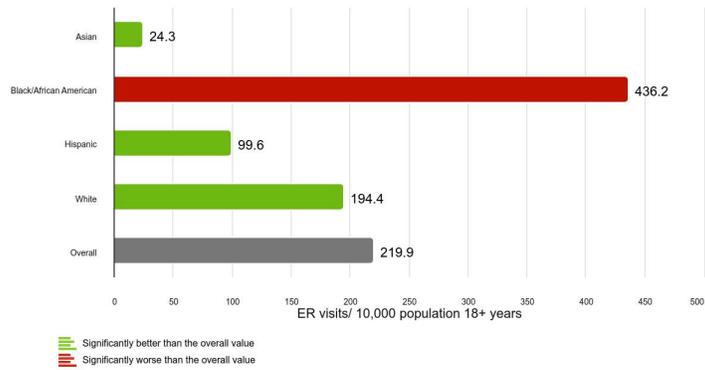
Age-Adjusted ER Rate due to Mental Health by Gender
County: Sangamon

choosememorial.thehcn.net



Age-Adjusted ER Rate due to Mental Health by Race/Ethnicity
County: Sangamon

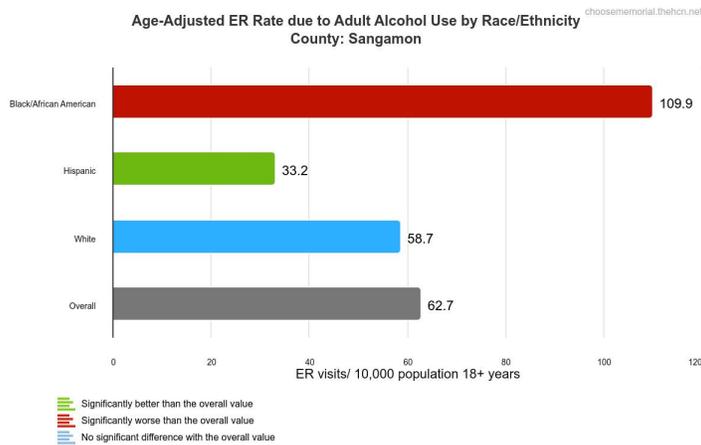
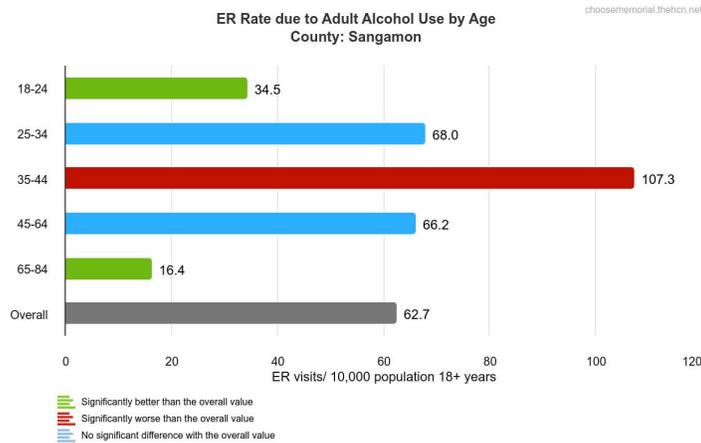
choosememorial.thehcn.net



SUBSTANCE USE

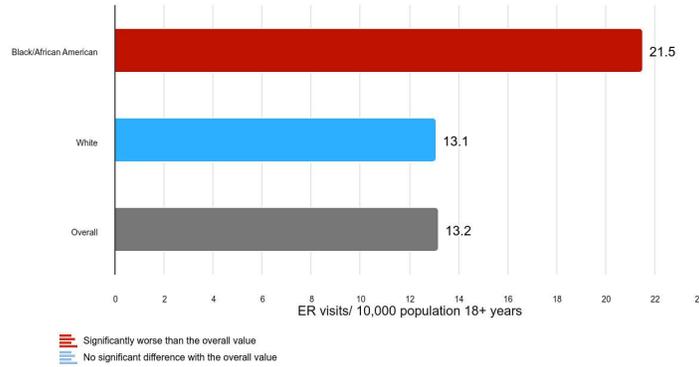
Substance use is a root cause of several chronic diseases. The CHNA process showed that substance use is occurring in Sangamon County at higher rates than the Illinois and U.S. rates, negatively impacting the health of our community. It was “written in” as the biggest problem in the county in the survey and ranked the third most important health concern. Due to the number of people impacted and the severity of use, substance use was ranked highly against other potential priorities and was chosen as a health priority. Additional data supporting the selection include:

- In 2021, CDC - PLACES reported that 16.2 percent of adults were binge drinking in Sangamon County, higher than the US value of 15.5 percent.
- Thirty percent of community health survey respondents reported that they had experienced chronic substance use/dependency in their household.
- The age-adjusted Emergency Department usage rate due to alcohol use reported by the Illinois Health and Hospital Association was worse in Sangamon County than any other county served by Memorial Health.
- In 2023, 23 percent of driving deaths involved alcohol.
- Thirty-seven percent of teens in Sangamon County use alcohol.
- Twenty-two percent of teens in Sangamon County use marijuana.



Age-Adjusted ER Rate due to Opioid Use by Race/Ethnicity
County: Sangamon

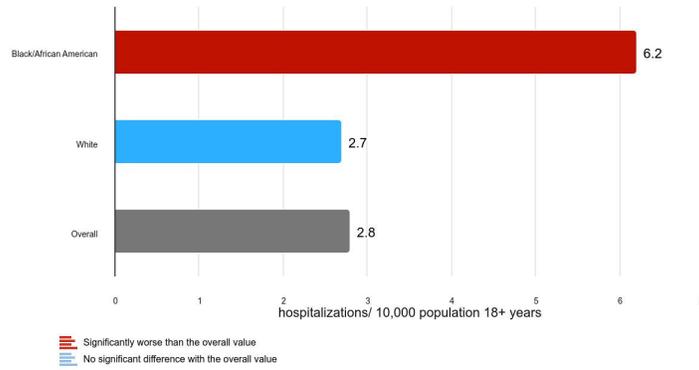
choosmemorial.thehcnr.net



Source: Illinois Health and Hospital Association (2020-2022)

Age-Adjusted Hospitalization Rate due to Opioid Use by Race/Ethnicity
County: Sangamon

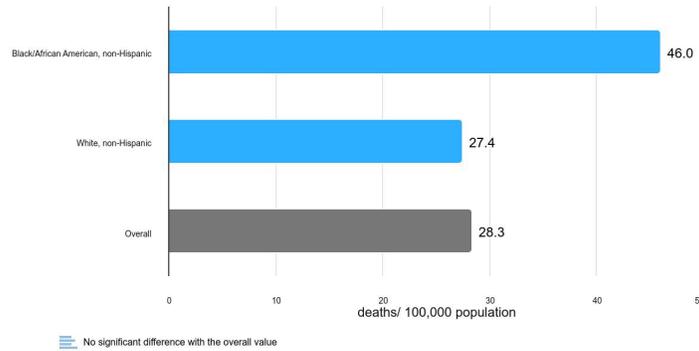
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Source: Illinois Health and Hospital Association (2020-2022)

Death Rate due to Drug Poisoning by Race/Ethnicity
County: Sangamon

choosmemorial.thehcnr.net



Source: County Health Rankings (2019-2021)

HOMELESSNESS

Respondents to the Sangamon County community health survey ranked homelessness as the second-highest health concern in Sangamon County. Additionally, 56 percent of respondents stated that people experiencing homelessness (PEH) in Sangamon County are not receiving sufficient healthcare. Due to its high severity and impact on all forms of health, homelessness ranked high during the prioritization scoring. It was also highly ranked during the external advisory committee and mentioned throughout the community survey and focus groups.

- In 2022, the Point-In-Time count identified 188 adults in Sangamon County were living in an emergency shelter, transitional housing, experiencing homelessness or were living in a place not meant for human habitation. Forty-one percent of those individuals had physical or mental health needs. In 2023, that number increased to 306.
- In Sangamon County, 13 percent of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities.
- Black individuals and Native Americans entered homelessness for the first time and returned to homelessness at higher rates than other racial and ethnic groups.
- Black Illinoisans are eight times more likely to become homeless than other groups.
- PEH die 20 years earlier than housed Illinois residents.
- PEH are at higher risk of being victims of violent crimes and/or being murdered.
- African Americans represent 40 percent of the homeless population in Sangamon County.
- PEH experience multiple comorbidities related to drug abuse, hypertension, alcohol abuse, psychoses, chronic pulmonary disease and depression.
- Hospital utilization increases during periods of unstable housing, particularly among those with chronic conditions that are exacerbated by homelessness. (<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/hmmr-report-201722.pdf> illinois.gov)

HEALTH NEEDS NOT SELECTED

Often, organizational capacity prohibits SMH from implementing programs to address all significant health needs identified during the CHNA process. SMH 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.

Educational Disparities – While educational disparities were identified as the top concern with the external advisory committee, it was the last health concern ranked on the community health survey. According to the Race in the Heartland report, Springfield is one of the top 10 metro areas identified as having extremely segregated schools. Low-income students have the lowest graduation rate. In addition, Black and Hispanic students have lower graduation rates than white and Asian students. While we recognize educational disparities are a significant health concern for Sangamon County, it was not chosen as a priority to be addressed in the CHIP due to its lower ranking when compared to other needs and the prioritization criteria. SMH does not have the expertise or the resources to effectively address the need. There is also a lack of identified effective interventions to address the need.

Affordable Housing – During the Internal Advisory Committee, participants discussed affordable housing as a root cause for homelessness. The Internal Advisory Committee chose to focus on “Homelessness” as a whole.

Food Access – The Internal Advisory Committee recognized food access as a growing concern for Sangamon County residents, particularly for those living in the Springfield area. Specifically, we recognize the food desert on the east side of Springfield that leads to unhealthy eating habits. It was decided that food access would likely be addressed under the broad priority of chronic diseases as a tool for prevention and chronic disease management.

Disparities in Economy – The racial wage gap was identified as a concern by the External and Internal Advisory Committees. Further, issues related to inability to pay for healthcare and prescription costs were identified in the survey. However, this was not chosen as a priority for the SMH CHIP due to a lack of expertise or competencies to effectively address the need.

OVERSIGHT

The CHIP process for Springfield Memorial Hospital was led by the SMH community health coordinator, Galia Cossyleon. The process was also supported by the SMH president and CEO, Jay Roszhart, and Memorial Health director of community health, Angela Stoltzenburg.

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

MH CHNA/CHIP Committee Review FY25-27 CHIP Strategies

SMH Hospital Board Approves FY25-27 CHIP AND MH Community Benefit Committee Approves FY25-27 CHIP

SEPT. 2024

OCT. 2024

NOV. 2024

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 SMH plans to commit to address the health need.

Community Partners

Any local organizations and agencies that are taking the lead or collaborating with SMH 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).

