



**HSHS**  
**St. Mary's**  
**Hospital**

# 2024 Community Health Needs Assessment

An assessment of Macon County, Illinois conducted jointly by HSHS St. Mary's Hospital, Decatur Memorial Hospital and Macon County Health Department.



## Table of Contents

Executive Summary .....	4
Background .....	4
Identification and Prioritization of Needs.....	4
Implementation Plan Development .....	5
Hospital Background .....	5
Current Hospital Services and Assets .....	6
Hospital Accreditations and Awards .....	6
Community Served by the Hospital.....	7
Demographic Profile of Macon County.....	7
Process and Methods Used to Conduct the Assessment .....	8
Internal.....	8
External .....	8
Defining the Purpose and Scope .....	9
Data Collection and Analysis.....	9
Data Sources .....	9
Input from Persons Who Represent the Broad Interests of the Community.....	10
Input from Community Stakeholders .....	10
Input from Members of Medically Underserved, Low Income .....	10
and Minority Populations	
Input on FY2024 CHNA .....	10
Prioritizing Significant Health Needs.....	10
Overview of Priorities.....	11
Access to Mental and Substance Use Services .....	12
Access to Care: Focus on Chronic Conditions.....	13
Potential Resources to Address the Significant Health Needs.....	14
Next Steps.....	15
Approval .....	15
APPENDICES.....	17
Appendix I.....	17
Community Health Guiding Principles	
Appendix II .....	22
2024 Community Survey	
Appendix III.....	25
2024 Community Survey Analysis	
Appendix IV .....	37
2024 Macon County Community Health Need Assessment	
Priorities Analyzed, Reviewed and Prioritized	
Appendix V.....	39
2024 Macon County Community Health Need Assessment	
Community Advisory Committee Letter and Meeting Dates	
Appendix VI .....	41
Evaluation of the Impact of Strategies Taken to Address Significant	
Health Needs Identified in the FY2022 - FY2024 CHNA	

# Executive Summary

## Background

Provisions in the 2010 Patient Protection and Affordable Care Act (ACA) require charitable hospitals to conduct a triennial community health needs assessment (CHNA) and accompanying implementation plan to address the identified needs. The CHNA asks the community to identify and analyze community health needs, as well as community assets and resources to plan and act upon priority community health needs. This process results in a CHNA report which is used to develop implementation strategies based on the evidence, assets and resources identified in the CHNA process.

Triennially, HSHS St. Mary's Hospital conducts a CHNA, adopts an implementation plan by an authorized body of the hospital and makes the report widely available to the public. The hospital's previous CHNA report and implementation plan was conducted and adopted in FY2021.

In FY2024 (July 1, 2023 through June 30, 2024), St. Mary's Hospital conducted a collaborative CHNA in partnership with Decatur Memorial Hospital and the Macon County Health Department. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. The population of Macon County was assessed.

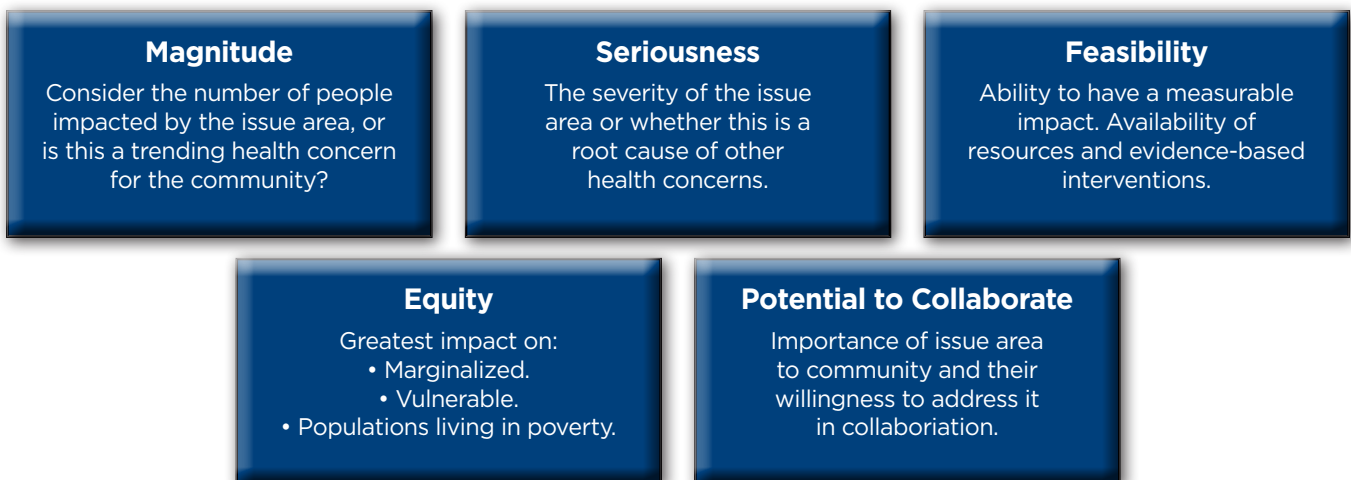
Data collected was supplemented with:

- Community gaps analysis review.
- Community assets review.
- Qualitative data gathered through a CHNA core group.
- Qualitative data reviewed by a community advisory council (CAC) with broad community presentation.
- Surveys, including input from area health and social service providers, as well as community members who identify with the needs addressed.
- Local leader input.
- Internal advisory council.

## Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA core group identified 10 health focus areas from extant data sources. A pre-determined set of criteria (Diagram One: Defined Criteria for Community Health Needs Assessment) was used to narrow the health focus areas.

*Diagram One: Defined Criteria for Community Health Needs Assessment*





HSHS Community Health identifies three guiding principles to achieving sustainable community health. Those principles are considered throughout each step in this process:

1. Health care is efficient and equitable.
2. Good health flourishes across geographic, demographic and social sectors.
3. Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health (see Appendix I: Community Health Guiding Principles).

The CHNA core group provided a thorough review of existing and supplemental data sets around the 19 identified health focus areas to the CAC. The CAC used a forced ranking exercise with the defined criteria listed in Diagram One to weigh the health focus areas. Community surveys were conducted to solicit community feedback on the issue areas (see Appendices II and III for the survey tool and analysis). Surveys sought the community's feedback on their perceptions and experiences. Survey analysis was made to further prioritize the needs based on community feedback.

Results from the CAC and surveys were then presented to the CHNA core group's respective internal advisory councils for further review and approval. St. Mary's internal advisory council approved the three priority areas recommended through the CAC and survey process. See Appendix IV for a complete list of needs considered.

These were the top three health needs identified based on the defined criteria, survey results, stakeholder input from the CAC and internal input from St. Mary's leaders.

- Access to mental and substance use services.
- Disparities in economy.
- Access to care: focus on chronic conditions.

## Implementation Plan Development

As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the implementation plan. The implementation plan is considered a "living document" – a set of strategies that can be adapted to the lessons learned while implementing community benefit activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

## Hospital Background

St. Mary's Hospital is a not-for-profit hospital located in Macon County, Illinois, its primary service area (PSA). Parts of the adjacent four counties (DeWitt, Moultrie, Christian and Shelby) constitute its secondary service area (SSA). For more than 140 years, the hospital has been the leader in health and wellness in Macon County. St. Mary's Hospital provides a wide range of specialties, including cardiology, neurosurgery and sleep center.

St. Mary's Hospital partners with other area organizations to address the health needs of the community, living its Mission to reveal and embody Christ's healing love for all people through its high-quality Franciscan health care ministry, with a preference for the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly integrated health care delivery system serving more than 2.6 million people in rural and mid-sized communities in Illinois and Wisconsin. HSHS generates approximately \$2 billion in operating revenue with 13 hospitals and has more than 200 physician practice sites. Its mission is carried out by more than 11,000 colleagues and 1,000 providers in both states who care for patients and their families.

HSHS has a rich and long tradition of addressing the health needs in the communities it serves. This flows directly from its Catholic identity. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through its broader community benefit program. This includes health professions education, subsidized health services, research and community building activities. In FY2023, the hospital's community benefit contributions totaled more than \$24 million.

