**Community Health
Implementation Plan**

Macon
County Illinois
2025-27

Decatur
Memorial
Hospital

CONTENTS

EXECUTIVE SUMMARY

Every three years, Decatur Memorial Hospital (DMH) conducts a Community Health Needs Assessment (CHNA) and Community Health Implementation plan (CHIP) for its service area as required of nonprofit hospitals by the Affordable Care Act of 2010. As an affiliate of Memorial Health (MH), DMH worked with four other affiliate hospitals on the overall timeline and process for the CHNA and the CHIP but completed its final reports independently from those hospitals in collaboration with local community partners. Decatur Memorial Hospital collaborated with the Macon County Health Department to complete the 2024 CHNA. The completed 2024 CHNA Report is publicly available online at https://memorial.health/about-us/community-health/community-health-needs-assessment/.

Based on the findings of the 2024 CHNA, the following priorities were selected for Decatur Memorial Hospital to address: **cancer, mental health, racism and unemployment.**

This plan has been developed to address the priorities identified in the 2024 CHNA. Decatur Memorial Hospital has chosen ten strategies for the FY25-27 reporting period. In addition, four regional strategies have been selected to address the shared priority of mental health with the other Memorial Health affiliate hospitals including Jacksonville Memorial Hospital, Lincoln Memorial Hospital, Springfield Memorial hospital and Taylorville Memorial Hospital. The Decatur Memorial Hospital Board of Directors also approved this plan on Nov. 12, 2024. The Memorial Health Community Benefit Committee reviewed and approved these strategies on Nov. 18, 2024.

INTRODUCTION

MEMORIAL HEALTH

Memorial Health of Springfield is one of the leading healthcare organizations in Illinois. It is a community-based, not-for-profit corporation dedicated to our mission to improve lives and strengthen communities through better health. Our highly skilled team has a passion for excellence and is dedicated to providing a great patient experience for every patient every time. Memorial Health includes five hospitals: Decatur Memorial Hospital in Macon County; Jacksonville Memorial Hospital in Morgan County; Lincoln Memorial Hospital in Logan County; Springfield Memorial Hospital in Sangamon County; and Taylorville Memorial Hospital in Christian County.

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

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

Our Mission
Why we exist:

To improve lives and build stronger communities through better health

Our Vision
What we aspire to be:

To be the health partner of choice

FY25–27 FINAL PRIORITIES

DMH
MENTAL HEALTH
RACISM
CANCER AND UNEMPLOYMENT

JMH
MENTAL HEALTH
HEART DISEASE
CANCER AND HEALTHY EATING

LMH
MENTAL HEALTH
HEALTHY WEIGHT
CANCER

SMH
MENTAL HEALTH
CHRONIC DISEASES
HOMELESSNESS AND SUBSTANCE USE

TMH
MENTAL HEALTH
HEART DISEASE/STROKE
ACCESS TO PRIMARY CARE

Community Health Implementation Plan | 2025-27

COMMITMENT TO ADDRESSING COMMUNITY HEALTH FACTORS AND HEALTH EQUITY

According to the Centers for Disease Control and Prevention, health equity is when everyone has a fair and just opportunity to attain their highest level of health. Across many health measures, we know that not everyone gets this fair chance. Historical and present-day systems of inequality continue to undermine the opportunities for well-being for particular groups of people. Memorial Health is committed to moving toward greater health equity both within our health system and in our broader communities.
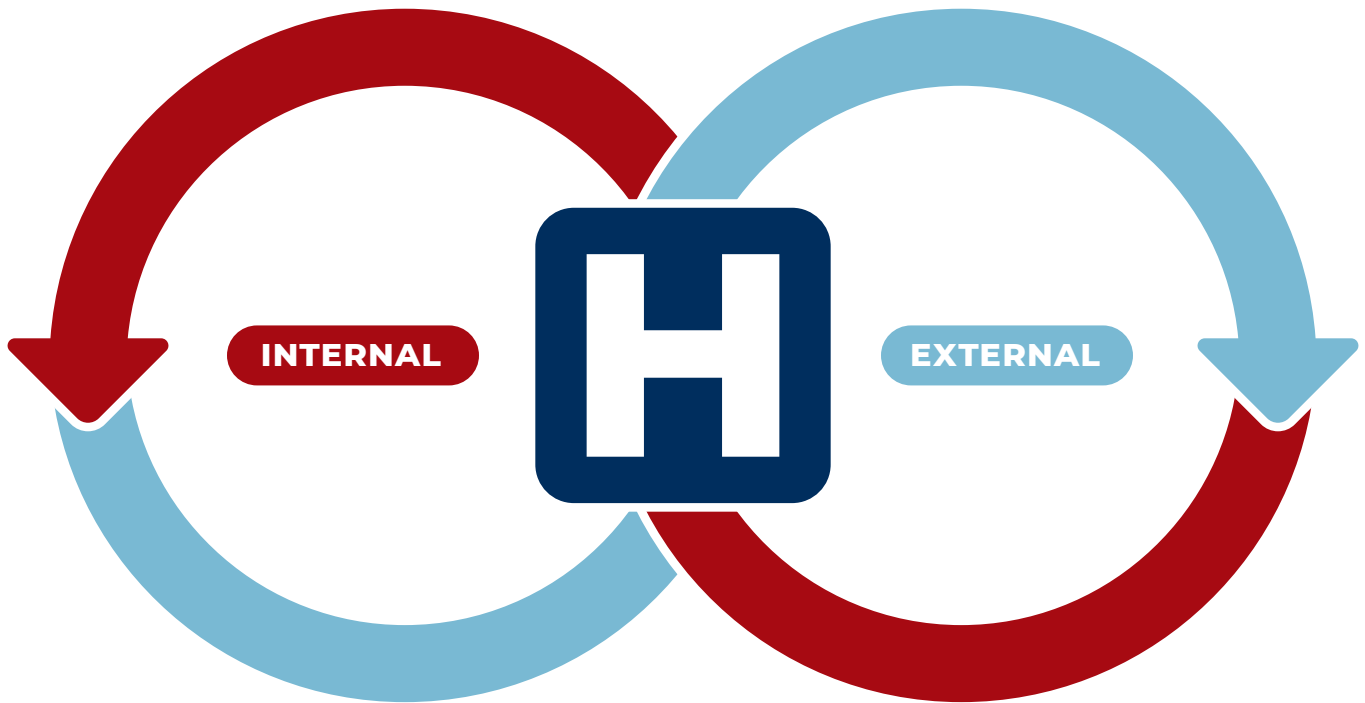
Social and structural factors are key drivers of health, often called "social determinants of health." The American Hospital Association (AHA) estimates that 40% of a person's health comes from socioeconomic factors like income, education and community safety. Other structural factors like discrimination and exclusion due to a person's race, gender, sexuality, age, veteran status, disability, immigration status and more can be included here, too. The AHA then attributes 10% of a person's health to the physical environment, like shelter, air and water quality. Another 30% comes from health behaviors like diet, exercise and drug and alcohol use, leaving the final 20% to come from access to and quality of healthcare.