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Solid Rock Youth Transitional Services
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> CHRONIC DISEASE <input checked="" type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	<p>To increased coordinated services for youth exiting the foster care system. To improve coordination between members of the Continuum of Care and the hospital. To decrease youth experiencing homelessness.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input checked="" type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - 40% of youth who leave the foster care system will be homeless in 18 months - 26,000 youth age out of foster care system every year
MEASURES OF SUCCESS	Fund at least \$50,000 annually FY25-27 to support Supportive Housing and Transitional Housing Initiative

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Access to Care Program
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> CHRONIC DISEASE <input checked="" type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
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	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input checked="" type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input checked="" type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input checked="" type="checkbox"/> OTHER SUPPORT <input type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Southern Illinois University - Office of Community Care HSHS St. John's Hospital
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO This program serves people who live in low income or marginalized areas of Springfield. Additionally, Social Determinants of Health screenings will identify people at high risk for poor health outcomes or struggling with food insecurity, housing, transportation and/or low income.
MEASURES OF SUCCESS	FY25: Explore and plan for improved SDOH screening process and referrals to the program from the SMH Emergency Department FY26-27: # of clients who show improvement in chronic disease management for clients enrolled in program # of clients that report that their health outcomes have improved after graduation

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Certified Recovery Support Specialist at Emergency Department
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input checked="" type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	<p>To increase referrals for patients who are screened for substance use disorder at Emergency Department.</p> <p>To increase number of community members who access SUD resources.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Gateway Foundation Family Guidance Center
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> - The highest mortality rates from substance overdose were seen among Black or African- American residents, while the lowest rates were among Hispanic residents and those who identify as "other race" - The rate of Emergency Department visits for nonfatal opioid events is highest among Black/African American individuals - Overall, Emergency Department visit rates for substance and alcohol use are highest among Black or African American residents. 21% of 211 callers were looking for resources for substance use disorder
MEASURES OF SUCCESS	FY25: Explore and plan with Human Resources and Trauma and Emergency Services Departments for the integration of a CRSS FY26-FY27: If determined feasible. Hire, train and embed CRSS into Emergency Department operations. # of screenings completed # of referrals provided to patients for recovery

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Chronic disease self management classes
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	<p>To empower patients to manage their chronic diseases more successfully. To improve quality of life for participants. To decrease burden on emergency department services to address uncontrolled chronic diseases.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Kumler Outreach Ministries, G.A.N.T., SIAN, SING, Springfield Eats, SIU Office of Community Care
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> - Obesity has the highest prevalence among the Black/ African American population, particularly among those without a college degree - High blood pressure and high cholesterol, higher prevalence among Black/African American and white in nonurban territories - Black Americans experience kidney failure at three times the rate of whites; they also suffer from some of the highest rates of diabetes and hypertension, two leading causes of kidney failure - Black/African American adults are 73% more likely to have diabetes (diagnosed and undiagnosed) than white adults and more than twice as likely to die from diabetes-related causes
MEASURES OF SUCCESS	# of community members who complete the program # of community members who complete leader trainings

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Community Healing Circles
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	<p>To increase sense of community</p> <p>To increase awareness about mental health resources, racialized-trauma, vicarious trauma and the importance of self care.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	<p>Unveiling Black Springfield</p> <p>Black Lives Matter Springfield</p> <p>SIU Office of EDI</p> <p>SIU Survivor Recovery Center</p>
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <p>The highest prevalence of poor mental health days was seen in those 18–24 years of age, Black or African Americans and those who identified as "other race" and lower income groups.</p>
MEASURES OF SUCCESS	<p># of Community Healing Circles offered per year</p> <p># of people attending each Healing Circle</p> <p>% of participants that report the Healing Circles have improved their sense of community</p>

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Free Cancer Screenings
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	<p>To increase cancer awareness.</p> <p>To increase early detection.</p> <p>To decrease cancer death incidence rate.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Regional Cancer Partnership
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> - Black people have higher new cancer rates for prostate, colon and rectal cancer compared to other groups and one of the highest rates of new breast cancers. - Black people have the highest mortality rate for most leading cancer types, including female breast, prostate, colon and rectal cancer. - Research shows that the overall rate of cancer screening is lower among Black, Hispanic, Asian and AIAN populations compared to their white counterparts.
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 <ul style="list-style-type: none"> - Plan and participate in the promotion of breast, prostate and lung cancer awareness activities. - Provide cancer awareness support resources to community partners.

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	G.A.N.T. Senior Luncheons
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	To increase awareness regarding health literacy, chronic disease management and resources available to the senior population served by G.A.N.T.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input checked="" type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	The Salvation Army
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> - Black people have higher new cancer rates for prostate, colon and rectal cancer compared to other groups and one of the highest rates of new breast cancers. - Diabetes is more prevalent in Hispanic and Black/African American, particularly people with less than high school diploma - Adult asthma more prevalent among Black or African American residents, as well as for women and lower- income households - Obesity has a highest prevalence among the Black/ African American population, particularly among those without a college degree - High blood pressure and high cholesterol have a higher prevalence among Black/African American and white individuals in nonurban territories
MEASURES OF SUCCESS	Fund \$5,000 annually.

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Helping Hands Springfield
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> CHRONIC DISEASE <input checked="" type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	<p>To increase emergency shelter services provided for people experiencing homelessness.</p> <p>To increase case management and housing opportunities for people experiencing homelessness.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input checked="" type="checkbox"/> OTHER SUPPORT <input type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Heartland Continuum of Care
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> - Black and Native Americans entered homelessness for the first time and returned to homelessness at higher rates than other racial and ethnic groups. - The disproportionality in homeless numbers is staggering nationally and even more so locally as people of color experience homelessness at significantly greater rates. - For instance, while 13% of the U.S. population is African American, African Americans represent 40% of the homeless population in the country.
MEASURES OF SUCCESS	\$105,000 provided FY25 and FY26.

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Inpatient Food Pantry
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> CHRONIC DISEASE <input checked="" type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	<p>To provide immediate food resources to food insecure patients. To increase connectedness and referrals to local food pantries. To reduce 72-hour readmission rate.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	<p>Springfield Eats EcoFluent Motherland Gardens Community Project</p>
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <p>- In Sangamon County 9.9% of the population are food insecure - 12.7% of children in Sangamon County face food insecurity</p>
MEASURES OF SUCCESS	<p>FY25: Develop a pilot program design.</p> <p>FY26: Launch Springfield Memorial Hospital Inpatient Food Pantry and begin tracking # of patients screened for food insecurity # of patients who screened positive for food insecurity and received a food box and food pantry referral.</p>

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Intricate Minds
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input checked="" type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	To reduce stigma regarding mental health, HIV and safe drug use.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Heartland Continuum of Care, Sangamon County Public Health
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> - The highest mortality rates due to substance overdose were seen among Black or African American residents, while the lowest rates were among Hispanic residents and those who identify as "other race" - The rate of emergency department visits for nonfatal opioid events is highest among Black/African American individuals - Overall, Emergency Department visit rates for substance and alcohol use are highest among Black or African American residents. 21% of 211 callers were looking for resources for substance use disorder
MEASURES OF SUCCESS	Fund \$20,000 annually.

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Kumler Outreach Ministries
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	To increase awareness about chronic disease management, prescription and medical treatment adherence and healthy habits.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - Kumler Outreach Ministries serves people experiencing homelessness, people who are uninsured or underinsured, as well as low income people in our community. - Over 50% of their clients are African American
MEASURES OF SUCCESS	Fund \$6,000 annually.

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Springfield Memorial Mile
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	To increase opportunities for physical activity outdoors. To increase awareness of mental health and mental health resources.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MEASURES OF SUCCESS	# of community members who check in at the Springfield Memorial Mile # of community members who access the resources along the Mile

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	MOSAIC at District 186
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	To increase mental health awareness, decrease stigma and increase access to mental health services by embedding behavioral health consultants within the public schools in Springfield.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input checked="" type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Springfield Public Schools District 186 and Memorial Behavioral Health
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - The highest prevalence of poor mental health days was seen in those 18–24 years of age, Black or African Americans and those who identified as "other race" and lower income groups.
MEASURES OF SUCCESS	Fund \$131,000 to MBH annually. % average improvement for the Generalized Anxiety Disorder Score for High School and Middle School students % average improvement for the Patient Health Questionnaire for High School and Middle School students % average improvement for Pediatric Symptom and Checklist (PSC-17) for elementary students

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Motherland Community Garden Project
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	<p>To reduce disparities in access to fresh and healthy food in underserved communities.</p> <p>To support sustainable food systems in the marginalized areas of Springfield to promote healthy eating and self-care activities.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input checked="" type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input checked="" type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	<p>Motherland Gardens Community Project Culinary Medicine - SIU School of Medicine SIU Office of Community Care Springfield Eats Memorial Wellness Center Ecofluent.</p>
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <p>- In Sangamon County, African American residents have a 27% food insecurity rate</p> <p>- 20% of non-white residents in Sangamon County reported there was a time they could not afford food</p>
MEASURES OF SUCCESS	Funding \$7,500 in FY25

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Springfield Immigrant Advocacy Network
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	To increase awareness regarding health literacy, chronic disease management and resources available to the population served by SIAN.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - This organization serves the immigrant population of Springfield - Diabetes is more prevalent in Hispanic and Black/African American individuals, particularly those without a high school diploma
MEASURES OF SUCCESS	Fund \$15,000 annually FY25-27.

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Shifting Into New Gear (SING)
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> CHRONIC DISEASE <input checked="" type="checkbox"/> HOMELESSNESS <input checked="" type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	To improve integration of justice-involved community members after incarceration.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input checked="" type="checkbox"/> CONSULTANT/EXPERT <input type="checkbox"/> FINANCIAL SUPPORT <input checked="" type="checkbox"/> OTHER SUPPORT <input type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Sangamon County Public Health Department
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In 2021, Black Americans were imprisoned at 5.0 times the rate of whites, while American Indians and Latinx people were imprisoned at 4.2 times and 2.4 times the white rate, respectively.
MEASURES OF SUCCESS	Provide organizational development consulting offered by Memorial Health to assist Executive Director.

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	The Confess Project
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> HOMELESSNESS <input checked="" type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	<p>To increased mental health awareness and reduce stigma in underrepresented communities.</p> <p>To improve awareness of local mental health resources.</p> <p>To increase usage of mental health resources.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input checked="" type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Memorial Behavioral Health
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - The highest prevalence of poor mental health days was seen in those 18–24 years of age, Black or African Americans and those who identified as "other race" and lower income groups.
MEASURES OF SUCCESS	<p>FY25: # of local barbers/hairstylists who have completed Mental Health Advocate Training</p> <p>FY26- FY27: % of trained barbers/hairstylists who report they have implemented the skills learned in their shops</p>

SPRINGFIELD MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Chronic Disease, Homelessness, and Substance Use

STRATEGY	Wooden It Be Lovely
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> CHRONIC DISEASE <input checked="" type="checkbox"/> HOMELESSNESS <input checked="" type="checkbox"/> SUBSTANCE USE
ANTICIPATED IMPACT	<p>To increased mental health awareness.</p> <p>To increase access to substance use disorder recovery services and resources.</p> <p>To increase number of people living in recovery.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MEASURES OF SUCCESS	Fund \$20,000 annually FY25-27.

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)	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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 type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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 type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input checked="" type="checkbox"/> EDUCATION ACCESS AND QUALITY <input checked="" type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<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	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 SMH 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 Springfield 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 SMH Board of Directors.



Springfield
Memorial
Hospital

Financial Assistance Policy



SUBJECT: MH Financial Assistance Policy
DEPARTMENT: PATIENT FINANCIAL SERVICES
PREPARED BY: Financial Assistance Committee
REVIEWED BY: Kathryn Keim
APPROVED BY: MH Board of Directors

REFERENCE
EFFECTIVE DATE:
10/01/2016
LAST REVIEWED:
08/23/24

MISSION

The mission of Memorial Health and its Affiliates (MH or MH Affiliate[s]) is to improve lives and build stronger communities through better health.

In order to better serve the community and further our mission, MH will accept a wide variety of payment methods and will offer resources to assist the patient in resolving any outstanding payments for hospital services. We will treat all patients equitably, with dignity, respect and compassion, and wherever possible, help patients who cannot pay for all or part of their care.

MH recognizes there are occasions when a patient is not financially able to pay for their hospital care and is not covered by any Payer. Since the provision of care is not dependent on the patient's ability to pay, MH has established guidelines in which a patient may apply and qualify for financial assistance. MH strives to balance needed patient financial assistance with the broader fiscal responsibilities to accomplish our mission.

PURPOSE

The purpose of this policy is to define eligibility criteria for financial assistance and provide guidelines for the identification, evaluation and documentation of patients in need of financial assistance. We will ensure our policy is effectively communicated to those in need, that we assist patients in applying and qualifying for known programs of financial assistance and that all policies are accurately and consistently applied. We will define the standard and scope of services to be used by our outside agencies that are collecting on our behalf, and will obtain this agreement in writing to ensure that this policy is incorporated throughout the entire collection process. This policy is also intended by MH to be compliant in all respects with the provisions of the Illinois Fair Patient Billing, Hospital Uninsured Patient Discount Acts, Illinois Medicaid statute and regulations and the Internal Revenue Service, Treasury Department 501(r) regulations. MH's desire is to provide services to all persons as is appropriate, to reduce governmental burden and to use its facilities in furtherance of its mission for the benefit of all persons, regardless of ability to pay.

POLICY

It is the policy of MH to identify financial assistance that is provided to patients according to the guidelines described below.

