

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. *See footnote #4* \$ _____

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 | \$_____ | — |
| <i>See footnote #1</i> | | |
| Bad debts | \$_____ | — |
| <i>See footnote #2</i> | | |
| Other Community Benefits | \$_____ | — |
| <i>See footnote #3</i> | | |

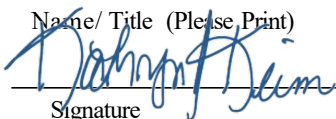
Attach a schedule for any additional community benefits not detailed above.

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)


Signature

Phone: Area Code/ Telephone No.

Date.

Name of Person Completing Form

Phone: Area Code/ Telephone No.

Electronic / Internet Mail Address

FAX: AreaCode/FAXNo.

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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



Macon County

ILLINOIS

Community Health
Implementation Plan

2022
-24



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EXECUTIVE SUMMARY

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

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

- Mental/Behavioral Health (Mental health was approved as a priority across the health system.)
- Economic Disparities
- Access to Health

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

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

1. Broadly support equity-focused, community-based initiatives that support our CHNA priorities.
2. Build partnerships and work groups, as appropriate, to develop action plans around final priority areas, determining the best approach for collective impact.
3. Develop and implement a coordinated approach to improving transportation access for medical needs and discharges.
4. Develop and implement an equity, diversity and inclusion (EDI) structure and strategic plan which addresses disparities and provides meaningful support for patients, colleagues and the community.
5. Invest in pipeline and workforce development programs, with an emphasis on diversifying workplaces.
6. Provide substantial financial and operational support to SIU School of Medicine for the purpose of ensuring their ability to remain in central Illinois as a key part of the healthcare community, as well as to serve as a key EDI collaborator.
7. Support initiatives that determine and address the root cause of violence in the county.

MH Community Health leaders additionally agreed on a health system priority of Mental Health to be addressed in our Community Health Implementation Plans (CHIPs).

The Memorial Health Board of Directors' Community Benefit Committee approved the FY22-24 Community Health Implementation Plan on October 29, 2021. Approval was also received from the Decatur Memorial Hospital board of directors. This report is available online at [memorial.health/about-us/community/community-health-needs-assessment/](https://www.memorial.health/about-us/community/community-health-needs-assessment/) or by contacting MH Community Health at communityhealth@mhsil.com.



INTRODUCTION

MEMORIAL HEALTH

Memorial Health of Springfield, one of the leading healthcare organizations in Illinois, is a community-based, not-for-profit corporation dedicated to our mission to improve lives and strengthen communities through better health. Our highly skilled team has a passion for excellence and is dedicated to providing a great patient experience for every patient every time.

Memorial Health includes five hospitals: Springfield Memorial Hospital in Sangamon County; Decatur Memorial Hospital in Macon County; Lincoln Memorial Hospital in Logan County; Taylorville Memorial Hospital in Christian County; and Jacksonville Memorial Hospital in Morgan County. Memorial Health also includes primary care, home care and behavioral health services. Our more than 9,000 colleagues, partnering physicians and hundreds of volunteers are dedicated to improving the health of the communities we have served since the late nineteenth century.

The Memorial Health Board of Directors' Community Benefit Committee is made up of board members, Community Health leaders, community representatives and senior leadership who approve and oversee all aspects of the MH community benefit programs, CHNAs and CHIPs. Strategy 3 of the MH Strategic Plan is to "build diverse community partnerships for better health" by building trusting relationships with those who have been marginalized, partnering to improve targeted community health inequities and outcomes and partnering to support economic development and growth of our communities. These objectives and strategy are most closely aligned with the MH goal of being a Great Partner, where we grow and sustain partnerships that improve health.

CHNAs are available for each of the counties where our hospitals are located—Christian, Logan, Macon, Morgan and Sangamon counties. These assessments and the accompanying CHIPs can be found at [memorial.health/about-us/community/community-health-needs-assessment/s](https://www.memorial.health/about-us/community/community-health-needs-assessment/s). Final priorities for MH are listed in the graphic below.

FY22-24 Final Priorities

Decatur Memorial Hospital

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

Jacksonville Memorial Hospital

1. Mental Health
2. Obesity
3. Cancers

Lincoln Memorial Hospital

1. Youth Mental Health
2. Obesity
3. Substance Use

Springfield Memorial Hospital

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

Taylorville Memorial Hospital

1. Mental Health
2. Obesity
3. Lung Health

Memorial Health Priority Mental Health



Our Mission

Why we exist:

To improve lives and build stronger communities through better health

Our Vision

What we aspire to be:

To be the health partner of choice



INTRODUCTION TO DECATUR MEMORIAL HOSPITAL

DMH is a 300-bed, not-for-profit hospital that has served the people and communities of Macon County since its founding in 1916. DMH offers a wide range of general and specialized diagnostic, surgical and treatment services, including a Level 2 trauma center and designation by The Joint Commission/American Heart Association as a primary stroke center. DMH is also a leading provider of cancer care, obstetrics and gynecology, radiology, surgical services, wound care, occupational health and rehabilitation, among others.

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 Hospital Association and Vizient.

Decatur Memorial Hospital is committed to providing financial support for its patients and community partners. Since joining Memorial Health, DMH has provided nearly \$20 million toward these efforts.

COVID-19 AND COMMUNITY HEALTH

On the afternoon of Saturday, March 14, 2020, MH leaders gathered with their peers from other local healthcare organizations at a news conference announcing that Springfield Memorial Hospital was treating the first known patient hospitalized with COVID-19 in central Illinois. MH mobilized its Hospital Incident Command System (HICS). Incident Command protocols are intended to provide short-term leadership during a crisis, such as a severe weather event or an accident that brings a rush of injured patients to the hospital. Usually, Incident Command teams are only mobilized for a few hours or days. But the team handling the COVID-19 response quickly became the longest-running Incident Command in Memorial history.

Respiratory clinics sprang up overnight to test and treat patients. Colleagues sidelined by the cancellation of elective procedures were redeployed to new roles. Providers began using telehealth to connect with patients. In April and May, as COVID-19 restrictions began to lift statewide, many restaurants, businesses and churches reopened for the first time since the pandemic began. Community Health colleagues from Memorial Health distributed signs and educational materials organizations could use to encourage mask-wearing, handwashing, social distancing and other infection prevention practices. In partnership with the Office of Equity, Diversity and Inclusion at SIU School of Medicine, MH also distributed more than 2,500 signs to organizations that primarily serve people of color and other marginalized communities. Over 80,000 masks were provided throughout our region to more than 70 partnering organizations.

Our health system and the entire region came together to care for the sick and slow the spread of the virus during an unprecedented and unforgettable year. The impact of the COVID-19 pandemic is hard to overstate in regards to community health, racial disparities and the social determinants of health. As such, and in the wake of the murder of George Floyd, MH committed its support and resources to Equity, Diversity and Inclusion and issued a pledge outlining ways it intended to advance EDI throughout our institution and communities. The pandemic influenced how we conducted our health needs assessments and, more importantly, strengthened our resolve to improve lives and build stronger communities through better health.

Equity, Diversity and Inclusion *Pledge*



- We will use our resources to work toward greater equity within our organization and community.
- We will promote a culture of respect, acceptance and understanding.
- We will examine and challenge the conscious and unconscious biases that create barriers to healthcare—not only outward displays of prejudice, but also the unacknowledged biases that can subconsciously affect our perceptions of people different from ourselves.
- We will create spaces where colleagues feel safe discussing concerns about equity, diversity and inclusion.
- We will listen to and elevate the voices of individuals from underrepresented communities in discussion and decision-making.
- We will expand our Community Benefit programs that increase access to care for people and communities of color, in collaboration with other organizations that share our mission and values.
- We will actively recruit, hire and promote diverse candidates so that our colleagues more accurately reflect the communities we serve.
- We will not tolerate and strongly reject expressions of discrimination or hate speech from anyone who enters our facilities, including patients, visitors and colleagues.

Our Values

Safety

- We put safety first.
- We speak up and take action to create an environment of zero harm.
- We build an inclusive culture where everyone can fully engage.

Integrity

- We are accountable for our attitude, actions and health.
- We honor diverse abilities, beliefs and identities.
- We respect others by being honest and showing compassion.

Quality

- We listen to learn and partner for success.
- We seek continuous improvement while advancing our knowledge.
- We deliver evidence-based care to achieve excellent outcomes.

Stewardship

- We use resources wisely.
- We are responsible for delivering equitable care.
- We work together to coordinate care.



COMMUNITY HEALTH FACTORS

Community health is produced at the intersection of a multitude of contributing societal factors, both historical and current. At times, these factors are the direct result of policies and practices, both current and historical, put in place by the healthcare industry; just as frequently, these factors are the result of larger societal structures of which healthcare is only a part. Three major contributing factors were identified as affecting many of the health indicators across our region and the communities we serve—access to health and healthcare, the social determinants of health and racial inequity and inequality.

ACCESS TO HEALTH AND HEALTHCARE

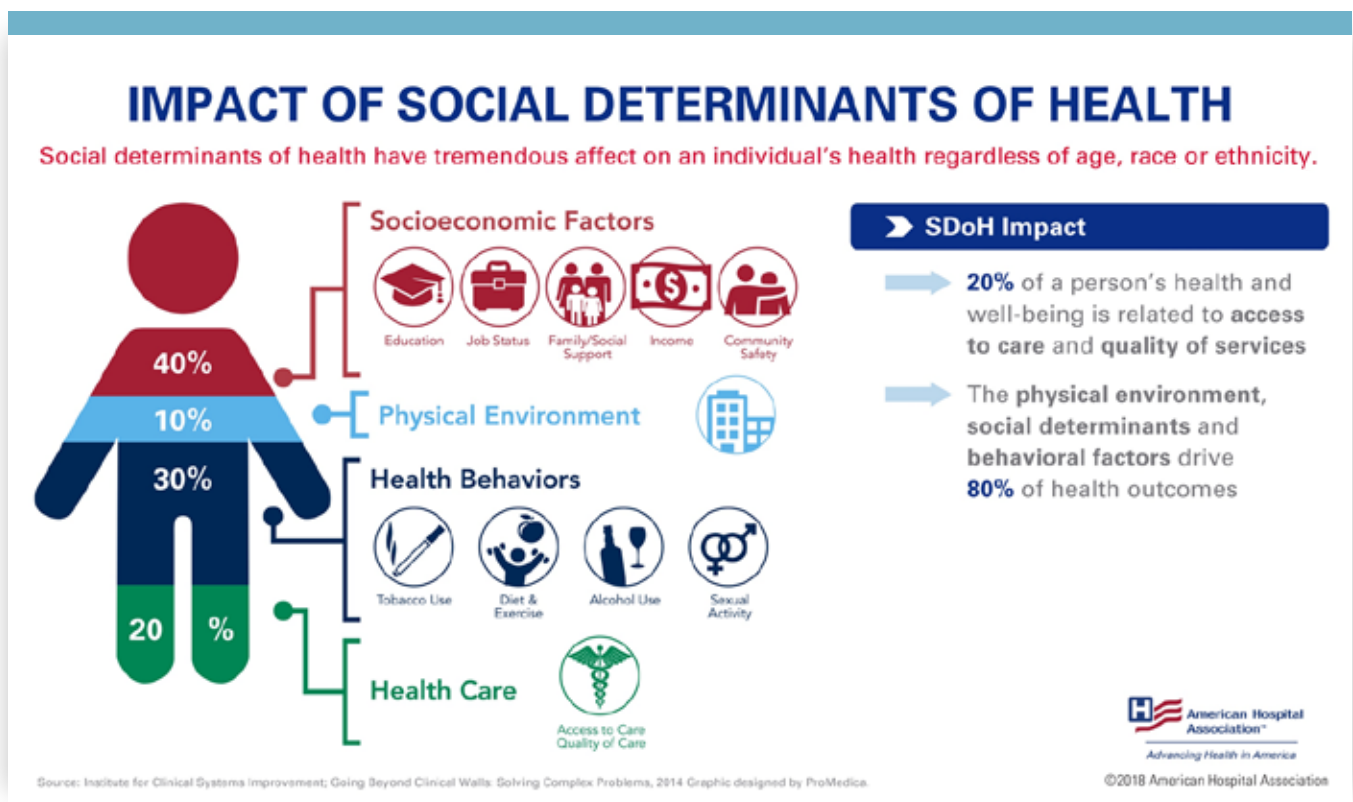
Access to health and healthcare is a multilayered contributing factor including structural, financial and personal components. The presence of facilities, availability of providers, hours of operation and access via public transportation all have a significant impact on access to health and healthcare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

In addition to structure, access to health can be hindered by financial considerations when community members are uninsured, underinsured and/or unable to pay copays and deductibles. While financial considerations are beyond the dedicated control of healthcare providers, institutions can be creative and strategic in utilizing organizational resources to support publicly funded organizations that are working locally to bridge financial barriers.

Personal considerations may include questions of acceptability and general attitude toward seeking certain services, lack of trust with the healthcare industry, concerns over cultural norms being respected, language barriers and the like. While it is a challenge to change attitudes, access can be improved in many ways, such as ensuring that individuals do not face barriers due to language by providing clear guidance on how to access interpreters or ensuring there are supportive services available to meet a person’s spiritual or cultural needs. It can also train colleagues to have high-impact encounters with patients in which individuals feel valued and respected.

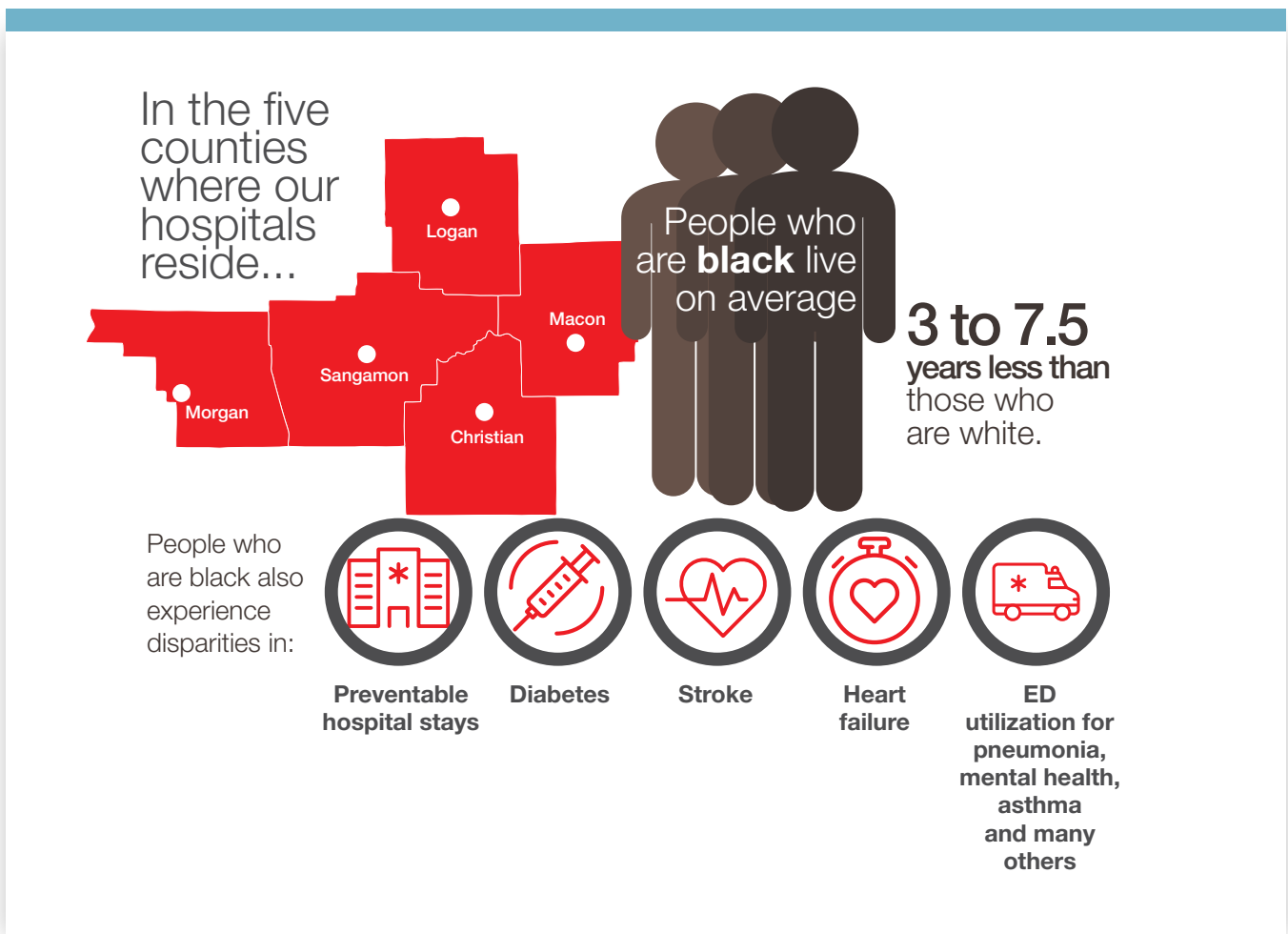
SOCIAL DETERMINANTS OF HEALTH

In addition to access to health and healthcare, another major contributing factor is the social determinants of health. If put into percentages, access to health as described above accounts for 20% of positive health outcomes. The other 80% are determined by socioeconomic factors (40%), physical environment (10%) and health behaviors (30%). Socioeconomic factors and physical environment, which represent 50% of positive health outcomes, can be largely attributed to the zip codes where community members reside. Socioeconomic factors include education, job status, family and social support, income and community safety. Health behaviors can include tobacco and alcohol use, diet and exercise, sexual activity and more. It is important to note that negative individual health behaviors can stem from unmitigated trauma brought on by structural factors like socioeconomic and physical environments. As such, it is critical for healthcare providers to be out in communities partnering with local residents, community leaders, schools and community groups to educate on healthy behaviors, advocate for structural change and to learn how to better serve patient populations.



RACIAL INEQUITY AND INEQUALITY

Racial inequities and inequalities negatively impact the health of minoritized community members. Equality – providing everyone the same thing - is often confused with equity, which refers to providing people what they need when they need it in order to achieve an outcome. As previously noted, the location of one’s community has a profound impact on health outcomes. Through laws, policies and practices, both current and historical, black and brown communities are more likely to have underfunded public schools, fewer opportunities for stable employment, inadequate family incomes and diminished community safety. Within the U.S. context, racial segregation is high and communities of color are congregated in zip codes with lower life expectancy, income and resources. This segregation is evident locally as well, as each county where Memorial Health hospitals are located sees disparities in health outcomes and income across racial lines. These structures and the consequences thereof create a fundamental inequality that delivers inequitable supports.