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

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

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

Social Determinants of Health

Education Access and Quality

Health Care Access and Quality

Economic Stability

Neighborhood and Built Environment

Social and Community Context

Social Determinants of Health
Copyright-free

Healthy People 2030

INTERNAL   H   **EXTERNAL**

INTERNAL

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

EXTERNAL

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

INTRODUCTION TO DECATUR MEMORIAL HOSPITAL

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

Community Health Implementation Plan   **2025-27**
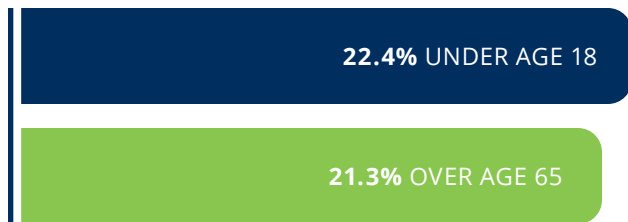
OUR COMMUNITY

DEMOGRAPHIC OVERVIEW

DMH is located in Decatur, Illinois, near the center of the state. In 2023, the U.S. Census Bureau Populations and Housing Unit Estimates reported that Macon County has a population of 100,591. Decatur is the county seat with the highest population of 68,670.
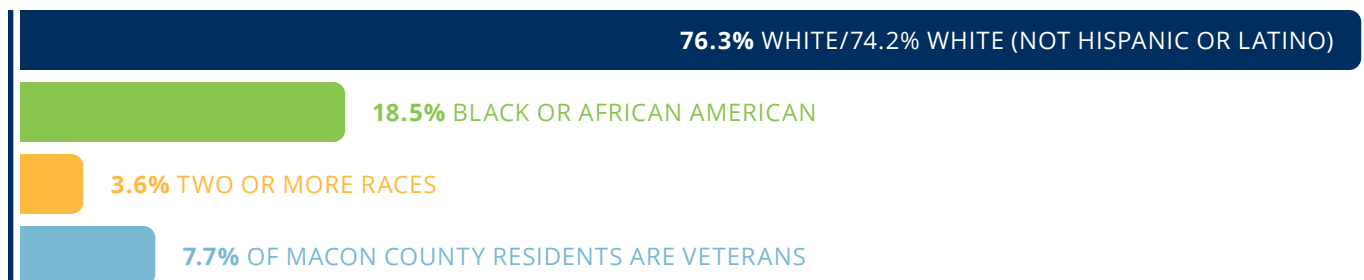
Decatur is home to a diverse set of major industries and a broad-based network of ancillary and supporting businesses. Agriculture companies such as Archer Daniels Midland Co., Caterpillar and Primient, as well as healthcare and local government, are the major employers in the county. Most patients served by DMH come from Decatur and this is where the hospital focuses the majority of its community engagement and community health initiatives.

Population Age

22.4% UNDER AGE 18

21.3% OVER AGE 65

Race and Hispanic Origin and Population Characteristics

76.3% WHITE/74.2% WHITE (NOT HISPANIC OR LATINO)

18.5% BLACK OR AFRICAN AMERICAN

3.6% TWO OR MORE RACES

7.7% OF MACON COUNTY RESIDENTS ARE VETERANS

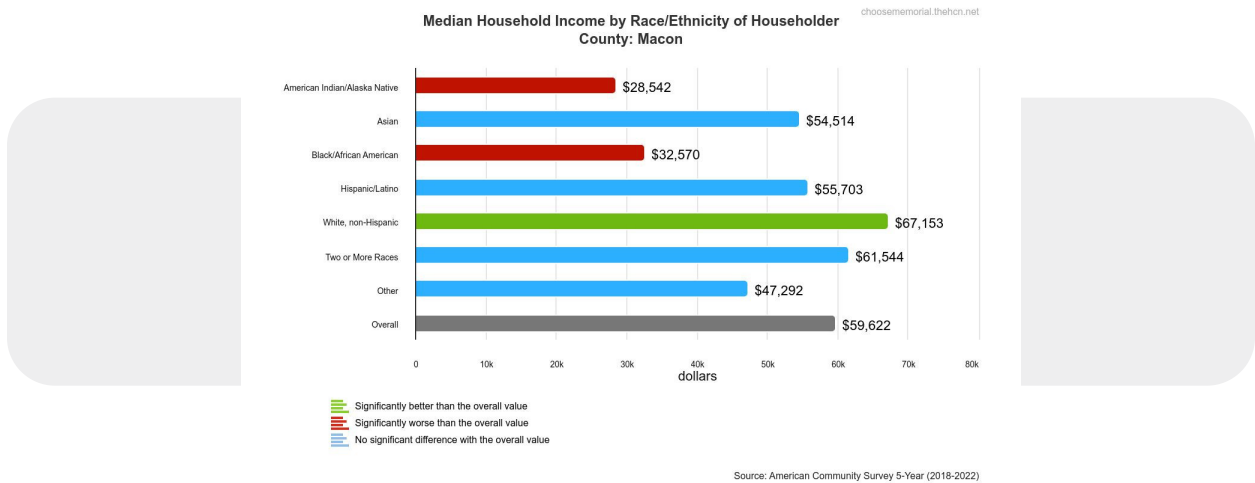Community Health Implementation Plan   2025-27