- Financial assistance is defined as hospital services provided at no charge, or on a reduced charge, to patients.
- Financial assistance will be based solely on the criteria in this policy and will not be judged on the basis of any particular race, color, gender, gender identity, religion, national origin, ancestry, creed, sex, age, marital status, physical or mental disability, sexual orientation, immigration status or residency.
- Emergency admission, treatment, screening and/or stabilization services will not be delayed or denied due to coverage or payment ability.
- Classification of hospital services for financial assistance may occur up to 240 days from the first post-discharge billing statement.
- Financial assistance is applicable to all emergency or Medically Necessary Hospital Services, as defined herein.

Financial Assistance Policy



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REVIEWED BY: Kathryn Keim
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REFERENCE
EFFECTIVE DATE:
10/01/2016
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DEFINITIONS

Amounts Generally Billed: Any patient eligible for financial assistance under MH’s FAP will not be charged more for emergency or Medically Necessary Hospital Services than the Amounts Generally Billed (AGB) to insured patients. MH Affiliate facilities use the Lookback Method to calculate AGB. See the Explanation of the Amounts Generally Billed (Exhibit 4) for a detailed explanation of how the “amounts generally billed” is calculated. To request a free copy of the Explanation of the Amounts Generally Billed, including the AGB percentage, see the Memorial Health Facility Directory (Exhibit 5).

Extraordinary Collection Actions: A list of collection activities, as defined by the IRS and Treasury, that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions are further defined in the Reasonable Efforts and Extraordinary Collection Actions (ECA) section of the Billing and Collections Policy, and may include legal action which could result in a court judgment and possible wage garnishment.

Group Providers: A list of providers, other than the hospital itself, delivering emergency or other medically necessary care at the hospital. The Group Provider List indicates those providers participating under the MH’s FAP as identified in the Group Provider List (Exhibit 2).

Income: “Family income” means the sum of a family’s annual earnings and cash benefits from all sources before taxes, less payments made for child support. When providing income information, the patient is limited to providing the following information:

- Whether patient or patient’s spouse, as defined by Illinois law, is currently employed
- If patient is a minor, whether patient’s parents or guardians are currently employed
- If patient or patient’s spouse, as defined by Illinois law, is employed, name, address and telephone number of all employers
- If a minor patient’s parents or guardians are employed, name, address and telephone number of all employers
- If patient is divorced or separated or was a party to a dissolution proceeding, whether the former spouse, as defined by Illinois law, is financially responsible for patient’s medical care per the divorce, separation or dissolution agreement
- The patient is limited to the following gross monthly family income information, including cases in which a spouse, as defined by Illinois law, is guarantor for the patient or in which a parent or guardian is guarantor for a minor, from sources such as:
 - Wages
 - Self-employment
 - Unemployment Compensation
 - Social Security
 - Social Security disability
 - Veterans’ pension
 - Veterans’ disability
 - Private disability
 - Workers’ Compensation
 - Retirement income
 - Child support, alimony or other spousal support
 - Other income

Financial Assistance Policy



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08/23/24

DEFINITIONS (cont'd)

Assets: Include, and are limited to, checking, savings, stocks, certificates of deposit, mutual funds and health savings/flexible spending accounts

Exemption to Assets: MH will examine available assets as an indicator of income for comparison to poverty guidelines, but will exclude from consideration the following Assets:

- A minimum of \$2,000 liquid assets for single household/applicants
- A minimum of \$3,000 liquid assets for married household/applicants
- Plus \$500 for each additional dependent in household
- Homestead or primary place of residence
- All personal property including, but not limited to, household goods, wedding/engagement rings and medical equipment
- All automobiles or other vehicles
- Assets held in pension plans
- Available business equity below \$50,000
- Other assets at our discretion that should be exempt

MH Affiliates: For the purpose of this policy, MH Affiliates refers to Decatur Memorial Hospital, Decatur, Illinois; Lincoln Memorial Hospital, Lincoln, Illinois; Jacksonville Memorial Hospital, Jacksonville, Illinois; Springfield Memorial Hospital, Springfield, Illinois; and Taylorville Memorial Hospital, Taylorville, Illinois.

Medically Necessary Hospital Services: “Medically necessary” means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries. A “medically necessary” service does not include any of the following:

- Non-medical services such as social and vocational services
- Elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity
- Services which could have been safely performed in another facility free of charge, which were knowingly refused by the patient
- Services which could have been paid by a Payer if the patient complied with providing the information requested to the Payer
- Any procedure not covered by a Payer, despite being deemed to be medically necessary, due to the patient’s failure to follow Payer guidelines and procedures. Examples include dental procedures, services provided in a non-contracted hospital, the patient’s failure to receive precertification/ authorization or a physician’s failure to submit proper documentation to obtain precertification/ authorization.

Payer: Entity other than the patient that finances or reimburses the cost of health services. In most cases, this term refers to an insurance carrier, other third-party payer or health plan sponsor (employer or union).

Financial Assistance Policy



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DEFINITIONS (cont'd)

Presumptive Eligibility: Uninsured patients shall be deemed presumptively eligible for hospital financial assistance if the patient demonstrates one or more of the following:

- Homelessness
- Deceased with no estate
- Mental incapacitation with no one to act on patient's behalf
- Medicaid eligibility, but not on date of service or for non-covered service
- Recent personal bankruptcy
- Incarceration in a penal institution
- Affiliation with a religious order and vow of poverty
- Enrollment in Temporary Assistance for Needy Families (TANF)
- Enrollment in IHDA's Rental Housing Support Program

Enrollment in the following assistance programs for low-income individuals:

- Women, Infants and Children Nutrition Program (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Illinois Free Lunch and Breakfast Program
- Low Income Home Energy Assistance Program (LIHEAP)
- Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low income financial status as a criterion for membership
- Receipt of grant assistance for medical services

Uninsured: Patient of a hospital who is not covered under a policy of private health insurance, health benefit or other health coverage program, including high-deductible health insurance plans, workers' compensation, accident liability insurance or other third-party liability.

Uninsured Patient Discount: MH will provide a discount from its charges to all Uninsured patients, regardless of income or cooperation for all emergency or Medically Necessary Hospital Services. See the Schedule of Income Guidelines (Exhibit 1).

Schedule of Income Guidelines: A schedule included as Exhibit 1 that lists the family income at which an Uninsured patient would qualify for full or partial financial assistance.

PROCEDURES

MEMORIAL HEALTH RESPONSIBILITY OF COMMUNICATION:

MH will communicate the availability of the FAP, plain language summary and application forms to all patients at no charge. Forms of communication include, but are not limited to:

- Screening uninsured patients at the earliest possible moment for potential eligibility for both public health insurance programs and financial assistance.
- Placing signage, plain language summaries, etc., in prominent patient locations throughout MH facilities, including, but not limited to, Emergency Departments, Patient Financial Services, Admissions and on the MH website.

Financial Assistance Policy



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- Offer paper copies of the plain language summary during patient intake or prior to the patient's discharge. See the Peace of Mind Regarding Payment Plain Language Summary (Exhibit 3).
- Using a language that is appropriate for patients who make up the lesser of 1,000 individuals, or 5% of those patients served by an MH facility.
- Designating staff members in Patient Financial Services and Registration departments to explain the FAP to the patient. MH staff in the Patient Financial Services and Registration departments will understand the FAP and will be able to answer or direct questions regarding the policy to the appropriate hospital representative.
- Using billing statements to notify patients of the availability of financial assistance, including contact information and website URL where FAP information and application forms are available.
- Providing itemized bills within seven (7) days from date of patient request.
- Making available to the public a copy of our FAP, application and eligibility criteria, upon request.

GENERAL APPLICATION GUIDELINES

To apply for financial assistance, patients must submit a complete application (Financial Assistance Application Form) with supporting documents to MH. The required documents are listed in the Verification of Income and Assets section below. See the (Memorial Health Facility Directory (Exhibit 5) for website, email, phone number and office locations to request a free copy of the financial assistance application and/or policies and for assistance in completing the application. Applications will be accepted by mail, email or in person at the Patient Financial Services offices.

- Verification of income, assets and medical expenses may be requested to accompany the application.
- Documentation showing a patient meets Presumptive Eligibility would be considered a complete application without other documentation required.
- Upon receipt of completed application and/or documentation, the Financial Assistance Representative will complete the Financial Assistance Worksheet and submit for appropriate approval(s). The Financial Assistance Worksheet determines the amount of financial assistance for which the patient is eligible. The Schedule of Income Guidelines (Exhibit 1) is used as a tool to aid in determining the amount of financial assistance applicable. The Financial Assistance Representative is responsible to verify that all figures used to calculate eligibility are correct and, if needed, seek additional verification before submitting for approval. According to the Approval Process section of this policy, the Manager or Director will evaluate the recommendations, verify calculations and documentation and either approve, deny or forward to the appropriate person(s) as necessary.
- The patient may apply for financial assistance up to 240 days from the first post-discharge billing statement. However, the hospital may begin Extraordinary Collection Actions (ECAs) after 120 days from the first post-discharge billing statement or 30 days after a written notice, whichever is later. Patients may go to the website or request ECAs.
- An application, whenever possible, should be submitted and approved before the service is provided.

Financial Assistance Policy



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- No application for financial consideration will be required for emergency medical treatment or for services that are provided without advance notification from a physician or other referral area. The application should be completed as soon as possible, keeping the patient's medical needs as the primary focus. Application to cover the emergency treatment will be made after the service is provided.
- It is crucial that financial assistance applicants cooperate with MH's need for accurate and detailed information within a reasonable time frame. If information is illegible or incomplete, the Financial Assistance Representative will provide the applicant with a written notice that describes the additional information and/or documentation required, gives the deadline for submission and includes the contact information. The Financial Assistance Representative will ensure that all ECAs are suspended.
- Applications should contain applicant's signature or, where that is not possible, reasonable documentation demonstrating applicant's intent to apply for financial assistance.
- The absence of any requested application data, after notification, would subject that application to management discretion and possible denial.
- The documentation may be used for evaluation for services along with other updated pertinent, supplemental information for up to six months. Exceptions may be granted during this six-month period based on management discretion, in consideration of changing circumstances from the initial qualifying period.
- Once financial assistance status is determined, it will be applied to all patient accounts and will be valid for a period of six months from date of determination and retroactively. It is the responsibility of the patient or guarantor to notify the hospital that financial assistance was previously granted and should be applied to subsequent accounts.

VERIFICATION OF INCOME AND ASSETS

For determining eligibility, it is the patient's responsibility to provide information for eligibility verification which may include, and is limited to, any of the following information:

- A completed federal income tax return for the previous calendar year(s) if required to file
- A copy of the patient's most recent W-2s and 1099 forms
- Paycheck stubs (two most recent), preferably with income listed for the month prior to the month the application is received and statements of all other income received, as defined as "Income" in the Definitions section of this policy and as indicated on the Financial Assistance application. An income statement is requested for all self-employed persons or patients paid in cash.
- Benefit statements
- Award letters
- Court orders
- Checking, savings and investment account statements (two most recent) as defined under "Assets" and "Exemption to Assets" in the Definitions section of this policy
- Other documentation that can be provided by the patient
- In the event that there is no income, a letter from the person who pays the living expenses of the patient or guarantor explaining the situation

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PREPARED BY: Financial Assistance Committee
REVIEWED BY: Kathryn Keim
APPROVED BY: MH Board of Directors

REFERENCE
EFFECTIVE DATE:
10/01/2016
LAST REVIEWED:
08/23/24

Financial assistance levels of Income may be verified for either the previous twelve (12) months or annualization of partial year information. Qualification is valid under either method of calculation. In addition to historical information, future earning capacity, along with the ability to meet those obligations within a reasonable time, may be considered. Providing false information or excluding requested information may result in denial of application and eligibility. This financial information is considered confidential and is protected to ensure that such information will only be used to assist in enrollment or evaluating eligibility for financial assistance.

PATIENT QUALIFICATION & ELIGIBILITY FOR FINANCIAL ASSISTANCE

MH will automatically provide an Uninsured Patient Discount from its charges to all, regardless of income or cooperation for all emergency or Medically Necessary Hospital Services. See the Schedule of Income Guidelines (Exhibit 1).

Uninsured patients may qualify for 100% assistance if they have proof of Presumptive Eligibility as defined in the Definition section of this policy.

For any remaining monies owed by an Uninsured patient after the automatic discount is applied, an Uninsured patient is eligible for financial assistance based upon the Schedule of Income Guidelines.

