Community Health Needs Assessment

Sangamon County Illinois

2024

Springfield Memorial Hospital

CONTENTS

EXECUTIVE SUMMARY

In 2024, Springfield Memorial Hospital (SMH) completed a Community Health Needs Assessment (CHNA) for Sangamon County, Illinois, as required of nonprofit hospitals by the Affordable Care Act of 2010. As an affiliate of Memorial Health (MH), SMH worked with four other affiliate hospitals on the overall timeline and process for the CHNA but completed its Sangamon County assessment independently from those hospitals in collaboration with local community partners. The same defining criteria were used throughout the CHNA process at all affiliate hospitals. These defining criteria are: 1. Magnitude, 2. Seriousness, 3. Feasibility, 4. Equity and 5. Potential to Collaborate.

Springfield Memorial Hospital collaborated with HSHS St. John's Hospital and the Sangamon County Department of Public Health to complete the 2024 CHNA. Community health needs were prioritized based on reviews of secondary community data, as well as primary data gathered from an External Advisory Committee (EAC), a public community health survey and community focus groups that sought input from the community and those who are minoritized and underserved.

SMH then convened an Internal Advisory Committee (IAC), which selected the final priorities selected by SMH, as listed below.

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

Additionally, Memorial Health leaders agreed upon a health system priority of Mental Health. The Memorial Health Board of Directors Community Benefit Committee approved the 2024 Community Health Needs Assessment report and final priorities on Sept. 16, 2024. Approval was also received from the Springfield Memorial Hospital Board of Directors. This report is available online at memorial.health/about-us/community/community-health-needsassessment or by contacting MH community health at CommunityHealth@mhsil.com. An implementation plan is being developed to address the identified needs, which SMH will implement FY25-27. The plan will be posted at the same website upon its completion no later than Feb. 15, 2025.

INTRODUCTION

MEMORIAL HEALTH

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

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

Memorial Health

Our Mission

Why we exist:

To improve lives and build stronger communities through better health

Our Vision

What we aspire to be:

To be the health partner of choice

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

FY25–27 FINAL PRIORITIES

DMH
MENTAL HEALTH
RACISM
CANCER AND UNEMPLOYMENT

JMH
MENTAL HEALTH
HEART DISEASE
CANCER AND HEALTHY EATING

LMH
MENTAL HEALTH
HEALTHY WEIGHT
CANCER

SMH
MENTAL HEALTH
CHRONIC DISEASES
HOMELESSNESS AND SUBSTANCE USE

TMH
MENTAL HEALTH
HEART DISEASE/STROKE
ACCESS TO PRIMARY CARE

COMMITMENT TO ADDRESSING COMMUNITY HEALTH FACTORS AND HEALTHY EQUITY

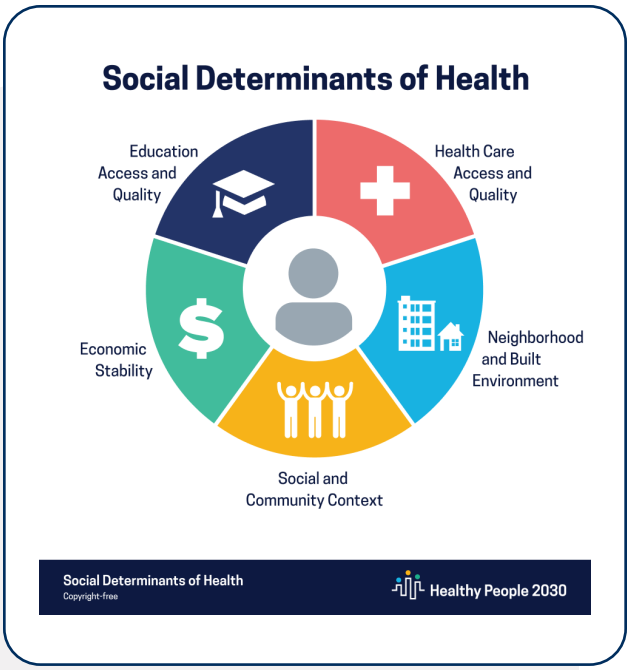
Health equity is when everyone has a fair and just opportunity to attain their highest level of health (CDC). Across many health measures, we know that not everyone gets this fair chance. Historical and present-day systems of inequality continue to undermine the opportunities for wellbeing for particular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

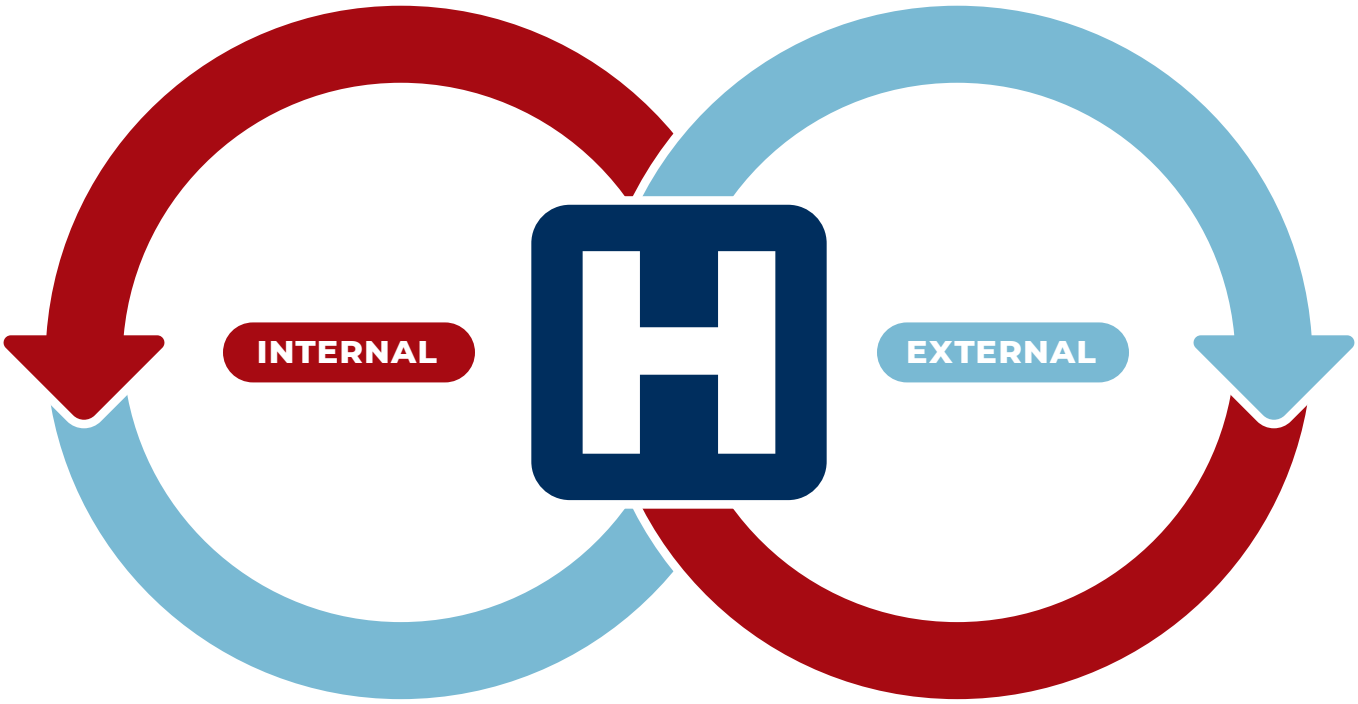
Social and structural factors are key drivers of health, often called "social determinants of health." The American Health Association (AHA) estimates that 40% of a person's health comes from socioeconomic factors like income, education, and community safety. Other structural factors like discrimination 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 Health 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, environment, 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 of health
- Connecting patients to community resources
- Equity analysis in quality improvement projects
- Updating electronic health records for accurate information on LGBTA+ patients
- Participating in the Illinois Health Association Equity in Healthcare Progress Report
- Stratifying patient satisfaction scores to identify and address trends or patterns
- Annual colleague training on culturally sensitive data and unconscious bias in medicine