EDUCATION AND HEALTHCARE RESOURCES

DMH serves as a teaching hospital for surrounding schools that train healthcare workers, such as nurses, dietitians, physical therapists and more. Decatur is also home to two higher education institutions: Millikin University and Richland Community College. Thousands of patients come to Decatur annually for quality specialty care and surgery not available in their own communities. In addition to DMH, other Macon County healthcare resources include:
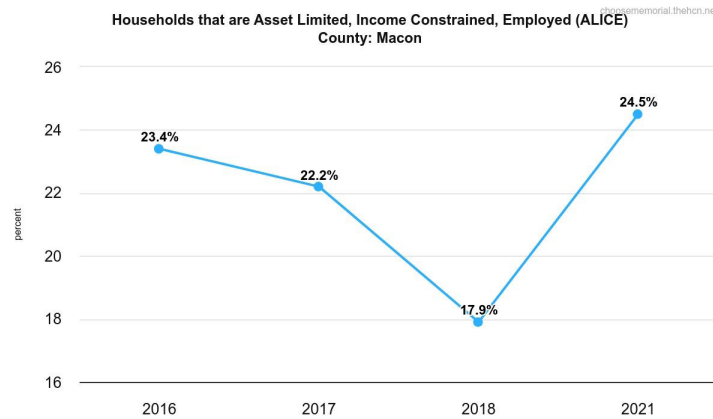
- Crossing Healthcare, FQHC—Federally Qualified Health Center
- Decatur Manor Healthcare
- Decatur VA Clinic
- Heritage Behavioral Health Center
- HSHS St. Mary's Hospital
- Macon County Health Department
- Macon County Mental Health Board
- Memorial Care
- Memorial Specialty Care
- SIU Decatur Family Medicine
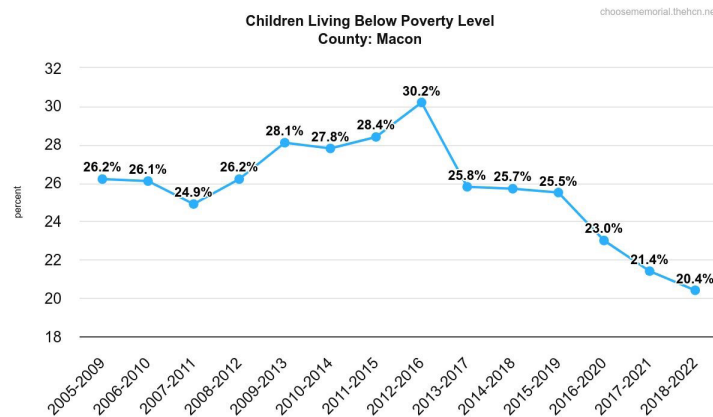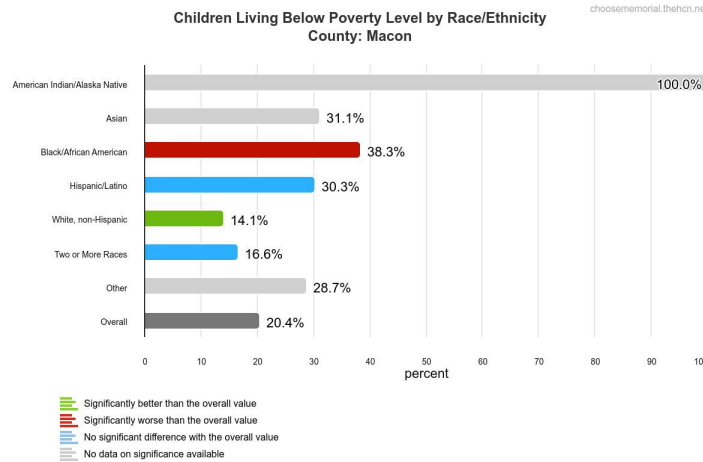- Springfield Clinic Decatur

ECONOMICS

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

Median Household Income by Race/Ethnicity of Householder County: Macon

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Race/Ethnicity	Income
American Indian/Alaska Native	$28,542
Asian	$54,514
Black/African American	$32,570
Hispanic/Latino	$55,703
White, non-Hispanic	$67,153
Two or More Races	$61,544
Other	$47,292
Overall	$59,622

Significantly better than the overall value
Significantly worse than the overall value
No significant difference with the overall value

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

ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by households that earn above the federal poverty line (FPL), but not enough to afford a "bare bones" household budget. According to United for ALICE in 2022, 43 percent of households in Macon County are considered at the ALICE threshold or lower, which means they do not have enough to afford the basics in the communities where they live.