SECTION I—COMMUNITIES SERVED & DEMOGRAPHICS

GENERAL INFORMATION

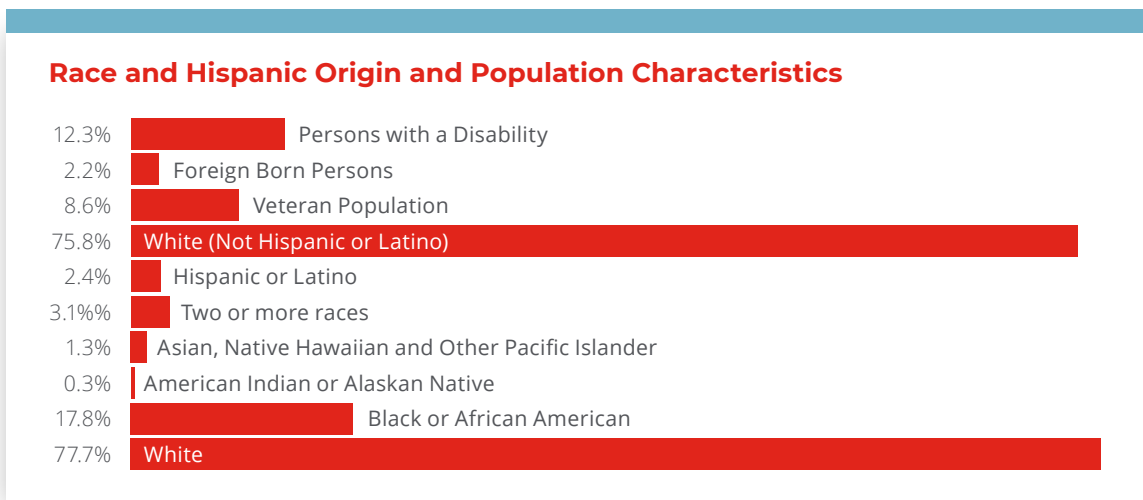
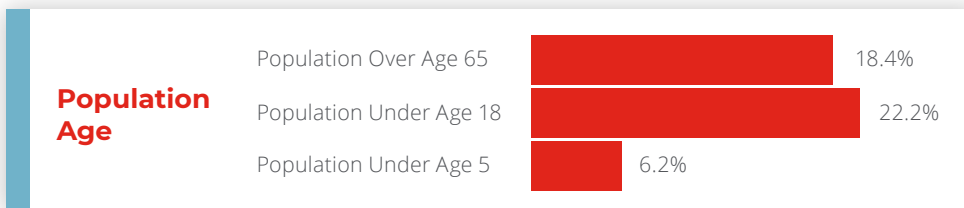
DMH is located in Decatur, Illinois, near the center of the state. Decatur is the county seat. Macon County is home to a diverse set of major industries and a broad-based network of ancillary and supporting businesses. Agriculture companies such as Archer-Daniels-Midland Co., Caterpillar and Tate & Lyle, as well as healthcare and local government, are the major employers in the county. The majority of patients served by DMH come from Decatur and surrounding areas and this is where the hospital focuses most of its community engagement and community health initiatives, due to its population density and resources for collaborative partnerships.

The following statistics, from the U.S. Census Bureau's Quick Facts, came from Healthy Communities Institute. Source: U.S. Census Bureau Quick Facts, last updated in December 2020.



POPULATION

The population of Macon County is 104,009 and the largest urban setting in Macon County is Decatur, with a population of 71,290.





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 that is not available in their own communities. In addition to DMH, other Macon County healthcare resources include:

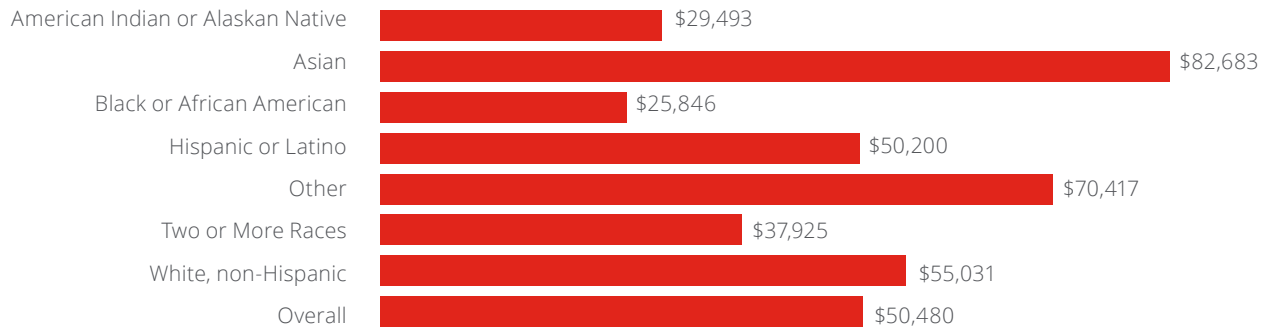
- Crossing Healthcare, FQHC—Federally Qualified Health Center
- Decatur Manor Healthcare
- Decatur VA Clinic
- Heritage Behavioral Health Center
- HSHS St. Mary's Hospital
- Macon County Health Department
- Macon County Mental Health Board
- SIU Decatur Family Medicine



ECONOMICS

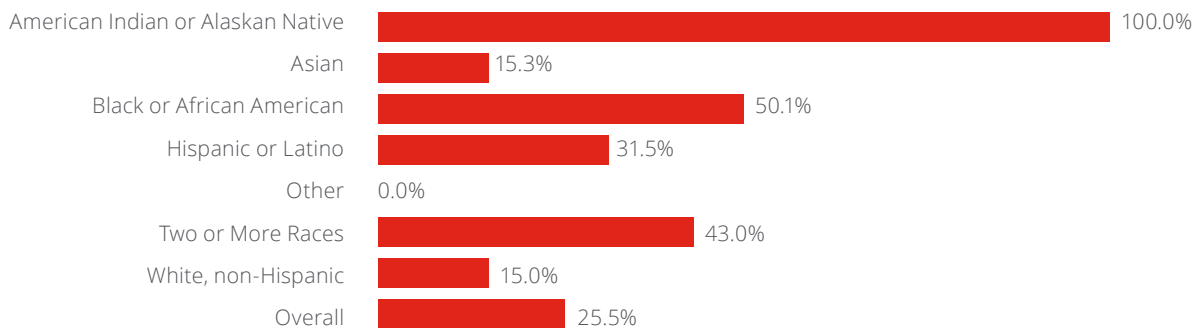
ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by households that earn above the federal poverty line (FPL), but not enough to afford a “bare bones” household budget. In Illinois, 12% of households live below the FPL, and an additional 23% qualify as ALICE. Macon County has 34% of households living below the FPL or qualifying as ALICE.

Median Household Income by Race/Ethnicity County: Macon



Source: American Community Survey (2015–2019)

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



Source: American Community Survey (2015–2019)

EQUITY—RESIDENTIAL SEGREGATION, SOCIAL VULNERABILITY INDEX AND UNDER-RESOURCED ZIP CODES

Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. Although most overt discriminatory policies and practices, such as separate schools or seating on public transportation based on race, have been illegal for decades, segregation caused by structural, institutional and individual racism still exists in many parts of the country. The removal of discriminatory policies and practices has impacted institutional and individual acts of overt racism, but has had little effect on structural racism, like residential segregation, resulting in lingering structural inequalities. Residential segregation is a key determinant of racial differences in socioeconomic mobility and, additionally, can create social and physical risks in residential environments that adversely affect health. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.

Macon County has a residential segregation—Black/white score of 52, as compared to an overall score of 71 in Illinois, with county scores ranging from 19 to 85.

In other words, 52% of either Black or white residents would have to move to different geographic areas in order to produce a desegregated residential distribution.

Natural disasters and infectious disease outbreaks can also pose a threat to a community's health. Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status, or housing type and transportation. The Social Vulnerability Index (SVI) ranks census tracts on 15 social factors, such as unemployment, minority status and disability. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

Macon County's 2018 overall SVI score is 0.5971. A score of 0.5971 indicates a moderate to high level of vulnerability.

Though county vulnerability could be low to moderate, the high level of residential segregation indicates vulnerability likely varies by tract or zip code. The 2021 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. The index is calculated from six indicators, one each from the following topics: poverty, income, unemployment, occupation, education and language. The indicators are weighted to maximize the correlation of the index with premature death rates and preventable hospitalization rates. All zip codes, counties and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need).

In Macon County, the zip codes estimated with the highest socioeconomic need are 62523, 62522 and 62526.

SECTION II – CHNA PROCESS, CRITERIA USED & FINAL PRIORITIES

ASSESSMENT PROCESS

Decatur Memorial Hospital collaborated with HSHS St. Mary’s Hospital (SMD) and the Macon County Health Department (MCHD) to complete the FY21 Community Health Needs Assessment. As part of the CHNA process, an extensive secondary data review was completed. In addition to individual health indicators, the three major contributing factors described earlier in this report – social determinants of health, access to health and racial inequity and inequalities – were identified as playing a key role in outcomes across all of the health indicators. Primary data was gathered through community focus groups, as well as input from the Community Advisory Council. These groups were asked to force-rank community health indicators by highest priority while considering the Criteria for Determining Need. They were also asked to share insight on how these priorities are experienced within the community and what the hospitals might do to address them. Internal Advisory Councils and the Community Health team reviewed and analyzed feedback from the process and recommended final priorities to the Memorial Health Board of Directors Community Benefit Committee for approval. The general process steps illustrated below were used by the Core Team to conduct the CHNA. Members of key participant groups are also listed below.



CORE TEAM MEMBERS

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

- Becky Gabany, Memorial Health, System Director, Community Health
- Lingling Liu, Memorial Health, Coordinator, Community Health & EDI
- Kimberly Luz, HSHS St. Mary’s Hospital, Division Director, Community Outreach
- Marisa Hosier, Macon County Health Department, Director of Health Promotion and Public Relations

INTERNAL ADVISORY COUNCIL (IAC)

(Decatur Memorial Hospital and Springfield Memorial Hospital)

The IAC is responsible for providing strategic direction and insight regarding internal operations and how those initiatives may align with and compliment addressing the health needs of the community. They are also responsible for recommending final priorities for board approval.

- Becky Gabany, Memorial Health (Core Team) System Director, Community Health
- Bob Scott, Memorial Health Senior Vice President & Chief Human Resources Officer
- Chuck Callahan, Memorial Hospital Group President, Springfield Memorial Hospital President & CEO
- Diana Knaebe, Memorial Behavioral Health System Administrator
- Drew Early, Decatur Memorial Hospital President & CEO,



- Florence Holmes, Clinician, Memorial Behavioral Health, Equity, Diversity and Inclusion (EDI) Coalition Development Team (CDT) member, Sangamon County resident
- Harold Armstrong, Computer Operator, Decatur Memorial Hospital, EDI CDT member, Macon County resident
- Jay Roszhart, MH Ambulatory Group President
- Julie Bilbrey, Decatur Memorial Hospital Foundation Executive Director
- Kristi Olson-Sitki, Springfield Memorial Hospital Magnet® Coordinator
- Lance Millburg, Memorial Health System Administrator, Performance Improvement
- Linda Jones, Springfield Memorial Hospital Vice President, Ancillary Operations
- Lingling Liu, Memorial Health (Core Team) Coordinator, Community Health & EDI
- Rajesh Govindaiah, MD, Memorial Health Senior Vice President and Chief Medical Officer
- Robert Ellison, Memorial Health System Administrator, Business Development & Governmental Affairs
- Sharon Norris, Decatur Memorial Hospital Assistant Vice President and Chief Nursing Officer
- Tamar Kutz, Decatur Memorial Hospital Vice President, Quality and Operations

COMMUNITY ADVISORY COUNCIL (CAC) INVITEES

Charter: The CAC of the Macon County 2021 CHNA exists to help DMH review existing data and offer insights into community issues pertaining to that data. The CAC will help identify local community assets and gaps in the priority areas, and will offer a ranking of issues by highest priority.

- Baby TALK*
- Boys and Girls Club of Decatur*
- CHELP: Local Home Care Provider for Seniors
- City of Decatur
- Crossing Healthcare*
- Decatur Community Partnership*
- Decatur Family YMCA*
- Decatur Fire Department
- Decatur Memorial Hospital* (Core Team)
- Decatur Park District
- Decatur Police Department
- Decatur Public Schools*
- Decatur Regional Chamber of Commerce
- Economic Development Corporation of Macon County*
- Good Samaritan Inn*
- Heritage Behavioral Health*
- HSHS St. Mary's Hospital* (Core Team)
- Macon County CASA*
- Macon County Emergency Management
- Macon County Health Department* (Core Team)
- Macon County Mental Health Board
- Macon County Sheriff
- Macon-Piatt Regional Office of Education Community Foundation of Macon County*
- Millikin University
- NAACP*
- Northeast Community Fund*
- Old King's Orchard*
- Richland Community College
- SIU School of Medicine Center for Family Medicine*
- Springfield Clinic
- Tyler Yount Foundation
- United Way of Decatur & Mid-Illinois*
- University of Illinois Extension
- Workforce Investment Solutions

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



COMMUNITY FOCUS GROUPS/INTERVIEWS

Community focus groups/interviews provide deeper insight to the Core Team, CAC and IAC about their personal experiences related to key health indicators.

- Alana Banks: LGBTQ Focus*
- Divine 9 Sororities & Fraternities*
- Good Samaritan Inn*
- Macon County Board: Karl Coleman
- Macon County Community Foundation
- Macon County Continuum of Care*
- Macon County United Way*
- Metro Decatur Black Chamber of Commerce*
- NAACP—Decatur Chapter*
- Terrance Taylor (TAT): EDI Focus*

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

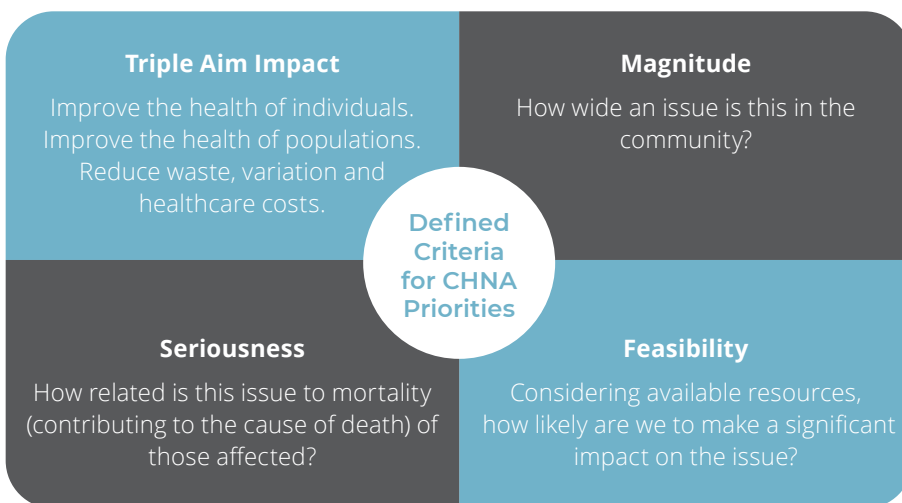
INTERNAL COMMUNITY HEALTH LEADERS

Community Health leaders are colleagues of MH who are responsible for the Community Health programming in their respective communities, as well as completion and execution of the CHNAs and CHIPs for the county in which their hospital resides.

- Memorial Health: Becky Gabany, System Director, Community Health
- Decatur Memorial Hospital: Sonja Chargois, Coordinator, Community Health & EDI (beginning 8/2021)
- Jacksonville Memorial Hospital: Lori Hartz, Director, Community Health
- Lincoln Memorial Hospital: Angie Stoltzenburg, Director, Community Health
- Springfield Memorial Hospital: Lingling Liu, Coordinator, Community Health & EDI
- Taylorville Memorial Hospital: Darin Buttz, Director, Community Health

CRITERIA FOR DETERMINING NEED

The following criteria were used by MH affiliates during the 2015 and 2018 CHNA processes for determining significant need, and were used for the first time for DMH during the 2021 CHNA.





SECTION III—SIGNIFICANT HEALTH NEEDS

SELECTED PRIORITIES

Decatur Memorial Hospital

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

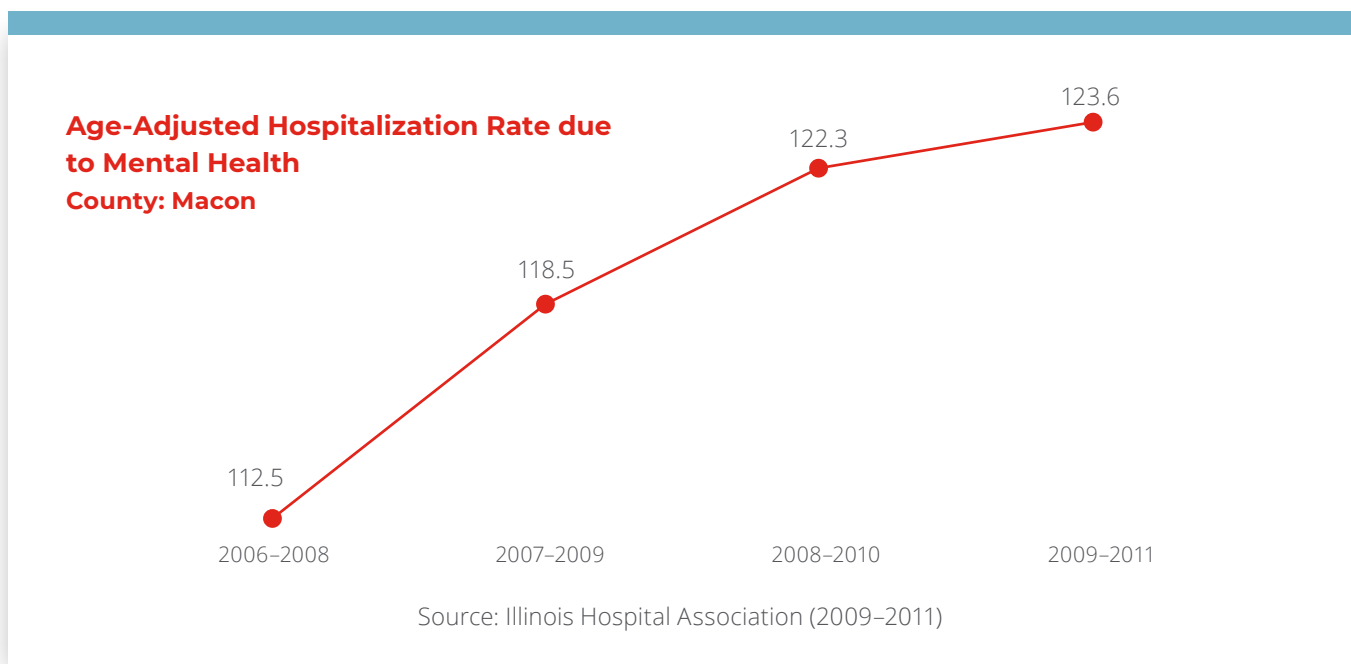
Memorial Health Priority: Mental Health

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

Mental/Behavioral Health

Following disparities in economy and education, access to mental health services was the next highest-ranked health indicator by focus group participants. Many community members also considered gun violence and access to behavioral health services (including substance use) as closely related to this indicator, which, if combined, would result in an even higher score. (It was also noted, in relation to mental health, that there is a need for safe and affordable housing advocacy and education in the community.) The COVID-19 pandemic has had a significant impact on mental health, which was already identified as a top concern pre-pandemic.

Compared to Illinois counties, Macon County has 123.6 hospitalizations due to mental health per 10,000 in populations 18 years and older. This ranks in the worst 25% of Illinois counties.





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

- There is a higher risk for people of color of being affected by the stigma of mental health from employers, the justice system and more.
- There is a lack of culturally competent care, diverse providers and services rendered in the primary language of many community members.
- Providers and the healthcare system are met with skepticism and deemed as untrustworthy.
- Mental health contributes to many of the social determinants of health, but is difficult to prioritize over other needs, such as food and shelter.