EXTERNAL

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

INTRODUCTION TO SPRINGFIELD MEMORIAL HOSPITAL

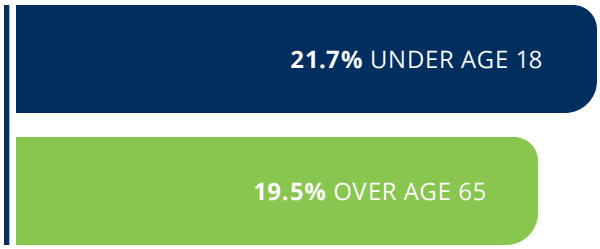
SMH is a 500-bed acute care, nonprofit hospital in the state capital of Springfield, Illinois, that offers comprehensive inpatient and outpatient services. Since 1970, SMH has been a teaching hospital affiliated with Southern Illinois University School of Medicine for the purpose of providing clinical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

OUR COMMUNITY

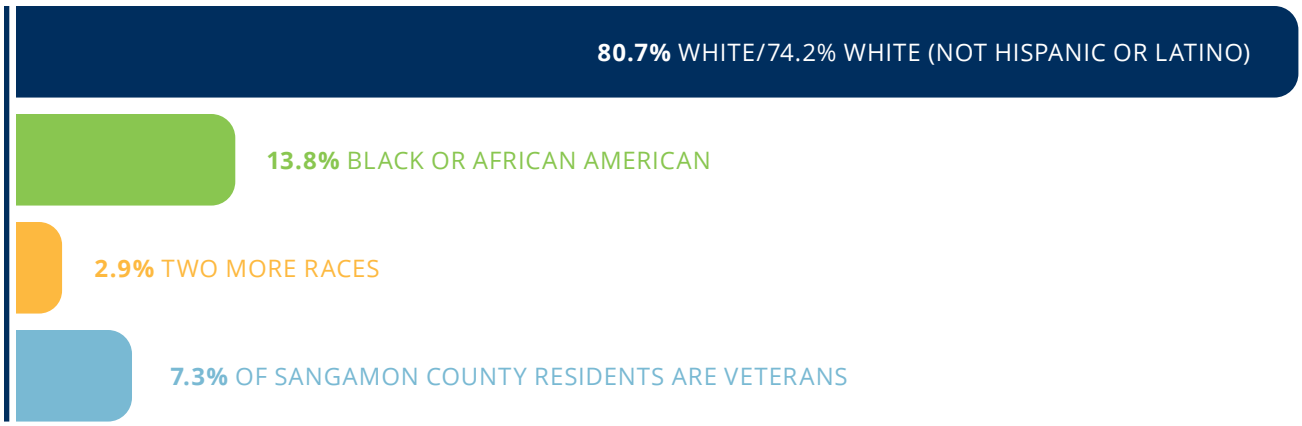
DEMOGRAPHIC OVERVIEW

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

Population Age



Race and Hispanic Origin and Population Characteristics



EDUCATION AND HEALTHCARE RESOURCES

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

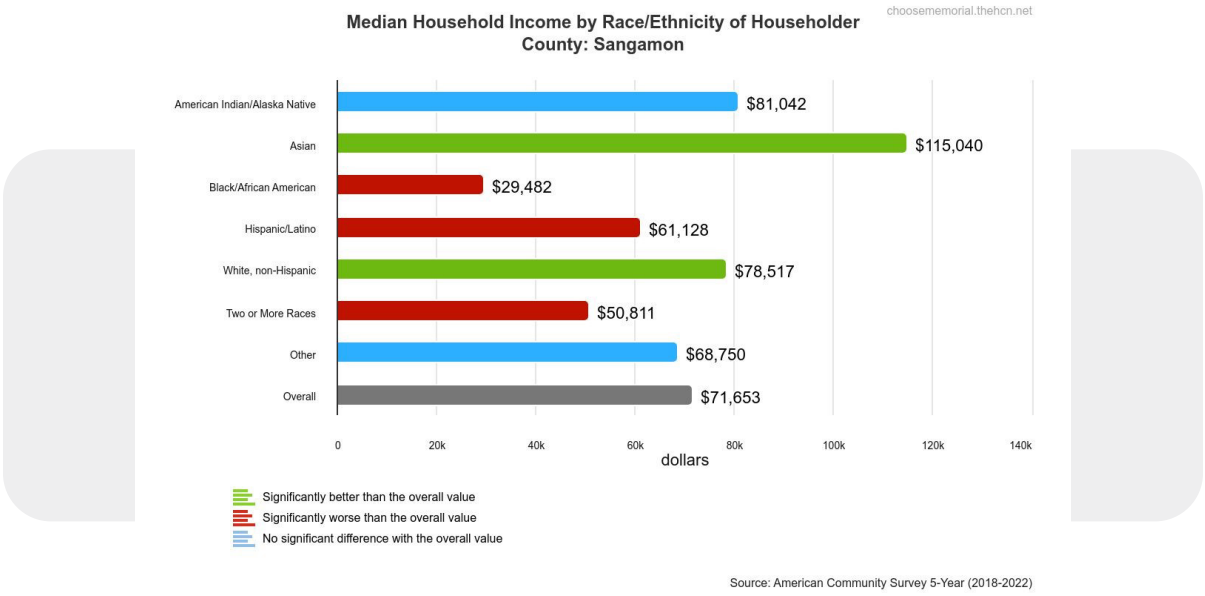
Springfield is also home to two higher education institutions: University of Illinois at Springfield and Lincoln Land Community College.

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

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

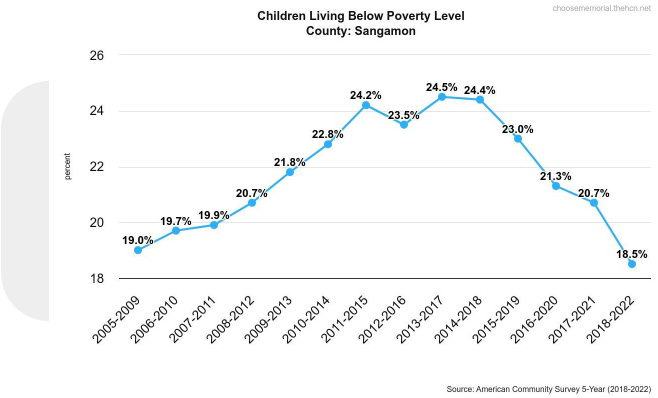
ECONOMICS

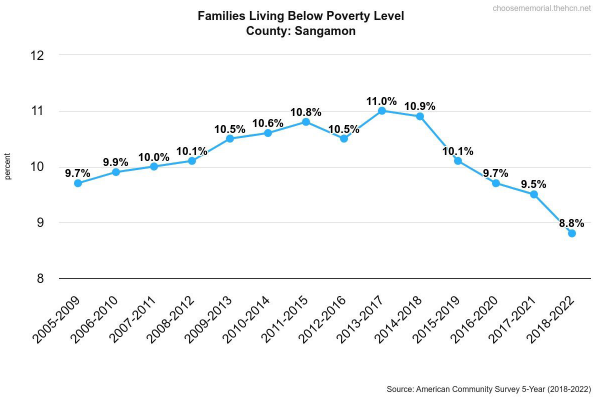
The median household income in Sangamon County is $71,653, lower than both the Illinois and the US value.