An Uninsured patient is eligible for 100% financial assistance with Income up to 300% of federal poverty guidelines.

An Uninsured patient who has Income greater than 301% of federal poverty guidelines will be eligible for partial financial assistance if what is owed is more than the maximum patient out-of-pocket responsibility as identified in the Schedule of Income Guidelines.

Also, there are cases where a patient may be eligible for financial assistance, but has failed to cooperate by completing a financial assistance application or providing adequate supporting documentation. When there is adequate third-party collaborating information obtained through alternative sources, this information could provide sufficient evidence to provide the patient up to 100% financial assistance.

Insured patients may qualify for financial assistance if the patient has Income below 300% of federal poverty guidelines, notifies MH that they qualify by submitting an application and supporting documentation which includes proof of one or more of the following categories:

- Homelessness (application can be waived if the address cannot be found using address verification tools)
- Deceased with no estate (financial assistance application not required)
- Current Medicaid eligibility, but not on date of service or for non-covered service
- Personal bankruptcy within the past 12 months (application only required for hospital admissions after the bankruptcy file date)
- Enrollment in Temporary Assistance for Needy Families (TANF)
- Enrollment in IHDA's Rental Housing Support Program
- Enrollment in Women, Infants and Children Nutrition Program (WIC)
- Enrollment in Supplemental Nutrition Assistance Program (SNAP)
- Enrollment in Low Income Home Energy Assistance Program (LIHEAP)
- Crime Victim (application can be waived with receipt of a Crime Victim's letter)

Financial Assistance Policy



SUBJECT: MH Financial Assistance Policy
DEPARTMENT: PATIENT FINANCIAL SERVICES
PREPARED BY: Financial Assistance Committee
REVIEWED BY: Kathryn Keim
APPROVED BY: MH Board of Directors

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In the event of an illness which is catastrophic and where proper documentation has been submitted, but the patient still owes monies that cause an undue hardship upon the household, the Patient Financial Services director along with senior leadership may review and determine if an additional financial assistance discount is merited. The definition of “catastrophic” and the amount of financial assistance will be determined on a case-by-case basis, considering all financial, family and health circumstances of the patient.

COMMITMENT TO THE FINANCIAL ASSISTANCE APPLICANTS

MH will seek no payment through administrative, third party or court proceedings from those patients that qualify for 100% financial assistance under the FAP.

MH will not place a lien, force the sale or foreclosure of patient’s primary residence to pay for an outstanding medical bill, or include the primary residence in the asset calculation unless the equity of the property clearly indicates an ability to assume the financial obligation; the patient has had the opportunity to assess the accuracy of the bill, apply for financial assistance or avail him or herself of a reasonable payment plan (or has failed to make payments in accordance with a reasonable payment plan); and senior leadership’s prior approval has been obtained.

MH will not pursue collection action in court against those patients that qualify for 100% financial assistance under the FAP.

MH will not use forced court appearance to require the patient to appear in court for those patients that qualify for 100% financial assistance under the FAP.

MH will not garnish wages of a patient that qualifies for 100% financial assistance under the FAP.

Once financial assistance is determined, it will be applied retroactively to all FAP qualifying accounts that are within 240 days from the first post-discharge billing statement.

Any payments made on accounts that qualified for 100% financial assistance under the FAP will be refunded to the appropriate party.

If an Uninsured patient has requested financial assistance and/or applied for other coverage and is cooperating with the hospital, the hospital will not pursue collection action until a decision has been made that there is no longer a reasonable basis to believe that the patient may qualify for financial assistance or other coverage.

If the uninsured patient’s application for a public health insurance program is approved, the hospital shall bill the insuring entity and shall not pursue the patient for any aspect of the bill, except for any required copayment, coinsurance, or other similar payment for which the patient is responsible under the insurance. If the uninsured patient’s application for public health insurance is denied, the hospital shall offer to screen the uninsured patient for financial assistance.

For more information on MH’s collection activities, please see MH’s Billing and Collections Policy and Procedure (Billing and Collections Policy).

Financial Assistance Policy



SUBJECT: MH Financial Assistance Policy
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ADDITIONAL RESPONSIBILITIES FOR PATIENTS WHO HAVE RECEIVED PARTIALLY DISCOUNTED FINANCIAL ASSISTANCE

When the patient has been approved under the FAP for a partial discount, MH will work with the patient or the responsible party to establish a reasonable payment option.

If a patient complies with a payment plan that has been agreed upon by the hospital, MH will not pursue collection action.

If MH has given the patient the opportunity to assess the accuracy of the bill and has sufficient reason to believe that the patient does not qualify for additional financial assistance under all terms of the FAP regarding his or her partial obligation, and the patient continues with non-payment, collection action may be taken by MH to enforce the terms of any payment plan.

MAXIMUM OUT-OF-POCKET

A maximum out-of-pocket payment will be required of Uninsured patients whose Income exceeds 300% of the federal poverty guidelines as outlined in the Schedule of Income Guidelines (Exhibit 1). Charges for services in excess of such maximum will be discounted 100% as qualified financial assistance.

The maximum amount that may be collected in a 12-month period for Medically Necessary Health Care Services provided by MH from a patient is 20% of the patient's family income and is subject to the patient's continued eligibility under the FAP.

The 12-month period to which the maximum amount applies shall begin on the first date a patient receives healthcare services that are determined to be eligible under the FAP.

To be eligible to have this maximum amount applied to subsequent charges, the eligible patient must inform MH in subsequent inpatient admissions or outpatient encounters that the patient has previously received healthcare services from MH and was determined to be entitled under the FAP.

APPROVAL PROCESS

Financial assistance must be approved as follows:

	MH Facility
\$0 to \$10,000	Financial Assistance representatives or above
\$10,000 to \$25,000	Patient Financial Services manager or above
\$25,000 to \$75,000	Director of Patient Financial Services or above
\$75,000 to \$100,000	CFO
\$100,000 and greater	CEO or COO

These thresholds can be adjusted for price changes.

The above approval limits will be considered for all open accounts on an account-by-account basis, as opposed to aggregate, where a patient has multiple qualifying accounts.

Financial Assistance Policy



SUBJECT: MH Financial Assistance Policy
DEPARTMENT: PATIENT FINANCIAL SERVICES
PREPARED BY: Financial Assistance Committee
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08/23/24

FINANCIAL ASSISTANCE FILINGS

The financial assistance application and supporting documentation will be maintained on paper or digital image, with appropriate indexing, and cross-referenced to allow for subsequent retrieval and review.

MH submits an annual hospital community benefits plan report to the Attorney General and complies with all Illinois statutes and regulations related to this filing.

DISCRETIONARY FINANCIAL ASSISTANCE

The MH CEO or CFO in consultation with the General Counsel may utilize their discretion to make exceptions to the above procedures based on specific extraordinary circumstances, to authorize additional qualifying financial assistance.

POLICY CHANGES

The MH CEO and CFO shall approve routine and administrative changes to this policy including but not limited to updates to the federal poverty guidelines and the MH Group Provider List. All material changes will be approved by the MH Board of Directors on behalf of MH Affiliates.

REFERENCES

IRS and Treasury's 501(r) final rule
Illinois Hospital Uninsured Patient Discount Act
Illinois Fair Patient Billing Act
OIG Third Party Billing Compliance Guidance, 1998, page 27
CCH-EXP, MED-GUIDE 5267, Comment – Hill-Burton Free Care Costs
HHS Poverty Guidelines

EXHIBIT 1

Schedule of Income Guidelines

AS OF APRIL 2024

Based on Gross Family Income as published by the Department of Health and Human Services
(<https://aspe.hhs.gov/poverty-guidelines>)

PART I

Automatic discount applied to gross charges before the first statement for all uninsured. The table below includes the Self Pay discount by hospital. The discount varies by hospital since the discounts are determined based on each hospital's cost and charges.

Hospital	Self-Pay Discount
Decatur Memorial Hospital	75%
Jacksonville Memorial Hospital	70%
Lincoln Memorial Hospital	70%
Springfield Memorial Hospital	75%
Taylorville Memorial Hospital	70%

PART II

Cooperation-based financial assistance write-off of 100% of the balance if below 300% of the Federal Poverty Guidelines

Gross Family Income as a percent of Federal Poverty Guidelines

Family Size	Federal Rate as of 1/12/24	300% of Federal Rate
1	\$15,060	\$45,180
2	\$20,440	\$61,320
3	\$25,820	\$77,460
4	\$31,200	\$93,600
5	\$36,580	\$109,740
6	\$41,960	\$125,880
7	\$47,340	\$142,020
8	\$52,720	\$158,160
For each additional person	\$5,380	\$16,140

PART III: Maximum Patient Out-of-Pocket Responsibility

After application of Parts I and II, the maximum amount that may be collected from an uninsured patient who has applied and qualified for financial assistance in a 12-month period is 20% of the patient's family income. This also applies to uninsured patients whose income is above 300% of the Federal Rate.

Exhibit 2 – Memorial Health Group Provider List for the FAP

PROVIDERS PARTICIPATING IN THE FAP:

DECATUR

Decatur Memorial Medical Group
DMH Hospitalist Services
Memorial Care in Forsyth
Memorial Care in Sullivan
Memorial Care on E. Maryland
Memorial Care on Southland
Memorial Care on W. Hay
Memorial Occupational Health
Memorial Specialty Care
Cardiology
Memorial Specialty Care
Critical Care
Memorial Specialty Care
ENT & Allergy

Memorial Specialty Care
Gastroenterology
Memorial Specialty Care
General Surgery
Memorial Specialty Care
Infectious Disease
Memorial Specialty Care
Nephrology
Memorial Specialty Care
Neurology
Memorial Specialty Care
Neurosurgery
Memorial Specialty Care
Orthopedics
Memorial Specialty Care
Plastic Surgery

Memorial Specialty Care Podiatry
Memorial Specialty Care
Pulmonology
Memorial Wound Care

JACKSONVILLE

Jacksonville CRNAs, Inc.
Jacksonville Memorial Clinics

SPRINGFIELD

Associated Anesthesiologists
of Springfield, Ltd.
Memorial Wellness Center
Memorial Pain Clinic
Memorial Specialty Clinic

PROVIDERS PARTICIPATING IN THE FAP WITH THE EXCEPTION OF THE AUTOMATIC UNINSURED PATIENT DISCOUNT:

DECATUR

Associated Anesthesiologists
of Decatur
Envision
Midwest Emergency Department
Specialists, d/b/a Mid-America
Emergency Physicians

JACKSONVILLE

Memorial Care in Jacksonville
Memorial Care on Founder's Lane

LINCOLN

Memorial Care in Lincoln

SPRINGFIELD

Memorial Care in Chatham
Memorial Care on Koke Mill
Memorial Care on S. Sixth
Memorial Care on N. Dirksen
Memorial Care in Petersburg
Memorial Specialty Care
Psychiatry & Behavioral Health
Midwest Emergency Department
Specialists, d/b/a Mid-America
Emergency Physicians

PROVIDERS NOT PARTICIPATING IN THE FAP:
DECATUR

Advance Vision Eye Care, SC
 Bleeding & Clotting Disorders
 Institute
 Cancer Care Specialists
 of Illinois, S.C.
 Center for Cosmetic Medicine, Ltd.
 Central Illinois Associates, Ltd.
 Central Illinois Bone & Joint Center
 Central Illinois Vision Center
 Choudary Kavuri, MD
 Crossing Healthcare
 Decatur Neurological
 Associates, Ltd.
 Decatur Orthopedic Center
 HSHS Medical Group
 Imaging Consultants Central IL
 Lake Shore OB/GYN
 Lakeshore Medical Office Building
 Macon County Medical Associates
 at St. Mary's
 Midwest Neurology Associates
 Midwest OB-Gyn & Infertility
 Center
 Office of Ahmad Ahmad, M.D.
 Office of Jeffrey M. Smith, MD
 Office of John C. Lee, M.D.
 Office of Marshall Brustein, M.D.
 Office of Nehemiah Tan, M.D.
 Office of William S. Tener, DDS
 ONRAD, Inc.
 Orthopaedic & Rehabilitation
 Specialists
 Pain Medicine Center of
 Central Illinois