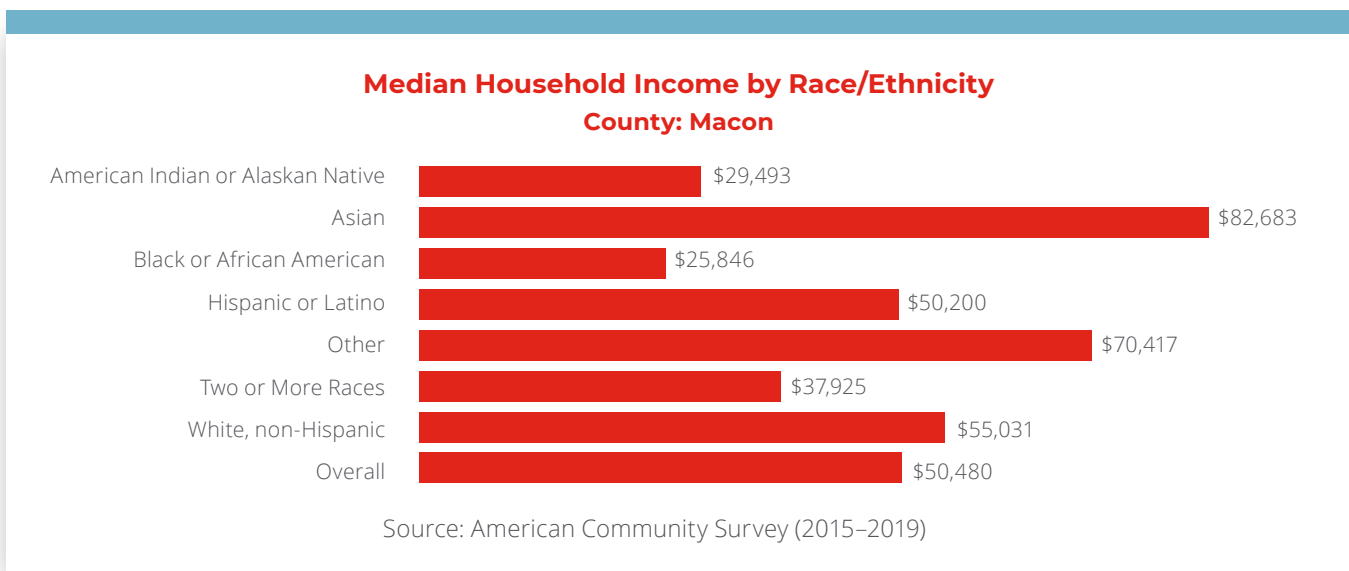
An additional common theme from community focus group/interview feedback is that people are unclear when to seek mental healthcare. Many people rely on their faith leaders to guide them through mental health issues and there was a strong sense of need to equip faith leaders for this role, as well as to help the community understand when mental healthcare is necessary.

Memorial Behavioral Health, a Memorial Health affiliate, is well-positioned to help address these community needs and was considered when assessing our ability to make an impact for this priority.

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

Economic Disparities

This was the highest-ranked priority throughout our community focus groups/interviews. Black or African American households are earning 45% of the income of white households. According to Governing Magazine, Decatur ranks in the worst 10% of the country for severe disparities in white and Black household incomes.





Disparities in economy were strongly related to gun violence and mental health by community members. As one of the largest private employers in the county, we have the potential to make an impact in this area in a tangible way. We recognize that job training, raising awareness and equitable hiring practices must be key components of addressing these disparities. Additionally, significant disparities exist for children, seniors and those who have been disabled. A portion of the feedback from the community focus groups/interviews in Sangamon and Macon counties regarding this priority included the following statements:

- “Disparities in economy are disturbing, but not shocking to us – we’re living it every day.”
- “Young Black men feel like they won’t live past 20 [years old]... we need to build scaffolding under these young men and women before we can even consider job skills training.”
- “This same data goes back for decades...”
- “Why does it take data to validate the experience we’ve been trying to tell you we’re living?”

Access to Health

While access to health can be difficult to define, it arose as a top priority amongst community members. Access to health was not specifically listed as a health indicator; however, it came up frequently among the CAC and community focus groups/interviews. During the 2021 CHNA process, we approached this as a major contributing factor, but did not include it on our list of indicators. However, community members organically indicated the importance of access to health and identified the following as some of the barriers to accessing healthcare:

- Lack of insurance, particularly for families with mixed-immigration status
- Lack of culturally competent, diverse providers and those who speak their primary language
- Transportation
- Housing and safe living conditions, including lack of kitchens, heating and cooling, and landlord accessibility
- Economic stability
- Food insecurity

With existing infrastructure and collaboration around this priority in Sangamon County, we hope to replicate some of those successes in our efforts to increase access to health in Macon County.



PRIORITIES NOT SELECTED

Organizational capacity prohibits DMH from implementing programs to address all significant health needs. DMH chose to focus efforts and resources on a few key issues in order to develop a meaningful CHIP and demonstrated impact that could be replicated with other priorities in the future.

Behavioral Health Services—Substance Use

Access to behavioral health services will be addressed as part of our comprehensive approach to mental/behavioral health. This includes substance use. While this was seen as a community need, it was widely viewed as a result of mental health issues and disparities in economy and was not highly prioritized in our final list.

Child Abuse and Neglect

Prevention of child abuse and neglect is an issue we are willing to support; however, our expertise and infrastructure to do so is limited. DMH is better suited in supporting the work and advocacy of experts already working in this field, such as SMD, rather than selecting this as a priority area of the hospital. Additionally, DMH is not affiliated with the regional children's hospital and, therefore, would not have as much of an impact due to limited patient care interaction with children.

COVID-19/Disaster Preparedness

As a healthcare institution, we will be supporting COVID-19 efforts whether or not it is a final priority by focus group participants. We chose instead to focus our community health efforts on long-term issues impacting the community. This was also the lowest-ranked priority.

Gun Violence

Gun violence was a highly ranked priority by community members and causes significant negative burdens for the Decatur community. Based on community feedback, this was closely linked to other health indicators, such as disparities in economy and mental health and will be addressed through those priorities.

Safe and Affordable Housing

Affordable housing is a health indicator for which healthcare professionals are not the experts or thought leaders. Recognizing that, and considering the defined criteria for CHNA priorities, we cannot make a meaningful impact in this area at this time. We will, however, consider advocacy and education around this issue as part of our mental health strategy.

Unmanaged Chronic Conditions (Including Food Insecurity)

Unmanaged chronic conditions and food insecurity are being addressed by many existing programs and organizations. Food insecurity became a top priority early in the pandemic, and has been heavily supported. While the need is great, we anticipate partnering with the leaders in this work and addressing other chronic conditions as we prioritize access to health.

Other Health Indicators

Additional health indicators are in need of being addressed in our community; however, they were not ranked highly by the CAC and, therefore, have not been prioritized for our CHIP. These indicators include cancer, obesity, senior health, diabetes and suicide. Strategies to address these and other unselected priorities may be present in our final CHIP, as they relate to the final health priorities.



SECTION IV – CHIP DEVELOPMENT

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

Community Input

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

Internal Input

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

Strategic Plans and Commitments

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

Complexity and Intersectionality

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



SECTION V—GOALS, STRATEGIES & POTENTIAL PROGRAMS

GOALS

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

Mental/Behavioral Health

- To meet the mental and behavioral health needs of the community, with a focus on the needs of those who are marginalized and/or unable to access mental healthcare.

Economic Disparities

- To invest in economic development, advocate for policy/process changes and provide equitable opportunity for those who have been impacted by the economic disparities present in the community.

Access to Health

- To increase access to health by addressing the social determinants of health.

System Priority: Mental Health

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

STRATEGIES

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

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

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

1. Broadly support equity-focused, community-based initiatives that support our CHNA priorities.
2. Build partnerships and work groups, as appropriate, to develop action plans around final priority areas, determining the best approach for collective impact.
3. Develop and implement a coordinated approach to improving transportation access for medical needs and discharges.
4. Develop and implement an equity, diversity and inclusion structure and strategic plan which addresses disparities and provides meaningful support for patients, colleagues and the community.
5. Invest in pipeline and workforce development programs, with an emphasis on diversifying workplaces.
6. Provide substantial financial and operational support to SIU School of Medicine for the purpose of ensuring their ability to remain in central Illinois as a key part of the healthcare community, as well as to serve as a key EDI collaborator.
7. Support initiatives that determine and address the root cause of violence in the county.

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



STRATEGY TEMPLATES WITH POTENTIAL PROGRAMS

System Priority: MENTAL HEALTH

| | | |
|---|--|--|
| STRATEGY | Take a regional, collective-impact approach to selected interventions related to improving mental wellness in counties where Memorial Health hospitals reside. | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • Awareness Campaign • Trauma-Informed Care training • Memorial Behavioral Health Community Committee participation • Emergency Department hand offs for Substance Use Disorder treatment | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Decreased stigma around mental wellness and seeking care. • Increased community residents seeking mental healthcare. • Community partners approaching their work in a trauma-informed way. • Increased connection to Substance Use Disorder treatment. • Improved collaboration and greater impact between Memorial Behavioral Health and MH hospitals. | |
| HOSPITAL RESOURCES | <input checked="" type="checkbox"/> Colleague Time <input checked="" type="checkbox"/> Marketing <input checked="" type="checkbox"/> Financial Support <input checked="" type="checkbox"/> Printing/Supplies | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform <input checked="" type="checkbox"/> Consultant/Expert <input checked="" type="checkbox"/> Other Support |
| COMMUNITY PARTNERS | Memorial Behavioral Health, others as appropriate | |
| AREA(S) OF IMPACT Social Determinants of Health | <input checked="" type="checkbox"/> Healthy Behaviors <input type="checkbox"/> Social/Economic Factors | <input checked="" type="checkbox"/> Clinical Care <input type="checkbox"/> Physical Environment |
| TARGETED PRIORITY(IES) | <input checked="" type="checkbox"/> Mental Health | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Many people of marginalized identities expressed barriers to seeking and accessing mental healthcare during the CHNA process. These needs will be centered in our interventions. | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Awareness campaign developed and implemented. • Number of organizations reached through campaign. • Usage data from 988 hotline. • Trauma-Informed Care training options evaluated, plan developed and executed. • Number of participants. • Tracked metrics from participants. • Number of meetings Community Health leaders attend on MBH Community Committee. • Reduced readmissions to EDs for SUD. • Impacts reported from work on MBH Community Committee. | |



Community Initiatives

| | | |
|---|--|--|
| STRATEGY | Broadly support equity-focused, community-based initiatives that support our CHNA priorities. | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • BabyTalk Funding • YMCA Health Outreach • EDI Trainings with Community Foundation of Macon County • Food Insecurity Programs | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Resources provided for what the community needs, as requested by those already doing the work. • Partnership and collaboration increased between organizations and residents. • Valued assets maintained that promote community building. • Innovation around supporting the Social Determinants of Health and increasing equity. | |
| HOSPITAL RESOURCES | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Colleague Time <input checked="" type="checkbox"/> Marketing <input checked="" type="checkbox"/> Financial Support <input checked="" type="checkbox"/> Printing/Supplies | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Meeting Space/Virtual Platform <input checked="" type="checkbox"/> Consultant/Expert <input checked="" type="checkbox"/> Other Support |
| COMMUNITY PARTNERS | BabyTalk, SIMP, Inc., The Community Foundation of Macon County, SistaGirl and Friends, Northeast Community Fund and more | |
| AREA(S) OF IMPACT Social Determinants of Health | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Healthy Behaviors <input checked="" type="checkbox"/> Social/Economic Factors | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Clinical Care <input checked="" type="checkbox"/> Physical Environment |
| TARGETED PRIORITY(IES) | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Mental/Behavioral Health <input checked="" type="checkbox"/> Access to Health | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Economic Desparities |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Numerous disparities and inequities were identified during the CHNA process in every indicator. This strategy centers anti-racist partnerships and collaborations to address the most pressing issues in mostly under-resourced geographic locations. | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Number of persons served. • BabyTalk support maintained. • Frequency and number of families fed through programs. • Number of new partnerships and interventions implemented. | |



Build Partnerships

| | | | | | | | | | |
|---|--|--|--|---|--|---|---|---|--|
| STRATEGY | Build partnerships and work groups to develop action plans around final priority areas to determine best approach for collective impact. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> Community Level Work Groups | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> Increased, stronger and effective community partnerships. Positive outcomes related to priority areas. Action plans and interventions made available to stakeholders. Efficient use of limited resources. Trust built between the residents and the medical community. | | | | | | | | |
| HOSPITAL RESOURCES | <table border="0"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input checked="" type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input checked="" type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | <input checked="" type="checkbox"/> Marketing | <input checked="" type="checkbox"/> Consultant/Expert | <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | <input checked="" type="checkbox"/> Printing/Supplies | |
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| <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 | All who desire to be involved, center equity, have lived experience and/or have applicable connection to priority areas. | | | | | | | | |
| AREA(S) OF IMPACT Social Determinants of Health | <table border="0"> <tr> <td><input checked="" type="checkbox"/> Healthy Behaviors</td> <td><input checked="" type="checkbox"/> Clinical Care</td> </tr> <tr> <td><input checked="" type="checkbox"/> Social/Economic Factors</td> <td><input checked="" type="checkbox"/> Physical Environment</td> </tr> </table> | <input checked="" type="checkbox"/> Healthy Behaviors | <input checked="" type="checkbox"/> Clinical Care | <input checked="" type="checkbox"/> Social/Economic Factors | <input checked="" type="checkbox"/> Physical Environment | | | | |
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| <input checked="" type="checkbox"/> Mental/Behavioral Health | <input checked="" type="checkbox"/> Economic Disparities | | | | | | | | |
| <input checked="" type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Inequities were identified in each priority area. Work groups will focus on disparities as part of their action planning. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> Potential members of work groups identified. Work group formed. Charter established. Metrics to track determined. | | | | | | | | |



Transportation

| | | | | | | | | | |
|---|---|--|--|--|--|---|---|---|--|
| STRATEGY | Develop and implement a coordinated approach to improving transportation access for medical needs and discharges. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • Legal and Patient Experience work group for comprehensive approach | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Improved patient experience. • Decrease in inappropriate billing to indigent patients for transportation services. • Improved ability to access medical care and be discharged, when appropriate. • Improved health outcomes over time. • Increased availability of beds in the hospital setting. | | | | | | | | |
| HOSPITAL RESOURCES | <table border="0"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input checked="" type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | <input type="checkbox"/> Marketing | <input checked="" type="checkbox"/> Consultant/Expert | <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | <input checked="" type="checkbox"/> Printing/Supplies | |
| <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | | | | | | | | |
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| <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | | | | | | | | |
| <input checked="" type="checkbox"/> Printing/Supplies | | | | | | | | | |
| COMMUNITY PARTNERS | Internal MH work group, vendors to be determined. | | | | | | | | |
| AREA(S) OF IMPACT Social Determinants of Health | <table border="0"> <tr> <td><input type="checkbox"/> Healthy Behaviors</td> <td><input checked="" type="checkbox"/> Clinical Care</td> </tr> <tr> <td><input type="checkbox"/> Social/Economic Factors</td> <td><input checked="" type="checkbox"/> Physical Environment</td> </tr> </table> | <input type="checkbox"/> Healthy Behaviors | <input checked="" type="checkbox"/> Clinical Care | <input type="checkbox"/> Social/Economic Factors | <input checked="" type="checkbox"/> Physical Environment | | | | |
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| <input checked="" type="checkbox"/> Mental/Behavioral Health | <input checked="" type="checkbox"/> Economic Desparities | | | | | | | | |
| <input checked="" type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Persons affected by poverty have decreased access to transportation. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Internal MH work group formed. • Scope of project and intervention needs determined. • Comprehensive plan developed and executed. • Vendors selected, as appropriate. • Persons served. • Cost of programming and/or vendors. | | | | | | | | |



Internal Equity, Diversity and Inclusion

| | | | | | | | | | |
|---|--|--|--|---|---|---|---|---|--|
| STRATEGY | Develop and implement an Equity, Diversity and Inclusion structure and strategic plan which addresses disparities and provides meaningful support for patients, colleagues and the community. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • EDI Strategic Planning • EDI Community Collaborative | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Increased diversity and inclusion among MH workforce. • Improved patient outcomes. • Stronger relationships between MH and the communities we serve. • Culturally appropriate services, resources and interventions provided to the community. | | | | | | | | |
| HOSPITAL RESOURCES | <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input checked="" type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input checked="" type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | <input checked="" type="checkbox"/> Marketing | <input checked="" type="checkbox"/> Consultant/Expert | <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | <input checked="" type="checkbox"/> Printing/Supplies | |
| <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | | | | | | | | |
| <input checked="" type="checkbox"/> Marketing | <input checked="" type="checkbox"/> Consultant/Expert | | | | | | | | |
| <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | | | | | | | | |
| <input checked="" type="checkbox"/> Printing/Supplies | | | | | | | | | |
| COMMUNITY PARTNERS | Korn Ferry, MH Coalition Development Team (CDT), various community organizations who participated in the CHNA process and are serving marginalized members of the community. | | | | | | | | |
| AREA(S) OF IMPACT Social Determinants of Health | <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Healthy Behaviors</td> <td><input checked="" type="checkbox"/> Clinical Care</td> </tr> <tr> <td><input checked="" type="checkbox"/> Social/Economic Factors</td> <td><input type="checkbox"/> Physical Environment</td> </tr> </table> | <input type="checkbox"/> Healthy Behaviors | <input checked="" type="checkbox"/> Clinical Care | <input checked="" type="checkbox"/> Social/Economic Factors | <input type="checkbox"/> Physical Environment | | | | |
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| <input checked="" type="checkbox"/> Mental/Behavioral Health | <input checked="" type="checkbox"/> Economic Desparities | | | | | | | | |
| <input checked="" type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Numerous disparities and inequities were identified during the CHNA process in every indicator. This strategy centers anti-racist partnerships and collaborations to address the most pressing issues in mostly under-resourced geographic locations. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Comprehensive gap analysis completed. • Strategic plan developed with recommended strategies in implementation. • Metrics tracked related to diverse identities. • Continued commitment of resources to EDI work. • Annual report provided on progress and barriers. • Patient experience and colleague survey scores (stratified). | | | | | | | | |



| Pipeline Programs | | | | | | | | | |
|--|--|--|--|---|---|---|---|---|--|
| STRATEGY | Invest in pipeline and workforce development programs, with an emphasis on diversifying workplaces. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • Youth/Student Healthcare Careers Program with schools • Mt. Zion CEO Program | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Increased diversity among colleagues at DMH. • Increased diversity among medical professionals. • Improved economic opportunities for those who are marginalized. • Reduction in gap between black and white median household incomes over time. • Strengthened partnerships between DMH and community organizations. | | | | | | | | |
| HOSPITAL RESOURCES | <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input checked="" type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input checked="" type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | <input checked="" type="checkbox"/> Marketing | <input checked="" type="checkbox"/> Consultant/Expert | <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | <input checked="" type="checkbox"/> Printing/Supplies | |
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| <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | | | | | | | | |
| <input checked="" type="checkbox"/> Printing/Supplies | | | | | | | | | |
| COMMUNITY PARTNERS | Public Schools, Dawson Civic Leadership Academy, Richland Community College, Mt. Zion CEO Program, SIMP Inc. | | | | | | | | |
| AREA(S) OF IMPACT <small>Social Determinants of Health</small> | <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Healthy Behaviors</td> <td><input type="checkbox"/> Clinical Care</td> </tr> <tr> <td><input checked="" type="checkbox"/> Social/Economic Factors</td> <td><input type="checkbox"/> Physical Environment</td> </tr> </table> | <input type="checkbox"/> Healthy Behaviors | <input type="checkbox"/> Clinical Care | <input checked="" type="checkbox"/> Social/Economic Factors | <input type="checkbox"/> Physical Environment | | | | |
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| <input type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) <small>If applicable, how are they being addressed?</small> | Decatur, located in Macon County, is in the worst 10th percentile for disparities between black and white median household incomes in the country. Additionally, county economic disparities exist for those who are disabled, elderly and are in single-parent households. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Healthcare professionals pipeline program developed with schools. • Number of students participating in Mt. Zion CEO program. • Consistent collaborative meetings established with key stakeholders. • Nursing program at Richland Community College expanded. | | | | | | | | |