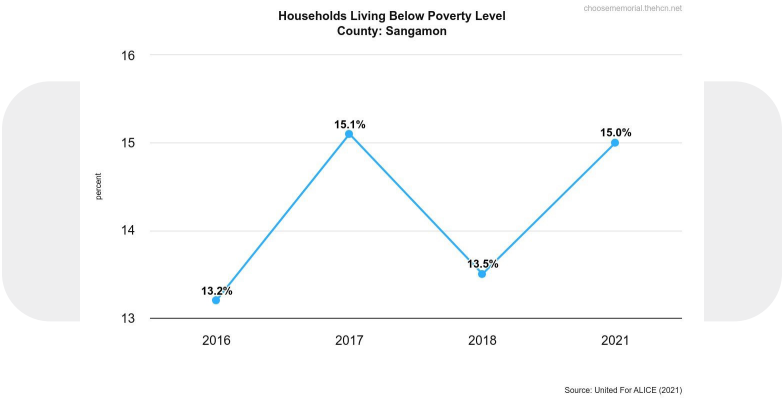


Source: American Community Survey 5-Year (2018-2022)

ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by working households that earn above the federal poverty line, but not enough to afford a "bare bones" household budget. According to United for Alice in 2022, 12 percent of households in Sangamon County were at the federal poverty level but a total of 24 percent of households are considered at the ALICE threshold or lower, which means they do not have enough to afford the basics in the communities where they live.







SOCIAL VULNERABILITY INDEX

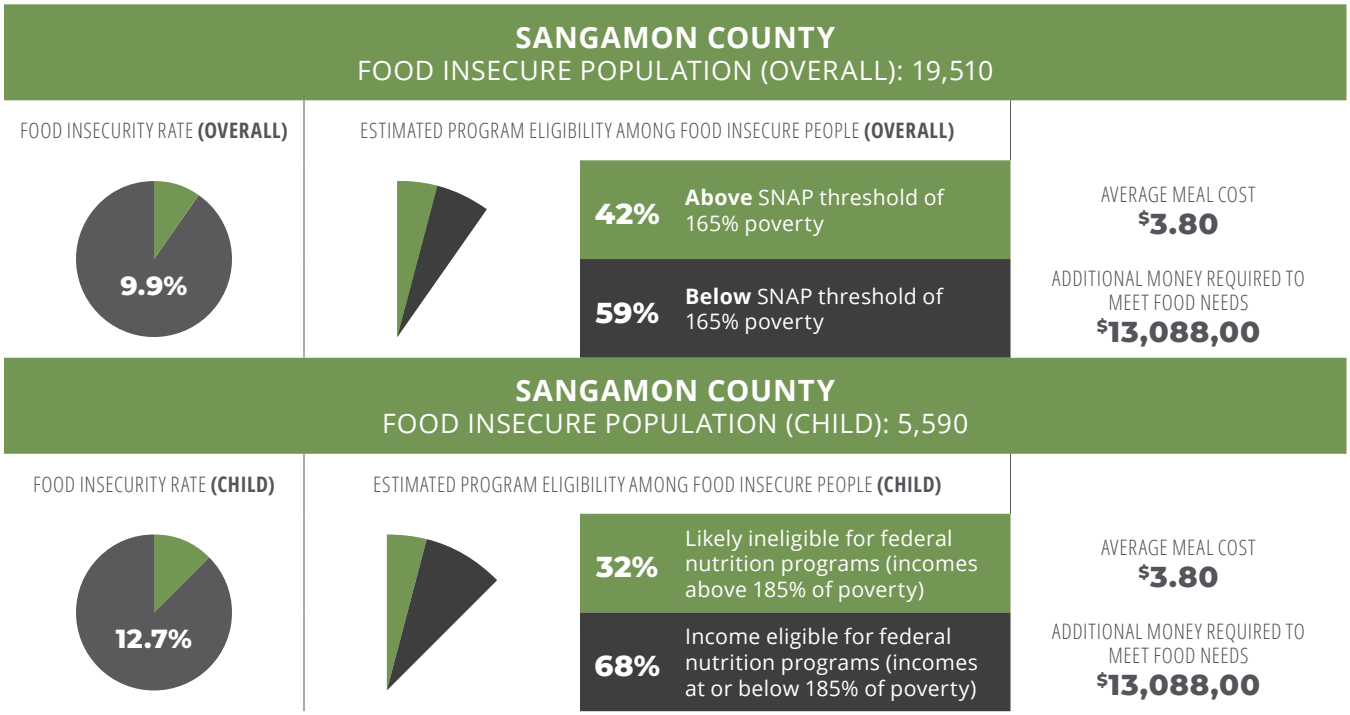
Natural disasters and infectious disease outbreaks can also pose a threat to a community's health. Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status, or housing type and transportation. The Social Vulnerability Index (SVI) ranks census tracts on 15 social factors, such as unemployment, minority status, and disability. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Sangamon County's 2018 overall SVI score is 0.4, indicating a low to moderate level of vulnerability.

HEALTH EQUITY INDEX

The 2024 Health Equity Index created by Healthy Communities Institute is a measure of socioeconomic need that is correlated with poor health outcomes. An index value 0 (low need) to 100 (high need) shows the greatest need. Sangamon County has a 95.1 and 85.7 score for zip codes in Springfield (62703 and 62702) followed by 83.9 in Loami.

FOOD INSECURITY INDEX

The 2023 Food Insecurity Index, also created by Healthy Communities Institute, measures economic and household hardship correlated with poor food access. An index value from 0 (low need) to 5 (high need) is assigned to each zip code. The zip code of 62703 showed the highest need with a score of 92.9.



RESIDENTIAL SEGREGATION

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

Residential segregation is a key determinant of racial differences in socioeconomic mobility and, additionally, can create social and physical risks in residential environments that adversely affect health. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. Sangamon County has a Residential Segregation—Black/White score of 56.2. In other words, 56% of either Black or white residents would have to move to different geographic areas in order to produce a de-segregated residential distribution. Illinois has an overall score of 71.5.

ASSESSING THE NEEDS OF THE COMMUNITY

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

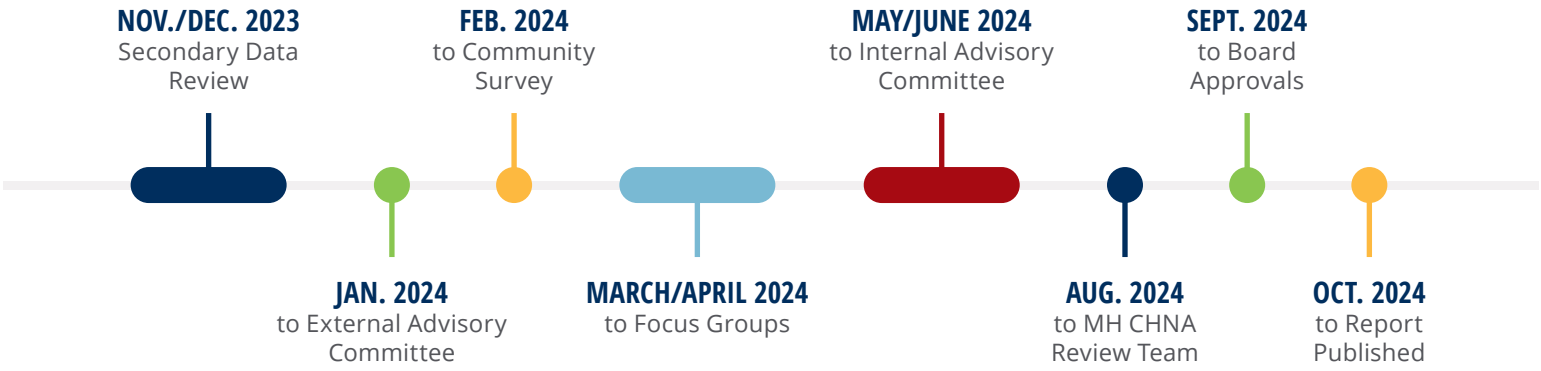
FEEDBACK FROM THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT