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Households that are Asset Limited, Income Constrained, Employed (ALICE)
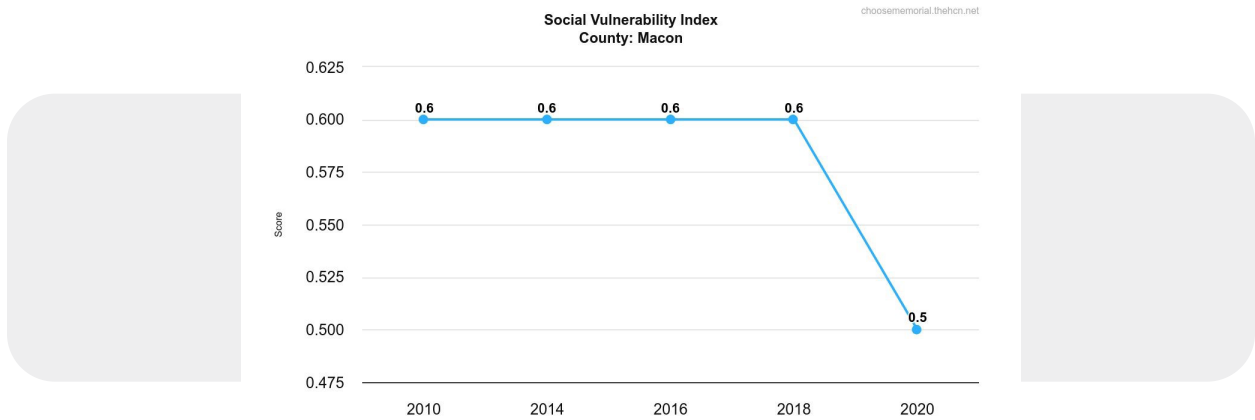**County: Macon**

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

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

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- Significantly better than the overall value
- Significantly worse than the overall value
- No significant difference with the overall value
- No data on significance available

Children Living Below Poverty Level
County: Macon

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SOCIAL VULNERABILITY INDEX

Natural disasters and infectious disease outbreaks can also pose a threat to a community's health. Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status or housing type and transportation. The Social Vulnerability Index (SVI) ranks census tracts on 15 social factors, such as unemployment, minority status and disability. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Macon County's 2020 overall SVI score is 0.6, indicating a moderate to high level of vulnerability.

Social Vulnerability Index
County: Macon

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Year	Score
2010	0.6
2014	0.6
2016	0.6
2018	0.6
2020	0.5

HEALTH EQUITY INDEX

The 2024 Health Equity Index, created by Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. An index value 0 (low need) to 100 (high need) shows the greatest need. Macon County has a 99.8 and 91.2 score for zip codes in Decatur (62523 and 62522) followed by 84.4 in Warrensburg.

FOOD INSECURITY INDEX

The 2023 Food Insecurity Index, also created by Healthy Communities Institute, measures economic and household hardship correlated with poor food access. An index value from 1 (low need) to 100 (high need) is assigned to each zip code. Again, the zip code of 62523 showed the highest need with a score of 99.3.

RESIDENTIAL SEGREGATION

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

Residential segregation is a key determinant of racial differences in socioeconomic mobility and, additionally, can create social and physical risks in residential environments that adversely affect health. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or White residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. In 2024, Macon County has a Residential Segregation - Black/White score of 51.9. In other words, 52% of either Black or White residents would have to move to different geographic areas in order to produce a de-segregated residential distribution. Illinois has an overall score of 71.5.

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ASSESSING THE NEEDS OF THE COMMUNITY

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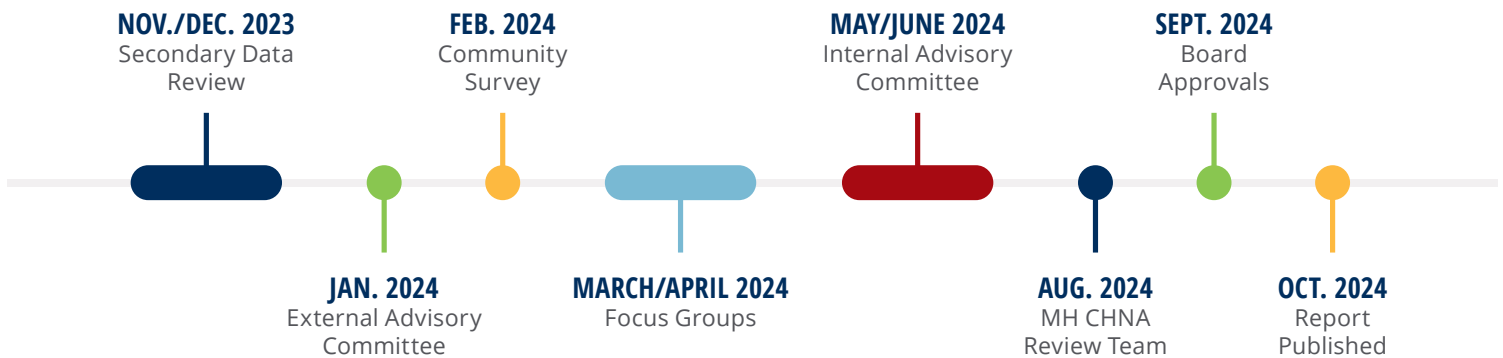USING THE SAME TIMELINE, PROCESS AND METHODOLOGY.*

FEEDBACK FROM THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT

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

OVERSIGHT

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

TIMELINE

NOV./DEC. 2023
Secondary Data Review

JAN. 2024
External Advisory Committee

FEB. 2024
Community Survey

MARCH/APRIL 2024
Focus Groups

MAY/JUNE 2024
Internal Advisory Committee

AUG. 2024
MH CHNA Review Team

SEPT. 2024
Board Approvals

OCT. 2024
Report Published

PRIORITIZATION CRITERIA

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

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

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

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

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

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

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PROCESS

STEP 1: SECONDARY DATA COLLECTION

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

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

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

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

STEP 2: PRIMARY DATA COLLECTION

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

External Advisory Committee

The EAC consisted of 22 community organizations and was asked to review the secondary data collected to identify significant health needs in the community based on both the data as presented and their experience in the community. The following organizations were represented:

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

Community Survey

Q: *How do you rate your health?*

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

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

A survey in both online and paper format was distributed throughout the county to gather feedback. Several community partners helped distribute the survey, including Crossing Health Care, Hope Academy, Eisenhower High School, MacArthur High School, Empowerment Opportunity Center, Oasis Day Center, Decatur Public Library, Decatur Family YMCA and Macon County Health Department. The survey was available in English and Spanish. The survey asked several demographic questions to identify basic characteristics of respondents. The questions centered around age, gender, race, ethnicity, income and education. Participants were asked how they rate their health and the health of the community in addition to assessing adverse childhood experiences experienced in the home, exposure to racism and local challenges to maintaining a healthy lifestyle. The survey also provided an opportunity to write in the biggest health problem in the community. In Macon County, 576 surveys were completed. A copy of the survey can be found in Appendix I.

- 76.9% identified as female
- 69% reported at least some college
- 22% reported a household income of less than $40,000
- 73.5% identified as white (compared to 76.3% population)
- 23% identified as Black or African American (compared to 18.5% population)
- More than 50% reported that health is not accessed when needed due to financial barriers (inability to pay out of pocket expenses, lack of health insurance coverage and inability to pay for prescriptions)
- 54.5% reported safety and crime as a challenge to maintaining a healthy lifestyle
- 50% reported lack of motivation/education as a challenge to maintaining a healthy lifestyle
- 66% reported they had witness someone being treated differently because of their race sometimes or frequently
- 52% reported they agreed or strongly agreed that racism was a problem
- 53% had experienced emotional abuse in their household
- 43.98% reported mental illness in the household

Focus Groups

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

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

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

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

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

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

STEP 3: INTERNAL ADVISORY COMMITTEE

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

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

STEP 4: MEMORIAL HEALTH CHNA/CHIP REVIEW COMMITTEE

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

ADDRESSING THE NEEDS OF THE COMMUNITY

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

SELECTED PRIORITIES

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

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

MENTAL HEALTH

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

Poor Mental Health: 14+ Days
County: Macon

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- 2018: 13.9%
- 2019: 14.9%
- 2020: 12.8%
- 2021: 15.5%

Adults Ever Diagnosed with Depression
County: Macon

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- 2019: 21.2%
- 2020: 17.4%
- 2021: 20.5%

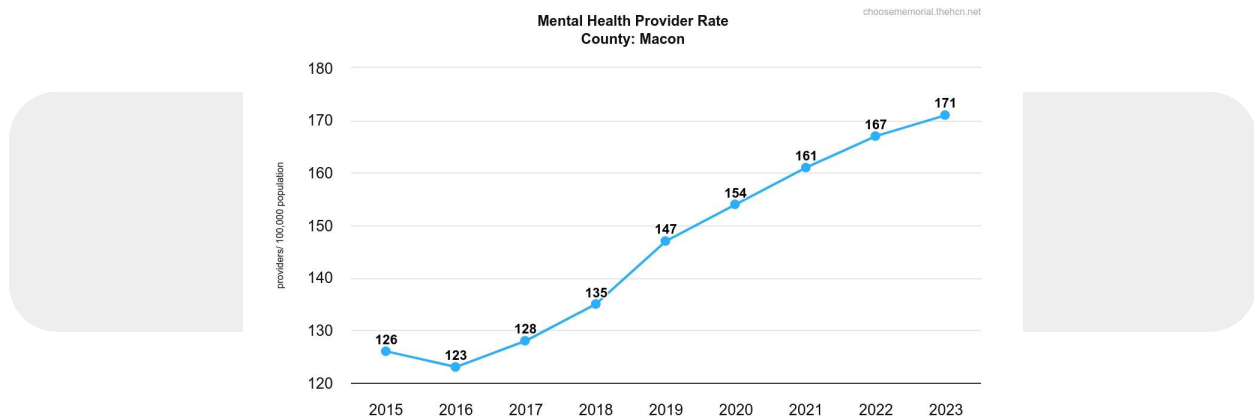**Community Health Implementation Plan** | **2025-27**
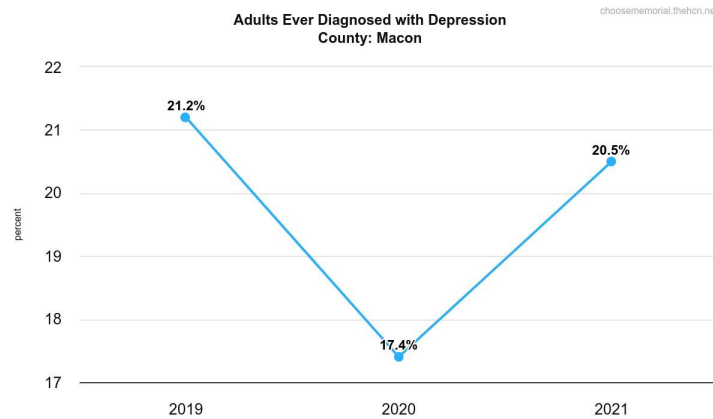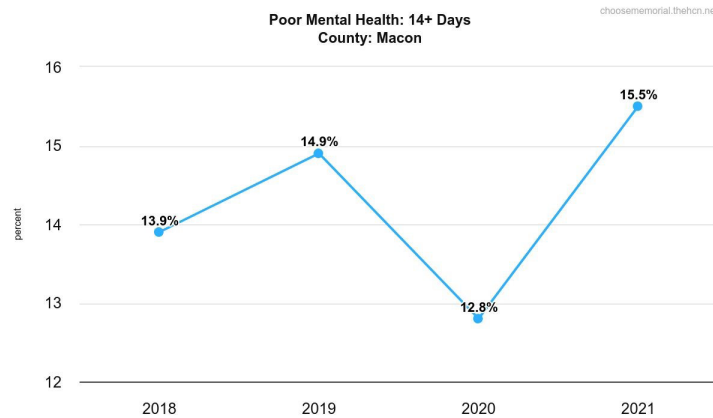
During the measurement period of 2020-2022, the Illinois Health and Hospital Association reported an age-adjusted rate of 229 per 100,000 Emergency Department (ED) visits in Macon County due to mental health challenges, compared to the state rate of 169. These visits primarily impact people ages 25-44 and males more than females. A significant disparity is evident with a rate of 356.7 for Black/African Americans. Macon County has the highest rate of ED visits for mental health challenges in the Memorial Health service area.

