



***Community Health
Implementation Plan***

**Christian
County Illinois
2025-27**



CONTENTS

Executive Summary3

Introduction to Memorial Health.....4

Commitment to Addressing Community Health Factors & Health Equity.....5

Introduction to Taylorville Memorial Hospital7

Our Community.....8

Assessing the Needs of the Community.....11

Addressing the Needs of the Community15

 Selected Priorities..... 15

 Health Needs Not Selected..... 22

Timeline.....23

CHIP Development23

FY25–27 Strategies24

Regional Strategies.....31

Adoption of the CHIP35

Public Availability and Contact.....35

Future Steps35

EXECUTIVE SUMMARY

Every three years, Taylorville Memorial Hospital (TMH) 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), TMH 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. Taylorville Memorial Hospital collaborated with the Christian County Department of Public Health to complete the 2024 CHNA. The completed 2024 CHNA Report is publicly available online at <https://memorial.health/about-us/community-health/community-health-needs-assessment/>.

Based on the findings of the 2024 CHNA, the following priorities were selected for Taylorville Memorial Hospital to address: **mental health, heart disease/stroke and access to primary care physicians.**

This plan has been developed to address the priorities identified in the 2024 CHNA. Taylorville Memorial Hospital has chosen six strategies for the FY25-27 reporting period. In addition, four regional strategies have been selected to address the shared priority of mental health with the other Memorial Health affiliate hospitals including Decatur Memorial Hospital, Jacksonville Memorial Hospital, Lincoln Memorial Hospital and Springfield Memorial Hospital. The Taylorville Memorial Hospital Board of Directors also approved this plan on Nov. 7, 2024. The Memorial Health Community Benefit Committee reviewed and approved these strategies on Nov, 18, 2024.


INTRODUCTION

MEMORIAL HEALTH

Memorial Health of Springfield, one of the leading healthcare organizations in Illinois, is a community-based, nonprofit organization corporation dedicated to our mission to improve lives and strengthen communities through better health. Our highly skilled team has a passion for excellence and is dedicated to providing a great patient experience for every patient every time. Memorial Health includes five hospitals: Decatur Memorial Hospital in Macon County; Jacksonville Memorial Hospital in Morgan County; Lincoln Memorial Hospital in Logan County; Springfield Memorial Hospital in Sangamon County; and Taylorville Memorial Hospital in Christian County.

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

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



Memorial Health

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

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

FY25–27 FINAL PRIORITIES

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

COMMITMENT TO ADDRESSING COMMUNITY HEALTH FACTORS AND HEALTH EQUITY

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

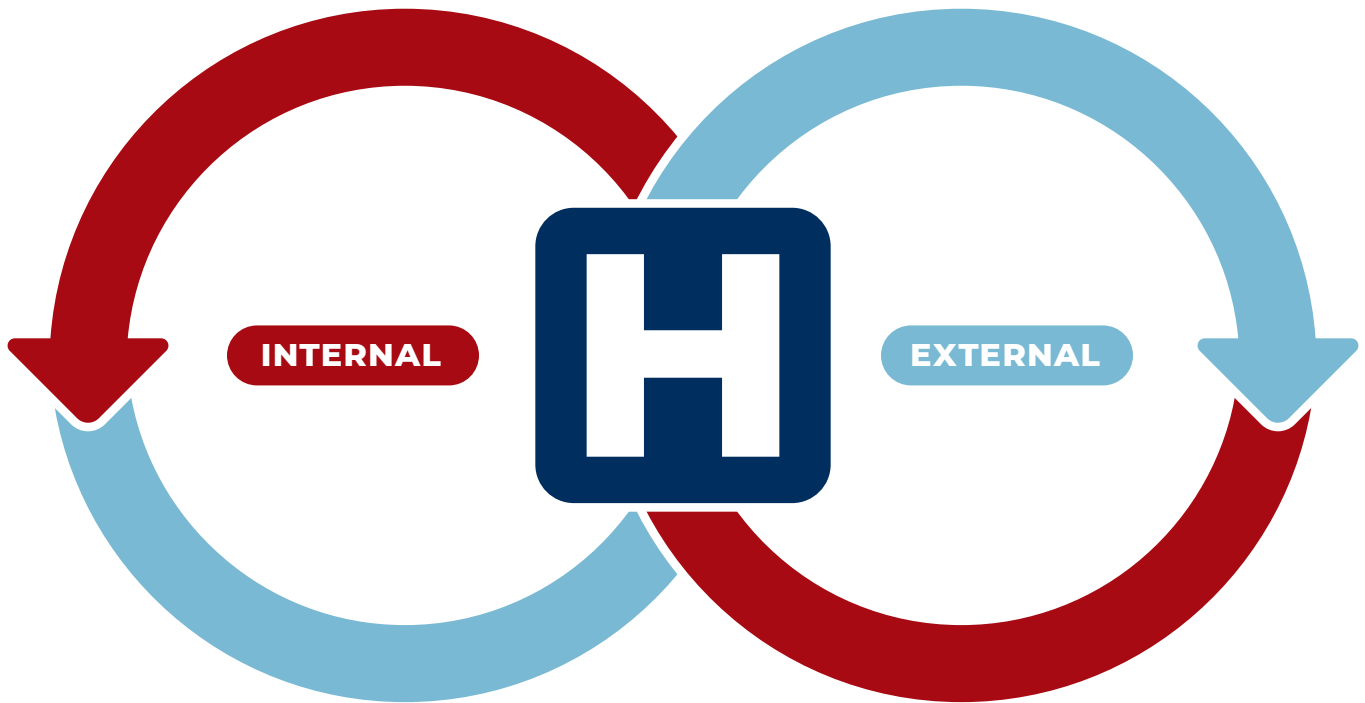
Social and structural factors are key drivers of health, often called “social determinants of health.” The American Hospital Association (AHA) estimates that 40% of a person’s health comes from socioeconomic factors like income, education and community safety. Other structural factors like discrimination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