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

OVERSIGHT

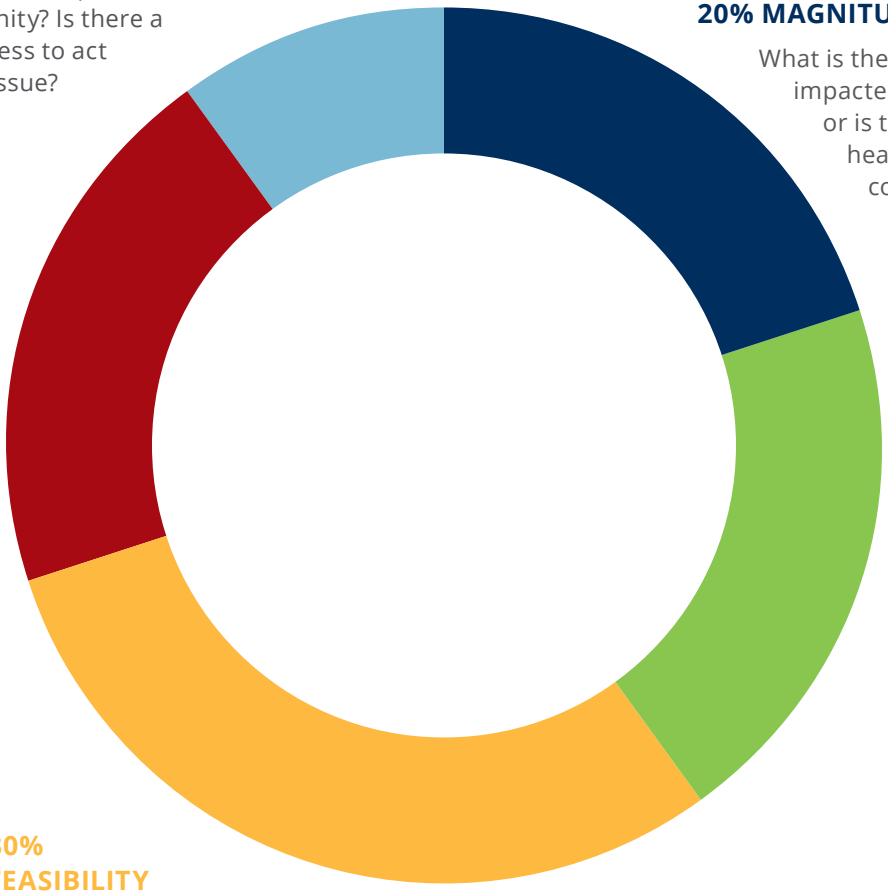
The CHNA process for Springfield Memorial Hospital was led by the SMH Community Health Coordinator, Galia Cossyleon. The CHNA was completed in partnership with HSHS St. John's Hospital and the Sangamon County Department of Public Health. Steps 1-2 of the CHNA process were completed collaboratively. Final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

TIMELINE



PRIORITIZATION CRITERIA

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



10% POTENTIAL TO COLLABORATE

Is this issue important to the community? Is there a willingness to act on the issue?

20% MAGNITUDE

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

20% EQUITY

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

20% SEVERITY

How severe is this problem or is a root cause of other problems?

30% FEASIBILITY

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

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, health care access/quality, neighborhood/built environment and social/community context. As mentioned earlier in the report, these non-medical factors influence the health outcomes of the community and represent the conditions in which people are born, grow, live, work and age.

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

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

- 500 Cities and PLACES Data Portal
- 2023 ALICE in the Crosscurrents: COVID and Financial Hardship in Illinois
- Centers for Disease Control and Prevention (WONDER)
- Illinois Health Data Portal
- Illinois Violent Death Reporting System
- Illinois Kids Count Report
- Illinois Public Health Community Map
- Illinois Report Card
- Illinois Youth Survey
- Race in the Heartland, University of Iowa and Iowa Policy Project
- Sangamon County Department of Public Health
- Robert Wood Johnson Foundation County Health Rankings
- State Health Improvement Plan: SHIP
- State Unintentional Drug Overdose Death Reporting System
- UIS Center for State Policy and Research Annual Report
- United States Census
- USDA Food Map—Food Deserts
- Healthy People 2030

STEP 2: PRIMARY DATA COLLECTION

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

External Advisory Committee

The EAC consisted of 23 participants and was asked to review the secondary data collected to identify significant health needs in the community based on both the data as presented and their experience in the community. The following organizations were represented:

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

Community Survey

Q: *How do you rate your health?*

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

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

A survey in both online and paper format was distributed throughout the county to gather feedback. Several community partners helped distribute the survey, including local schools, human service agencies and the Sangamon County Department of Public Health. The survey was available in English and Spanish. The survey asked several demographic questions to identify basic characteristics of respondents. The questions centered around age, gender, race, ethnicity, income and education. Participants were asked how they rate their health and the health of the community in addition to assessing adverse childhood experiences experienced in the home, exposure to racism and local challenges to maintaining a healthy lifestyle. The survey also provided an opportunity to write in the biggest health problem in the community. In Sangamon County, more than 849 surveys were completed. A copy of the survey can be found in Appendix I. A summary of who took the survey and the findings are below:

- 76.7% identified as female
- 21.3% reported at least some college education
- 36.13% reported a household income of less than $40,000
- 82.05% identified as white (compared to 80.7% population)
- 14.76% identified as Black or African American (compared to 13.8% population)
- More than 60% reported that healthcare is not accessed when needed due to financial barriers (inability to pay out-of-pocket expenses, lack of health insurance coverage and inability to pay for prescriptions)
- 53.50% reported motivation, effort or concern as a challenge to maintaining a healthy lifestyle
- 53.2% reported lack of education or knowledge as a challenge to maintaining a healthy lifestyle
- 66.8% reported they had sometimes or frequently witnessed someone being treated differently because of their race
- 56% reported they agreed or strongly agreed that racism was a problem
- 57.5% had experienced emotional abuse in their household
- 53.6% reported mental illness in the household

Focus Groups

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

1. **Springfield Immigrant Advocacy Network (SIAN).** SIAN's clients expressed their concerns regarding their lack of access to healthy and culturally diverse foods. This stems from the accessibility to transportation and affordability of products. They also mentioned their concerns about maternal and infant health as they have faced microaggressions or lack of resources as they navigate pregnancy and motherhood.

2. **Public School District 186 Superintendent's Student Roundtable.** The school district invited us to talk to a group of high school students from all three high schools in Springfield (Springfield High School, Lanphier High School and Southeast High School). The students expressed their concerns around the mental health stigma and how it should be addressed both in clinical and non-clinical settings. The students also discussed substance use within the schools and how they often feel peer pressured to consume substances. Lastly, they talked about the diversity and accessibility of food within their schools, such as serving sizes, snacks and cost and variety of food choices in vending machines.

3. **Heartland HOUSED Continuum of Care Lived Experience group.** This group of people were currently experiencing homelessness. They explained challenges they face when trying to access care, including stigma and aggressions when visiting the hospital or a provider's office. They addressed the challenges of storing their prescriptions and the risk of losing their medications to theft. The group also expressed a need for more access to mental health resources and the need for a "person to talk to."

4. **Southern Illinois University Office of Community Care.** This group was composed of community health workers and program specialists in areas including access to care, maternal infant health, serious mental illnesses, etc. The participants discussed the severity of the health issues and concerns in our community, as well as ideas and suggestions on how to address it. The participants shared their concerns about the food desert on the east side of Springfield and the lack of appropriate transportation for their clients.