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

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Race/Ethnicity	Rate
Black/African American	356.7
Hispanic	137.3
White	203.5
Overall	229.3

ER visits/ 10,000 population 18+ years

Significantly better than the overall value
Significantly worse than the overall value
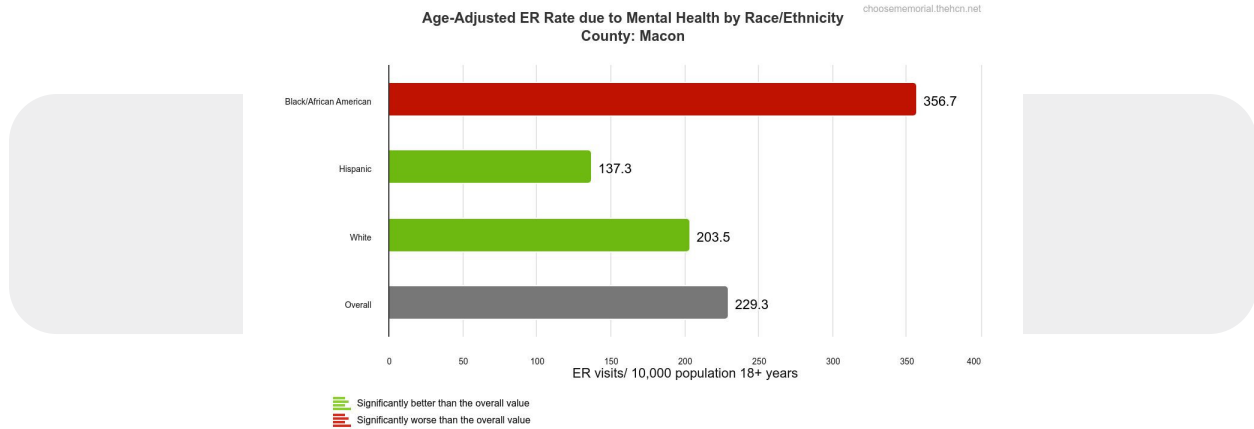
Further, 45 percent of those who took the community health survey reported mental health challenges are an issue within their household.

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

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

Mental Health Provider Rate
County: Macon

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providers/ 100,000 population

Year	Rate
2015	126
2016	123
2017	128
2018	135
2019	147
2020	154
2021	161
2022	167
2023	171

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

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

RACISM

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

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

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

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

Premature Death in Macon County, IL
Years of Potential Life Lost (YPLL)
Macon County is getting worse for this measure.

Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).

Methods used for population estimates changed with data years 2004-2006 and again with data years 2019-2021. Use caution when comparing across years.

Click here to learn more about measuring progress and using trends.

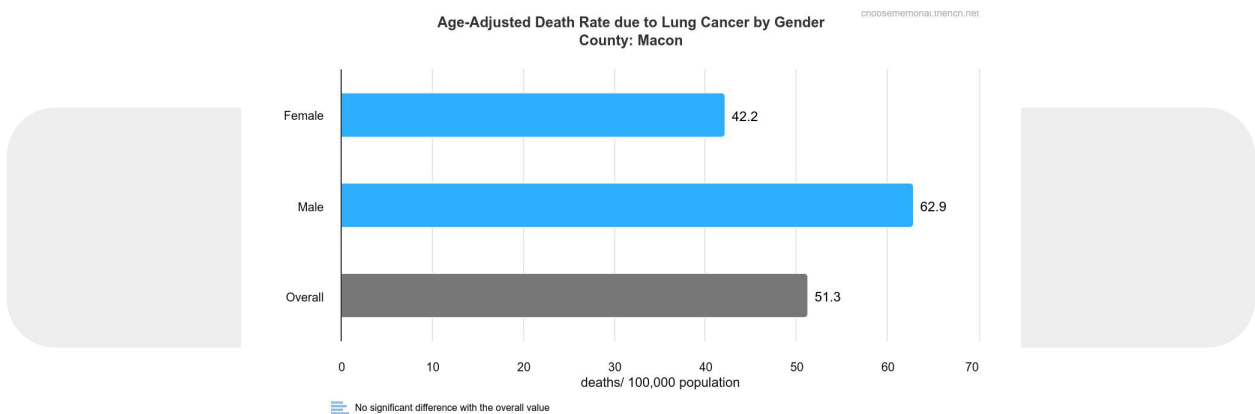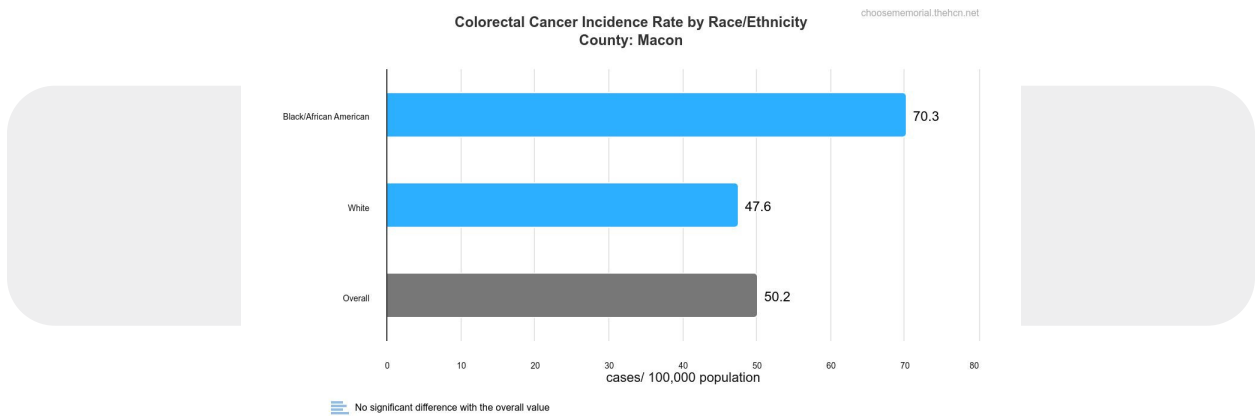More trend data and documentation can be found here.