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

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

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





INTERNAL

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

EXTERNAL

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



INTRODUCTION TO TAYLORVILLE MEMORIAL HOSPITAL

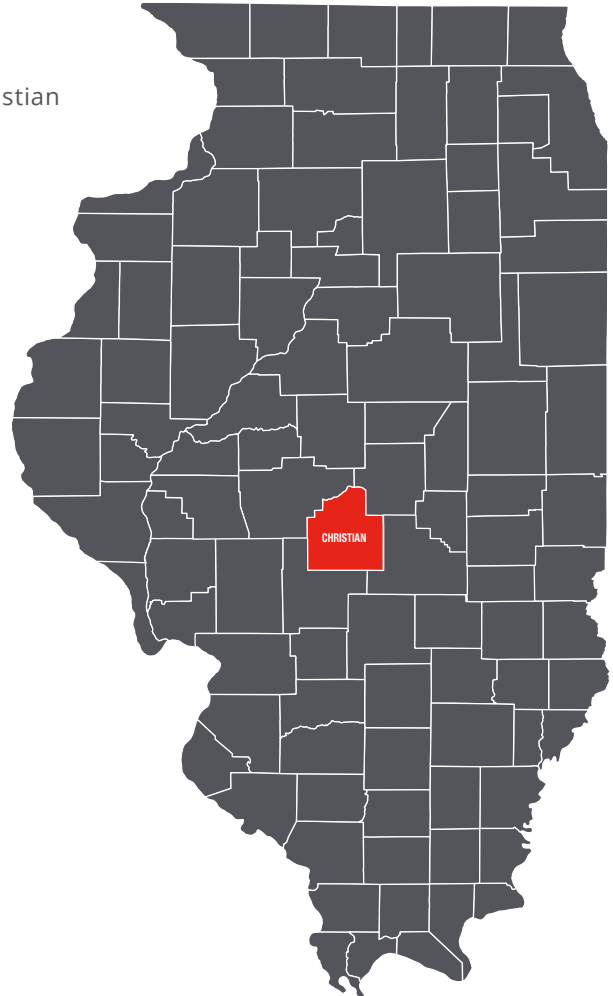
TMH is a not-for-profit rural critical access hospital located in Taylorville, Illinois. TMH was established in 1906 by the Adorers of the Blood of Christ and has served the citizens of Christian County for more than 115 years. TMH operates a 25-bed acute medical/surgical inpatient unit. A wide range of outpatient services are offered at TMH, including surgery; physical, occupational and speech therapy services; cardiac and pulmonary rehabilitation; advanced diagnostic imaging; and comprehensive emergency services, available 24 hours a day. TMH is fully accredited by The Joint Commission and is a member of the American Hospital Association, the Illinois Health and Hospital Association and Vizient. TMH has been designated as an Acute Stroke Ready Hospital by the Illinois Department of Public Health. In order to qualify for this designation, a hospital is required to have the knowledge and resources to care for an emergent stroke patient 24 hours a day, seven days a week. As a nonprofit community hospital, TMH provides significant dollars in community support each year, both for its patients and in support of community partnerships.

OUR COMMUNITY

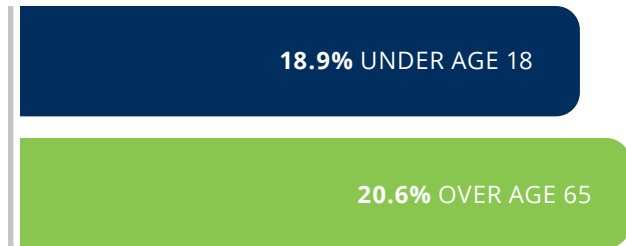
DEMOGRAPHIC OVERVIEW

TMH is located in Taylorville, near the center of the state. Christian County is largely rural and agricultural, with healthcare being one of the largest employers. The majority of patients served by TMH come from Christian County, where the hospital focuses most of its community engagement and community health initiatives.

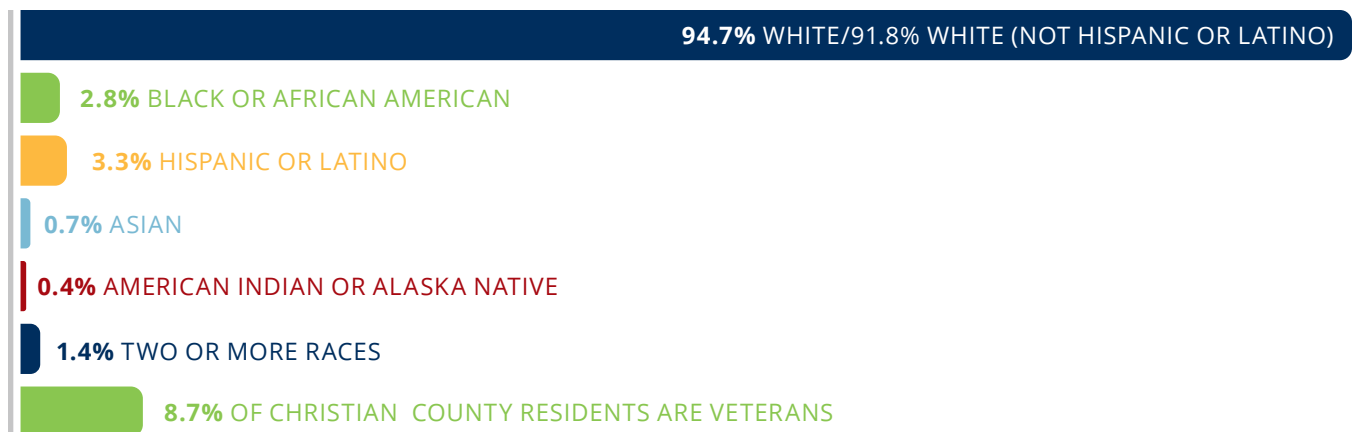
In 2023, the U.S. Census Bureau Populations and Housing Unit Estimates reported that Christian County has a population of 33,228. Taylorville is the county seat with the highest population of 10,312.



Population Age



Race and Hispanic Origin and Population Characteristics



Source: 2022 U.S. Census Bureau Population and Housing Estimates

EDUCATION AND HEALTHCARE RESOURCES

Taylorville is home to a Lincoln Land Community College education center featuring opportunities for both credit and non-credit education for Christian County residents.