5. **The Springfield Project Neighborhood Leaders Monthly Meeting.** A group of Springfield residents shared their concerns regarding the lack of healthy food and fresh produce on the east side of Springfield. Attendees discussed services available to deliver low-cost food and Meals on Wheels. This focus group resulted in a group now called Springfield Eats that is working to address food insecurity as well as the food desert through diverse strategies on the east side of Springfield.

6. **Interview with Addictions Therapist at Springfield Memorial Hospital.** This interview was held to better understand and identify the common problems being faced by patients. Additionally, discussion focused on the patient perspective.

7. **Wooden It Be Lovely.** Program participants represent women who are healing from lives of poverty, addiction and abuse. Discussion focused on programs and services offered, as well as the needs seen within their clients. Mental health providers and resources are in high need, as well as better opportunities for workforce development and integration for clients who are struggling with substance use disorders.

STEP 3: INTERNAL ADVISORY COMMITTEE

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

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

STEP 4: MEMORIAL HEALTH CHNA REVIEW COMMITTEE

Memorial Health developed a CHNA/CHIP Review Committee. This was new to the MH CHNA process in the 2024 cycle. The purpose of this team was to review the CHNA findings for all MH hospitals and identify a shared priority. Sharing these regional needs provided an opportunity to discuss potential strategies to create a regional impact or inform health system strategy. The review committee included Memorial Health colleagues in the following roles:

- MH Chief Administrative Officer
- MH Vice President for Equity, Diversity and Inclusion
- MH Vice President and Chief Quality Officer
- Hospital Presidents/CEOs
- Director of Community Health
- Community Health Coordinators

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

ADDRESSING THE NEEDS OF THE COMMUNITY

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

SELECTED PRIORITIES

The priorities selected by SMH are:

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

CHRONIC DISEASES

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

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

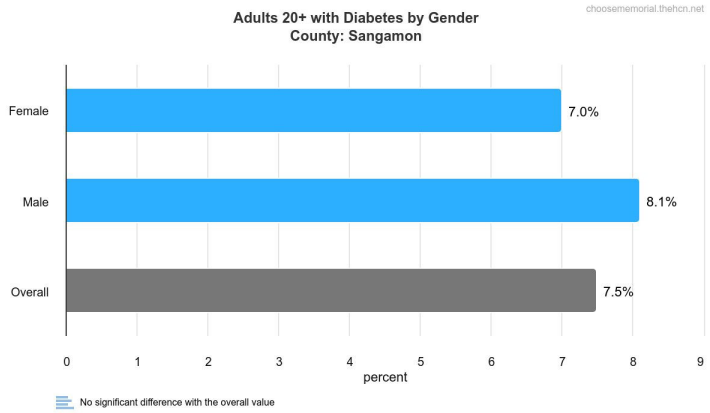
Chronic diseases were ranked as a major health concern on the CHNA due to the number of people impacted, the impact of chronic disease on quality of life/lifespan, the ability to find existing evidence-based strategies and the clear identification of an equity issue when reviewing who was being impacted.

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

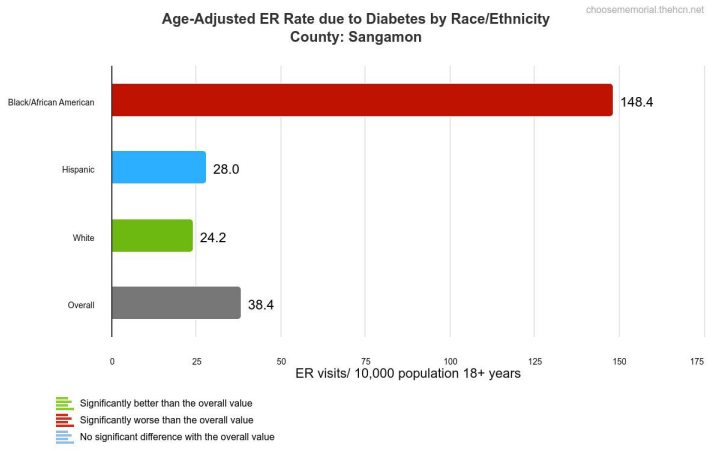
- Nearly 1 in 3 Illinoisans are living with obesity. In Sangamon County, Illinois, 35% of adults had a BMI of 30 or greater.
- Nearly 1 in 3 Illinoisans have high blood pressure and high cholesterol.

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

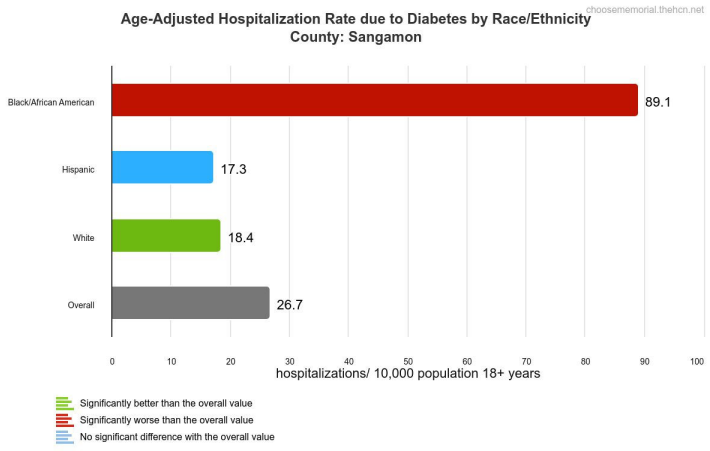
- Diabetes is more prevalent in Hispanic and Black/African Americans, particularly people who do not have a high school diploma.
- Adult asthma is more prevalent among Black or African American residents, as well as for women and lower-income households
- Obesity has the highest prevalence among the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



Source: Centers for Disease Control and Prevention (2021)



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



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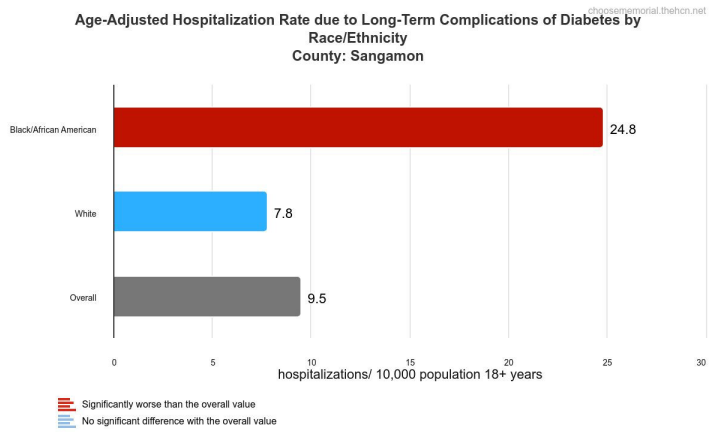

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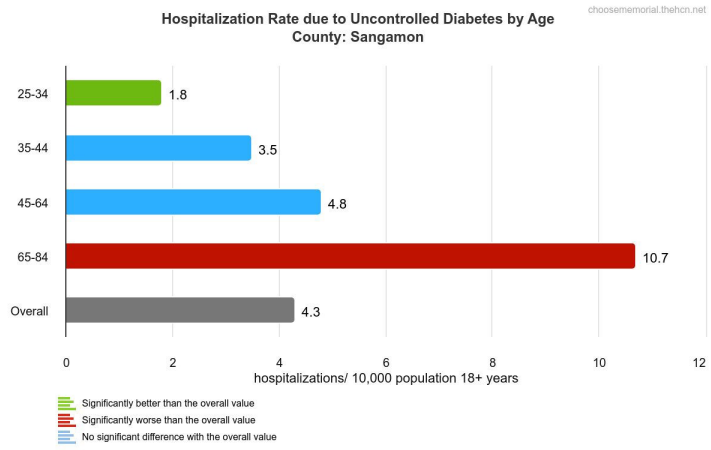