CANCER

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

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

Lung Cancer – 51.3

Breast Cancer – 16.8

Colorectal Cancer - 16.8

Prostate Cancer – 13.5

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

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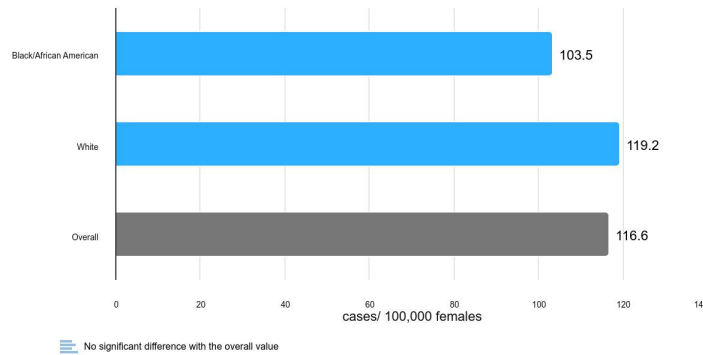
**Colorectal Cancer Incidence Rate by Race/Ethnicity
County: Macon**

choosememorial.thehcn.net

Race/Ethnicity	cases/ 100,000 population
Black/African American	70.3
White	47.6
Overall	50.2

No significant difference with the overall value

**Age-Adjusted Death Rate due to Lung Cancer by Gender
County: Macon**

choosememorial.thehcn.net

Gender	deaths/ 100,000 population
Female	42.2
Male	62.9
Overall	51.3

No significant difference with the overall value

Community Health Implementation Plan   **2025-27**

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

choosememorial.thehcn.net

Black/African American — 49.1
White — 52.6
Overall — 51.3

deaths/ 100,000 population

No significant difference with the overall value
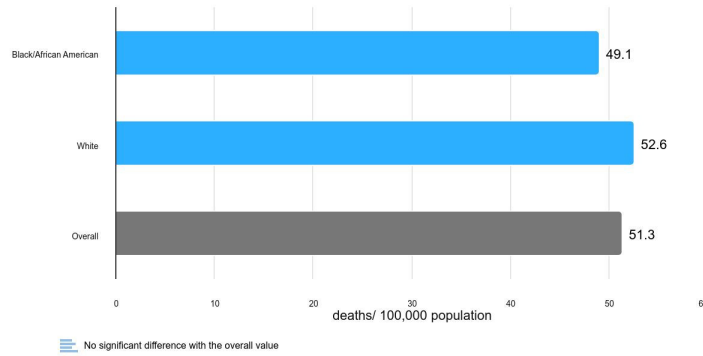
Prostate Cancer Incidence Rate by Race/Ethnicity
County: Macon

choosememorial.thehcn.net

Black/African American — 186.5
White — 110.1
Overall — 119.5

cases/ 100,000 males

Significantly worse than the overall value
No significant difference with the overall value
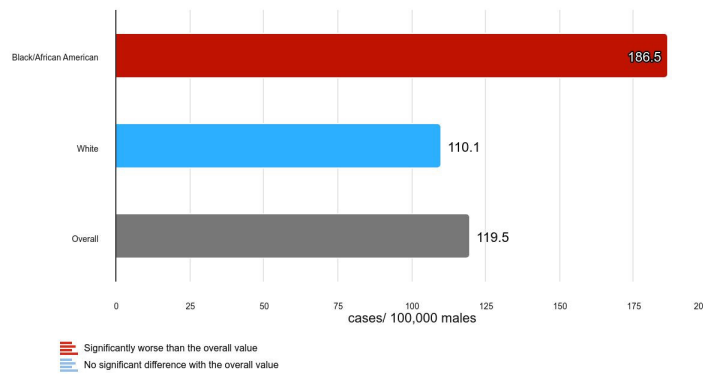
Breast Cancer Incidence Rate by Race/Ethnicity
County: Macon

choosememorial.thehcn.net

Black/African American — 103.5
White — 119.2
Overall — 116.6

cases/ 100,000 females

No significant difference with the overall value

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

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

Community Health Implementation Plan **2025-27**

UNEMPLOYMENT

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

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

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

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

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

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

Median Household Income by Race/Ethnicity of Householder
County: Macon

choosememorial.thehcn.net

Race/Ethnicity	Income
American Indian/Alaska Native	$28,542
Asian	$54,514
Black/African American	$32,570
Hispanic/Latino	$55,703
White, non-Hispanic	$67,153
Two or More Races	$61,544
Other	$47,292
Overall	$59,622

dollars (0, 10k, 20k, 30k, 40k, 50k, 60k, 70k, 80k)