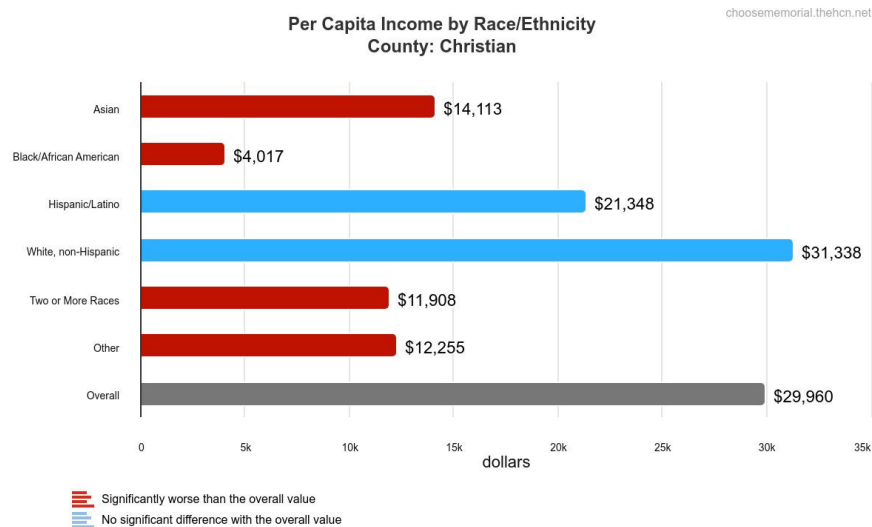
Taylorville Memorial Hospital is one of two hospitals in Christian County. Pana Community Hospital is a rural critical access hospital in the southeast corner of the county.

Residents also access care through a variety of healthcare resources, including:

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

ECONOMICS

The American Community Survey reports that the median household income in Christian County is \$56,933, lower than both the Illinois and US value. Income disparities by race in Christian County most significantly affect Black/ African Americans, who have a per capita income of less than \$5,000 as opposed to the white, non-Hispanic population with a median per capita income of over \$30,000.



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, 32 percent of households in Christian County were at the ALICE threshold or lower, which means they do not have enough to afford the basics in the communities where they live.

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). Christian County’s 2022 overall SVI score is 0.1966, indicating a low level of vulnerability.

HEALTH EQUITY INDEX

The 2024 Health Equity Index created by Healthy Communities Institute is a measure of socioeconomic need that is correlated with poor health outcomes. An index value 0 (low need) to 100 (high need) shows the greatest need. Christian County has a score of 58.1. The highest need areas in the county were reported for Taylorville (62568) and Pana (62557).

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. The zip codes with the highest need were again Taylorville and Pana.

RESIDENTIAL SEGREGATION

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

Residential segregation is a key determinant of racial differences in socioeconomic mobility and, additionally, can create social and physical risks in residential environments that adversely affect health. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. Christian County has a Residential Segregation—Black/White score of 69.5 . In other words, almost 70 percent of either Black or white residents would have to move to different geographic areas in order to produce a de-segregated residential distribution. Illinois has an overall score of 71.5.

ASSESSING THE NEEDS OF THE COMMUNITY

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

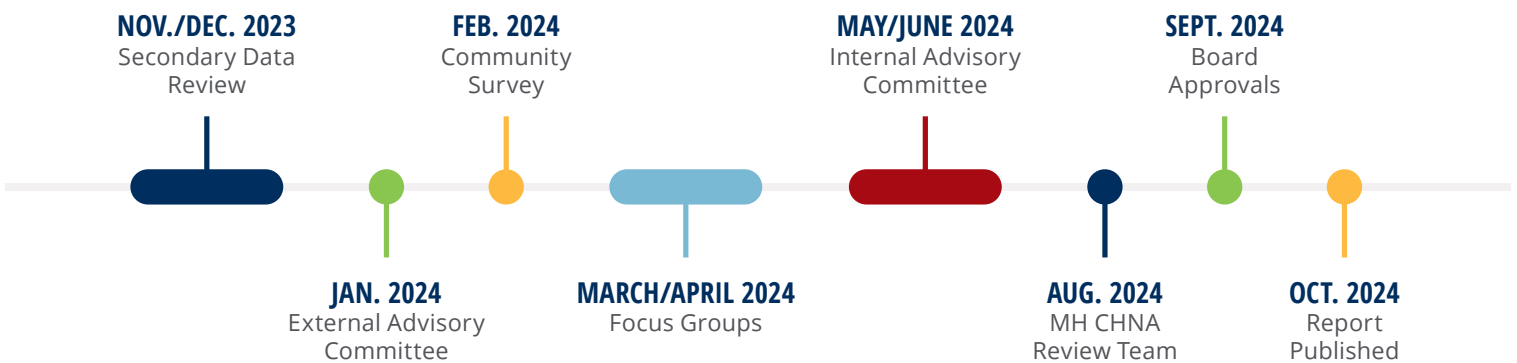
FEEDBACK FROM THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT

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

OVERSIGHT

The CHNA process for Taylorville Memorial Hospital was led by TMH Community Health coordinator, Jay Boulanger. The process was also supported by TMH president and CEO, Kim Bourne, and the Memorial Health director of Community Health, Angela Stoltzenburg.

TIMELINE



PRIORITIZATION CRITERIA

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



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

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

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

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

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

PROCESS

STEP 1: SECONDARY DATA COLLECTION

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

Memorial Health engages Conduent Healthy Communities Institute to provide a significant source of secondary data and makes it publicly available online as a free resource to the 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:

- 2023 ALICE in the Crosscurrents: COVID and Financial Hardship in Illinois
- Centers for Disease Control and Prevention (WONDER)
- C.E.F.S. Economic Opportunity Corporation
- Illinois Health Data Portal
- Illinois Violent Death Reporting System
- Illinois Public Health Community Map
- 2023 Christian County Department of Public Health Community Health Assessment
- Robert Wood Johnson Foundation County Health Rankings
- State Health Improvement Plan: SHIP
- State Unintentional Drug Overdose Death Reporting System
- UIS Center for State Policy and Research Annual Report
- United States Census
- USDA Food Map—Food Deserts