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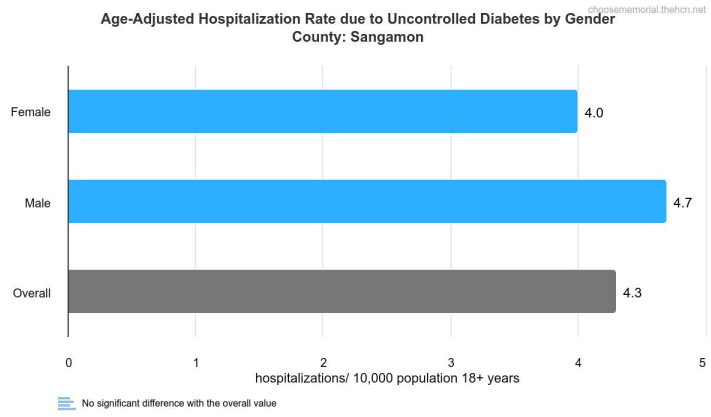

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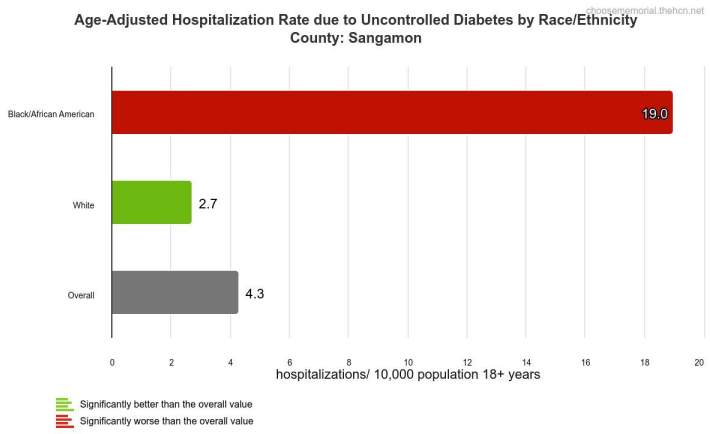
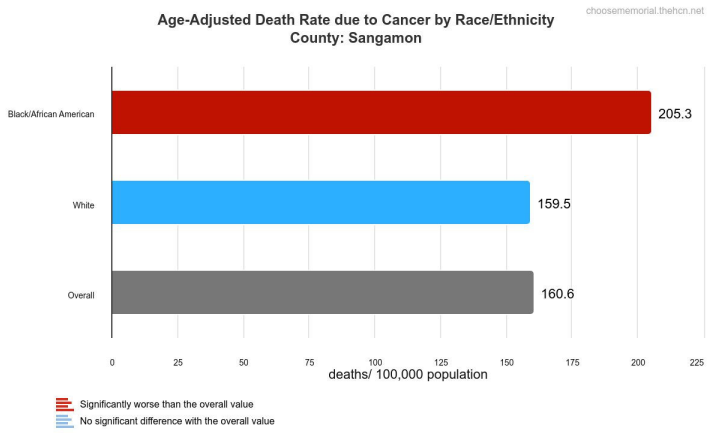


Source: Illinois Health and Hospital Association (2020-2022)

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



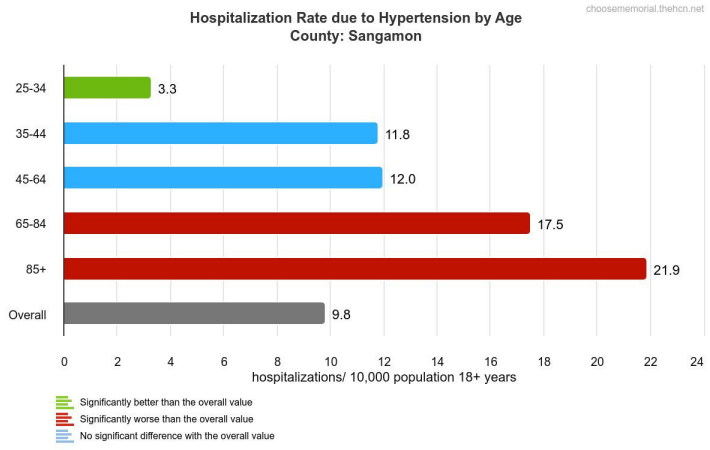
Source: National Cancer Institute (2016-2020)

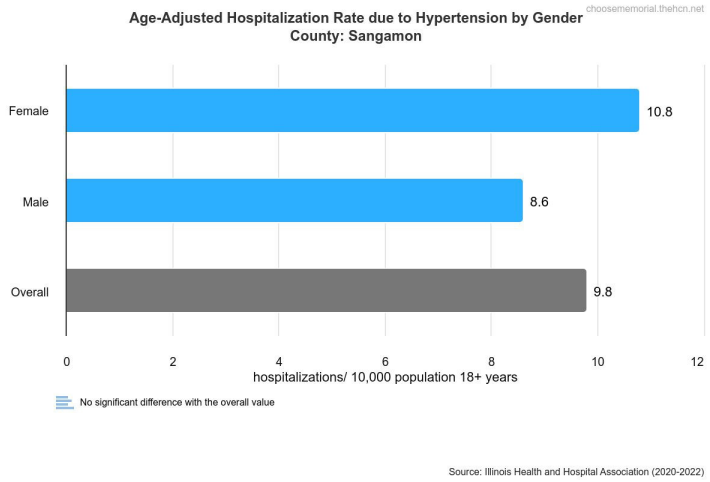
The types of cancer with the highest incidence rates (per 100,000) of Sangamon County are breast cancer (148.3), prostate cancer (121.4) and lung cancer (39.5).

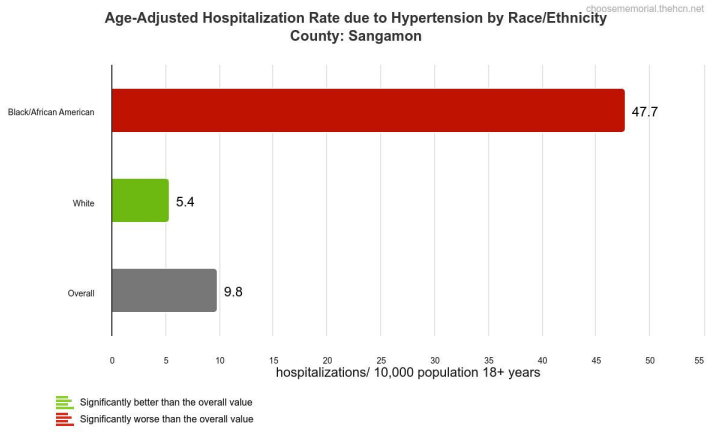
- Hispanic women are more impacted by breast cancer than the overall population, with an incidence rate of 227.
- Black/African Americans are more impacted by prostate cancer than the overall population, with an incidence rate of 181.
- Black/African American males are more impacted by lung cancer, with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