SIU Support

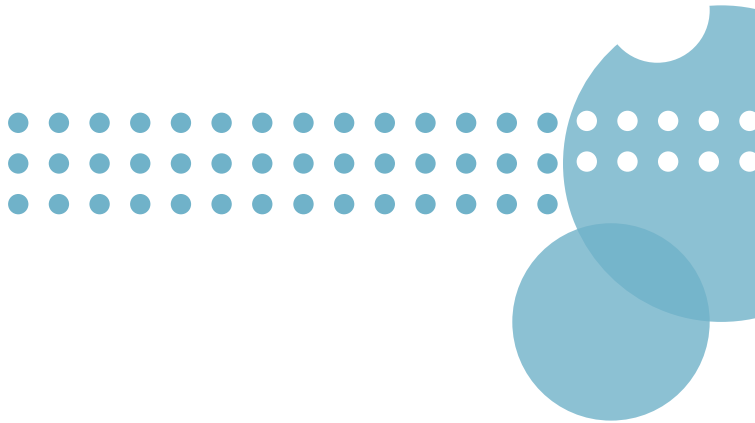
| | | | | | | | | | |
|---|--|--|--|---|---|---|---|---|--|
| STRATEGY | Provide substantial financial and operational support to SIU School of Medicine for the purpose of ensuring their ability to remain in central Illinois as a key part of the healthcare community, as well as to serve as a key EDI collaborator. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • SIU Block Grant Funding • SIU Electronic Health Record | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Maintained SIU Center for Family Medicine FQHC. • Improved equity in healthcare outcomes. • Increased access to care for the communities we serve. • Ability and opportunities to train local residents as physicians. • Retain healthcare personnel needed in our region. | | | | | | | | |
| HOSPITAL RESOURCES | <table border="0"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input checked="" type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input checked="" type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | <input checked="" type="checkbox"/> Marketing | <input checked="" type="checkbox"/> Consultant/Expert | <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | <input checked="" type="checkbox"/> Printing/Supplies | |
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| <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | | | | | | | | |
| <input checked="" type="checkbox"/> Printing/Supplies | | | | | | | | | |
| COMMUNITY PARTNERS | SIU School of Medicine | | | | | | | | |
| AREA(S) OF IMPACT Social Determinants of Health | <table border="0"> <tr> <td><input checked="" type="checkbox"/> Healthy Behaviors</td> <td><input type="checkbox"/> Clinical Care</td> </tr> <tr> <td><input checked="" type="checkbox"/> Social/Economic Factors</td> <td><input type="checkbox"/> Physical Environment</td> </tr> </table> | <input checked="" type="checkbox"/> Healthy Behaviors | <input type="checkbox"/> Clinical Care | <input checked="" type="checkbox"/> Social/Economic Factors | <input type="checkbox"/> Physical Environment | | | | |
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| TARGETED PRIORITY(IES) | <table border="0"> <tr> <td><input checked="" type="checkbox"/> Mental/Behavioral Health</td> <td><input checked="" type="checkbox"/> Economic Desparities</td> </tr> <tr> <td><input checked="" type="checkbox"/> Access to Health</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Mental/Behavioral Health | <input checked="" type="checkbox"/> Economic Desparities | <input checked="" type="checkbox"/> Access to Health | | | | | |
| <input checked="" type="checkbox"/> Mental/Behavioral Health | <input checked="" type="checkbox"/> Economic Desparities | | | | | | | | |
| <input checked="" type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | SIU is closely aligned with our intentions to promote equity, diversity and inclusion and serve as a key partner in advancing this work. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Total financial contribution for general support. • Total financial contribution for EHR. • Number of Medicaid, under/uninsured patients served. | | | | | | | | |



| Violence Prevention | | | | | | | | | |
|---|--|--|--|--|--|---|---|---|--|
| STRATEGY | Support initiatives that determine and address the root cause of gun violence in the county. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • SIMP Inc. Violence Prevention Program • Root Cause Analysis for Gun Violence | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Decrease in reported violent crimes. • Decrease in injuries caused by violence. • Increased safety in the community. • Improved mental wellness. | | | | | | | | |
| HOSPITAL RESOURCES | <table border="0"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input checked="" type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input checked="" type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | <input checked="" type="checkbox"/> Marketing | <input checked="" type="checkbox"/> Consultant/Expert | <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | <input checked="" type="checkbox"/> Printing/Supplies | |
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| <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | | | | | | | | |
| <input checked="" type="checkbox"/> Printing/Supplies | | | | | | | | | |
| COMMUNITY PARTNERS | SIMP Inc., HSHS St. John's, Macon County Health Department, SistaGirl and Friends, Law Enforcement and others | | | | | | | | |
| AREA(S) OF IMPACT Social Determinants of Health | <table border="0"> <tr> <td><input type="checkbox"/> Healthy Behaviors</td> <td><input checked="" type="checkbox"/> Clinical Care</td> </tr> <tr> <td><input type="checkbox"/> Social/Economic Factors</td> <td><input checked="" type="checkbox"/> Physical Environment</td> </tr> </table> | <input type="checkbox"/> Healthy Behaviors | <input checked="" type="checkbox"/> Clinical Care | <input type="checkbox"/> Social/Economic Factors | <input checked="" type="checkbox"/> Physical Environment | | | | |
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| <input checked="" type="checkbox"/> Mental/Behavioral Health | <input type="checkbox"/> Economic Desparities | | | | | | | | |
| <input checked="" type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Violent crime has a negatively disparate impact on communities of color, and those who have not been engaged economically, contributing negatively to the mental well-being of the community. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Root-cause analysis completed for gun violence. • Work group formed. • Violence prevention program supported. • Persons served through programming. • Metrics tracked for specific programs. • Change in number of puncture wounds presenting at DMH Emergency Department. • Violent crime statistics for Decatur/Macon County. | | | | | | | | |

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

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





 Decatur
Memorial
Hospital



Sangamon County

ILLINOIS

Community Health
Implementation Plan

2022
-24



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EXECUTIVE SUMMARY

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

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

- Mental/Behavioral Health (Mental health was approved as a priority across the health system.)
- Economic Disparities
- Access to Health

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

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

1. Broadly support equity-focused, community-based initiatives that support our CHNA priorities.
2. Develop and implement a coordinated approach to improving transportation access for medical needs and discharges.
3. Develop and implement an equity, diversity and inclusion (EDI) structure and strategic plan which addresses disparities and provides meaningful support for patients, colleagues and the community.
4. Invest in pipeline and workforce development programs, with an emphasis on diversifying workplaces.
5. Provide substantial financial and operational support to SIU School of Medicine for the purpose of ensuring their ability to remain in central Illinois as a key part of the healthcare community, as well as to serve as a key EDI collaborator.
6. Support and invest in economic and community development on the east side of Springfield, as led by leaders from within the east side community.
7. Support community health worker (CHW) programs to increase residents' opportunities to access resources that address the social determinants of health.
8. Support planning and "housing-first" efforts to address homelessness in order to stabilize individuals needing care for mental wellness.

The Memorial Health Board of Directors Community Benefit Committee approved the FY22-24 Community Health Implementation Plan on Oct. 29, 2021. Approval was also received from the Springfield Memorial Hospital board of directors. This report is available online at [memorial.health/about-us/community/community-health-needs-assessment/](https://www.memorial.health/about-us/community/community-health-needs-assessment/) or by contacting MH Community Health at communityhealth@mhsil.com.



INTRODUCTION

MEMORIAL HEALTH

Memorial Health of Springfield, one of the leading healthcare organizations in Illinois, is a community-based, not-for-profit corporation dedicated to our mission to improve lives and strengthen communities through better health. Our highly skilled team has a passion for excellence and is dedicated to providing a great patient experience for every patient every time.

Memorial Health includes five hospitals: Springfield Memorial Hospital in Sangamon County; Decatur Memorial Hospital in Macon County; Lincoln Memorial Hospital in Logan County; Taylorville Memorial Hospital in Christian County; and Jacksonville Memorial Hospital in Morgan County. Memorial Health also includes primary care, home care and behavioral health services. Our more than 9,000 colleagues, partnering physicians and hundreds of volunteers are dedicated to improving the health of the communities we have served since the late nineteenth century.

The Memorial Health Board of Directors' Community Benefit Committee is made up of board members, Community Health leaders, community representatives and senior leadership who approve and oversee all aspects of the MH community benefit programs, CHNAs and CHIPs. Strategy 3 of the MH Strategic Plan is to "build diverse community partnerships for better health" by building trusting relationships with those who have been marginalized, partnering to improve targeted community health inequities and outcomes and partnering to support economic development and growth of our communities. These objectives and strategy are most closely aligned with the MH goal of being a Great Partner, where we grow and sustain partnerships that improve health.

CHNAs are available for each of the counties where our hospitals are located—Christian, Logan, Macon, Morgan and Sangamon counties. These assessments and the accompanying CHIPs can be found at [memorial.health/about-us/community/community-health-needs-assessment/](https://www.memorial.health/about-us/community/community-health-needs-assessment/). Final priorities for MH are listed in the graphic below.

FY22-24 Final Priorities

Decatur Memorial Hospital

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

Jacksonville Memorial Hospital

1. Mental Health
2. Obesity
3. Cancers

Lincoln Memorial Hospital

1. Youth Mental Health
2. Obesity
3. Substance Use

Springfield Memorial Hospital

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

Taylorville Memorial Hospital

1. Mental Health
2. Obesity
3. Lung Health

Memorial Health Priority Mental Health



Our Mission

Why we exist:

To improve lives and build stronger communities through better health

Our Vision

What we aspire to be:

To be the health partner of choice



INTRODUCTION TO 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 2020, the hospital earned its fourth consecutive Magnet® Hospital Designation by the American Nurses Credentialing Center. The hospital is accredited by The Joint Commission and is a member of the American Hospital Association, the Illinois Hospital Association and Vizient.

SMH services include the Southern Illinois Level 1 Trauma Center, Memorial Heart Care, Memorial Therapy Care, Family Maternity Suites, Regional Cancer Center, Regional Burn Center, Orthopedic Services, Memorial Wellness Center and Memorial Transplant Care. Springfield Memorial Hospital is a Joint Commission-designated Comprehensive Stroke Center and maintains a TeleStroke network with other hospitals in the region whereby patients presenting with stroke symptoms can be diagnosed and triaged at their local hospital.

As a nonprofit community hospital, Springfield Memorial Hospital provides millions of dollars in community support each year, both for its patients and in support of community partnerships. During the past three years, SMH community benefit support has totaled more than \$292 million.

COVID-19 AND COMMUNITY HEALTH

On the afternoon of Saturday, March 14, 2020, MH leaders gathered with their peers from other local healthcare organizations at a news conference announcing that Springfield Memorial Hospital was treating the first known patient hospitalized with COVID-19 in central Illinois. MH mobilized its Hospital Incident Command System (HICS). Incident Command protocols are intended to provide short-term leadership during a crisis, such as a severe weather event or an accident that brings a rush of injured patients to the hospital. Usually, Incident Command teams are only mobilized for a few hours or days. But the team handling the COVID-19 response quickly became the longest-running Incident Command in Memorial history.

Respiratory clinics sprang up overnight to test and treat patients. Colleagues sidelined by the cancellation of elective procedures were redeployed to new roles. Providers began using telehealth to connect with patients. In April and May, as COVID-19 restrictions began to lift statewide, many restaurants, businesses and churches reopened for the first time since the pandemic began. Community Health colleagues from Memorial Health distributed signs and educational materials organizations could use to encourage mask-wearing, handwashing, social distancing and other infection prevention practices. In partnership with the Office of Equity, Diversity and Inclusion at SIU School of Medicine, MH also distributed more than 2,500 signs to organizations that primarily serve people of color and other marginalized communities. Over 80,000 masks were provided throughout our region to more than 70 partnering organizations.

Our health system and the entire region came together to care for the sick and slow the spread of the virus during an unprecedented and unforgettable year. The impact of the COVID-19 pandemic is hard to overstate in regards to community health, racial disparities and the social determinants of health. As such, and in the wake of the murder of George Floyd, MH committed its support and resources to Equity, Diversity and Inclusion (EDI) and issued a pledge outlining ways it intended to advance EDI throughout our institution and communities. The pandemic influenced how we conducted our health needs assessments and, more importantly, strengthened our resolve to improve lives and build stronger communities through better health.

Equity, Diversity and Inclusion *Pledge*



- We will use our resources to work toward greater equity within our organization and community.
- We will promote a culture of respect, acceptance and understanding.
- We will examine and challenge the conscious and unconscious biases that create barriers to healthcare—not only outward displays of prejudice, but also the unacknowledged biases that can subconsciously affect our perceptions of people different from ourselves.
- We will create spaces where colleagues feel safe discussing concerns about equity, diversity and inclusion.
- We will listen to and elevate the voices of individuals from underrepresented communities in discussion and decision-making.
- We will expand our Community Benefit programs that increase access to care for people and communities of color, in collaboration with other organizations that share our mission and values.
- We will actively recruit, hire and promote diverse candidates so that our colleagues more accurately reflect the communities we serve.
- We will not tolerate and strongly reject expressions of discrimination or hate speech from anyone who enters our facilities, including patients, visitors and colleagues.

Our Values

Safety

- We put safety first.
- We speak up and take action to create an environment of zero harm.
- We build an inclusive culture where everyone can fully engage.

Integrity

- We are accountable for our attitude, actions and health.
- We honor diverse abilities, beliefs and identities.
- We respect others by being honest and showing compassion.

Quality

- We listen to learn and partner for success.
- We seek continuous improvement while advancing our knowledge.
- We deliver evidence-based care to achieve excellent outcomes.

Stewardship

- We use resources wisely.
- We are responsible for delivering equitable care.
- We work together to coordinate care.



COMMUNITY HEALTH FACTORS

Community health is produced at the intersection of a multitude of contributing societal factors, both historical and current. At times, these factors are the direct result of policies and practices, both current and historical, put in place by the healthcare industry; just as frequently, these factors are the result of larger societal structures of which healthcare is only a part. Three major contributing factors were identified as affecting many of the health indicators across our region and the communities we serve—access to health and healthcare, the social determinants of health and racial inequity and inequality.

ACCESS TO HEALTH AND HEALTHCARE

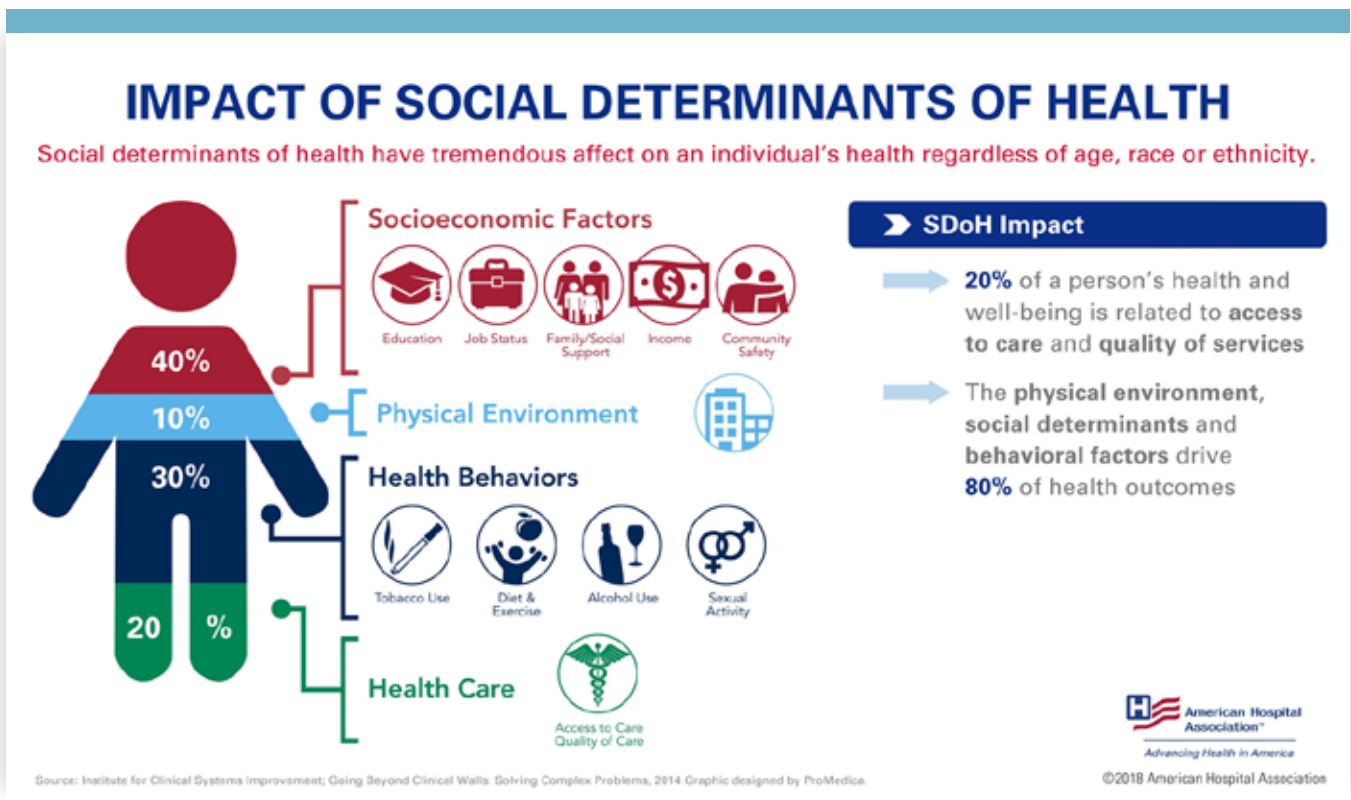
Access to health and healthcare is a multilayered contributing factor including structural, financial and personal components. The presence of facilities, availability of providers, hours of operation and access via public transportation all have a significant impact on access to health and healthcare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

In addition to structure, access to health can be hindered by financial considerations when community members are uninsured, underinsured and/or unable to pay copays and deductibles. While financial considerations are beyond the dedicated control of healthcare providers, institutions can be creative and strategic in utilizing organizational resources to support publicly funded organizations that are working locally to bridge financial barriers.