STEP 2: PRIMARY DATA COLLECTION

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

External Advisory Committee

The EAC consisted of 15 participants and was asked to review the secondary data collected to identify significant health needs in the community based on both the data as presented and their experience in the community. The following organizations were represented:

- Christian County Economic Development Corporation
- Taylorville Community Unit School District 3
- Christian County Probation
- Lincoln Land Community College- Taylorville
- Central Counties Health Centers
- Hospital Sisters Health System (HSHS)
- Small Town Taylorville
- Taylorville Food Pantry
- Christian County YMCA
- C.E.F.S. Economic Opportunity Corporation

Community Survey

Q: *How do you rate your health?*

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

A survey in both paper and online formats was distributed throughout the county to gather feedback. Several community partners helped distribute the survey, including the Christian County Prevention Coalition, Christian County YMCA, Taylorville Food Pantry, Breeze Courier and Miller Media Group. 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 Christian County, 352 surveys were completed. A copy of the survey can be found in Appendix I. A summary of who took the survey and the findings are below:

- 74.07% identified as female
- 28.49% reported at least some college
- 14.77% reported a household income of \$20,000-\$40,000
- 97.41% identified as white
- 0.57% identified as Black or African American
- Over 60% reported that healthcare is not accessed when needed due to financial barriers (inability to pay out-of-pocket expenses, lack of health insurance coverage)
- 44.35% reported lack of education/knowledge as a challenge to maintaining a healthy lifestyle
- 48.12% reported lack of motivation/effort/concern as a challenge to maintaining a healthy lifestyle
- 30% reported they had witnessed someone being treated differently because of their race sometimes or frequently
- A little over 20% reported they agreed or strongly agreed that racism was a problem
- 57.23% had experienced emotional abuse in their household
- 43.98% reported mental illness in the household

Focus Groups

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

- **Taylorville Ministerial Association**
- **Christian County Senior Center**
- **Paso Counseling – Recovery Community**

Several key issues emerged in our focus group discussions. There is a significant shortage of local mental health professionals, forcing residents to travel long distances for mental health services, highlighting a need for mental health resources in Christian County. Additionally, there are long wait times for those seeking mental health services. Participants expressed a preference for local, in-person help as opposed to using hotlines like 988, but there is also a general lack of awareness of resources such as 988.

While access to healthy foods is generally good through food pantries, there is a lack of knowledge about cooking healthy meals. Additionally, participants reported that there are no local dentists accepting the prevalent insurance plans and that transportation services need extended hours to better serve the community. There is also a demand for more summer programs and activities beyond those offered by the YMCA, especially for those dealing with substance abuse.

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 TMH colleagues listed below:

1. TMH Community Health Coordinator
2. TMH Director & Chief Nursing Officer
3. TMH Director of Clinical Operations
4. TMH Director of Hospitality
5. TMH Director of Ancillary Services
6. TMH Emergency Department Nurse Manager
7. TMH President & CEO
8. TMH Staff Chaplain

STEP 4: MEMORIAL HEALTH CHNA/CHIP REVIEW COMMITTEE

A Memorial Health CHNA/CHIP Review Committee was added to the process for 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, Diversity and Inclusion; MH Vice President and Chief Quality Officer; Hospital Presidents/CEOs; Directors 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

Six final priorities were discussed by the Internal Advisory Committee: lung cancer, smoking/vaping, mental health, access to primary care providers, heart disease and inability to pay for prescriptions. Using a prioritization matrix, the final priorities were force ranked (1 to 6) for each weighted criteria category. The following priorities were selected after receiving the highest scores:

1. Heart Disease and Stroke – Score of 4.7
2. Mental Health – Score of 3.6
3. Access to Primary Care Physicians – Score of 3.6

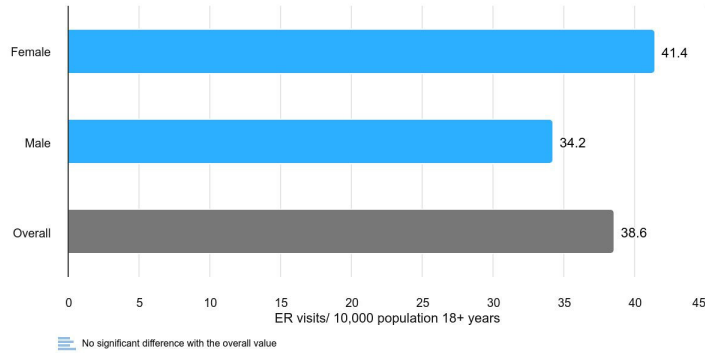
HEART DISEASE AND STROKE

Heart disease is the leading cause of death in Illinois and Christian County, accounting for nearly 27 percent of all Christian County deaths in 2021. The age-adjusted death rate for coronary heart disease in Christian County is 90.2 per 100,000, surpassing both the Illinois and U.S. averages. In Christian County, 6.1 percent of adults have experienced coronary heart disease, and 3.7 percent have experienced a stroke.

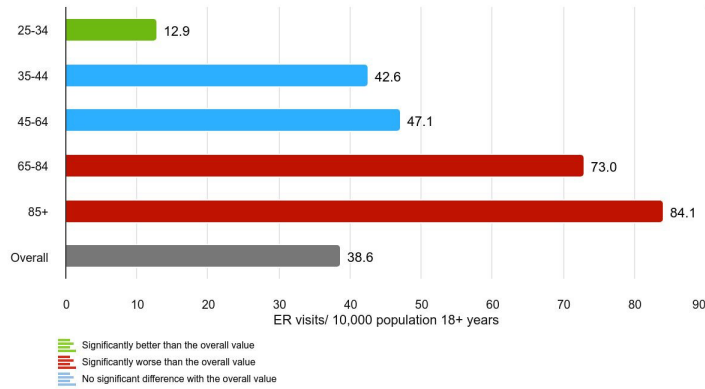
According to CDC- PLACES in 2021, 3.7 percent of Christian County residents have experienced a stroke, while the US value is 3.3 percent. That number has been dropping since 2018, when it was at 4 percent. During the same reporting period, 7.6 percent of adults in Christian County had been told by their healthcare provider that they had coronary heart disease. Christian County has the highest number of adults with heart disease of any service area served by Memorial Health. The US rate is 6.1 percent.