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

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







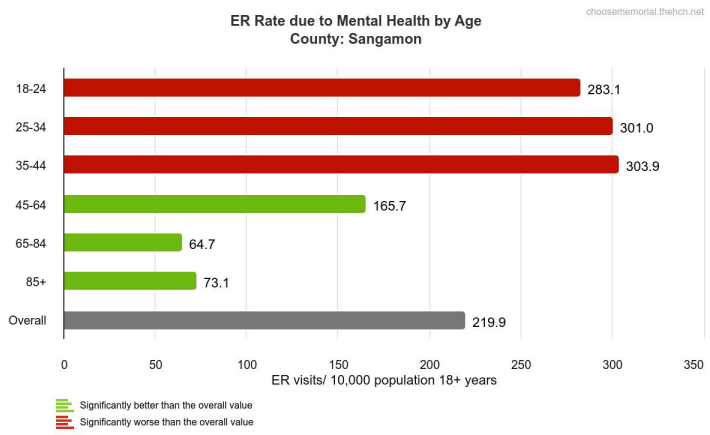
Source: Illinois Health and Hospital Association (2020-2022)

MENTAL HEALTH

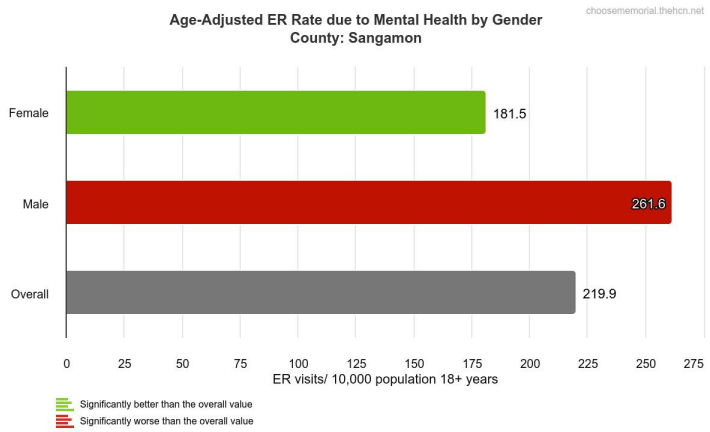
Local residents identified mental health as a concern in the secondary data, but also throughout the conversations and surveys held during the CHNA process. When asked to rank health concerns on the community health survey, participants ranked mental health number one. Based on the prioritization criteria,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

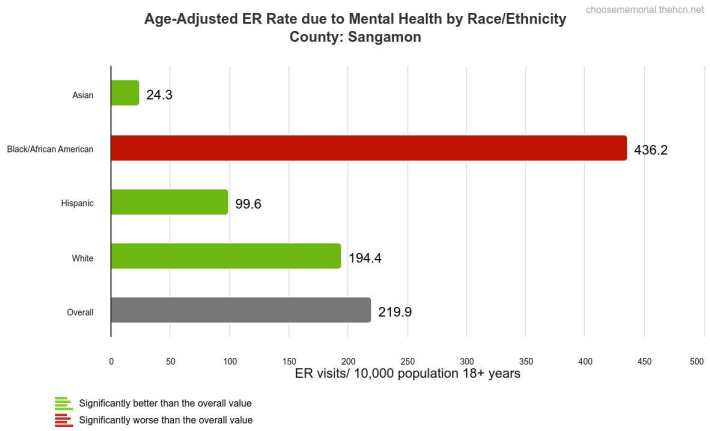
The CHNA process found that:

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



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

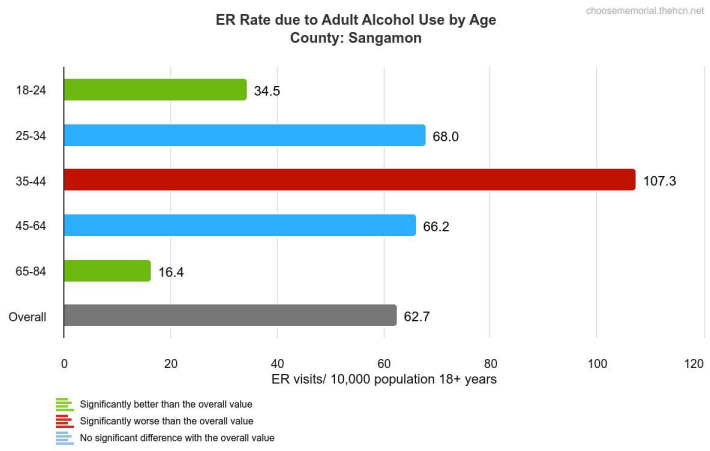




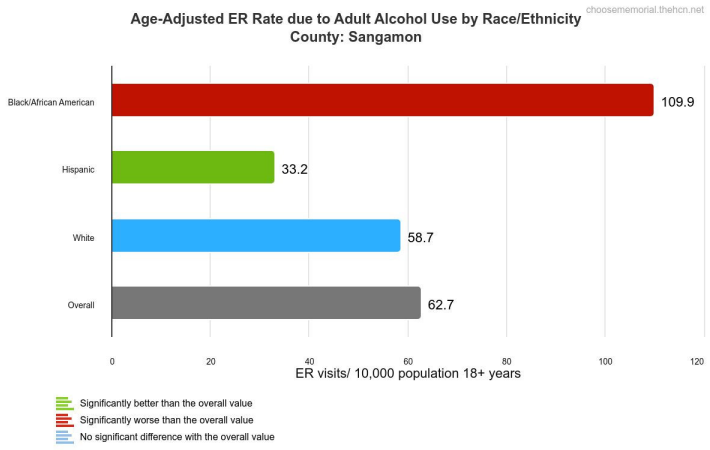
SUBSTANCE USE

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

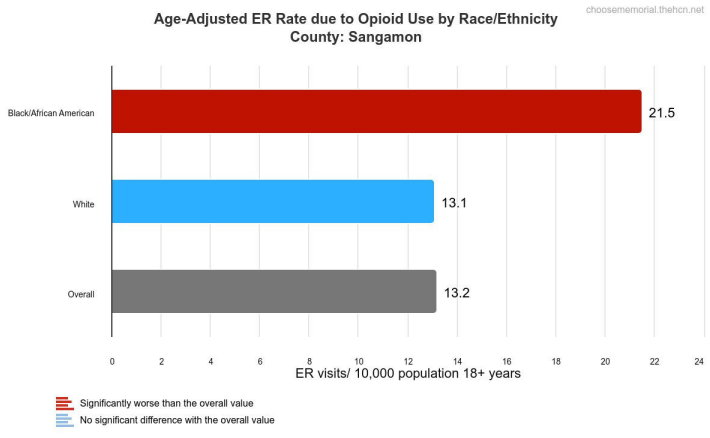
- In 2021, CDC - PLACES reported that 16.2 percent of adults were binge drinking in Sangamon County, higher than the US value of 15.5 percent.
- Thirty percent of community health survey respondents reported that they had experienced chronic substance use/ dependency in their household.
- The age-adjusted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



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



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



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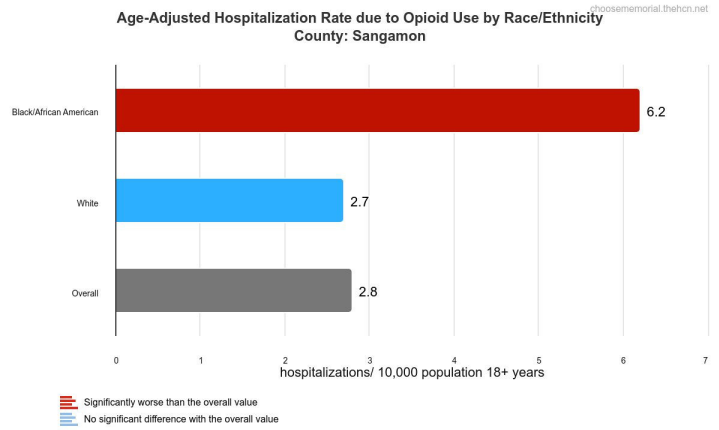