Pathology Associates of Central
 Illinois, Ltd.
 Prairie Eye Center
 Priority Health Family Medicine
 SIU Physicians & Surgeons, Inc.,
 d/b/a SIU Medicine
 Springboard Pediatrics
 Springfield Clinic, LLP
 Sullivan Family Care
 Twilight Pediatrics
 Vaughn Foot & Ankle Clinic
 Vero Clinics, LLC
 Warner Hospital & Health Services
 Foundation, Inc.
 Women's Health Care Specialists
 of Decatur

JACKSONVILLE

Memorial Radiation
 Oncology Center
 Peter D. Russotto, DPM
 Springfield Clinic, LLP

LINCOLN

SIU Physicians & Surgeons, Inc.,
 d/b/a SIU Medicine
 Springfield Clinic, LLP

SPRINGFIELD

Central Illinois Kidney and
 Dialysis Associates
 Craig A. Backs, MD, LLC
 Edward A Trudeau MD, SC
 Family Psychiatric Services, LLC
 Foot and Ankle Center of
 Illinois, PC
 Heartland Plastic Surgery Center
 HSHS Medical Group
 Killian and Associates
 Midwest Allergy Sinus Asthma, SC
 OB Hospitalist Group
 Oral and Facial Surgeons of Illinois
 Orthopedic Center of Illinois
 Pathology Associates of
 Central Illinois, Ltd.
 Prairie Cardiovascular Consultants
 Prairie Dental Group
 Prairie Eye Center
 Prairie Podiatry
 SIU Physicians & Surgeons, Inc.,
 d/b/a SIU Medicine
 Springfield Clinic, LLP
 Springfield Pediatric Dentistry
 Susan M Maurer, DMD, LLC
 Yap Family Practice

TAYLORVILLE

Central Illinois Optometric
 Associates
 HSHS Medical Group
 Springfield Clinic, LLP
 Timothy J. Graham, DPM

Peace of Mind Regarding Payment

Including Plain Language Summary of the Financial Assistance Policy

Thank you for selecting Memorial Health for your healthcare needs. Please review this important information about your bill. All emergency patients are entitled to receive a medical screening (triage) and stabilizing treatment without respect to insurance, ability to pay or any other financial issue. Payment arrangements will be discussed after treatment has been provided. Memorial Health accepts most forms of insurance, including Medicare, Medicaid, Worker's Compensation, certain Health Maintenance Organizations (HMO) and Preferred Provider Organizations (PPO) plans. All claims will be submitted on your behalf to your insurance company. Please be prepared to:

- Present your most current insurance card and photo identification.
- Contact your insurance company to ensure your scheduled service is authorized to be performed at a Memorial Health facility.
- Provide all information requested by your insurance company to ensure prompt payment.
- Pay your copayment or your portion of the hospital bill.
- If you are uninsured, contact our patient financial representative for assistance in determining Medicaid eligibility. Also, please refer to the section on financial assistance.
- If you have insurance but are low income, contact our patient financial representative for assistance in determining Medicaid eligibility. Also, see the section on presumptive financial assistance.

Payment Options

Memorial Health accepts the following:

- Cash or personal check
- Visa, MasterCard or Discover
- Online payments: [memorial.health/financial/bill-pay](https://www.memorial.health/financial/bill-pay)
- Approved payment plans

(See back for Patient Financial Services contact information.)

Plain Language Summary of Financial Assistance Policy

To be eligible to receive assistance, services must be medically necessary. This does not include the following: social and vocational services; elective cosmetic surgery; services that could have been provided free of charge at another facility; and services that could have been paid by a third party but due to the patient's failure to enroll or follow payer guidelines, full payments were not received.

Patients without insurance will receive an automatic uninsured discount taken off the charges. These patients will not be charged more for emergency or other medically necessary care than the Amounts Generally Billed (AGB) to those patients who have insurance. Please contact our financial assistance representative for information on the AGB.

Patients may qualify for free care if they have proof of presumptive eligibility. Patients will be deemed presumptively eligible for financial assistance if the patient demonstrates one or more of the following (assistance is for the uninsured unless otherwise indicated):

- Homelessness *
- Deceased with no estate *
- Mental incapacitation with no one to act upon patient's behalf
- Medicaid eligibility, but not on date of service or for non-covered service *
- Recent personal bankruptcy *
- Incarceration in a penal institution
- Affiliation with a religious order and vow of poverty
- Enrollment in Temporary Assistance for Needy Families (TANF) *
- Enrollment in Illinois Housing Development Authority's Rental Housing Support Program*
- Enrollment in Women, Infants and Children Nutrition Program (WIC) *
- Enrollment in Supplemental Nutrition Assistance Program (SNAP) *
- Enrollment in Illinois Free Lunch and Breakfast Program
- Enrollment in Low Income Home Energy Assistance Program (LIHEAP) *

CONTINUED 

- Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership
- Receipt of grant assistance for medical services

**Insured patients may qualify for 100-percent assistance with income below 300 percent of federal poverty level. Application must be submitted with required documentation including proof of one of these presumptive categories.*

Discounts beyond the uninsured and presumptive discounts require application. Memorial Health provides 100-percent assistance or partial assistance depending on the applicant's income and assets. For uninsured patients who qualify for partial assistance, the maximum amount that will be collected in a 12-month period is 20 percent of the family's annual gross income.

Patients must be eligible for the financial assistance program. Eligibility is based on, but not limited to, the following:

- Patient must cooperate in the application process, i.e., providing supporting documents.
- Uninsured patients with family income less than 300 percent of federal poverty level are eligible for full assistance. A Schedule of Income Guidelines and Discounts is available on our website or upon request.
- Uninsured patients with family income greater than 301 percent of federal poverty level will be considered for partial assistance upon application.
- If medical bills cause an undue hardship, Memorial Health leadership can approve assistance on a case-by-case basis.

Contact Information

Monday–Friday | 8:15 a.m. to 4:15 p.m.

FINANCIAL ASSISTANCE

217-788-4774 | Fax: 217-757-7595
Financial.Assistance@mhsil.com

PATIENT FINANCIAL SERVICES

Decatur | Jacksonville | Springfield
217-788-3800 | Billing.Advocate@mhsil.com

Lincoln | Taylorville

217-788-3370 | Fax: 217-757-7593
LMHBillingAdvocate@mhsil.com
TMHBillingAdvocate@mhsil.com

MEDICAID APPLICATIONS

Decatur
217-876-2691 | 217-788-3837
DMHMedicaid.Enrollment@mhsil.com

Jacksonville | Lincoln | Springfield | Taylorville

217-788-3837 | 217-788-3839
Medicaid.Enrollment@mhsil.com

Patients seeking assistance must complete an application and provide additional information, including but not limited to the following:

- Most recent federal income tax return with schedules and W-2 forms
- Paycheck/unemployment check stubs (two most recent) or written statement of earnings from your employer
- Statement of monthly Social Security benefits
- Forms approving/denying assistance from the Illinois Department of Public Aid
- Checking/savings/investment account statements (past two months)
- Additional documentation as requested

Our financial assistance representative is available to assist patients with their applications.

A free copy of the entire Memorial Health Financial Assistance Policy, application and Schedule of Income Guidelines and Discounts in English, Spanish, French and Chinese can be accessed in the following ways:

- Visit memorial.health/financial/assistance.
- Email a request to: Financial.Assistance@mhsil.com.
- Contact a Patient Access representative in the emergency department or at one of the registration locations.
- Mail a request to the following address:
Memorial Health
Attn: Financial Assistance
P.O. Box 19287
Springfield, IL 62794-9287
- Request at one of our hospital locations listed below.

Hospital Locations

Decatur Memorial Hospital

Patient Registration desk in the Kirkland Lobby at Decatur Memorial Hospital
2300 N. Edward St., Decatur, IL 62526

Jacksonville Memorial Hospital

Patient Financial Services Department at Jacksonville Memorial Hospital
1600 W. Walnut St., Jacksonville, IL 62650

Lincoln Memorial Hospital

Patient Resource office at Lincoln Memorial Hospital
200 Stahlhut Drive, Lincoln, IL 62656

Springfield Memorial Hospital

Patient Financial Services office in the lobby of Springfield Memorial Hospital
701 N. First St., Springfield, IL 62781

Taylorville Memorial Hospital

Patient Registration in the lobby of Taylorville Memorial Hospital
201 E. Pleasant St., Taylorville, IL 62568

EXHIBIT 4

Explanation of the Amounts Generally Billed to Patients

AS OF 04/01/2024

Those receiving assistance under the Memorial Health Financial Assistance Policy (FAP) will not be charged more than the amounts generally billed (AGB) to individuals who have insurance coverage. The amount an FAP eligible patient is charged is the amount he or she is personally responsible for paying after all discounts (including discounts available under the FAP) and any insurance payments have been applied. Memorial Health determines AGB by multiplying the patient's gross charges for their emergency or medically necessary healthcare services by the AGB percentage.

The AGB percentage is calculated annually by dividing the sum of the allowed amounts for all the hospital's claims from private health insurers and Medicare during a prior 12-month period by the sum of the associated gross charges for those claims. For these purposes, the allowed amount includes both the amount to be reimbursed by the insurer and the amount (if any) the individual is personally responsible for paying in the form of co-payments, coinsurance or deductibles.

The table below includes the AGB effective 4/1/2024 based on calendar year 2023 claims data. For further information regarding the amounts generally billed, please call 217-788-4774.

Hospital	Amounts Generally Billed Percentage
Decatur Memorial Hospital	25.4%
Jacksonville Memorial Hospital	30.3%
Lincoln Memorial Hospital	38.4%
Springfield Memorial Hospital	25.3%
Taylorville Memorial Hospital	40.5%



Exhibit 5 – Memorial Health

Facility Directory

Memorial Health offers financial assistance information free of charge. To request a copy of the financial assistance policy, plain language summary and application forms, or for more information, contact Memorial Health using one of the following methods:

 [memorial.health/financial/assistance](https://www.memorial.health/financial/assistance)

 217-788-4774

 Financial.Assistance@mhsil.com

 Memorial Health
Attn: Financial Assistance
P.O. Box 19287
Springfield, IL 62794-9287

 Hospital locations:
At the Emergency Department or admitting offices at our hospital locations or at the following locations:

DECATUR MEMORIAL HOSPITAL

Patient Registration desk in the Kirkland Lobby at Decatur Memorial Hospital
2300 N. Edward St. | Decatur, IL 62526

JACKSONVILLE MEMORIAL HOSPITAL

Patient Financial Services Department at Jacksonville Memorial Hospital
1600 W. Walnut St. | Jacksonville, IL 62650

LINCOLN MEMORIAL HOSPITAL

Patient Resource office at Lincoln Memorial Hospital
200 Stahlhut Drive | Lincoln, IL 62656

SPRINGFIELD MEMORIAL HOSPITAL

Patient Financial Services office in the lobby of Springfield Memorial Hospital
701 N. First St. | Springfield, IL 62781

TAYLORVILLE MEMORIAL HOSPITAL

Patient Registration in the lobby of Taylorville Memorial Hospital
201 E. Pleasant St. | Taylorville, IL 62568

Financial Assistance applications:

The number of applications submitted (financial assistance granted plus financial assistance denied used as a proxy for application):

Number of applications submitted by race:

Springfield Memorial Hospital

White	1,928
Black or African American	688
Other Pacific Islander	45
Asian	17
American Indian/Alaskan Native	12
Native Hawaiian	1
Other	47
Declined/Unavailable	100
Total	2,838

Decatur Memorial Hospital

White	1,219
Black or African American	488
Other Pacific Islander	16
Asian	15
American Indian/Alaskan Native	22
Native Hawaiian	-
Other	57
Declined/Unavailable	71
Total	1,888

Total

White	3,147
Black or African American	1,176
Other Pacific Islander	61
Asian	32
American Indian/Alaskan Native	34
Native Hawaiian	1
Other	104
Declined/Unavailable	171
Total	4,726

Financial Assistance applications:

The number of applications submitted (financial assistance granted plus financial assistance denied used as a proxy for application):

Number of applications submitted by ethnicity

Springfield Memorial Hospital

Non-Hispanic or Non-Latino	2,569
Hispanic or Latino	147
Declined/Unknown	122
Total	2,838

Decatur Memorial Hospital

Non-Hispanic or Non-Latino	1,762
Hispanic or Latino	107
Declined/Unknown	19
Total	1,888

Total

Non-Hispanic or Non-Latino	4,331
Hispanic or Latino	254
Declined/Unknown	141
Total	4,726