Hypertension, a significant increase in blood pressure in the arteries, is a risk factor for heart disease. The age-adjusted ER rate due to hypertension for Christian County was reported as 38.6 per 10,000 by the Illinois Health and Hospital Association in the 2020-2022 reporting period. Since the 2016-2018 reporting period, this rate has slightly improved, but is still higher than the Illinois value of 34.8. Hypertension has a significant impact on ages 65 and older compared to younger Christian County residents.

Age-Adjusted ER Rate due to Hypertension by Gender
County: Christian

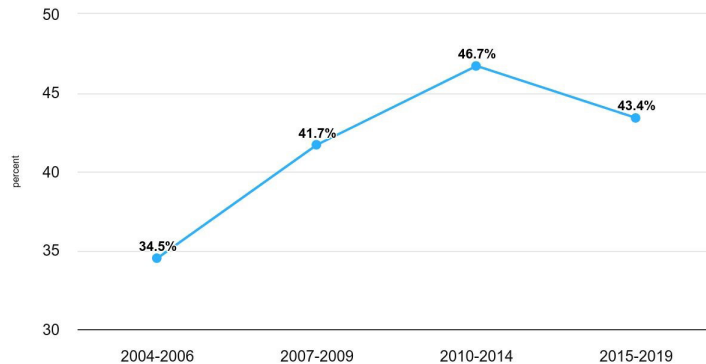


ER Rate due to Hypertension by Age
County: Christian

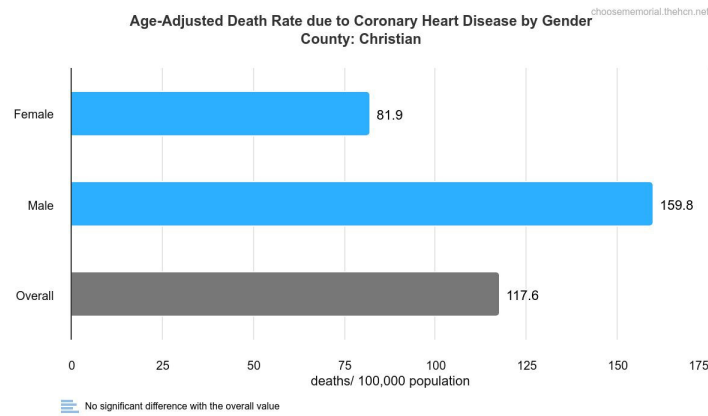


A major risk for heart disease is high cholesterol. The Illinois Behavioral Risk Factor Surveillance System reported that during 2015-2019, 43.4 percent of adults in Christian County have checked their cholesterol and have been told it is high. The Illinois rate is 31.5 percent and the US value is 35.7 percent. This rate is trending up over time since the 2004-2006 reporting period. Furthermore, CDC- PLACES reported in 2021 that only 82.2 percent of Christian County residents have had their cholesterol checked in the past five years.

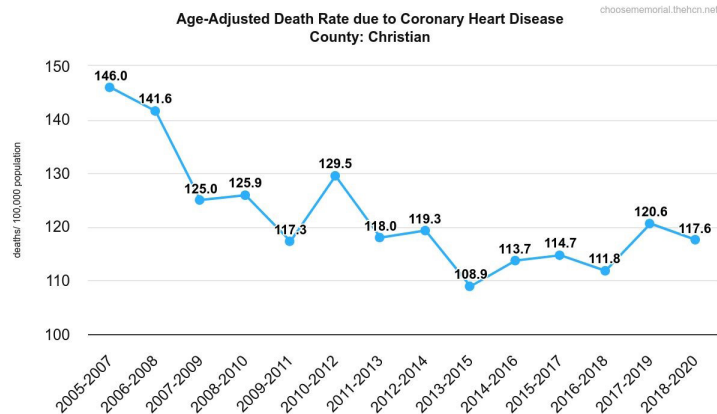
High Cholesterol Prevalence
County: Christian



The Centers for Disease Control and Prevention reported the death rate for coronary heart disease was at a rate of 117.6 deaths per 100,000 population during the 2018-2020 reporting period. The only data available to identify disparities in this measure is by gender, which shows that Christian County males are significantly more impacted by coronary heart disease deaths than women. The rate among men is 159.8 as compared to 81.9 in women. The trend has improved since the 2005-2007 reporting period, but the Christian County rate is still significantly higher than the US rate of 90.2 and the Illinois rate of 80.1.



Source: Centers for Disease Control and Prevention (2018-2020)



Source: Centers for Disease Control and Prevention (2018-2020)

Heart disease has a severe impact and affects many people in the community. The IAC recognizes that many patients present to TMH with these conditions. The IAC discussed that while heart disease was mentioned by respondents in the Christian County community survey, there is a lack of overall awareness by local residents. There are several evidence-based strategies available to combat heart disease, including heart health screenings, increasing physical activity with walking programs, promotion of healthy weight and healthy cooking classes. The IAC viewed this as a great opportunity to make a measurable impact on this health need.

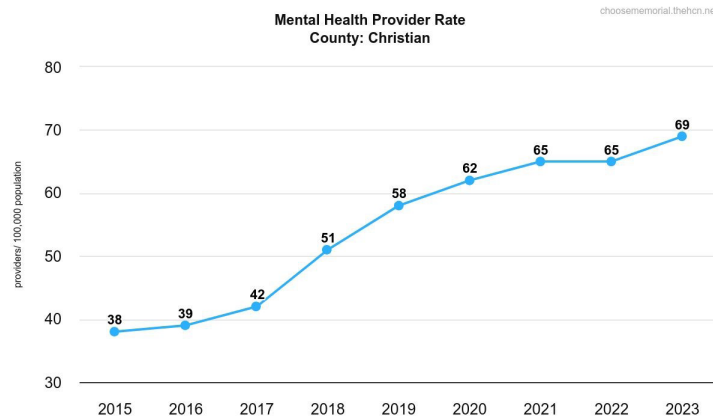
MENTAL HEALTH

Mental health was among the top five highest-ranked health concerns in the community survey. Secondary data supported the concern, with several mental health indicators for Christian County measuring worse than the U.S. and Illinois values.