- Significantly better than the overall value
- Significantly worse than the overall value
- No significant difference with the overall value

HEALTH NEEDS NOT SELECTED

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

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

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

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

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

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

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

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

Community Health Implementation Plan   2025-27

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

OVERSIGHT

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

2024 CHNA Report Approved by the Memorial Health Community Benefit Committee AND Internal Advisory Committees Reviews FY25-27 CHIP Strategies	MH CHNA/CHIP Committee Review FY25-27 CHIP Strategies	DMH Hospital Board Approves FY25-27 CHIP AND MH Community Benefit Committee Approves FY25-27 CHIP
SEPT. 2024	**OCT. 2024**	**NOV. 2024**

CHIP DEVELOPMENT

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

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

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

COMMUNITY INPUT

The community health leaders met community partners and organizations working to address the final priority areas. Through these meetings, gaps were identified that could serve as potential projects or initiatives. Areas for collaboration were also discussed with local partners in addition to a review of focus group conversations and survey responses.

INTERNAL INPUT

Community health leaders spend much of their time in the community, working alongside those who have been engaged in work around the final priorities for years. The insight and expertise of community leaders were relied on as the CHIP was developed. Members of the Internal Advisory Committees were also consulted throughout the process to identify hospital resources available to implement programs.

STRATEGIC PLANS AND COMMITMENTS

Memorial Health's strategic plan was reviewed and considered to be a guiding document as Memorial Health deepens its commitment to community health. Evolving work around equity, diversity and inclusion helped shape and prioritize strategies and potential projects. Organizations who are conducting their work in an anti-oppressive and inclusive way are prioritized for partnership. Existing strategies, programs and partnerships were reviewed for effectiveness and alignment with the 2024 CHNA priorities to determine their inclusion in the FY25-27 CHIP.

Community Health Implementation Plan **2025-27**

FY25–27 STRATEGIES

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

Targeted Priorities

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

Anticipated Impact

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

Social Determinants of Health Areas of Impact

Any social determinants of health that will be addressed by the strategy.

Hospital Resources

The resources that DMH plans to commit to address the health need.

Community Partners

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

Equity/Disparities

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

Measures of Success

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

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

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

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

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

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	Free Cancer Screenings
TARGETED PRIORITY(IES)	❏ MENTAL HEALTH ❏ RACISM ■ CANCER ❏ UNEMPLOYMENT
ANTICIPATED IMPACT	To increase access to screenings. To promote early cancer detection. To decrease cancer death rates. To improve access to care for under-served populations.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❏ ECONOMIC STABILITY ❏ EDUCATION ACCESS AND QUALITY ❏ NEIGHBORHOOD AND BUILT ENVIRONMENT ❏ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ■ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Regional Cancer Partnership Cancer Care Center
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❏ NO - 8.2% adults diagnoses in Macon County (US rate is 7%) - #1 cause of death in Macon County - Lung, correctional & prostate disproportionately affects males - Colorectal disproportionately affects Black males By providing services for free, it removes financial barriers to screenings that will support low-income or disadvantaged communities. It also encourages regular check-ups and closes the gap in health equity.
MEASURES OF SUCCESS	FY25-FY27: Support Colorectal Cancer Awareness Support National Cancer Survivors Day Support Mammogram Mondays Support Skin Cancer Screenings Support Prostate Cancer Screenings Join Memorial Cancer Care in Decatur monthly meetings Meet with Cancer Outreach Coordinator monthly Join Regional Cancer Care Partnership monthly meetings

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

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

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

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

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

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

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

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

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

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

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

STRATEGY	Promote Memorial Health Cancer Support Groups
TARGETED PRIORITY(IES)	◼ MENTAL HEALTH ❏ RACISM ◼ CANCER ❏ UNEMPLOYMENT
ANTICIPATED IMPACT	To enhance access to vital emotional and educational resources. To improve mental health for individuals impacted by cancer. To reduce loneliness and isolation by fostering connections. To decrease cancer death rates. To increase attendance and participation in support groups. To increase awareness throughout Macon County of cancer support groups available for survivors and caregivers of those living with a cancer diagnosis with a focus on marginalized populations.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❏ ECONOMIC STABILITY ❏ EDUCATION ACCESS AND QUALITY ❏ NEIGHBORHOOD AND BUILT ENVIRONMENT ◼ SOCIAL AND COMMUNITY CONTEXT ◼ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	◼ COLLEAGUE TIME ◼ MEETING SPACE/VIRTUAL PLATFORM ◼ MARKETING ◼ CONSULTANT/EXPERT ◼ FINANCIAL SUPPORT ◼ OTHER SUPPORT ◼ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Regional Cancer Partnership Cancer Care Center
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	◼ YES ❏ NO - 8.2% adults diagnosed with cancer in Macon County (US rate is 7%) #1 cause of death in Macon County - Lung, colorectal & prostate cancers disproportionately affect males in Macon County. - Colorectal cancer disproportionately affects Black males in Macon County.
MEASURES OF SUCCESS	FY25-27: # of participants in the breast cancer support # of participants in the prostate cancer support # of participants in the Finding Hope cancer support group FY25-27: Conduct an analysis on opportunities to support and promote Macon County cancer support groups to those in marginalized populations. FY26-27 - Promote and assist in the success of the Macon County cancer support groups based on the exploration and data analysis found in year 2025.

DECATUR MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Racism, Cancer, Unemployment

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

REGIONAL STRATEGIES

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

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

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

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

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

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

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

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

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

ADOPTION OF THE CHIP

The DMH Board of Directors approved the FY25-27 CHIP on Nov. 12, 2024. The Memorial Health Community Benefit Committee approved the FY25-27 CHIP on Nov. 18, 2024.

PUBLIC AVAILABILITY AND CONTACT

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

FUTURE STEPS

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

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