Number of applications submitted by sex

Springfield Memorial Hospital

Female	1,467
Male	1,371
Total	2,838

Decatur Memorial Hospital

Female	907
Male	981
Total	1,888

Total

Female	2,374
Male	2,352
Total	4,726

Financial Assistance applications:

The number of applications submitted (financial assistance granted plus financial assistance denied used as a proxy for application):

Number of applications submitted by preferred language

Springfield Memorial Hospital

English	2,717
Spanish	74
Albanian	3
Arabic	6
Bengali	-
Chinese	1
French	6
Haitian-Creole	3
Hindi	2
Mandarin	2
Other	2
Persian	-
Polish	1
Romanian	-
Samoan	-
Sign Language	1
Swedish	2
Thai	-
Turkish	-
Ukrainian	-
Vietnamese	-
Unavailable	18
Total	2,838

Financial Assistance applications:

The number of applications submitted (financial assistance granted plus financial assistance denied used as a proxy for application):

Number of applications submitted by preferred language

Decatur Memorial Hospital

English	1,796
Spanish	64
Albanian	-
Arabic	16
French	-
Gujarati	5
Haitian-Creole	-
Hindi	1
Mandarin	-
Navajo	1
Other	-
Persian	-
Romanian	-
Samoan	-
Sign Language	-
Tagalog	2
Turkish	-
Ukrainian	-
Vietnamese	2
Unavailable	1
Total	1,888

Financial Assistance applications:

The number of applications submitted (financial assistance granted plus financial assistance denied used as a proxy for application):

Number of applications submitted by preferred language

Total

English	4,513
Spanish	138
Albanian	3
Arabic	22
Bengali	-
Chinese	1
French	6
Gujarati	5
Haitian-Creole	3
Hindi	3
Mandarin	2
Navajo	1
Other	2
Persian	-
Polish	1
Romanian	-
Samoan	-
Sign Language	1
Swedish	2
Tagalog	2
Thai	-
Turkish	-
Ukrainian	-
Vietnamese	2
Unavailable	19
Total	4,726

Financial Assistance applications:

The number of applications approved (number of accounts where financial assistance was granted):

Number of applications approved by race

Springfield Memorial Hospital

White	1,747
Black or African American	657
Other Pacific Islander	43
Asian	12
American Indian/Alaskan Native	9
Native Hawaiian	1
Other	44
Declined/Unavailable	86
Total	2,599

Decatur Memorial Hospital

White	1,028
Black or African American	454
Other Pacific Islander	16
Asian	13
American Indian/Alaskan Native	19
Native Hawaiian	-
Other	53
Declined/Unavailable	63
Total	1,646

Total

White	2,775
Black or African American	1,111
Other Pacific Islander	59
Asian	25
American Indian/Alaskan Native	28
Native Hawaiian	1
Other	97
Declined/Unavailable	149
Total	4,245

Financial Assistance applications:

The number of applications approved (number of accounts where financial assistance was granted):

Number of applications approved by ethnicity

Springfield Memorial Hospital

Non-Hispanic or Non-Latino	2,358
Hispanic or Latino	136
Declined/Unknown	105
Total	2,599

Decatur Memorial Hospital

Non-Hispanic or Non-Latino	1,545
Hispanic or Latino	85
Declined/Unknown	16
Total	1,646

Total

Non-Hispanic or Non-Latino	3,903
Hispanic or Latino	221
Declined/Unknown	121
Total	4,245

Number of applications approved by sex

Springfield Memorial Hospital

Female	1,341
Male	1,258
Total	2,599

Decatur Memorial Hospital

Female	760
Male	886
Total	1,646

Total

Female	2,101
Male	2,144
Total	4,245

Financial Assistance applications:

The number of applications approved (number of accounts where financial assistance was granted):

Number of applications approved by preferred language

Springfield Memorial Hospital

English	2,493
Spanish	70
Albanian	3
Arabic	6
Bengali	-
Chinese	-
French	6
Haitian-Creole	2
Hindi	-
Mandarin	2
Other	1
Persian	-
Polish	1
Romanian	-
Samoan	-
Sign Language	-
Swedish	2
Thai	-
Turkish	-
Ukrainian	-
Vietnamese	-
Unavailable	13
Total	2,599

Financial Assistance applications:

The number of applications approved (number of accounts where financial assistance was granted):

Number of applications approved by preferred language

Decatur Memorial Hospital

English	1,565
Spanish	58
Albanian	-
Arabic	16
Bengali	-
Chinese	-
French	-
Gujarati	4
Haitian-Creole	-
Hindi	-
Mandarin	-
Navajo	-
Other	-
Persian	-
Romanian	-
Samoan	-
Sign Language	-
Tagalog	-
Thai	-
Turkish	-
Ukrainian	-
Vietnamese	2
Unavailable	1
Total	1,646

Financial Assistance applications:

The number of applications approved (number of accounts where financial assistance was granted):

Number of applications approved by preferred language

Total

English	4,058
Spanish	128
Albanian	3
Arabic	22
Bengali	-
Chinese	-
French	6
Gujarati	4
Haitian-Creole	2
Hindi	-
Mandarin	2
Navajo	-
Other	1
Persian	-
Polish	1
Romanian	-
Samoan	-
Sign Language	-
Swedish	2
Tagalog	-
Thai	-
Turkish	-
Ukrainian	-
Vietnamese	2
Unavailable	14
Total	4,245

Financial Assistance applications:

The number of applications denied (number of accounts where financial assistance was denied):

Number of applications denied by race

Springfield Memorial Hospital

White	181
Black or African American	31
Other Pacific Islander	2
Asian	5
American Indian/Alaskan Native	3
Native Hawaiian	-
Other	3
Declined/Unavailable	14
Total	239

Decatur Memorial Hospital

White	191
Black or African American	34
Other Pacific Islander	-
Asian	2
American Indian/Alaskan Native	3
Native Hawaiian	-
Other	4
Declined/Unavailable	8
Total	242

Total

White	372
Black or African American	65
Other Pacific Islander	2
Asian	7
American Indian/Alaskan Native	6
Native Hawaiian	-
Other	7
Declined/Unavailable	22
Total	481

Financial Assistance applications:

The number of applications denied (number of accounts where financial assistance was denied):

Number of applications denied by ethnicity

Springfield Memorial Hospital

Non-Hispanic or Non-Latino	211
Hispanic or Latino	11
Declined/Unknown	17
Total	239

Decatur Memorial Hospital

Non-Hispanic or Non-Latino	217
Hispanic or Latino	22
Declined/Unknown	3
Total	242

Total

Non-Hispanic or Non-Latino	428
Hispanic or Latino	33
Declined/Unknown	20
Total	481

Number of applications denied by sex

Springfield Memorial Hospital

Female	126
Male	113
Total	239

Decatur Memorial Hospital

Female	147
Male	95
Total	242

Total

Female	273
Male	208
Total	481

Financial Assistance applications:

The number of applications denied (number of accounts where financial assistance was denied):

Number of applications denied by preferred language

Springfield Memorial Hospital

English	224
Spanish	4
Albanian	-
Arabic	-
Bengali	-
Chinese	1
French	-
Haitian-Creole	1
Hindi	2
Mandarin	-
Other	1
Persian	-
Polish	-
Romanian	-
Samoan	-
Sign Language	1
Swedish	-
Thai	-
Turkish	-
Ukrainian	-
Vietnamese	-
Unavailable	5
Total	239

Financial Assistance applications:

The number of applications denied (number of accounts where financial assistance was denied):

Number of applications denied by preferred language

Decatur Memorial Hospital

English	231
Spanish	6
Albanian	-
Arabic	-
Bengali	-
Chinese	-
French	-
Gujarati	1
Haitian-Creole	-
Hindi	1
Mandarin	-
Navajo	1
Other	-
Persian	-
Romanian	-
Samoan	-
Sign Language	-
Tagalog	2
Thai	-
Turkish	-
Ukrainian	-
Vietnamese	-
Unavailable	-
Total	242

Financial Assistance applications:

The number of applications denied (number of accounts where financial assistance was denied):

Number of applications denied by preferred language

Total

English	455
Spanish	10
Albanian	-
Arabic	-
Bengali	-
Chinese	1
French	-
Gujarati	1
Haitian-Creole	1
Hindi	3
Mandarin	-
Navajo	1
Other	1
Persian	-
Polish	-
Romanian	-
Samoan	-
Sign Language	1
Swedish	-
Tagalog	2
Thai	-
Turkish	-
Ukrainian	-
Vietnamese	-
Unavailable	5
Total	481

Financial Assistance applications:

5 most frequent reasons for denial:

- 1) Financial assistance denied due to limitations in the financial assistance policy for patients with insurance.
- 2) Financial assistance denied because of an incomplete application.
- 3) Financial assistance denied since the patient was approved for Medicaid.
- 4) Financial assistance denied because the patient's family income was over 3 times the federal poverty guidelines.
- 5) Financial assistance denied because enrollment in a low income community-based program could not be verified

Number of uninsured patient who have declined or failed to respond to screening

11,192

(data is for 10/1/2024-9/30/2025)

4 most frequent reasons for uninsured patients declining a screening for health insurance and financial assistance:

Patient did not respond

Patient refused to cooperate

Abandonment of application

Patient deceased, family not cooperating

Annual Non Profit Hospital Community Benefits Plan Report

Hospital System: Memorial Health
Mailing Address: 701 North First Street ; Springfield, IL 62781-0001
Physical Address: N/A
Reporting Period: 10/01/2024 through 09/30/2025
Taxpayer Number: 37-1110690

Hospital Name	Address	FEIN #
Springfield Memorial Hospital (SMH)	701 North First Street ; Springfield, IL 62781-0001	37-0661220
Decatur Memorial Hospital (DMH)	2300 N. Edwards St.; Decatur, IL 62526	37-0661199
Jacksonville Memorial Hospital (Critical Access Hospital)	160 W. Walnut St. Jacksonville, IL 62650	37-0661230
Lincoln Memorial Hospital (Critical Access Hospital)	200 Stahlhut Dr. Lincoln IL 62656	37-0723793
Taylorville Memorial Hospital (Critical Access Hospital)	201 E. Pleasant St. Taylorville IL 62568	37-0661220

ATTACH Mission Statement: [See attached](#)

ATTACH Community Benefit Plan: [See attached](#)

	SMH	DMH	Combined
Report Charity Care: (Footnote #4)	\$ 6,202,146	2,643,927	\$ 8,846,073

ATTACH Charity Policy: [See attached](#)

REPORT Community Benefits:

Community Type	SMH	DMH	Combined
Language Assistant Svcs	\$ 194,797	31,880	\$ 226,677
Financial Assistance	\$ 4,266,797	\$ 1,937,866	\$ 6,204,663
Gov't Sponsored Indigent Health Care	\$ 20,639,598	5,087,496	\$ 25,727,094
Donations	\$ 55,888,565	5,986,831	\$ 61,875,396
Volunteer Services - Employee Volunteer Svcs	\$ -	-	\$ -
Volunteer Services - Non-Employee Volunteer Svcs	\$ -	-	\$ -
Education	\$ 2,598,349	229,583	\$ 2,827,932
Gov't Sponsored Program Svcs	\$ 55,679,481	25,349,977	\$ 81,029,458
Research	\$ -	-	\$ -
Susidized Health Services (Footnote #1)	\$ 23,075,721	2,188,879	\$ 25,264,600
Bad Debt (Footnote #2)	\$ 36,960,956	19,515,094	\$ 56,476,050
Other Community Benefits (Footnote #3)	\$ 4,535,038	13,099	\$ 4,548,137

ATTACH Audited F/S [See attached](#)

Footnote #1:	SMH	DMH	Combined
Community Health Improvement Svcs	\$ 1,048,408	260,631	\$ 1,309,039
Additional Subsidized Svcs	1,429	-	1,429
Subsidized Htlh Svcs - MMG	21,290,389	1,407,434	22,697,823
Subsidized Htlh Svcs - Mem Home Svc	735,495	520,814	1,256,309
Total	\$ 23,075,721	2,188,879	\$ 25,264,600

Annual Non Profit Hospital Community Benefits Plan Report

Footnote #2:	SMH	DMH	Combined
BD - Govt Sponsored Indigent Prog	\$ 26	731,701	\$ 731,727
BD - Govt Sponsored Program	7,249,275	4,927,939	12,177,214
All other Bad Debt, net	<u>29,711,655</u>	<u>13,855,454</u>	<u>43,567,109</u>
Total	\$ 36,960,956	19,515,094	\$ 56,476,050