Personal considerations may include questions of acceptability and general attitude toward seeking certain services, lack of trust with the healthcare industry, concerns over cultural norms being respected, language barriers and the like. While it is a challenge to change attitudes, access can be improved in many ways, such as ensuring that individuals do not face barriers due to language by providing clear guidance on how to access interpreters or ensuring there are supportive services available to meet a person’s spiritual or cultural needs. It can also train colleagues to have high-impact encounters with patients in which individuals feel valued and respected.

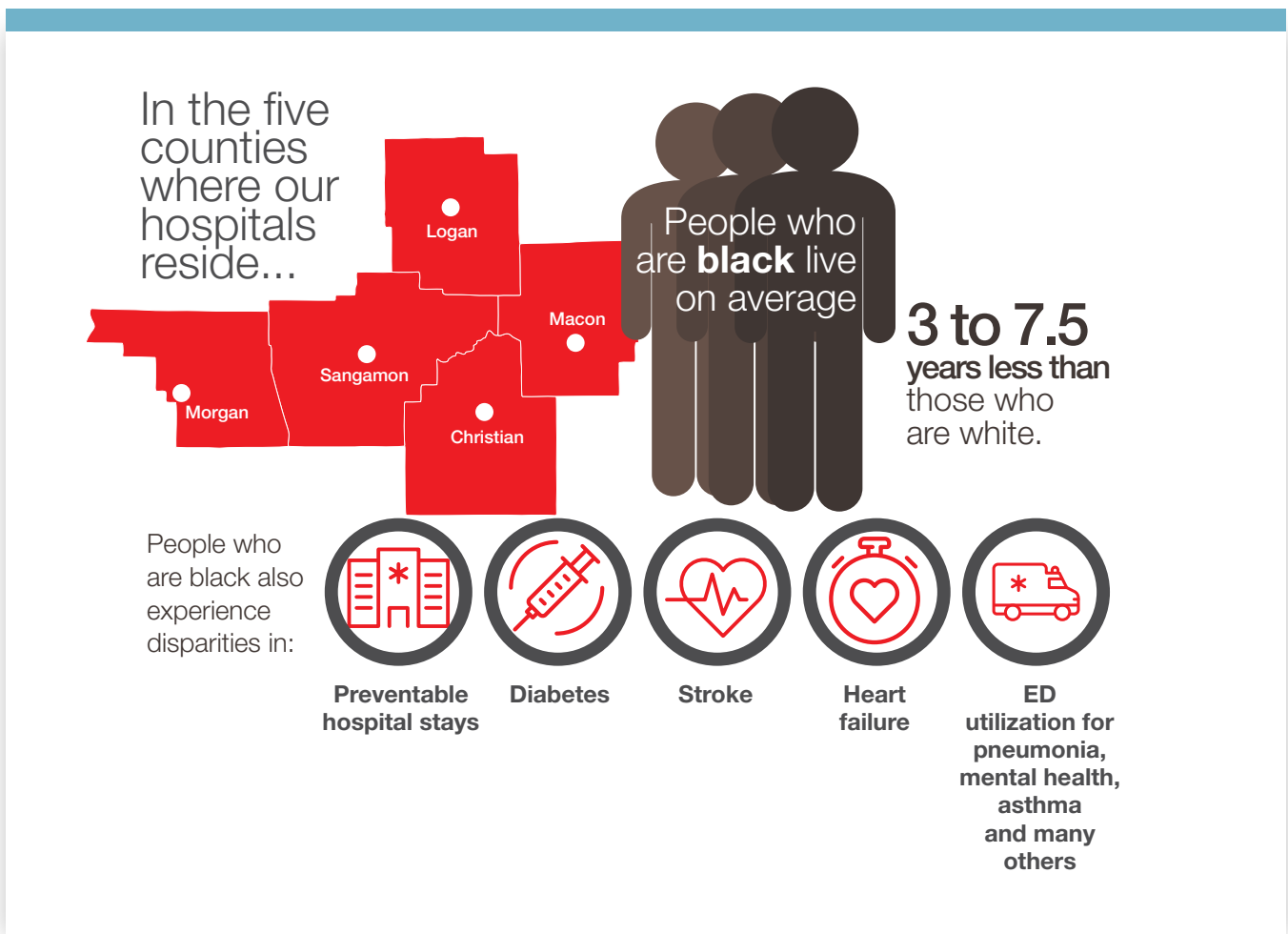
SOCIAL DETERMINANTS OF HEALTH

In addition to access to health and healthcare, another major contributing factor is the social determinants of health. If put into percentages, access to health as described above accounts for 20% of positive health outcomes. The other 80% are determined by socioeconomic factors (40%), physical environment (10%) and health behaviors (30%). Socioeconomic factors and physical environment, which represent 50% of positive health outcomes, can be largely attributed to the zip codes where community members reside. Socioeconomic factors include education, job status, family and social support, income and community safety. Health behaviors can include tobacco and alcohol use, diet and exercise, sexual activity and more. It is important to note that negative individual health behaviors can stem from unmitigated trauma brought on by structural factors like socioeconomic and physical environments. As such, it is critical for healthcare providers to be out in communities partnering with local residents, community leaders, schools and community groups to educate on healthy behaviors, advocate for structural change and to learn how to better serve patient populations.



RACIAL INEQUITY AND INEQUALITY

Racial inequities and inequalities negatively impact the health of minoritized community members. Equality – providing everyone the same thing – is often confused with equity, which refers to providing people what they need when they need it in order to achieve an outcome. As previously noted, the location of one’s community has a profound impact on health outcomes. Through laws, policies and practices, both current and historical, black and brown communities are more likely to have underfunded public schools, fewer opportunities for stable employment, inadequate family incomes and diminished community safety. Within the U.S. context, racial segregation is high and communities of color are congregated in zip codes with lower life expectancy, income and resources. This segregation is evident locally as well, as each county where Memorial Health hospitals are located sees disparities in health outcomes and income across racial lines. These structures and the consequences thereof create a fundamental inequality that delivers inequitable supports.



SECTION I—COMMUNITIES SERVED & DEMOGRAPHICS

GENERAL INFORMATION

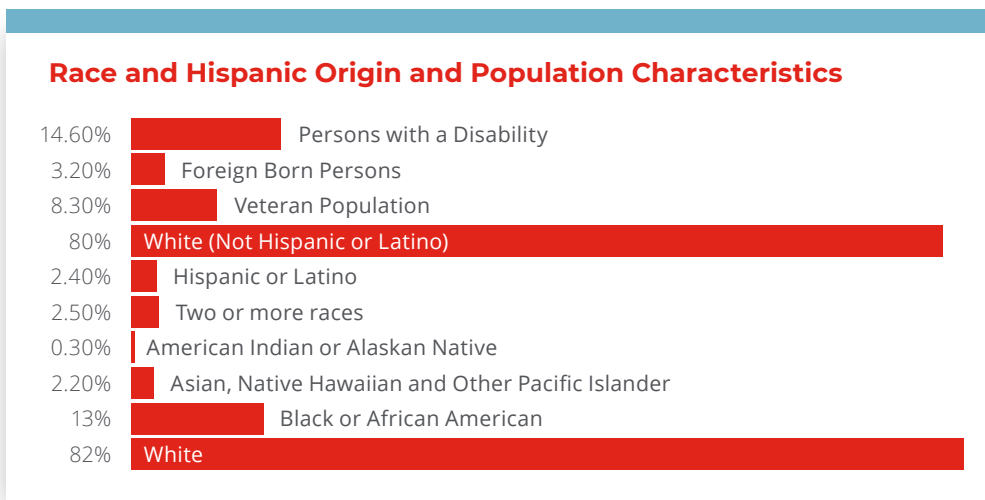
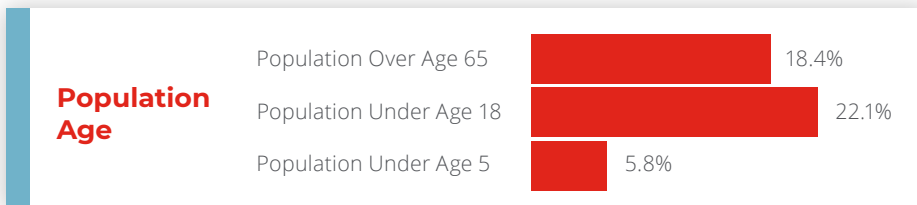
SMH is located in Springfield, Illinois, near the center of the state. Springfield is the capital city and the county seat. Sangamon County is largely rural and agricultural, with healthcare and state and local government being the largest employers. The majority of patients served by SMH come from Springfield 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.

The following statistics, from the U.S. Census Bureau's Quick Facts, came from Healthy Communities Institute. Source: U.S. Census Bureau Quick Facts, last updated in December 2020.



POPULATION

The population of Sangamon County is 194,672 and the largest urban setting in Sangamon County is Springfield, with a population of 114,694.





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 that is not available in their own communities. In addition to SMH, other Sangamon County healthcare resources include:

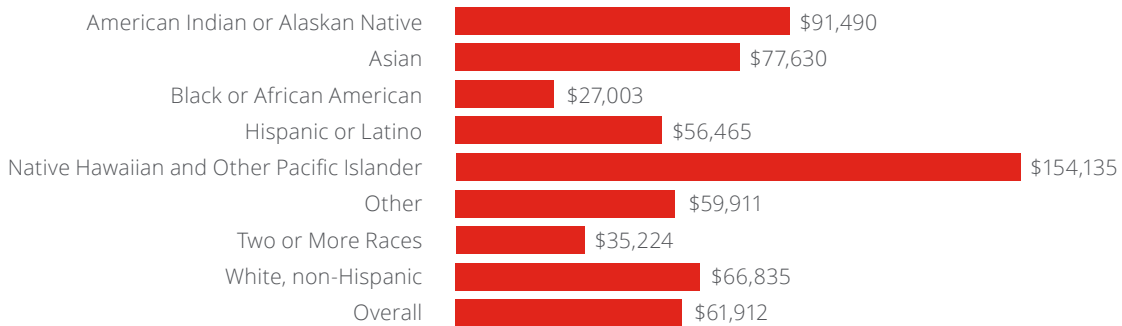
- Central Counties Health Center, FQHC
- Family Guidance Center
- Gateway Foundation
- HSHS St. John's Hospital
- Orthopedic Center of Central Illinois
- Sangamon County Department of Public Health
- SIU Center for Family Medicine, FQHC
- SIU Healthcare Clinics
- Springfield Clinic



ECONOMICS

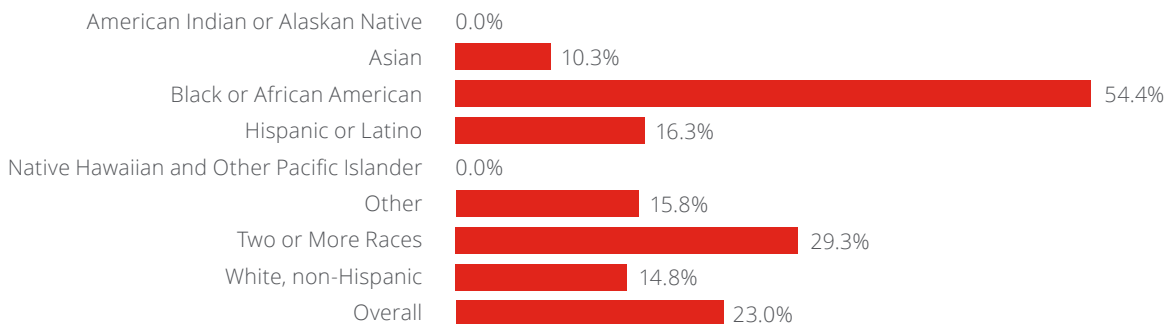
ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by households that earn above the federal poverty line (FPL), but not enough to afford a “bare bones” household budget. In Illinois, 12% of households live below the FPL, and an additional 23% qualify as ALICE. Sangamon County has 33% of households living below the FPL or qualifying as ALICE.

**Median Household Income by Race/Ethnicity
County: Sangamon**



Source: American Community Survey (2015–2019)

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



Source: American Community Survey (2015–2019)

EQUITY—RESIDENTIAL SEGREGATION, SOCIAL VULNERABILITY INDEX AND UNDER-RESOURCED ZIP CODES

Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. Although most overt discriminatory policies and practices, such as separate schools or seating on public transportation based on race, have been illegal for decades, segregation caused by structural, institutional, and individual racism still exists in many parts of the country. The removal of discriminatory policies and practices has impacted institutional and individual acts of overt racism, but has had little effect on structural racism, like residential segregation, resulting in lingering structural inequalities. Residential segregation is a key determinant of racial differences in socioeconomic mobility and, additionally, can create social and physical risks in residential environments that adversely affect health. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or white residents 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 55, as compared to an overall score of 71 in Illinois, with county scores ranging from 19 to 85.

In other words, 55% of either Black or white residents would have to move to different geographic areas in order to produce a desegregated residential distribution.

Natural disasters and infectious disease outbreaks can also pose a threat to a community's health. Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status or housing type and transportation. The Social Vulnerability Index (SVI) ranks census tracts on 15 social factors, such as unemployment, minority status and disability. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

Sangamon County's 2018 overall SVI score is 0.4357. A score of 0.4357 indicates a low to moderate level of vulnerability.

Though county vulnerability could be low to moderate, the high level of residential segregation indicates vulnerability likely varies by tract or zip code. The 2021 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. The index is calculated from six indicators, one each from the following topics: poverty, income, unemployment, occupation, education and language. The indicators are weighted to maximize the correlation of the index with premature death rates and preventable hospitalization rates. All zip codes, counties and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need).

In Sangamon County, the zip codes estimated with the highest socioeconomic need are 62701, 62703 and 62702.

SECTION II – CHNA PROCESS, CRITERIA USED & FINAL PRIORITIES

ASSESSMENT PROCESS

Springfield Memorial Hospital collaborated with HSHS St. John’s Hospital (SJH), a 439-bed regional medical center and children’s hospital, and the Sangamon County Department of Public Health (SCDPH), to complete the FY21 Community Health Needs Assessment. As part of the CHNA process, an extensive secondary data review was completed. In addition to individual health indicators, the three major contributing factors described earlier in this report – social determinants of health, access to health and racial inequity and inequalities – were identified as playing a key role in outcomes across all of the health indicators. Primary data was gathered through community focus groups, as well as input from the Community Advisory Council. These groups were asked to force-rank community health indicators by highest priority while considering the Criteria for Determining Need. They were also asked to share insight on how these priorities are experienced within the community and what the hospitals might do to address them. Internal Advisory Councils and the Community Health team reviewed and analyzed feedback from the process and recommended final priorities to the Memorial Health Board of Directors’ Community Benefit Committee for approval. The general process steps illustrated below were used by the Core Team to conduct the CHNA. Members of key participant groups are also listed below.



CORE TEAM MEMBERS

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

- Becky Gabany, Memorial Health, System Director, Community Health
- Lingling Liu, Memorial Health, Coordinator, Community Health and EDI
- Kimberly Luz, HSHS St. John’s Hospital, Division Director, Community Outreach
- Bill Dart, Sangamon County Department of Public Health, Assistant Director (through June 2021)
- Gail O’Neill, Sangamon County Department of Public Health, Director of Public Health (beginning June 2021)

INTERNAL ADVISORY COUNCIL (IAC)

(Decatur Memorial Hospital and Springfield Memorial Hospital)

The IAC is responsible for providing strategic direction and insight regarding internal operations and how those initiatives may align with and compliment addressing the health needs of the community. They are also responsible for recommending final priorities for board approval.

- Becky Gabany, Memorial Health (Core Team) System Director, Community Health
- Bob Scott, Memorial Health Senior Vice President & Chief Human Resources Officer
- Chuck Callahan, Memorial Hospital Group President, Springfield Memorial Hospital President & CEO
- Diana Knaebe, Memorial Behavioral Health System Administrator



- Drew Early, Decatur Memorial Hospital President & CEO
- Florence Holmes, Clinician, Memorial Behavioral Health, Equity, Diversity and Inclusion (EDI) Coalition Development Team (CDT) member, Sangamon County resident
- Harold Armstrong, Computer Operator, Decatur Memorial Hospital, EDI CDT Member, Macon County resident
- Jay Roszhart, MH Ambulatory Group President
- Julie Bilbrey, Decatur Memorial Hospital Foundation Executive Director
- Kristi Olson-Sitki, Springfield Memorial Hospital Magnet Coordinator
- Lance Millburg, Memorial Health System Administrator, Performance Improvement
- Linda Jones, Springfield Memorial Hospital Vice President, Ancillary Operations
- Lingling Liu, Memorial Health (Core Team) Coordinator, Community Health and EDI
- Rajesh Govindaiah, MD, Memorial Health Senior Vice President and Chief Medical Officer
- Robert Ellison, Memorial Health System Administrator, Business Development & Governmental Affairs
- Sharon Norris, Decatur Memorial Hospital Assistant Vice President and Chief Nursing Officer
- Tamar Kutz, Decatur Memorial Hospital Vice President, Quality and Operations

COMMUNITY ADVISORY COUNCIL (CAC) INVITEES

Charter: The CAC of the Sangamon County 2021 CHNA exists to help SMH review existing data and offer insights into community issues pertaining to that data. The CAC will help identify local community assets and gaps in the priority areas and will offer a ranking of issues by highest priority.

- | | |
|--|---|
| <ul style="list-style-type: none"> • Catholic Charities* • Central Counties Health Centers, FQHC—Federally Qualified Health Center * • Greater Springfield Chamber of Commerce • Heartland Continuum of Care* • HSHS St. John’s Hospital (Core Team) • Lincoln Land Community College Workforce Equity* • Memorial Behavioral Health* • Springfield Memorial Hospital (Core Team) • NAACP – Springfield Branch* • Sangamon County Department of Community Resources* | <ul style="list-style-type: none"> • Sangamon County Department of Public Health* (Core Team) • Sangamon County Farm Bureau • Senior Services of Central Illinois* • SIU Center for Family Medicine, FQHC* • SIU Office of Equity, Diversity and Inclusion • Springfield Immigrant Advocacy Network* • Springfield Police Department • Springfield Public School District 186* • Springfield Urban League* • The Phoenix Center* • United Way of Central Illinois* |
|--|---|

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



COMMUNITY FOCUS GROUPS/INTERVIEWS

Community focus groups/interviews provide deeper insight to the Core Team, CAC and IAC about their personal experiences related to key health indicators.