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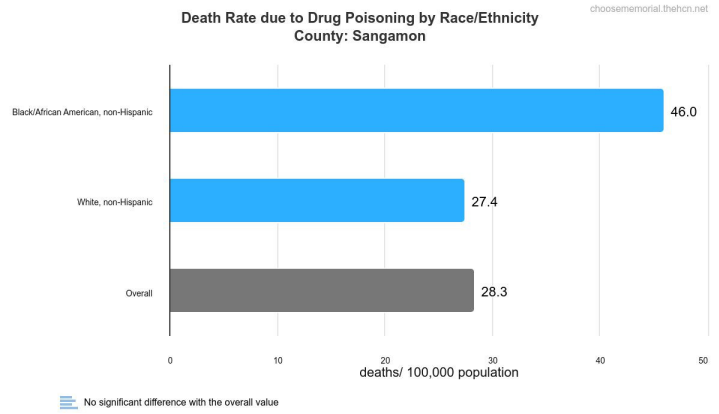

Source: County Health Rankings (2019-2021)

HOMELESSNESS

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

- In 2022, the Point-In-Time count identified 188 adults in Sangamon County were living in an emergency shelter, transitional housing, experiencing homelessness or were living in a place not meant for human habitation. Forty-one percent of those individuals had physical or mental health needs. In 2023, that number increased to 306.
- In Sangamon County, Illinois, 13 percent of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities.
- Black individuals and Native Americans entered homelessness for the first time and returned to homelessness at higher rates than other racial and ethnic groups.

- Black Illinoisans are 8 times more likely to become homeless than other groups.
- PEH die 20 years earlier than housed Illinois residents.
- PEH are at higher risk of being victims of violent crimes and/or being murdered.
- African Americans represent 40 percent of the homeless population in Sangamon country.
- PEH experience multiple comorbidities related to drug abuse, hypertension, alcohol abuse, psychoses, chronic pulmonary disease and depression.
- Hospital utilization increases during periods of unstable housing, particularly among those with chronic conditions that are exacerbated by homelessness. (https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/hmmr-report-201722.pdf (illinois.gov))

HEALTH NEEDS NOT SELECTED

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

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

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

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

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

COMMUNITY RESOURCES AVAILABLE TO ADDRESS SIGNIFICANT NEEDS

Gaps, assets, collaborative partnerships and existing work for each of the final priorities will be explored with existing partners and community stakeholders. Members of the organizations that participated in the external advisory committee and focus groups will provide important feedback to the development of the FY25-27 CHIP.

Below are some examples of existing or potential partnerships that could be leveraged to address the final priorities selected.

Health Priority	Organization	Services	Current relationship
CHRONIC DISEASES	Motherland Gardens	Community Garden	Financial and colleague volunteer support.
	CAP 1908	Collaborative space for South Town neighborhood of Springfield's east side.	Potential outreach opportunities
	G.A.N.T.	Collaborative space for South Town neighborhood of Springfield's east side.	Potential outreach opportunities
	SIAN (Springfield Immigrant Advocacy Network)	Assistance, education and advocacy for Springfield's immigrant and refugee communities	Potential outreach opportunities
	Kumler Outreach Ministries	Assistance to people experiencing hardships such as food insecurity and illness.	Potential outreach opportunities
	Access to Care program	Community Health Worker Program	A collaboration between SIU Office of Community Care, HSHS St John's Hospital and SMH
	Springfield Eats	Addresses food insecurity through food distributions, food system support and education.	Potential outreach opportunities
MENTAL HEALTH	Memorial Behavioral Health – MOSAIC Project	Embedded and integrated behavioral and mental health services in Springfield schools	This project will continue to work within the schools of District 186 in Springfield
	Memorial Behavioral Health	Trauma Informed Care Training - Trauma-informed care (TIC) is an approach to care that recognizes the widespread impact of trauma and promotes environments of healing and recovery. It seeks to understand and respond to the signs and symptoms of trauma in patients, families, and staff and to avoid re-traumatization.	MBH, Heritage and local consultants have provided free Trauma-Informed Care training

Health Priority	Organization	Services	Current relationship
SUBSTANCE USE	Intricate Minds	Reducing stigma in the Black community related to mental health, HIV, drug use and being LGBTQ+	SMH has supported a Back-to-School drive for the families they serve
	Wooden It Be Lovely	Provides empowering employment, job training, enriching relationships, and housing to women in need	Potential outreach opportunities
	Gateway Foundation	Provides SUD treatment and recovery services	SMH and Gateway Foundation are members of the Sangamon County ROSC (Recovery-Oriented Systems of Care)
	Family Guidance Center	Provides SUD treatment and recovery services	SMH and FGC are members of the Sangamon County ROSC (Recovery-Oriented Systems of Care).
HOMELESSNESS	Heartland HOUSED Continuum of Care	Facilitates collaborative work of the Heartland Continuum of Care in addressing homelessness in Sangamon County	Memorial colleagues serve on the board and support Medical Respite Care Collaborative
	SING	Reentry mentoring and community services for citizens returning to community and family life after release from prison	SMH has provided financial and in-kind support
	SEED	Springfield Engage Empower Deflect collaborative provides holistic services for people experiencing homelessness, especially those with mental health and substance use disorders	Memorial Health colleagues volunteer time and professional services
	Helping Hands	Shelter and support services	Memorial colleagues volunteer time and professional services

IMPACT OF 2021 CHNA AND THE FY22-24 CHIP

In 2021, SMH completed a Community Health Needs Assessment for Sangamon County, Illinois, as required of nonprofit hospitals by the Affordable Care Act of 2010. SMH worked with four other affiliate hospitals on the overall timeline and process for the CHNA, but completed its Sangamon County assessment independently from those hospitals in collaboration with local community partners.

SMH collaborated with HSHS St. John's Hospital and the Sangamon County Department of Public Health to complete the 2021 CHNA. Community health needs were prioritized based on reviews of secondary community data, as well as primary data gathered from a Community Advisory Committee and community focus groups that sought input from the community and those who are minoritized and underserved. Access to health, the social determinants of health and racial inequities and inequalities were considered in all parts of the process. The final priorities selected were mental/behavioral health, economic disparities, and access to health. MH Community Health leaders additionally agreed on a health system priority of mental health to be addressed in our Community Health Implementation Plans.

The following broad goals were established for each priority.

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

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

Access to Health – To increase access to health by addressing the social determinants of health.

Mental Health (System Priority) – To improve mental health in Christian, Logan, Macon, Morgan and Sangamon counties.

Strategies were employed to address the following:

Homelessness – SMH played a supportive role in the establishment of Heartland Housed. The organization was launched in 2022 and develops strategy, supports implementation activities and facilitates collaborative work of the Heartland Continuum of Care with the purpose of effectively address homelessness in Springfield and Sangamon County. The Springfield and Sangamon County's 2022-2028 Strategic Plan to Address Homelessness can be found here. A medical respite service is in currently in progress to be available at a local housing shelter.

Access to Health – The Access to Care program offers community health workers to at-risk neighborhoods and address barriers to health. Services have been offered since October 2022. Funding and in-kind support was provided to SIU School of Medicine to support an electronic health record.

Equity, Diversity and Inclusion Trainings – EDI trainings have been offered to the community with several taking place at University of Illinois – Springfield and other employers in Sangamon County.

Food Insecurity – Funding was provided to a variety of local organizations to provide food and encourage healthy eating: Springfield Immigrant and Advocacy Network, Motherland Gardens and GANT Meals on Wheels.

Mental Health – Trauma-Informed Care Trainings were held throughout the Memorial Health service area. Trainings were held both in-person and virtually to increase access. Funding was provided to embed behavioral health consultants in Springfield District 186 schools.

Springfield Memorial Hospital

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