Footnote #3:	SMH	DMH	Combined
Community Benefit Operations	\$ 616,441	9,529	\$ 625,970
Community Building Activities	<u>3,918,597</u>	<u>3,570</u>	<u>3,922,167</u>
Total	\$ 4,535,038	13,099	\$ 4,548,137

Footnote #4	SMH	DMH	Combined
Charity Care - Emergency Services	\$ 1,189,260	\$ 877,665	\$ 2,066,925
Charity Care - Remaining Services	<u>5,012,886</u>	<u>1,766,262</u>	<u>6,779,148</u>
Total	\$ 6,202,146	2,643,927	\$ 8,846,073

Provider Assessment Prog - net impact	\$ 48,181,677	22,391,648	\$ 70,573,325
Gov't Sponsored Indigent Health Care	20,639,598	5,087,496	25,727,094

**Decatur Memorial Hospital, Decatur, Illinois
FY 2025 Community Benefit Report to the Illinois Attorney General**

Footnote 1 to Subsidized Health Services

Community Health Improvement Services	\$ 260,631
Additional Subsidized Health Services	-
Subsidized Health Services – Memorial Physician Services	1,407,434
Subsidized Health Services – Memorial Home Services	<u>520,814</u>
 SUBSIDIZED TOTAL	 \$2,188,879

Footnote 2 to Bad Debt Amount

Bad Debts included in shortfall from governmental sponsored indigent programs	\$ 731,701
Bad Debts included in shortfall from governmental sponsored programs	4,927,939
All other Bad Debts, net	<u>13,855,454</u>
Bad debt allowance per the audited financial statements	\$19,515,094

Footnote 3 to Other Community Benefits

Community Benefit Operations	\$ 9,529
Community Building Activities	<u>3,570</u>
TOTAL	\$ 13,099

Footnote 4 to Report Charity Care

Cost of Charity Care – Emergency Services	\$ 877,665
Cost of Charity Care – Remaining Services	<u>1,766,262</u>
TOTAL	\$ 2,643,927

Footnote Regarding the Illinois Hospital Assessment Program

As referenced in note 4 of the audited financial statements for Memorial Health and its affiliates:

On January 1, 2025, the state of Illinois updated the Hospital Assessment Program which effectively increased the amount of funding eligible to match federal funds and extended the expiration of the program to December 31, 2028. The Center for Medicare and Medicaid Services (CMS) approved the state of Illinois's plan in September 2025, which led MH to accrue \$51,651,000 in Medicaid assessment revenue in September 2025, which was retroactive to January 1, 2025, and is reported in receivables from third party payors on the consolidated balance sheet at September 30, 2025.

The net total impact of the assessment program was \$22,391,648 for the period ending September 30, 2025. This was reflected in the shortfall for Governmental Sponsored Indigent Health Care Programs for \$5,087,496. The audited financial statement no longer has a footnote referencing the valuation of the medical center's community benefit activities.

**Memorial Health and affiliates, Springfield, Illinois
FY 2025 Community Benefit Report to the Illinois Attorney General**

Footnote 1 to Subsidized Health Services

Community Health Improvement Services	\$ 1,309,039
Additional Subsidized Health Services	1,429
Subsidized Health Services – Memorial Physician Services	22,697,823
Subsidized Health Services – Memorial Home Services	<u>1,256,309</u>
 SUBSIDIZED TOTAL	 \$25,264,600

Footnote 2 to Bad Debt Amount

Bad Debts included in shortfall from governmental sponsored indigent programs	\$ 1,339,343
Bad Debts included in shortfall from governmental sponsored programs	12,177,214
All other Bad Debts, net	<u>42,959,493</u>
Bad debt allowance per the audited financial statements	\$ 56,476,050

Footnote 3 to Other Community Benefits

Community Benefit Operations	\$ 625,970
Community Building Activities	<u>3,922,167</u>
TOTAL	\$ 4,548,137

Footnote 4 to Report Charity Care

Cost of Charity Care – Emergency Services	\$ 2,066,925
Cost of Charity Care – Remaining Services	<u>6,779,148</u>
TOTAL CHARITY CARE COST	\$ 8,846,073

Footnote Regarding the Illinois Hospital Assessment Program

As referenced in note 4 of the audited financial statements for Springfield Memorial Hospital and Decatur Memorial Hospital:

On January 1, 2025, the state of Illinois updated the Hospital Assessment Program which effectively increased the amount of funding eligible to match federal funds and extended the expiration of the program to December 31, 2028. The Center for Medicare and Medicaid Services (CMS) approved the state of Illinois's plan in September 2025, which led MH to accrue \$51,651,000 in Medicaid assessment revenue in September 2025, which was retroactive to January 1, 2025, and is reported in receivables from third party payors on the consolidated balance sheet at September 30, 2025.

The net total impact of the assessment program was \$70,573,325 for the period ending September 30, 2025. This was reflected in the shortfall for Governmental Sponsored Indigent Health Care Programs for \$25,727,094. The audited financial statement no longer has a footnote referencing the valuation of the medical center's community benefit activities.

Springfield Memorial Hospital, Springfield, Illinois
FY 2025 Community Benefit Report to the Illinois Attorney General

Footnote 1 to Subsidized Health Services

Community Health Improvement Services	\$ 1,048,408
Additional Subsidized Health Services	1,429
Subsidized Health Services – Memorial Physician Services	21,290,389
Subsidized Health Services – Memorial Home Services	<u>735,495</u>
 SUBSIDIZED TOTAL	 \$23,075,721

Footnote 2 to Bad Debt Amount

Bad Debts included in shortfall from governmental sponsored indigent programs	\$ 607,642
Bad Debts included in shortfall from governmental sponsored programs	7,249,275
All other Bad Debts, net	<u>29,104,039</u>
Bad debt allowance per the audited financial statements	\$ 36,960,956

Footnote 3 to Other Community Benefits

Community Benefit Operations	\$ 616,441
Community Building Activities	<u>3,918,597</u>
TOTAL	\$ 4,535,038

Footnote 4 to Report Charity Care

Cost of Charity Care – Emergency Services	\$ 1,189,260
Cost of Charity Care – Remaining Services	<u>5,012,886</u>
TOTAL CHARITY CARE COST	\$ 6,202,146

Footnote Regarding the Illinois Hospital Assessment Program

As referenced in note 4 of the audited financial statements for Springfield Memorial Hospital:

On January 1, 2025, the state of Illinois updated the Hospital Assessment Program which effectively increased the amount of funding eligible to match federal funds and extended the expiration of the program to December 31, 2028. The Center for Medicare and Medicaid Services (CMS) approved the state of Illinois's plan in September 2025, which led MH to accrue \$51,651,000 in Medicaid assessment revenue in September 2025, which was retroactive to January 1, 2025, and is reported in receivables from third party payors on the consolidated balance sheet at September 30, 2025.

The net total impact of the assessment program was \$48,181,677 for the period ending September 30, 2025. This was reflected in the shortfall for Governmental Sponsored Indigent Health Care Programs for \$20,639,598. The audited financial statement no longer has a footnote referencing the valuation of the medical center's community benefit activities.



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: _____

Mailing Address: _____

City, State, Zip: _____

Reporting Period: _____ through _____

Taxpayer Number: _____

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) _____
 - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) _____
 - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) _____
 - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) _____
 - E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care: e) \$ _____
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

• • •

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): _____

Signature: _____

Date: _____

• • •

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): _____

Signature: _____

Date: _____

• • •

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): _____

Signature: _____

Date: _____



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: _____

Mailing Address: _____

City, State, Zip: _____

Reporting Period: _____ through _____

Taxpayer Number: _____

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) _____
 - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) _____
 - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) _____
 - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) _____
 - E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care: e) \$ _____
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

• • •

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): _____

Signature: _____

Date: _____

• • •

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): _____

Signature: _____

Date: _____

• • •

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): _____

Signature: _____

Date: _____

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2024
To 09/30/2025

Worksheet C
Part I
Date/Time Prepared:
2/25/2026 1:37 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS
				Total Costs	RCE Disallowance	Total Costs		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS	39,072,138		39,072,138	6,159	39,078,297	30.00	
31.00	03100 INTENSIVE CARE UNIT	11,272,287		11,272,287	0	11,272,287	31.00	
32.00	03200 CORONARY CARE UNIT	9,373,286		9,373,286	0	9,373,286	32.00	
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00	
43.00	04300 NURSERY	83,801		83,801	0	83,801	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	21,620,286		21,620,286	235,301	21,855,587	50.00	
50.01	05001 ORTHO MEDICAL	0		0	0	0	50.01	
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,647,313		1,647,313	0	1,647,313	52.00	
53.00	05300 ANESTHESIOLOGY	4,733,357		4,733,357	0	4,733,357	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	26,496,989		26,496,989	0	26,496,989	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	5,090,201		5,090,201	4,816	5,095,017	55.00	
60.00	06000 LABORATORY	20,772,024		20,772,024	0	20,772,024	60.00	
65.00	06500 RESPIRATORY THERAPY	3,601,066	0	3,601,066	0	3,601,066	65.00	
66.00	06600 PHYSICAL THERAPY	6,664,326	0	6,664,326	0	6,664,326	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	6,888,473		6,888,473	0	6,888,473	69.00	
69.01	06901 CATH LAB	5,556,962		5,556,962	0	5,556,962	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY	1,486,947		1,486,947	0	1,486,947	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	28,410,240		28,410,240	0	28,410,240	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,311,567		16,311,567	0	16,311,567	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	19,802,202		19,802,202	0	19,802,202	73.00	
74.00	07400 RENAL DIALYSIS	761,899		761,899	0	761,899	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	8,348,462		8,348,462	0	8,348,462	75.00	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00	
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	2,278,752		2,278,752	0	2,278,752	90.00	
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0		0	0	0	90.01	
90.02	09002 DMG PHYSICIAN GROUP	31,355,488		31,355,488	227,386	31,582,874	90.02	
91.00	09100 EMERGENCY	15,086,331		15,086,331	100,036	15,186,367	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,000,040		4,000,040	0	4,000,040	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
101.00	10100 HOME HEALTH AGENCY	0		0		0	101.00	
102.00	10200 OPIOID TREATMENT PROGRAM	0		0		0	102.00	
SPECIAL PURPOSE COST CENTERS								
116.00	11600 HOSPICE	0		0		0	116.00	
200.00	Subtotal (see instructions)	290,714,437	0	290,714,437	573,698	291,288,135	200.00	
201.00	Less Observation Beds	4,000,040		4,000,040		4,000,040	201.00	
202.00	Total (see instructions)	286,714,397	0	286,714,397	573,698	287,288,095	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2024
To 09/30/2025

Worksheet C
Part I
Date/Time Prepared:
2/25/2026 1:37 pm

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	40,551,138		40,551,138			30.00
31.00	03100 INTENSIVE CARE UNIT	14,229,391		14,229,391			31.00
32.00	03200 CORONARY CARE UNIT	10,290,607		10,290,607			32.00
40.00	04000 SUBPROVIDER - IPF	0		0			40.00
43.00	04300 NURSERY	2,470,201		2,470,201			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	31,863,996	103,026,266	134,890,262	0.160281	0.000000	50.00
50.01	05001 ORTHO MEDICAL	0	0	0	0.000000	0.000000	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,424,474	513,311	4,937,785	0.333614	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	6,967,408	18,153,640	25,121,048	0.188422	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	82,873,288	255,182,277	338,055,565	0.078381	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	28,501	41,509,511	41,538,012	0.122543	0.000000	55.00
60.00	06000 LABORATORY	57,563,976	103,668,323	161,232,299	0.128833	0.000000	60.00
65.00	06500 RESPIRATORY THERAPY	30,775,270	1,290,026	32,065,296	0.112304	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	8,003,469	19,020,810	27,024,279	0.246605	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	15,967,651	33,834,759	49,802,410	0.138316	0.000000	69.00
69.01	06901 CATH LAB	15,556,303	17,121,313	32,677,616	0.170054	0.000000	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	455,387	6,542,746	6,998,133	0.212478	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	27,596,910	47,118,977	74,715,887	0.380244	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	36,007,330	65,114,969	101,122,299	0.161305	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,975,688	64,360,510	96,336,198	0.205553	0.000000	73.00
74.00	07400 RENAL DIALYSIS	4,240,978	437,884	4,678,862	0.162839	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	3,851,260	31,378,266	35,229,526	0.236973	0.000000	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	74,586	28,650,538	28,725,124	0.079330	0.000000	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0.000000	0.000000	90.01
90.02	09002 DMG PHYSICIAN GROUP	21,158,689	52,456,930	73,615,619	0.425935	0.000000	90.02
91.00	09100 EMERGENCY	23,054,267	71,060,120	94,114,387	0.160298	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	903,960	2,350,934	3,254,894	1.228931	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	470,884,728	962,792,110	1,433,676,838			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	470,884,728	962,792,110	1,433,676,838			202.00