- Asian Indian Women’s Organization*
- Chinese American Association*
- Citizens Club of Springfield (open to general public)
- City Council: Alderman Shawn Gregory & Mayor James Langfelder*
- Community Foundation for the Land of Lincoln
- Divine Nine Sororities & Fraternities*
- Eastside Neighborhood Associations*
- Hispanic Women of Springfield*
- Islamic Society of Greater Springfield*
- Ministerial Alliance*
- NAACP - Springfield Chapter*
- Race Health Equity Partnership – Annual Alonzo Homer Kenniebrew, MD, Forum*
- Springfield Black Chamber of Commerce*
- Springfield Center for Independent Living*
- Springfield Coalition on Dismantling Racism*
- Springfield Immigrant Advocacy Network*
- Springfield Urban League*
- The Phoenix Center*
- United Way of Central Illinois: Vision Councils*
- University of Illinois at Springfield & Community Health Roundtable (open to general public)

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

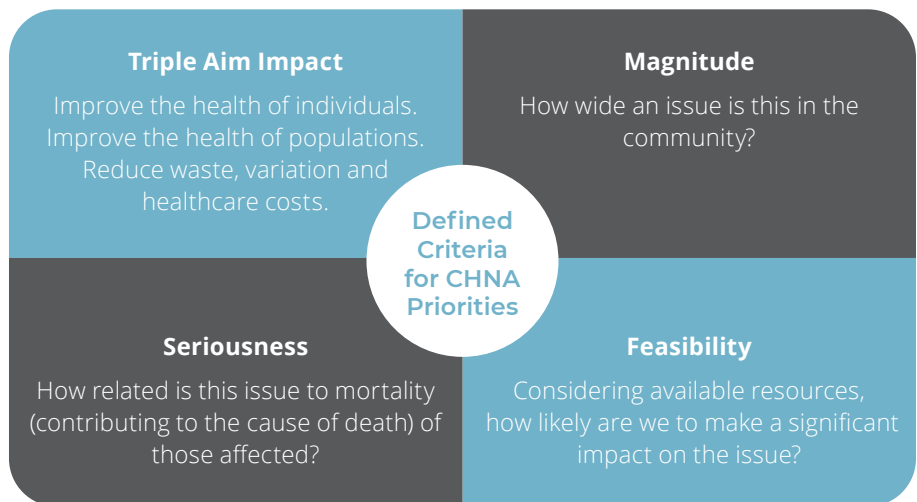
INTERNAL COMMUNITY HEALTH LEADERS

Community Health leaders are colleagues of MH who are responsible for the Community Health programming in their respective communities, as well as completion and execution of the CHNAs and CHIPs for the county in which their hospital is located.

- Memorial Health: Becky Gabany, System Director, Community Health
- Decatur Memorial Hospital: Sonja Chargois, Coordinator, Community Health & EDI (beginning 8/2021)
- Jacksonville Memorial Hospital: Lori Hartz, Director, Community Health
- Lincoln Memorial Hospital: Angie Stoltzenburg, Director, Community Health
- Springfield Memorial Hospital: Lingling Liu, Coordinator, Community Health & EDI
- Taylorville Memorial Hospital: Darin Buttz, Director, Community Health

CRITERIA FOR DETERMINING NEED

The following criteria were used by MH affiliates during the 2015 and 2018 CHNA processes for determining significant need, and were used for the first time for DMH during the 2021 CHNA.





SECTION III—SIGNIFICANT HEALTH NEEDS

SELECTED PRIORITIES

Springfield Memorial Hospital

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

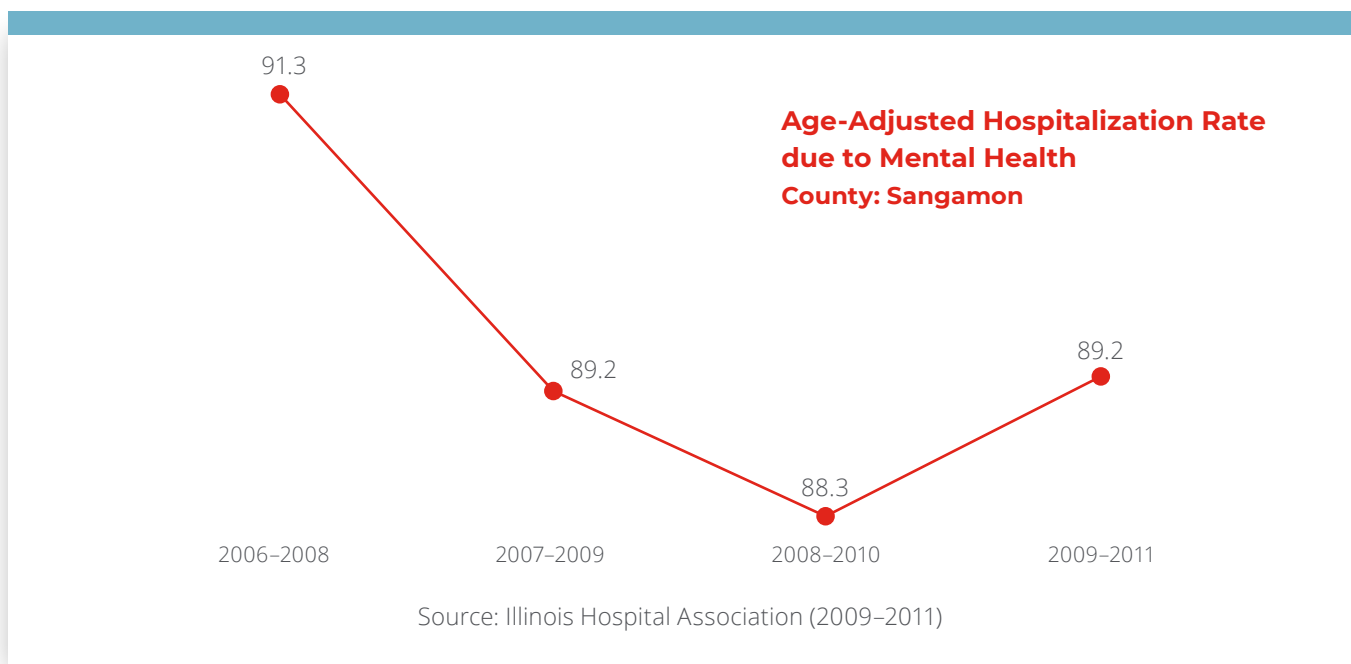
Memorial Health Priority: Mental Health

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

Mental/Behavioral Health

Following disparities in economy and education, access to mental health services was the next highest-ranked health indicator by focus group participants. Many community members also considered homeless issues and access to behavioral health services (including substance use) as closely related to this indicator, which, if combined, would result in an even higher score. (It was also noted, in relation to mental health and its connection to homelessness, that there is a need for safe and affordable housing advocacy and education in the community.) The COVID-19 pandemic has had a significant impact on mental health, which was already identified as a top concern pre-pandemic.

Compared to Illinois counties, Sangamon County has 89.3 hospitalizations due to mental health per 10,000 in populations 18 years and older. This ranks in the worst 25% of Illinois counties.





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

- There is a higher risk for people of color of being affected by the stigma of mental health from employers, the justice system and more.
- There is a lack of culturally competent care, diverse providers and services rendered in the primary language of many community members.
- Providers and the healthcare system are met with skepticism and deemed as untrustworthy.
- Mental health contributes to many of the social determinants of health, but is difficult to prioritize over other needs, such as food and shelter.

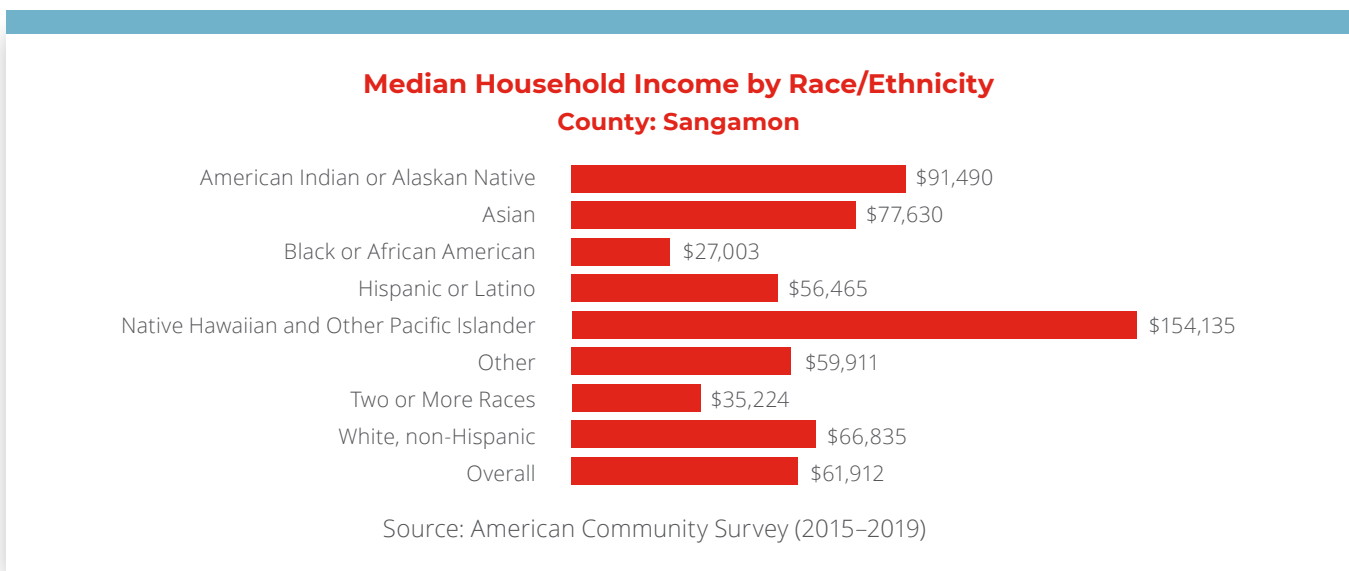
An additional common theme from community focus group/interview feedback is that people are unclear when to seek mental healthcare. Many people rely on their faith leaders to guide them through mental health issues and there was a strong sense of need to equip faith leaders for this role, as well as to help the community understand when mental healthcare is necessary.

Memorial Behavioral Health, a Memorial Health affiliate, is well-positioned to help address these community needs and was considered when assessing our ability to make an impact for this priority.

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

Economic Disparities

This was the highest ranked priority throughout our community focus groups/interviews. Black or African American households are earning 40% of the income of white households. According to Governing Magazine, Springfield ranks the worst for severe disparities in white and Black household incomes – more so than any other metro area in the entire country.





Disparities in economy were strongly related to disparities in education by community members. As one of the largest private employers in the county, we have potential to make an impact in this area in a way that we cannot in the education sector. We recognize, however, that education, including job training, must be a key component of addressing these disparities. Additionally, significant disparities exist for children, seniors and those who have been disabled. A portion of the feedback from the community focus groups/interviews in Sangamon and Macon counties, regarding this indicator, included the below statements:

- “Disparities in economy are disturbing, but not shocking to us – we’re living it every day.”
- “Generational poverty, it’s not just regular poverty, it’s hopelessness embedded in the community, social and monetary wealth. There is no safety net of support if everyone’s in that same boat.”
- “This same data goes back for decades...”
- “Why does it take data to validate the experience we’ve been trying to tell you we’re living?”

Access to Health

While access to health can be difficult to define, it continues to be centered as a top priority amongst community members. In the 2018 CHNA, access to health was not listed as a health indicator; however, it came up frequently among the CAC and survey respondents’ open comments. During the 2021 CHNA process, we approached this as a major contributing factor, but did not include it on our list of indicators. We again saw community members organically indicate the importance of access to health. When community focus group/interview participants were asked to submit their top priorities, force-ranked via chat box or email, we continued to receive responses including access to health as their top choice. Community members independently identified the following as some of the barriers to accessing healthcare:

- Lack of insurance, particularly for families with mixed-immigration status
- Lack of culturally competent, diverse providers and those who speak their primary language
- Transportation
- Housing and safe living conditions, including lack of kitchens, heating and cooling, and landlord accessibility
- Economic instability
- Food insecurity

With existing infrastructure and collaboration between SIU, SJH and SMH around this priority, we hope to continue making an impact in our efforts to increase access to health.



PRIORITIES NOT SELECTED

Organizational capacity prohibits SMH from implementing programs to address all significant health needs. SMH chose to focus efforts and resources on a few key issues in order to develop a meaningful CHIP and demonstrated impact that could be replicated with other priorities in the future.

Access to Behavioral Health Services

Access to behavioral health services will be addressed as part of the comprehensive approach to mental/behavioral health. This includes substance use. While this was seen as a community need, it was widely viewed as a result of mental health issues and disparities in economy and was not highly prioritized in our final list.

Affordable Housing

Affordable housing is a health indicator for which healthcare professionals are not the experts or thought leaders. Recognizing that, and considering the defined criteria for CHNA priorities, we cannot make a meaningful impact in this area at this time. We will, however, consider advocacy and education around this issue as part of our mental health strategy.

Disparities in Education

Disparities in education were a highly ranked priority by community members. This was so closely related to disparities in economy that we deeply considered how both relate to each other and what can be done to address both. Being that we, as healthcare providers, are not in the education space, but are one of the largest private employers, we chose to prioritize disparities in economy instead of education.

Food Access

Food insecurity and access to safe and healthy foods became a top priority early in the pandemic. Many organizations are committed to this mission and are effectively combatting hunger in Sangamon County. While the need is great and we anticipate partnering with the leaders in this work as we consider access to health, we decided to focus our efforts on priorities not being as widely addressed.

Homeless Issues

Homelessness in Sangamon County has been, and continues to be, a serious problem. Homeless issues were ranked low in comparison to other health indicators, due to being considered a part of mental health challenges. We will continue efforts to address homelessness in the community through our mental health strategies and will partner with community organizations working to address this issue.

Other Health Indicators

Additional health indicators are in need of being addressed in our community; however, they were not ranked highly by the CAC and, therefore, have not been prioritized for our CHIP. These indicators include maternal/infant health, obesity, senior health, tobacco use, unemployment, unmanaged chronic conditions, utility and rental assistance and violence. Strategies to address these and other unselected priorities may be present in our final CHIP, as they relate to the final health priorities.



SECTION IV – CHIP DEVELOPMENT

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

Community Input

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

Internal Input

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

Strategic Plans and Commitments

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

Complexity and Intersectionality

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



SECTION V—GOALS, STRATEGIES & POTENTIAL PROGRAMS

GOALS

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

Mental/Behavioral Health

- To meet the mental and behavioral health needs of the community, with a focus on the needs of those who are marginalized and/or unable to access mental healthcare.

Economic Disparities

- To invest in economic development, advocate for policy/process changes and provide equitable opportunity for those who have been impacted by the economic

disparities present in the community.

Access to Health

- To increase access to health by addressing the social determinants of health.

System Priority: Mental Health

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

STRATEGIES

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

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

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

1. Broadly support equity-focused, community-based initiatives that support our CHNA priorities.
2. Develop and implement a coordinated approach to improving transportation access for medical needs and discharges.
3. Develop and implement an equity, diversity and inclusion (EDI) structure and strategic plan which addresses disparities and provides meaningful support for patients, colleagues and the community.
4. Invest in pipeline and workforce development programs, with an emphasis on diversifying workplaces.
5. Provide substantial financial and operational support to SIU School of Medicine for the purpose of ensuring their ability to remain in central Illinois as a key part of the healthcare community, as well as to serve as a key EDI collaborator.
6. Support and invest in economic and community development on the east side of Springfield, as led by leaders from within the east side community.
7. Support community health worker (CHW) programs to increase residents' opportunities to access resources that address the social determinants of health.
8. Support planning and "housing-first" efforts to address homelessness in order to stabilize individuals needing care for mental wellness.

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



STRATEGY TEMPLATES WITH POTENTIAL PROGRAMS

System Priority: MENTAL HEALTH

| | | |
|---|--|--|
| STRATEGY | Take a regional, collective-impact approach to selected interventions related to improving mental wellness in counties where Memorial Health hospitals reside. | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • Awareness Campaign • Trauma-Informed Care training • Memorial Behavioral Health Community Committee Participation • Emergency Department hand offs for Substance Use Disorder treatment | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Decreased stigma around mental wellness and seeking care. • Increased community residents seeking mental health care. • Community partners approaching their work in a trauma-informed way. • Increased connection to Substance Use Disorder treatment. • Improved collaboration and greater impact between Memorial Behavioral Health and MH hospitals. | |
| HOSPITAL RESOURCES | <input checked="" type="checkbox"/> Colleague Time <input checked="" type="checkbox"/> Marketing <input checked="" type="checkbox"/> Financial Support <input checked="" type="checkbox"/> Printing/Supplies | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform <input checked="" type="checkbox"/> Consultant/Expert <input checked="" type="checkbox"/> Other Support |
| COMMUNITY PARTNERS | Memorial Behavioral Health, others as appropriate | |
| AREA(S) OF IMPACT Social Determinants of Health | <input checked="" type="checkbox"/> Healthy Behaviors <input type="checkbox"/> Social/Economic Factors | <input checked="" type="checkbox"/> Clinical Care <input type="checkbox"/> Physical Environment |
| TARGETED PRIORITY(IES) | <input checked="" type="checkbox"/> Mental Health | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Many people of marginalized identities expressed barriers to seeking and accessing mental healthcare during the CHNA process. These needs will be centered in our interventions. | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Awareness campaign developed and implemented. • Number of organizations reached through campaign. • Usage data from 988 hotline. • Trauma-Informed Care training options evaluated, plan developed and executed. • Number of participants. • Tracked metrics from participants. • Number of meetings Community Health leaders attend on MBH Community Committee. • Reduced readmissions to EDs for SUD. • Impacts reported from work on MBH Community Committee. | |



Community Initiatives

| | | |
|---|--|--|
| STRATEGY | Broadly support equity-focused, community-based initiatives that support our CHNA priorities. | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • Kidzeum funding • SIAN Food Distribution • SING Reentry Program • Boys and Girls Clubs of Central Illinois funding • Community Gardens • Kumler United Methodist Church Pharmaceuticals Program • YMCA Funding and Scholarship Program • Recovery Oriented Systems of Care (ROSC) Council | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Resources provided for what the community needs, as requested by those already doing the work. • Partnership and collaboration increased between organizations and residents. • Valued assets maintained that promote community building. • Innovation around supporting the Social Determinants of Health and increasing equity. • Increased access to prescription medication. • Increased access to exercise facilities for those who have a cost barrier. | |
| 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 | Kidzeum, Springfield Immigrant Advocacy Network (SIAN), Shifting Into New Gear (SING) Reentry Program, Boys and Girls Clubs of Central Illinois (BGCCIL), Community Gardens, Kumler United Methodist Church, YMCA and more | |
| AREA(S) OF IMPACT Social Determinants of Health | <input checked="" type="checkbox"/> Healthy Behaviors <input checked="" type="checkbox"/> Social/Economic Factors | <input checked="" type="checkbox"/> Clinical Care <input checked="" type="checkbox"/> Physical Environment |
| TARGETED PRIORITY(IES) | <input checked="" type="checkbox"/> Mental/Behavioral Health <input checked="" type="checkbox"/> Access to Health | <input checked="" type="checkbox"/> Economic Desparities |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Numerous disparities and inequities were identified during the CHNA process in every indicator. This strategy centers anti-racist partnerships and collaborations to address the most pressing issues in mostly under-resourced geographic locations. | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Number of persons served. • Kidzeum operations maintained. • Expansion of BGCCIL. • Frequency and number of families fed through programs. • Client recidivism rates. • Community Garden(s) established and producing food. • Number of new partnerships and interventions implemented. • Number of prescriptions provided. • Number of scholarships provided by the YMCA. | |