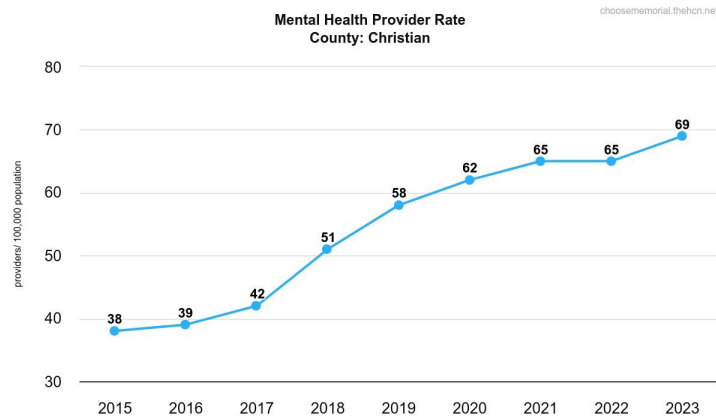
In 2021, CDC – PLACES reported that 20.5 percent of adults in Christian County had been diagnosed with depression. Depression is likely the result of a combination of genetic and environmental factors. It is often associated with a higher risk of death not only from suicide but also heart disease which, as mentioned earlier in this report, has a high prevalence in Christian County. The Illinois value for adults diagnosed with depression is 19.5 percent. The Centers for Disease Control and Prevention reported a rate of 20 deaths per 100,000 due to suicide for Christian County residents during the 2018-2020 period. The overall trend has been worsening since 2012 and is higher than the Illinois rate at 10.9 and the U.S. value at 13.9. Christian County has the highest death by suicide rate when compared to Macon and Sangamon counties in the Memorial Health service area.

In 2021, CDC – PLACES reported that 15.4 percent of adults in Christian County reported that their mental health was not good for 14+ days in the past month, an overall trend that has increased since 2018. The US value was 14.7 percent.

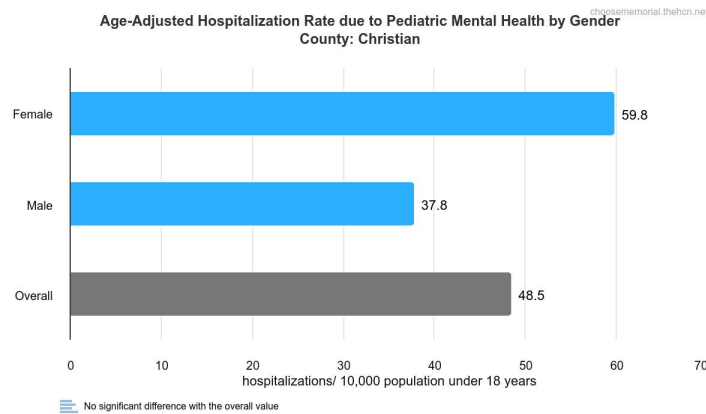
There is a gap in mental health services in Christian County. Robert Wood Johnson’s County Health Ranking reported in 2023 that there is a rate of 69 mental health providers in Christian County per 100,000 residents. While this rate is increasing, it is significantly lower than the Illinois rate of 315. This lack of care makes it more likely that persistent mental/emotional health problems are ignored or not treated, which can lead to the development of psychiatric and physical comorbidities. It can also lead to unhealthy behaviors and substance use and can be a contributing factor to emotional abuse and domestic violence. On the community health survey, 57.23 percent of respondents stated they had experienced emotional abuse in their household and 29.52 percent of respondents reported physical abuse in their household.



With the gap in services, community members unable to access mental healthcare within the county must seek care elsewhere if they can afford it, or often resort to using the Emergency Department. In Christian County, the average annual age-adjusted emergency room visit rate due to mental health for those ages 18 and older is 173.3 per 10,000, higher than the Illinois rate of 169.1. The Illinois Health and Hospital Association reported these rates over the 2020-2022 reporting period. There are no disparities found by race for these visits; however, Christian County residents ages 25-44 are more likely to be seen at the ER for mental health. Further, women are more likely to be seen, with a rate of 191.3 as compared to males with a rate of 157.6.



The age-adjusted rate of emergency department visits due to pediatric mental health issues in Christian County was reported by the Illinois Health and Hospital Association at 100.8 per 10,000, significantly higher than 58, the rate for the entire state of Illinois. There is no data to identify any disparities by race, but youth ages 10-17 and females are affected at greater rates than those 9 and under and male. Female youth are also more likely to be hospitalized for mental health concerns than male youth. The Illinois Health and Hospital Association reported a rate of 48.5 for Christian County youth hospitalized for mental health. Females had a rate of 59.8, males were at a rate of 37.8.



Forty-four percent of the community health survey respondents stated that individuals with mental health challenges are not receiving sufficient healthcare in Christian County. In addition, 43.98 percent of respondents reported they had experienced mental illness in the household.

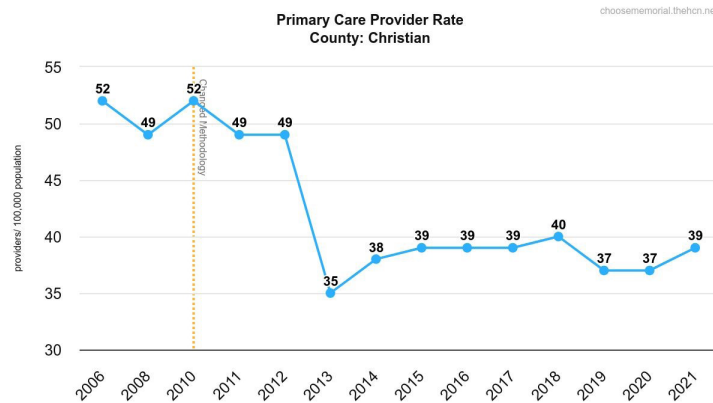
While there is an overall gap in mental health services for Christian County, frequent concern was raised throughout the community health survey and in discussions about the lack of resources to support youth mental health. Respondents also mentioned that people with private insurance don't have access to in-person mental health counseling unless they go to Springfield, which causes challenges for adults who need to take off work and children who have to miss school.