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		Total Costs	
				RCE Disallowance			
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		129,206,601		258,215	129,464,816	30.00
31.00	03100 INTENSIVE CARE UNIT		22,193,458		149,760	22,343,218	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		7,867,893		0	7,867,893	33.00
40.00	04000 SUBPROVIDER - IPF		12,365,947		378	12,366,325	40.00
41.00	04100 SUBPROVIDER - IRF		5,609,092		2,142	5,611,234	41.00
43.00	04300 NURSERY		2,213,422		17,891	2,231,313	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		30,132,682		172,344	30,305,026	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,123,441		0	4,123,441	52.00
53.00	05300 ANESTHESIOLOGY		7,609,313		75,101	7,684,414	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		32,810,384		28,810	32,839,194	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		11,202,505		0	11,202,505	55.00
57.00	05700 CT SCAN		6,192,147		0	6,192,147	57.00
58.00	05800 MRI		4,002,971		0	4,002,971	58.00
60.00	06000 LABORATORY		49,925,300		128,186	50,053,486	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		4,827,487		0	4,827,487	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0		0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	10,591,259	0	30,555	10,621,814	65.00
66.00	06600 PHYSICAL THERAPY	0	16,195,062	0	47,817	16,242,879	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,441,520	0	0	2,441,520	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,178,035	0	0	1,178,035	68.00
69.00	06900 ELECTROCARDIOLOGY		17,078,830		164,798	17,243,628	69.00
69.01	03340 GI UNIT		5,882,085		0	5,882,085	69.01
69.02	03650 VASCULAR LAB		2,214,752		8,483	2,223,235	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY		1,926,725		39,385	1,966,110	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		111,724,234		0	111,724,234	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		66,467,555		0	66,467,555	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		56,459,445		4,220	56,463,665	73.00
73.01	03640 RENAL TXPLANT LAB		997,929		75,294	1,073,223	73.01
74.00	07400 RENAL DIALYSIS		2,664,270		0	2,664,270	74.00
75.00	07500 ASC (NON-DISTINCT PART)		2,555,521		0	2,555,521	75.00
76.97	07697 CARDIAC REHABILITATION		1,610,474		60,254	1,670,728	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0		0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY		31,701,545		298,059	31,999,604	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,155,005			6,155,005	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		2,416,358			2,416,358	105.00
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	0	670,543,247	0	1,561,692	672,104,939	200.00
201.00	Less Observation Beds		6,155,005			6,155,005	201.00
202.00	Total (see instructions)	0	664,388,242	0	1,561,692	665,949,934	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2024
To 09/30/2025

Worksheet C
Part I
Date/Time Prepared:
2/28/2026 5:13 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	287,188,818		287,188,818			30.00
31.00	03100 INTENSIVE CARE UNIT	46,895,996		46,895,996			31.00
33.00	03300 BURN INTENSIVE CARE UNIT	19,192,170		19,192,170			33.00
40.00	04000 SUBPROVIDER - IPF	33,662,652		33,662,652			40.00
41.00	04100 SUBPROVIDER - IRF	13,976,399		13,976,399			41.00
43.00	04300 NURSERY	4,630,101		4,630,101			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	152,352,513	203,133,291	355,485,804	0.084765	0.000000	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,867,114	123,430	7,990,544	0.516040	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	23,531,831	49,314,399	72,846,230	0.104457	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	59,631,436	143,740,396	203,371,832	0.161332	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,140,934	78,449,310	81,590,244	0.137302	0.000000	55.00
57.00	05700 CT SCAN	125,645,268	192,146,754	317,792,022	0.019485	0.000000	57.00
58.00	05800 MRI	24,851,496	50,774,324	75,625,820	0.052931	0.000000	58.00
60.00	06000 LABORATORY	168,684,913	280,069,444	448,754,357	0.111253	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	14,795,950	4,261,331	19,057,281	0.253315	0.000000	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500 RESPIRATORY THERAPY	73,257,344	18,535,451	91,792,795	0.115382	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	18,358,395	32,341,704	50,700,099	0.319429	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,936,656	901,392	14,838,048	0.164545	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	5,912,240	159,463	6,071,703	0.194021	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	102,834,152	111,679,164	214,513,316	0.079617	0.000000	69.00
69.01	03340 GI UNIT	4,572,135	37,486,069	42,058,204	0.139856	0.000000	69.01
69.02	03650 VASCULAR LAB	15,620,779	9,242,277	24,863,056	0.089078	0.000000	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	7,991,898	1,692,388	9,684,286	0.198954	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	129,225,248	129,361,872	258,587,120	0.432056	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	160,789,680	145,632,657	306,422,337	0.216915	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	95,457,584	91,905,953	187,363,537	0.301336	0.000000	73.00
73.01	03640 RENAL TXPLANT LAB	59,174	810,514	869,688	1.147456	0.000000	73.01
74.00	07400 RENAL DIALYSIS	11,617,097	3,686,162	15,303,259	0.174098	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	43,466	54,391,429	54,434,895	0.046946	0.000000	75.00
76.97	07697 CARDIAC REHABILITATION	1,026,156	3,091,602	4,117,758	0.391105	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	64,229,658	109,073,513	173,303,171	0.182925	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,579,338	9,777,636	11,356,974	0.541958	0.000000	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	2,779,641	0	2,779,641			105.00
109.00	10900 PANCREAS ACQUISITION	0	0	0			109.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	1,695,338,232	1,761,781,925	3,457,120,157			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,695,338,232	1,761,781,925	3,457,120,157			202.00

Encounter #:	Date:
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FINANCIAL ASSISTANCE APPLICATION

Dear Patient/Guarantor:

Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Memorial Health (Decatur Memorial Hospital, Lincoln Memorial Hospital, Jacksonville Memorial Hospital, Springfield Memorial Hospital and Taylorville Memorial Hospital) determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE.

However, a Social Security number is required for some public programs, including Medicaid. Providing a Social Security number is not required but will help the hospital determine whether you qualify for any public programs.

Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 240 days from the first post-discharge billing statement. Please return completed application and supporting documents by mail, electronic mail or hand deliver to the Patient Financial Services office at one of our hospitals.

Memorial Health | Attn: PFS | P.O. Box 19287 | Springfield, IL 62794-9287
 financial.assistance@mhsil.com | Fax: 217-757-7595

Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

PATIENT/GUARANTOR INFORMATION					
Patient name Last	First	MI	Date of birth	Social Security number (optional*)	
Race (optional*)	Ethnicity (optional*)		Sex (optional*)	Preferred language (optional*)	
<i>* Responses or nonresponses by the patient in fields marked "optional" will not impact the outcome of the application.</i>					
Name of guarantor (person responsible for paying the bill)			Relationship to patient	Telephone—Home	
Street address			City / State / ZIP		Telephone—Cell
Patient email, if preferred method of contact:					
If the patient is divorced or separated, is the former spouse/partner financially responsible for the patient's medical care per the dissolution or separation agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, is the former spouse/partner's name and address correctly listed in the guarantor section above? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Were the services received related to any of the following? <input type="checkbox"/> Accident <input type="checkbox"/> Crime <input type="checkbox"/> Workplace injury <input type="checkbox"/> Other: _____					

FAMILY/HOUSEHOLD INFORMATION	
Number of the persons in the patient's household:	
Number of the patient's dependents (as reported on tax return):	Ages of dependents:

EMPLOYMENT INFORMATION (list self-employed, disabled, retired or unemployed, if applicable)
Employer of the patient
Employer of the patient's spouse/partner
Employer of the first parent or guardian (if patient is a minor)
Employer of the second parent or guardian (if patient is a minor)

INSURANCE INFORMATION (list all insurance coverages related to services received, e.g., Medicare, Blue Cross, Veteran's, etc.)			
	Insurance Name	Policy Number	Group Number
Policy # 1			
Policy # 2			
Policy # 3			
Has the patient applied for Medicaid? <input type="checkbox"/> Yes—awaiting approval <input type="checkbox"/> Yes—not eligible <input type="checkbox"/> No			

PRESUMPTIVE ELIGIBILITY PROGRAMS *(please check for all that the patient qualifies)*

If you check any of the following boxes and you are uninsured, you do not need to fill out the Family Income, Expense or Asset section

<input type="checkbox"/> Women, Infants & Children Nutrition Program (WIC)	<input type="checkbox"/> Incarceration in a penal institution
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Deceased patient with no estate
<input type="checkbox"/> Low Income Home Energy Assistance Program	<input type="checkbox"/> Religious order and vow of poverty
<input type="checkbox"/> Mental incapacitation; no one to act on patient's behalf	<input type="checkbox"/> Recent personal bankruptcy
<input type="checkbox"/> Receives grant assistance for medical services	<input type="checkbox"/> Illinois Free Lunch & Breakfast Program
<input type="checkbox"/> Medicaid eligibility, but not on date of service or for non-covered service	<input type="checkbox"/> IHDA Rental Housing Program
<input type="checkbox"/> Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership <i>(for example, Central Counties Health Centers, SIU Center for Family Medicine—FQHC Program, Crossing Healthcare)</i>	

PRESUMPTIVE ELIGIBILITY REQUIRED DOCUMENTATION *(information that must be sent with this application)*

Copy of the proof of eligibility for one of the presumptive eligibility programs checked above

FAMILY INCOME

	Patient *	Patient's spouse/ partner	First parent or guardian of minor*	Second parent or guardian of minor
Monthly gross wages or self-employment income				
Monthly unemployment compensation				
Monthly Social Security or Social Security disability				
Monthly veteran's pension				
Monthly veteran's disability				
Monthly private disability				
Monthly workers' compensation				
Monthly retirement income				
Monthly child support/alimony				
Other monthly income (please explain)				

Statement of no income source: I do not receive any income from the sources listed above. The following person pays for my living expenses and I have included a letter from this person stating such: Name _____ Relationship: _____

** In the event that the patient (or parent or guardian) is divorced, list only the income for the patient (or parent or guardian) and include any monthly child support and alimony. In the event of a divorce, provide the required documentation below for only the patient (or parent or guardian).*

FAMILY INCOME REQUIRED DOCUMENTATION *(information that must be sent with this application)*

Submit one of the following:

(A) A copy of the most recent tax return (preferred)

(B) A copy of the most recent W-2 form(s) and 1099 form(s)

(C) Copies of the 2 most recent pay stubs

(D) Written income verification from an employer if paid in cash

(E) Other reasonable forms of third-party income verification deemed acceptable by Memorial Health (eg. Social Security Award letter, benefit statement or court order)

PATIENT ASSET INFORMATION

	Patient	Patient
Checking		Mutual funds
Savings		Automobiles or other vehicles
Stocks		Real property
Certificates of Deposit		Health savings/flexible spending accounts

UNINSURED PATIENT ASSET REQUIRED DOCUMENTATION *(information not required if you have insurance)*

Copies of the two most recent monthly statements for all checking, savings and investment accounts for the patient

FAMILY EXPENSES

Note: Including Family Expenses within this application IS NOT REQUIRED per Memorial's Financial Assistance policy

Monthly housing expenses		Monthly child care expenses	
Monthly utility expenses		Monthly loan expenses	
Monthly food expenses		Monthly medical expenses	
Monthly transportation expenses		Other expenses Please specify:	

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.

Signature of patient or applicant

Date

If you have questions or concerns about the application process, please call Memorial Health's financial counseling department at 217-788-4774 or 800-562-2829.

Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General at 877-305-5145 (TTY: 800-964-3013) or online at www.illinoisattorneygeneral.gov/consumers/healthcare.html.