Transportation

| | | | | | | | | | |
|---|---|--|--|--|--|---|---|---|--|
| STRATEGY | Develop and implement a coordinated approach to improving transportation access for medical needs and discharges. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • Legal and Patient Experience work group for comprehensive approach. | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Improved patient experience. • Decrease in inappropriate billing to indigent patients for transportation services. • Improved ability to access medical care and be discharged, when appropriate. • Improved health outcomes over time. • Increased availability of beds in the hospital setting. | | | | | | | | |
| HOSPITAL RESOURCES | <table border="0"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input checked="" type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | <input type="checkbox"/> Marketing | <input checked="" type="checkbox"/> Consultant/Expert | <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | <input checked="" type="checkbox"/> Printing/Supplies | |
| <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | | | | | | | | |
| <input 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 | Internal MH work group, vendors to be determined. | | | | | | | | |
| AREA(S) OF IMPACT Social Determinants of Health | <table border="0"> <tr> <td><input type="checkbox"/> Healthy Behaviors</td> <td><input checked="" type="checkbox"/> Clinical Care</td> </tr> <tr> <td><input type="checkbox"/> Social/Economic Factors</td> <td><input checked="" type="checkbox"/> Physical Environment</td> </tr> </table> | <input type="checkbox"/> Healthy Behaviors | <input checked="" type="checkbox"/> Clinical Care | <input type="checkbox"/> Social/Economic Factors | <input checked="" type="checkbox"/> Physical Environment | | | | |
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| <input checked="" type="checkbox"/> Mental/Behavioral Health | <input checked="" type="checkbox"/> Economic Desparities | | | | | | | | |
| <input checked="" type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Persons affected by poverty have decreased access to transportation. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Internal MH work group formed. • Scope of project and intervention needs determined. • Comprehensive plan developed and executed. • Vendors selected, as appropriate. • Persons served. • Cost of programming and/or vendors. | | | | | | | | |



Internal Equity, Diversity and Inclusion

| | | | |
|---|---|---|--|
| STRATEGY | Develop and implement an Equity, Diversity and Inclusion structure and strategic plan which addresses disparities and provides meaningful support for patients, colleagues and the community. | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • EDI Strategic Planning • Blue Cross Blue Shield Equity Pilot Program • EDI Community Collaborative | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Increased diversity and inclusion among MH workforce. • Improved patient outcomes. • Stronger relationships between MH and the communities we serve. • Culturally appropriate services, resources and interventions provided to the community. | | |
| HOSPITAL RESOURCES | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Colleague Time <input checked="" type="checkbox"/> Marketing <input checked="" type="checkbox"/> Financial Support <input checked="" type="checkbox"/> Printing/Supplies </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Meeting Space/Virtual Platform <input checked="" type="checkbox"/> Consultant/Expert <input checked="" type="checkbox"/> Other Support </td> </tr> </table> | <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 |
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| COMMUNITY PARTNERS | Korn Ferry, SIU School of Medicine, Blue Cross Blue Shield, MH Coalition Development Team (CDT), various community organizations who participated in the CHNA process and are serving marginalized members of the community. | | |
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| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | People who identify or are typically identified with non-dominant dimensions of diversity experience emotional trauma, reduced employment and worse health outcomes than those who are typically identified by the dominant dimensions of diversity. | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Comprehensive gap analysis completed. • Strategic plan developed with recommended strategies in implementation. • Metrics tracked related to diverse identities. • Continued commitment of resources to EDI work. • Annual report provided on progress and barriers. • Patient experience and colleague survey scores (stratified). | | |



Pipeline Programs

| | | | | | | | | | |
|---|--|--|--|---|---|---|---|---|--|
| STRATEGY | Invest in pipeline and workforce development programs, with an emphasis on diversifying workplaces. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • Sangamon CEO • SIU P4 Pipeline • Healthcare Careers Training Program through CAP1908 • Project SEARCH | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Increased diversity among medical students at SIU. • Increased diversity among medical professionals. • Improved economic opportunities for those who are marginalized. • Reduction in gap between Black and white median household incomes over time. | | | | | | | | |
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| COMMUNITY PARTNERS | Black Chamber of Commerce, The Springfield Project, SIU School of Medicine, Sangamon County Growth Alliance, District 186 | | | | | | | | |
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| <input type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Springfield, located in Sangamon County, has the worst disparity between Black and white median household incomes in the country. Additionally, county economic disparities exist for those who are disabled, elderly and are single-parent households. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • SIU Physician Pipeline Program (P4) expanded. • Number of students of diverse identities participating in Sangamon CEO. • Consistent collaborative meetings established with key stakeholders. • Development and implementation of programming for healthcare careers within the east side of Springfield. • Agreed upon metrics with Project SEARCH. | | | | | | | | |



SIU Support

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|---|--|--|--|---|--|---|---|---|--|
| STRATEGY | Provide substantial financial and operational support to SIU School of Medicine for the purpose of ensuring their ability to remain in central Illinois as a key part of the healthcare community, as well as to serve as a key EDI collaborator. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • SIU Block Grant Funding • SIU MLC Space • SIU Electronic Health Record • Blue Cross Blue Shield Equity Pilot Program Partnership • Alzheimer’s Grant Funding | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Maintained SIU Center for Family Medicine FQHC. • Improved equity in healthcare outcomes. • Increased access to care for the communities we serve. • Ability and opportunities to train local residents as physicians. • Retain healthcare personnel needed in our region. | | | | | | | | |
| HOSPITAL RESOURCES | <table border="0"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input checked="" type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input checked="" type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | <input checked="" type="checkbox"/> Marketing | <input checked="" type="checkbox"/> Consultant/Expert | <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | <input checked="" type="checkbox"/> Printing/Supplies | |
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| <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | | | | | | | | |
| <input checked="" type="checkbox"/> Printing/Supplies | | | | | | | | | |
| COMMUNITY PARTNERS | SIU School of Medicine, Blue Cross Blue Shield | | | | | | | | |
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| <input checked="" type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | SIU is closely aligned with our intentions to promote equity, diversity and inclusion and serve as a key partner in advancing this work. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Total cost of 4th floor MLC space provided. • Persons served by additional MLC space for events. • Total financial contribution for general support. • Total financial contribution for EHR. • Key metrics tracked for P4 and Access to Health programs. • Annual reports from participation in BCBS Equity Pilot Program. • Number of physicians completing residency in Springfield. • Number of Medicaid, under/uninsured patients served. | | | | | | | | |



Eastside Development

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|---|--|--|--|---|--|---|---|--|--|
| STRATEGY | Support and invest in economic and community development on the east side of Springfield, as led by leaders from within the East Side community. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • CAP1908 redevelopment project • Next10 Economic Development Initiatives | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Increased financial supports through banking system. • Increase in partners investing on the east side. • Stronger relationships between MH and the communities we serve. • Revitalized neighborhood community centers. • Decreased disparities in median household incomes over time. | | | | | | | | |
| HOSPITAL RESOURCES | <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Colleague Time</td> <td><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td><input type="checkbox"/> Marketing</td> <td><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td><input checked="" type="checkbox"/> Financial Support</td> <td><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td><input type="checkbox"/> Printing/Supplies</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Colleague Time | <input checked="" 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 | |
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| <input type="checkbox"/> Printing/Supplies | | | | | | | | | |
| COMMUNITY PARTNERS | Black Chamber of Commerce, The Springfield Project, Community Banks, The Community Foundation for the Land of Lincoln, Sangamon County Growth Alliance, elected officials | | | | | | | | |
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| <input checked="" type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | Sangamon County's Black residents are predominantly concentrated within the east side of Springfield and experience worse health outcomes, under-investment, reduced economic and community-building resources and negative economic disparities. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Amount of funds matched from MH financial support to the CAP1908 redevelopment project. • CAP1908 renovations completed and programming started. • Persons served. • Persons participating in health-specific programming. • Impact measures from loans provided to minoritized individuals through banking programs. | | | | | | | | |



Community Health Worker Support

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|---|--|--|--|---|--|---|---|---|--|
| STRATEGY | Support Community Health Worker (CHW) programs to increase residents' opportunities to access resources that address the Social Determinants of Health. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • CoEngagement Team (CoET) • MOSAIC • SIU's Access to Health | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Appropriate response to mental health calls involving law enforcement. • Increased connection to mental wellness services. • Improved health and decreased costs of care. • Accessible mental wellness services for youth. • Collaborative relationships between residents, law enforcement and schools. | | | | | | | | |
| HOSPITAL RESOURCES | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Colleague Time</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Meeting Space/Virtual Platform</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Marketing</td> <td style="border: none;"><input checked="" type="checkbox"/> Consultant/Expert</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Financial Support</td> <td style="border: none;"><input checked="" type="checkbox"/> Other Support</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Printing/Supplies</td> <td style="border: none;"></td> </tr> </table> | <input checked="" type="checkbox"/> Colleague Time | <input checked="" type="checkbox"/> Meeting Space/Virtual Platform | <input checked="" type="checkbox"/> Marketing | <input checked="" type="checkbox"/> Consultant/Expert | <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | <input checked="" type="checkbox"/> Printing/Supplies | |
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| <input checked="" type="checkbox"/> Financial Support | <input checked="" type="checkbox"/> Other Support | | | | | | | | |
| <input checked="" type="checkbox"/> Printing/Supplies | | | | | | | | | |
| COMMUNITY PARTNERS | SIU School of Medicine, Memorial Behavioral Health, District 186, HSHS St. John's, Springfield Police Department | | | | | | | | |
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| <input checked="" type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | People of color and people living in poverty disproportionately experience difficulty accessing healthcare, including care for mental wellness. This strategy includes hiring from within the communities being served, a low-barrier approach and journeying alongside our neighbors to increase access. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Number of persons served. • Improvements in tracked metrics. • Number of individuals with a medical home/Primary Care Provider (PCP). • Number of engagements between programs and law enforcement and outcomes of those engagements. | | | | | | | | |



| Homelessness | | | | | | | | | |
|---|--|--|--|---|--|---|---|--|--|
| STRATEGY | Support planning and housing-first efforts to address homelessness, in order to stabilize individuals needing care for mental wellness. | | | | | | | | |
| POTENTIAL PROGRAMS | <ul style="list-style-type: none"> • Homelessness Strategic Planning • Helping Hands Funding | | | | | | | | |
| ANTICIPATED IMPACT | <ul style="list-style-type: none"> • Homelessness will be rare, brief and nonrecurring. • Sangamon County will have a long-term strategic plan around homelessness with durable community consensus. • Individuals who have experienced homelessness will be stabilized and have increased opportunity to engage with mental wellness services. | | | | | | | | |
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| COMMUNITY PARTNERS | Heartland Continuum of Care, Memorial Behavioral Health, The Community Foundation for Land of Lincoln, Lathan Harris, Inc., Helping Hands, United Way, elected officials and more | | | | | | | | |
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| <input checked="" type="checkbox"/> Mental/Behavioral Health | <input type="checkbox"/> Economic Disparities | | | | | | | | |
| <input checked="" type="checkbox"/> Access to Health | | | | | | | | | |
| IDENTIFIED INEQUITY(IES) If applicable, how are they being addressed? | People of color, veterans and those experiencing mental illness disproportionately experience homelessness. An equitable, community-consensus approach is being employed within this strategy, with deliberate efforts to include those with lived experience. | | | | | | | | |
| Does this strategy provide support to low-income and disadvantaged communities | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| OUTCOME MEASURE | <ul style="list-style-type: none"> • Strategic plan completed with Homebase & Lathan Harris, Inc. • Recommendations implemented from strategic plan. • Workspace secured for Helping Hands. • Financial contribution made to support Rapid Rehousing program through Helping Hands. • Recruitment, Retention, Development and Direction (R2D2) director role maintained through Helping Hands. | | | | | | | | |

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

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



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:
01/01/2022

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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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) for each facility’s contact information.

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 actions such as reporting adverse information to credit bureaus/reporting agencies, along with legal/judicial actions such as garnishing wages.

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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DEPARTMENT: PATIENT FINANCIAL SERVICES
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01/01/2022

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:

- 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 each MH facility's website.
- 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).

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- 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 each MH Affiliate facility providing services. 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 numbers 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 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 Patient Financial Services 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 Patient Financial Services Representative is responsible to verify that all figures used to calculate eligibility are correct and, if needed, seek additional verification before submitting for approval. 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.
- 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.

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- 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 Patient 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

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

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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). Applying this discount will ensure that the patient will not be charged more than the Amounts Generally Billed.

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 Presumptive Eligibility 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 letter)

Financial Assistance Policy



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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 causes 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.

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

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.

Financial Assistance Policy



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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 Healthcare 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 | Service Provider 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 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.

Financial Assistance Policy



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DISCRETIONARY FINANCIAL ASSISTANCE:

The CEO or CFO at each facility 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 — Decatur Memorial Hospital

Schedule of Income Guidelines

AS OF APRIL 2023

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—75%

PART II

Cooperation based uninsured discount if below 300% of the Federal Poverty Guidelines

Gross Family Income as a percent of Federal Poverty Guidelines

| Family Size | Federal Rate as of 01/16/23 | 300% of Federal Rate | 301% + |
|--|-----------------------------|----------------------|------------|
| 1 | \$14,580 | \$43,740 | |
| 2 | \$19,720 | \$59,160 | |
| 3 | \$24,860 | \$74,580 | |
| 4 | \$30,000 | \$90,000 | |
| 5 | \$35,140 | \$105,420 | |
| 6 | \$40,280 | \$120,840 | |
| 7 | \$45,420 | \$136,260 | |
| 8 | \$50,560 | \$151,680 | |
| For each additional person | \$5,140 | \$15,420 | |
| Patient Discount on Gross Charges | | 25% | 0% |
| Automatic Uninsured Discount | | 75% | 75% |
| Total Uninsured Discount | | 100% | 75% |

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 qualified for financial assistance in a 12-month period is 20% of the patient's family income.

EXHIBIT 4 — Decatur Memorial Hospital

Explanation of the Amounts Generally Billed to Patients

AS OF 04/01/2023

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 copayments, coinsurance or deductibles.

Decatur Memorial Hospital's AGB percentage based on calendar year 2022 claims was 25.3%. Memorial Health includes in its FAP a discount for the uninsured. This discount amount has been determined to ensure that the patients are not charged more than the AGB. As of 04/01/2023, the uninsured discount was 75%.

For further information regarding the amounts generally billed, see the facility directory for contact information.



EXHIBIT 1 — Springfield Memorial Hospital

Schedule of

Income Guidelines

AS OF APRIL 2023

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—74%

PART II

Cooperation based uninsured discount if below 300% of the Federal Poverty Guidelines

Gross Family Income as a percent of Federal Poverty Guidelines

| Family Size | Federal Rate as of 01/16/23 | 300% of Federal Rate | 301% + |
|--|-----------------------------|----------------------|------------|
| 1 | \$14,580 | \$43,740 | |
| 2 | \$19,720 | \$59,160 | |
| 3 | \$24,860 | \$74,580 | |
| 4 | \$30,000 | \$90,000 | |
| 5 | \$35,140 | \$105,420 | |
| 6 | \$40,280 | \$120,840 | |
| 7 | \$45,420 | \$136,260 | |
| 8 | \$50,560 | \$151,680 | |
| For each additional person | \$5,140 | \$15,420 | |
| Patient Discount on Gross Charges | | 26% | 0% |
| Automatic Uninsured Discount | | 74% | 74% |
| Total Uninsured Discount | | 100% | 74% |

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 qualified for financial assistance in a 12-month period is 20% of the patient's family income.

EXHIBIT 4 — Springfield Memorial Hospital

Explanation of the Amounts Generally Billed to Patients

AS OF 04/01/2023



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 copayments, coinsurance or deductibles.

Springfield Memorial Hospital's AGB percentage based on calendar year 2022 claims was 26.4%. Memorial Health includes in its FAP a discount for the uninsured. This discount amount has been determined to ensure that the patients are not charged more than the AGB. As of 04/01/2023, the uninsured discount was 74%.

For further information regarding the amounts generally billed, see the facility directory for contact information.

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

CONTINUED 

- Enrollment in 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

**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.

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](https://www.memorial.health/financial/assistance).
- Email a request to: Financial.Assistance@mhsil.com
- Contact a Patient Access representative at registration locations.
- Visit our Patient Financial Services office located at one of our hospitals.
- Mail a request to the following address:
Memorial Health
Attn: Patient Financial Services
P.O. Box 19287
Springfield, IL 62794-9287

Contact Information

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

FINANCIAL ASSISTANCE:

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

PATIENT FINANCIAL SERVICES:

[Decatur Memorial Hospital/Jacksonville Memorial Hospital/Springfield Memorial Hospital](#)

217-788-3800 | Billing.Advocate@mhsil.com

[Lincoln Memorial Hospital/Taylorville Memorial Hospital](#)

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

MEDICAID APPLICATIONS:

[Decatur Memorial Hospital](#)

217-876-2691 | 217-788-3837

DMHMedicaid.Enrollment@mhsil.com

[Jacksonville Memorial Hospital/ Lincoln Memorial Hospital/Springfield Memorial Hospital/Taylorville Memorial Hospital](#)

217-788-3837 | 217-788-3839

Medicaid.Enrollment@mhsil.com

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 the Memorial Health facility below:

DECATUR MEMORIAL HOSPITAL

- By calling Patient Financial Services at 217-876-3785
- By emailing a request to DMHFinancialAssistance@mhsil.com
- Visit our website at memorial.health/financial/assistance
- In person at the Patient Financial Services office or by mailing a request to:
Decatur Memorial Hospital, Attn: Patient Financial Services, 2300 N. Edward St., Decatur, IL 62526

JACKSONVILLE MEMORIAL HOSPITAL

- By calling Patient Financial Services at 217-245-9541, ext. 3123
- By emailing a request to PAHFinancial.Assistance@mhsil.com
- Visit our website at memorial.health/financial/assistance
- In person at the Patient Financial Services office off the lobby or by mailing a request to:
Jacksonville Memorial Hospital, Attn: Patient Financial Services, 1600 W. Walnut St., Jacksonville, IL 62650

LINCOLN MEMORIAL HOSPITAL

- By calling Patient Financial Services at 217-788-3370
- By emailing a request to LMHPatientFinancialServices@mhsil.com
- Visit our website at memorial.health/financial/assistance
- In person at the Patient Resource office or by mailing a request to:
Lincoln Memorial Hospital, Attn: Patient Financial Services, 200 Stahlhut Drive, Lincoln, IL 62656

SPRINGFIELD MEMORIAL HOSPITAL

- By calling Patient Financial Services at 217-788-4774 or toll-free at 800-562-2829
- By emailing a request to Financial.Assistance@mhsil.com
- Visit our website at memorial.health/financial/assistance
- In person at the Patient Financial Services lobby office or by mailing a request to:
Springfield Memorial Hospital, Attn: Patient Financial Services, P.O. Box 19287, Springfield, IL 62794-9287

TAYLORVILLE MEMORIAL HOSPITAL

- By calling Patient Financial Services at 217-788-3370
- By emailing a request to TMHPatientAccounts@mhsil.com
- Visit our website at memorial.health/financial/assistance
- In person at the Patient Financial Services lobby office or by mailing a request to:
Taylorville Memorial Hospital, Attn: Patient Financial Services, 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 p

Number of applications submitted by race

Springfield Memorial Hospital

| | |
|--------------------------------|-------|
| White | 1,589 |
| Black or African American | 468 |
| Other Pacific Islander | 13 |
| Asian | 10 |
| American Indian/Alaskan Native | 3 |
| Native Hawaiian | 1 |
| Other | 76 |
| Declined/Unavailable | 80 |
| Total | 2,240 |

Decatur Memorial Hospital

| | |
|--------------------------------|-----|
| White | 304 |
| Black or African American | 53 |
| Other Pacific Islander | - |
| Asian | - |
| American Indian/Alaskan Native | - |
| Native Hawaiian | - |
| Other | - |
| Declined/Unavailable | 19 |
| Total | 376 |