The IAC reviewed the data and ranked mental health as a priority because it is a root cause of many other poor health outcomes, the current mental health indicators are worse than state and national levels, it impacts many people in Christian County and there is a community interest in addressing and partnering around the issue.

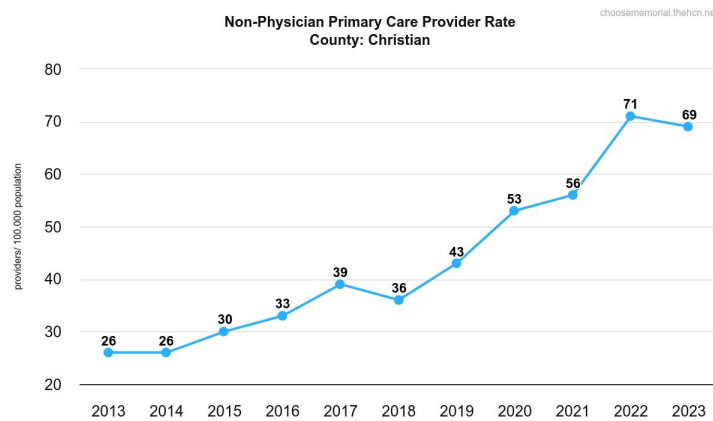
ACCESS TO PRIMARY CARE PHYSICIANS

Access to primary care physicians is critical to creating a healthy community. When residents do not have access to primary care providers, they are less likely to participate in routine checkups and screenings. Delayed care often results in more severe, complicated and costly conditions and potentially leads to avoidable emergency room visits. On the community health survey, 22.73 percent respondents stated that they don't access healthcare when they need it due to a lack of access to physicians and providers.

In Christian County, the primary care provider rate is significantly lower than the state average. According to the Robert Wood Johnson County Health Rankings, the provider rate in Christian County is 29 per 100,000 as compared to the Illinois value of 79. And the number of primary care providers has been trending down since 2010. The community health survey respondents cited a need for an urgent care clinic in Christian County and difficulty finding a provider that takes a variety of insurance.



The non-physician primary care provider rate per 100,000 was 69. And while the trend is improving, it is still significantly lower than the Illinois rate of 113.



The Centers for Medicare and Medicare Services reported that in 2022, the rate of preventable hospital stays for the Medicare population in Christian County was 4,105 per 100,000. This is significantly higher than the state (3,258) and national (2,677) rates. This measure indicates the quality and accessibility of primary care health services available. As mentioned earlier, if the quality of care in the outpatient setting is poor, people are more likely to overuse the hospital as a main source of care and may be hospitalized unnecessarily. The data shows that females are more significantly impacted by preventable hospital stays than males by 11.3 percent. Christian County has the second highest rate of preventable hospital stays in the Memorial service area, only behind Sangamon County.

In addition to more providers, the community survey respondents requested more access to specialty care physicians. Transportation is also a barrier to health. On the community health survey, 43.75 percent of respondents reported lack of transportation as a reason why people in Christian County don't access healthcare when they need it. When asked about the one thing they would do to make the health of Christian County better, respondents cited free rides to doctors, more doctors and more affordable healthcare. Closer healthcare providers would remove the barrier of transportation to healthcare, which currently requires travel outside of the county.

HEALTH NEEDS NOT SELECTED

Often, organizational capacity prohibits TMH from implementing programs to address all significant health needs identified during the CHNA process. TMH 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. The following issues were not selected:

Smoking/Vaping – The IAC recognized smoking/vaping as a root cause of health conditions, as vaping is on the rise for youth and the smoking rate for adults is high in Christian County. However, after noting that smoking rates for adults are trending down since 2018 and identifying a lack of effective local partnerships to expand, the priority scored lower (3.2) when compared to competing priorities.

Lung Cancer – Although lung cancer is a significant health concern in Christian County, the IAC ranking score (3.00) indicated that it was not as pressing relative to other issues identified in the current assessment. As a result, resources and attention were directed toward other higher-priority health needs.

Inability to Pay for Prescriptions – This issue received a force ranking score of 2.9, lower than other priorities considered in the evaluation. Despite the fact that many community members reported struggling with prescription costs, this issue did not rank as highly in the overall assessment due to a lack of expertise and TMH's inability to make a measurable impact on the concern. Consequently, it was deemed a lower priority compared to other pressing health issues identified in the ranking process.

Additional concerns that were mentioned in the EAC and on the community health survey but were ultimately not chosen but are listed here for recognition of their impact on residents of Christian County:

Homelessness – While there is wide recognition that homelessness has a serious impact on health, there are several resources and organizations addressing the needs of people in Christian County who are experiencing homelessness.

Substance Use – Several participants of the community survey mentioned substance use as a significant health concern. TMH recognizes the magnitude of people in Christian County being impacted by substance use. By prioritizing mental health, we feel that we will be acknowledging a root cause of substance use. Additionally, TMH has a strong partnership with the Safe Passages program and with the Christian County Prevention Coalition and will continue to support those initiatives.

OVERSIGHT

The CHIP process for Taylorville Memorial Hospital was led by the TMH community health coordinator, Jay Boulanger. The process was also supported by the TMH president and CEO, Kim Bourne, 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

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

SEPT. 2024

OCT. 2024

NOV. 2024

CHIP DEVELOPMENT

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

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

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

COMMUNITY INPUT

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

INTERNAL INPUT

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

STRATEGIC PLANS AND COMMITMENTS

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

FY25-27 STRATEGIES

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

Targeted Priorities

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

Anticipated Impact

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

Social Determinants of Health Areas of Impact

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

Hospital Resources

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

Community Partners

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

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

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Access to Primary Care

STRATEGY	Community Health Fairs
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> HEART DISEASE/STROKE <input checked="" type="checkbox"/> ACCESS TO PRIMARY CARE PHYSICIANS
ANTICIPATED IMPACT	<p>To increase awareness of healthy behaviors and local services available to address mental health, heart disease and the importance of primary care physicians.</p> <p>To increase access to services and promote preventive care.</p> <p>To connect individuals with resources and each other.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Christian County YMCA
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Low-income and disadvantaged communities will benefit from free or low-cost health screenings, educational resources, and access to vital services, ensuring that undeserved populations receive the care and information they need to improve their health outcomes.
MEASURES OF SUCCESS	FY25-27: Facilitate annual Back-to-School Fair annually Facilitate annual Senior Fair annually # of participants # of screenings available # of individual health screenings administered % of attendees who learned about a new service % of attendees who participated in a health screening

TAYLORVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Access to Primary Care

STRATEGY	Go Red for Heart Health Campaign
TARGETED PRIORITY(IES)	<input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> HEART DISEASE/STROKE <input checked="" type="checkbox"/> ACCESS TO PRIMARY CARE PHYSICIANS
ANTICIPATED IMPACT	<p>To increase awareness of heart disease and stroke incidence among community. To teach the community how to identify risk factors (such as high blood pressure, high cholesterol). To promote lifestyle changes to prevent heart-related issues. To decrease heart disease and stroke incidence and death rates. To increase community knowledge of how to respond to a STROKE for early treatment.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input checked="" type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MEASURES OF SUCCESS	FY25: Collaborate with the TMH Cardiac team in the first year to design and shape the campaign. FY26-27: # attending health screenings. % of attendees who report increased knowledge of heart disease and stroke risks.

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

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Access to Primary Care

STRATEGY	Healthy Cooking Classes
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> HEART DISEASE/STROKE <input type="checkbox"/> ACCESS TO PRIMARY CARE PHYSICIANS
ANTICIPATED IMPACT	To increase healthy eating habits. To reduce incidence of heart disease and stroke. To increase knowledge of nutrition and cooking skills. To improve mental health. To create opportunities for community connections.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input checked="" type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input checked="" type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	University of Illinois Extension
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO These classes are free and support low-income and disadvantaged communities by addressing food insecurity and health disparities, providing access to affordable and nutritious meal planning.
MEASURES OF SUCCESS	FY25-27: Facilitate at least 2 classes a year. # of participants # of participants who report improved knowledge of healthy eating and cooking skills.

TAYLORVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Access to Primary Care

STRATEGY	Promote Recreational Biking
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> HEART DISEASE/STROKE <input type="checkbox"/> ACCESS TO PRIMARY CARE PHYSICIANS
ANTICIPATED IMPACT	<p>To increase physical activity and active transportation. To decrease the risk of cardiovascular diseases by encouraging a heart-healthy lifestyle. To foster a sense of community and belonging by connecting individuals through group rides and events.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Lincoln Prairie Trails Conservancy
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MEASURES OF SUCCESS	FY25: Renew Bike Friendly Membership FY25: Join Lincoln Prairie Trails Conservancy Committee FY25-27: Promote cycling in the community with social media campaign during bike month. Purchase "fix it" station for trail head grand opening.

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

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Access to Primary Care

STRATEGY	Walking Challenge
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> HEART DISEASE/STROKE <input type="checkbox"/> ACCESS TO PRIMARY CARE PHYSICIANS
ANTICIPATED IMPACT	<p>To improve mental well-being by fostering a sense of community and belonging and encouraging an active lifestyle.</p> <p>To increase regular physical activity.</p> <p>To promote healthier lifestyle habits among participants.</p>
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input checked="" type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input checked="" type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	Christian County YMCA Taylorville High School
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO No-Cost Participation: Walking is an accessible form of physical activity that does not require expensive equipment, memberships or facilities, making it ideal for low-income communities. Inclusive Locations: Organizing the challenge in easily accessible locations like the YMCA, Taylorville High School and neighborhoods ensures that participants do not need to travel far or rely on transportation.
MEASURES OF SUCCESS	FY25-FY27: # of participants who signed up and actively participated # of participants completed the challenge or met their individual walking goals # of total steps/distance walked by participants Coordinate at least 2 walking challenges annually.

TAYLORVILLE MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Heart Disease/Stroke, Access to Primary Care

STRATEGY	Wellness at Work- Workplace Wellness Checks
TARGETED PRIORITY(IES)	<input checked="" type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> HEART DISEASE/STROKE <input checked="" type="checkbox"/> ACCESS TO PRIMARY CARE PHYSICIANS
ANTICIPATED IMPACT	To improve employee mental health and well-being. To promote access to primary care services through on-site wellness checks and health education.
SOCIAL DETERMINANTS OF HEALTH IMPACT	<input type="checkbox"/> ECONOMIC STABILITY <input type="checkbox"/> EDUCATION ACCESS AND QUALITY <input type="checkbox"/> NEIGHBORHOOD AND BUILT ENVIRONMENT <input type="checkbox"/> SOCIAL AND COMMUNITY CONTEXT <input checked="" type="checkbox"/> HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	<input checked="" type="checkbox"/> COLLEAGUE TIME <input type="checkbox"/> MEETING SPACE/VIRTUAL PLATFORM <input checked="" type="checkbox"/> MARKETING <input type="checkbox"/> CONSULTANT/EXPERT <input checked="" type="checkbox"/> FINANCIAL SUPPORT <input checked="" type="checkbox"/> OTHER SUPPORT <input checked="" type="checkbox"/> PRINTING/SUPPLIES
COMMUNITY PARTNERS	SIU Center for Family Medicine Christian County Health Department
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Address disparities by ensuring that all employees, regardless of income or background, have access to health and wellness resources at their workplace. Eliminates transportation/time barriers.
MEASURES OF SUCCESS	FY25: Develop program and identify partner employers. FY26-27: Host at least 3 workplace wellness checks annually at different employers. # of employees participating in on-site screenings # of screenings/educational activities provided

REGIONAL STRATEGIES

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

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

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

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

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

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

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

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

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

ADOPTION OF THE CHIP

The TMH Board of Directors approved the FY25-27 CHIP on Nov. 7, 2024. The Memorial Health Community Benefit Committee approved the FY25-27 CHIP on Nov. 18, 2024.

PUBLIC AVAILABILITY AND CONTACT

The 2024 Taylorville 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 TMH Board of Directors.



Taylorville
**Memorial
Hospital**