Total

| | |
|--------------------------------|-------|
| White | 1,893 |
| Black or African American | 521 |
| Other Pacific Islander | 13 |
| Asian | 10 |
| American Indian/Alaskan Native | 3 |
| Native Hawaiian | 1 |
| Other | 76 |
| Declined/Unavailable | 99 |
| Total | 2,616 |

Number of applications submitted by ethnicity

Springfield Memorial Hospital

| | |
|----------------------------|-------|
| Non-Hispanic or Non-Latino | 2,062 |
| Hispanic or Latino | 97 |
| Declined/Unknown | 81 |
| Total | 2,240 |

Decatur Memorial Hospital

| | |
|----------------------------|-----|
| Non-Hispanic or Non-Latino | 365 |
| Hispanic or Latino | 11 |
| Declined/Unknown | - |
| Total | 376 |

Total

| | |
|----------------------------|-------|
| Non-Hispanic or Non-Latino | 2,427 |
| Hispanic or Latino | 108 |

| | |
|------------------|-------|
| Declined/Unknown | 81 |
| Total | 2,616 |

Number of applications submitted by sex

Springfield Memorial Hospital

| | |
|--------|-------|
| Female | 1,171 |
| Male | 1,069 |
| Total | 2,240 |

Decatur Memorial Hospital

| | |
|--------|-----|
| Female | 187 |
| Male | 189 |
| Total | 376 |

Total

| | |
|--------|-------|
| Female | 1,358 |
| Male | 1,258 |
| Total | 2,616 |

Number of applications submitted by preferred language

Springfield Memorial Hospital

| | |
|---------------|-------|
| English | 2,134 |
| Spanish | 73 |
| French | 7 |
| Sign Language | 4 |

| | |
|-------------|-------|
| Hindi | 2 |
| Albanian | 1 |
| Arabic | 1 |
| Bengali | 1 |
| Chinese | 1 |
| Thai | 1 |
| Vietnamese | 1 |
| Unavailable | 14 |
| Total | 2,240 |

Decatur Memorial Hospital

| | |
|---------------|-----|
| English | 370 |
| Spanish | 6 |
| French | - |
| Sign Language | - |
| Hindi | - |
| Albanian | - |
| Arabic | - |
| Bengali | - |
| Chinese | - |
| Thai | - |
| Vietnamese | - |
| Unavailable | - |
| Total | 376 |

Total

| | |
|---------|-------|
| English | 2,504 |
| Spanish | 79 |

| | |
|---------------|-------|
| French | 7 |
| Sign Language | 4 |
| Hindi | 2 |
| Albanian | 1 |
| Arabic | 1 |
| Bengali | 1 |
| Chinese | 1 |
| Thai | 1 |
| Vietnamese | 1 |
| Unavailable | 14 |
| Total | 2,616 |

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

Number of applications approved by race

Springfield Memorial Hospital

| | |
|--------------------------------|-------|
| White | 1,413 |
| Black or African American | 446 |
| Other Pacific Islander | 9 |
| Asian | 6 |
| American Indian/Alaskan Native | 3 |
| Native Hawaiian | 1 |
| Other | 72 |
| Declined/Unavailable | 72 |
| Total | 2,022 |

Decatur Memorial Hospital

| | |
|--------------------------------|-----|
| White | 249 |
| Black or African American | 53 |
| Other Pacific Islander | - |
| Asian | - |
| American Indian/Alaskan Native | - |
| Native Hawaiian | - |
| Other | - |
| Declined/Unavailable | 17 |
| Total | 319 |

Total

| | |
|--------------------------------|-------|
| White | 1,662 |
| Black or African American | 499 |
| Other Pacific Islander | 9 |
| Asian | 6 |
| American Indian/Alaskan Native | 3 |
| Native Hawaiian | 1 |
| Other | 72 |
| Declined/Unavailable | 89 |
| Total | 2,341 |

Number of applications approved by ethnicity

Springfield Memorial Hospital

| | |
|----------------------------|-------|
| Non-Hispanic or Non-Latino | 1,857 |
| Hispanic or Latino | 92 |
| Declined/Unknown | 73 |

| | |
|-------|-------|
| Total | 2,022 |
|-------|-------|

Decatur Memorial Hospital

| | |
|----------------------------|-----|
| Non-Hispanic or Non-Latino | 308 |
| Hispanic or Latino | 11 |
| Declined/Unknown | - |
| Total | 319 |

Total

| | |
|----------------------------|-------|
| Non-Hispanic or Non-Latino | 2,165 |
| Hispanic or Latino | 103 |
| Declined/Unknown | 73 |
| Total | 2,341 |

Number of applications approved by sex

Springfield Memorial Hospital

| | |
|--------|-------|
| Female | 1,035 |
| Male | 987 |
| Total | 2,022 |

Decatur Memorial Hospital

| | |
|--------|-----|
| Female | 152 |
| Male | 167 |
| Total | 319 |

Total

| | |
|--------|-------|
| Female | 1,187 |
|--------|-------|

| | |
|-------|-------|
| Male | 1,154 |
| Total | 2,341 |

Number of applications approved by preferred language

Springfield Memorial Hospital

| | |
|---------------|-------|
| English | 1,921 |
| Spanish | 71 |
| French | 7 |
| Hindi | 2 |
| Sign Language | 1 |
| Albanian | 1 |
| Arabic | 1 |
| Bengali | 1 |
| Chinese | 1 |
| Thai | 1 |
| Vietnamese | 1 |
| Unavailable | 14 |
| Total | 2,022 |

Decatur Memorial Hospital

| | |
|---------------|-----|
| English | 313 |
| Spanish | 6 |
| French | - |
| Hindi | - |
| Sign Language | - |
| Albanian | - |

| | |
|-------------|-----|
| Arabic | - |
| Bengali | - |
| Chinese | - |
| Thai | - |
| Vietnamese | - |
| Unavailable | - |
| Total | 319 |

Total

| | |
|---------------|-------|
| English | 2,234 |
| Spanish | 77 |
| French | 7 |
| Hindi | 2 |
| Sign Language | 1 |
| Albanian | 1 |
| Arabic | 1 |
| Bengali | 1 |
| Chinese | 1 |
| Thai | 1 |
| Vietnamese | 1 |
| Unavailable | 14 |
| Total | 2,341 |

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

Number of applications denied by race

Springfield Memorial Hospital

| | |
|--------------------------------|-----|
| White | 176 |
| Black or African American | 22 |
| Other Pacific Islander | 4 |
| Asian | 4 |
| American Indian/Alaskan Native | - |
| Native Hawaiian | - |
| Other | 4 |
| Declined/Unavailable | 8 |
| Total | 218 |

Decatur Memorial Hospital

| | |
|--------------------------------|----|
| White | 55 |
| Black or African American | - |
| Other Pacific Islander | - |
| Asian | - |
| American Indian/Alaskan Native | - |
| Native Hawaiian | - |
| Other | - |
| Declined/Unavailable | 2 |
| Total | 57 |

Total

| | |
|--------------------------------|-----|
| White | 231 |
| Black or African American | 22 |
| Other Pacific Islander | 4 |
| Asian | 4 |
| American Indian/Alaskan Native | - |

| | |
|----------------------|-----|
| Native Hawaiian | - |
| Other | 4 |
| Declined/Unavailable | 10 |
| Total | 275 |

Number of applications denied by ethnicity

Springfield Memorial Hospital

| | |
|----------------------------|-----|
| Non-Hispanic or Non-Latino | 205 |
| Hispanic or Latino | 5 |
| Declined/Unknown | 8 |
| Total | 218 |

Decatur Memorial Hospital

| | |
|----------------------------|----|
| Non-Hispanic or Non-Latino | 57 |
| Hispanic or Latino | - |
| Declined/Unknown | - |
| Total | 57 |

Total

| | |
|----------------------------|-----|
| Non-Hispanic or Non-Latino | 262 |
| Hispanic or Latino | 5 |
| Declined/Unknown | 8 |
| Total | 275 |

Number of applications denied by sex

Springfield Memorial Hospital

| | |
|--------|-----|
| Female | 136 |
| Male | 82 |
| Total | 218 |

Decatur Memorial Hospital

| | |
|--------|----|
| Female | 35 |
| Male | 22 |
| Total | 57 |

Total

| | |
|--------|-----|
| Female | 171 |
| Male | 104 |
| Total | 275 |

Number of applications denied by preferred language

Springfield Memorial Hospital

| | |
|---------------|-----|
| English | 213 |
| Spanish | 2 |
| French | - |
| Hindi | - |
| Sign Language | 3 |
| Albanian | - |
| Arabic | - |
| Bengali | - |

| | |
|-------------|-----|
| Chinese | - |
| Thai | - |
| Vietnamese | - |
| Unavailable | - |
| Total | 218 |

Decatur Memorial Hospital

| | |
|---------------|----|
| English | 57 |
| Spanish | - |
| French | - |
| Hindi | - |
| Sign Language | - |
| Albanian | - |
| Arabic | - |
| Bengali | - |
| Chinese | - |
| Thai | - |
| Vietnamese | - |
| Unavailable | - |
| Total | 57 |

Total

| | |
|---------------|-----|
| English | 270 |
| Spanish | 2 |
| French | - |
| Hindi | - |
| Sign Language | 3 |
| Albanian | - |

| | |
|-------------|-----|
| Arabic | - |
| Bengali | - |
| Chinese | - |
| Thai | - |
| Vietnamese | - |
| Unavailable | - |
| Total | 275 |

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 since the patient was approved for Medicaid
- 3) Financial assistance denied because the patient's family income was over 3 times the federal poverty guide
- 4) Financial assistance denied because of an incomplete application
- 5) Financial assistance denied because enrollment in a low income community-based program could not be v

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: 10/01/2022 through 09/30/2023
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 |

ATTACH Mission Statement: [See attached](#)

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

| | SMH | DMH | Combined |
|---|--------------|---------|--------------|
| Report Charity Care: (Footnote #4) | \$ 2,388,304 | 194,996 | \$ 2,583,300 |

ATTACH Charity Policy: [See attached](#)

REPORT Community Benefits:

| Community Type | SMH | DMH | Combined |
|--|---------------|--------------|----------------|
| Language Assistant Svcs | \$ 165,829 | 9,315 | \$ 175,145 |
| Financial Assistance | \$ 1,425,040 | \$ 1,553,553 | \$ 2,978,593 |
| Gov't Sponsored Indigent Health Care | \$ 33,013,197 | 17,556,646 | \$ 50,569,843 |
| Donations | \$ 47,794,943 | 5,350,210 | \$ 53,145,153 |
| Volunteer Services - Employee Volunteer Svcs | \$ - | - | \$ - |
| Volunteer Services - Non-Employee Volunteer Svcs | \$ - | - | \$ - |
| Education | \$ 2,066,143 | 223,393 | \$ 2,289,536 |
| Gov't Sponsored Program Svcs | \$ 78,038,432 | 70,874,371 | \$ 148,912,803 |
| Research | \$ 211,595 | - | \$ 211,595 |
| Susidized Health Services (Footnote #1) | \$ 18,549,656 | 3,865,131 | \$ 22,414,787 |
| Bad Debt (Footnote #2) | \$ 13,422,115 | 13,637,105 | \$ 27,059,220 |
| Other Community Benefits (Footnote #3) | \$ 2,762,146 | 124,483 | \$ 2,886,629 |

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

Annual Non Profit Hospital Community Benefits Plan Report

| Footnote #1: | SMH | DMH | Combined |
|-------------------------------------|----------------------|------------------|----------------------|
| Community Health Improvement Svcs | \$ 1,265,454 | 388,979 | \$ 1,654,433 |
| Additional Subsidized Svcs | 1,191 | 2,687,119 | 2,688,310 |
| Subsidized Htlh Svcs - MPS | 16,118,190 | 762,900 | 16,881,090 |
| Subsidized Htlh Svcs - Mem Home Svc | 1,164,821 | 26,133 | 1,190,954 |
| Total | \$ 18,549,656 | 3,865,131 | \$ 22,414,787 |

| Footnote #2: | SMH | DMH | Combined |
|-----------------------------------|----------------------|-------------------|----------------------|
| BD - Govt Sponsored Indigent Prog | \$ 164,285 | 2,978,928 | \$ 3,143,213 |
| BD - Govt Sponsored Program | 4,286,043 | 7,581,494 | 11,867,537 |
| All other Bad Debt, net | 8,971,787 | 3,076,683 | 12,048,470 |
| Total | \$ 13,422,115 | 13,637,105 | \$ 27,059,220 |

| Footnote #3: | SMH | DMH | Combined |
|-------------------------------|---------------------|----------------|---------------------|
| Community Benefit Operations | \$ 240,975 | 115,081 | \$ 356,056 |
| Community Building Activities | 2,521,171 | 9,402 | 2,530,573 |
| Total | \$ 2,762,146 | 124,483 | \$ 2,886,629 |

| Footnote #4 | SMH | DMH | Combined |
|-----------------------------------|---------------------|----------------|---------------------|
| Charity Care - Emergency Services | \$ 587,949 | \$ 28,791 | \$ 616,740 |
| Charity Care - Remaining Services | 1,800,355 | 166,205 | 1,966,560 |
| Total | \$ 2,388,304 | 194,996 | \$ 2,583,300 |

| | | | |
|---------------------------------------|---------------|------------|---------------|
| Provider Assessment Prog - net impact | \$ 38,033,363 | 19,644,130 | \$ 57,677,493 |
| Gov't Sponsored Indigent Health Care | 33,013,197 | 17,556,646 | 50,569,843 |

Springfield Memorial Hospital, Springfield, Illinois
FY 2023 Community Benefit Report to the Illinois Attorney General

Footnote 1 to Subsidized Health Services

| | |
|--|------------------|
| Community Health Improvement Services | \$1,265,454 |
| Additional Subsidized Health Services | 1,191 |
| Subsidized Health Services – Memorial Physician Services | 16,118,190 |
| Subsidized Health Services – Memorial Home Services | 1,164,821 |
| SUBSIDIZED TOTAL | \$18,549,656 |

Footnote 2 to Bad Debt Amount

| | |
|---|------------------|
| Bad Debts included in shortfall from governmental sponsored indigent programs | \$ 164,285 |
| Bad Debts included in shortfall from governmental sponsored programs | 4,286,043 |
| All other Bad Debts, net | <u>8,971,787</u> |
| Bad debt allowance per the audited financial statements | \$ 13,422,115 |

Footnote 3 to Other Community Benefits

| | |
|-------------------------------|------------------|
| Community Benefit Operations | \$ 240,975 |
| Community Building Activities | <u>2,521,171</u> |
| TOTAL | \$ 2,762,146 |

Footnote 4 to Report Charity Care

| | |
|---|------------------|
| Cost of Charity Care – Emergency Services | \$ 587,949 |
| Cost of Charity Care – Remaining Services | <u>1,800,355</u> |
| TOTAL CHARITY CARE COST | \$ 2,388,304 |

Footnote Regarding the Illinois Hospital Assessment Program

As referenced in note 5 of the audited financial statements for Memorial Medical Center:

On January 1, 2023, the State of Illinois, once again, renewed the Hospital Assessment Program with federal matching funds. The renewed Hospital Assessment Program is set to expire on December 31, 2026.

The net total impact of the assessment program was \$38,033,363 for the period ending September 30, 2023. This was reflected in the shortfall for Governmental Sponsored Indigent Health Care Programs for \$33,013,197. 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 2023 Community Benefit Report to the Illinois Attorney General**

Footnote 1 to Subsidized Health Services

| | |
|--|------------------|
| Community Health Improvement Services | \$ 1,654,433 |
| Additional Subsidized Health Services | 2,688,310 |
| Subsidized Health Services – Memorial Physician Services | 16,881,090 |
| Subsidized Health Services – Memorial Home Services | <u>1,190,954</u> |
| SUBSIDIZED TOTAL | \$22,414,787 |

Footnote 2 to Bad Debt Amount

| | |
|---|-------------------|
| Bad Debts included in shortfall from governmental sponsored indigent programs | \$ 3,143,213 |
| Bad Debts included in shortfall from governmental sponsored programs | 11,867,537 |
| All other Bad Debts, net | <u>12,048,470</u> |
| Bad debt allowance per the audited financial statements | \$ 27,059,220 |

Footnote 3 to Other Community Benefits

| | |
|-------------------------------|------------------|
| Community Benefit Operations | \$ 356,056 |
| Community Building Activities | <u>2,530,573</u> |
| TOTAL | \$ 2,886,629 |

Footnote 4 to Report Charity Care

| | |
|---|------------------|
| Cost of Charity Care – Emergency Services | \$ 616,740 |
| Cost of Charity Care – Remaining Services | <u>1,966,560</u> |
| TOTAL CHARITY CARE COST | \$ 2,583,300 |

Footnote Regarding the Illinois Hospital Assessment Program

As referenced in note 5 of the audited financial statements for Memorial Medical Center and Decatur Memorial Hospital:

On January 1, 2023, the State of Illinois, once again, renewed the Hospital Assessment Program with federal matching funds. The renewed Hospital Assessment Program is set to expire on December 31, 2026.

The net total impact of the assessment program was \$57,677,493 for the period ending September 30, 2023. This was reflected in the shortfall for Governmental Sponsored Indigent Health Care Programs for \$50,569,843. The audited financial statement no longer has a footnote referencing the valuation of the medical center's community benefit activities.

**Decatur Memorial Hospital, Decatur, Illinois
FY 2023 Community Benefit Report to the Illinois Attorney General**

Footnote 1 to Subsidized Health Services

| | |
|--|-----------------|
| Community Health Improvement Services | \$ 388,979 |
| Additional Subsidized Health Services | 2,687,119 |
| Subsidized Health Services – Memorial Physician Services | 762,900 |
| Subsidized Health Services – Memorial Home Services | <u>26,133</u> |
| SUBSIDIZED TOTAL | \$3,865,131 |

Footnote 2 to Bad Debt Amount

| | |
|---|------------------|
| Bad Debts included in shortfall from governmental sponsored indigent programs | \$ 2,978,928 |
| Bad Debts included in shortfall from governmental sponsored programs | 7,581,494 |
| All other Bad Debts, net | <u>3,076,683</u> |
| Bad debt allowance per the audited financial statements | \$13,637,105 |

Footnote 3 to Other Community Benefits

| | |
|-------------------------------|--------------|
| Community Benefit Operations | \$ 115,081 |
| Community Building Activities | <u>9,402</u> |
| TOTAL | \$ 124,483 |

Footnote 4 to Report Charity Care

| | | |
|---|----|----------------|
| Cost of Charity Care – Emergency Services | \$ | 28,791 |
| Cost of Charity Care – Remaining Services | | <u>166,205</u> |
| TOTAL | \$ | 194,996 |

Footnote Regarding the Illinois Hospital Assessment Program

As referenced in note 5 of the audited financial statements for Memorial Health and its affiliates:

On January 1, 2023, the State of Illinois, once again, renewed the Hospital Assessment Program with federal matching funds. The renewed Hospital Assessment Program is set to expire on December 31, 2026.

The net total impact of the assessment program was \$19,644,130 for the period ending September 30, 2023. This was reflected in the shortfall for Governmental Sponsored Indigent Health Care Programs for \$17,556,646. The audited financial statement no longer has a footnote referencing the valuation of the medical center's community benefit activities.