## Current Hospital Services and Assets

Major Centers and Services	Statistics	New Services and Facilities
<ul style="list-style-type: none"> <li>• Cancer Care Center</li> <li>• Emergency Services</li> <li>• Endoscopy and Colonoscopy</li> <li>• Home Health and Hospice</li> <li>• Imaging</li> <li>• Inpatient Medical Care</li> <li>• Laboratory</li> <li>• Neurosurgical Services</li> <li>• Ophthalmology</li> <li>• Pain Medicine Center</li> <li>• Prairie Heart Institute Heart and Vascular Center</li> <li>• Pulmonary Services</li> <li>• Rehabilitation Services</li> <li>• Sleep Medicine Center</li> <li>• Sports Medicine</li> <li>• Stroke Care</li> <li>• Surgical Services</li> <li>• Women's Health</li> <li>• Wound Care</li> </ul>	<ul style="list-style-type: none"> <li>• Total Beds: 230</li> <li>• Total Colleagues: 376</li> <li>• RNs: 118</li> <li>• Inpatient Admissions: 4,341</li> <li>• Outpatient Registrations: 135,931</li> <li>• Total Admissions: 4,757</li> <li>• Emergency Department (ED) Visits: 23,414</li> <li>• Births: 367</li> <li>• Surgical Cases: 3,603</li> <li>• Physicians on Medical Staff: 351</li> <li>• Volunteers: 45 active</li> <li>• Community Benefit: \$24.5 million</li> </ul>	<ul style="list-style-type: none"> <li>• St. Mary's is currently undergoing a modernization project that will enable them to better serve the community. This modernization project, an investment of approximately \$90 million, includes four new state-of-the-art operating rooms with upgraded technologies, a redesign of clinical and non-clinical spaces to increase efficiency for physicians and nurses, and continued expansion of service lines.</li> <li>• Renovations are planned through 2026.</li> </ul>

## Hospital Accreditations and Awards

- Intersocietal Accreditation Commission (IAC): Echocardiography accreditation for Adult Transthoracic and Adult Transesophageal (Three year - March 2024)
- American College of Radiology: Mammographic Imaging Services of St. Mary's Hospital for Lorad Medical Systems Inc. Selenia Dimensions 2018 (January 2024)
- American College of Radiology: Mammographic Imaging Services of St. Mary's Hospital for Lorad Medical Systems Inc. Selenia Dimensions 2018 DBT (January 2024)
- Gift of Hope Organ and Tissue Donor Network: Silver Status for 2022-2023 Gift of Hope Donation initiative (January 2024)
- Illinois Department of Public Health (IDPH): Emergency Department Approved for Pediatrics (June 2023)
- American Heart Association: Get with the Guidelines®-Stroke Gold Plus Quality Achievement Award (June 2022)
- College of American Pathology: Accreditation - Lab (April 2022)
- The Joint Commission: Hospital Accreditation Program (February 2022)

## Community Served by the Hospital

St. Mary's Hospital serves Macon County, as well as DeWitt, Moultrie, Christian, Shelby and beyond. For the purposes of the CHNA, the hospital defined its PSA and populations as Macon County. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

### Demographic Profile of Macon County

Source: Unless otherwise indicated, the data source is U.S. Census QuickFacts.

Source: U.S. Census Bureau, 2015-2019 and American Community Survey 5-year estimates (through Fact Finder).

Characteristics	Illinois	Macon 2022	Macon 2019	% Change for County
Total Population	12,549,689	101,333	104,009	2.57
Median Age (years)	38.7	40.7	41.1	0.97
Age				
Under 5 years	5.4	6.0	6.2	3.22
Under 18 years	21.6	22.4	22.2	0.90
65 years and over	17.2	21.3	20.4	4.41
Gender				
Female	50.5	51.8	52.1	0.57
Male	49.5	48.2	47.9	0.62
Race and Ethnicity				
White (non-Hispanic)	76.1	76.3	77.7	1.8
Black or African American	14.7	18.5	17.8	3.93
American Indian or Alaska Native	0.6	0.3	0.3	0
Asian	6.3	1.2	1.2	0
Hispanic or Latino	18.3	2.7	2.4	12.5
Speaks language other than English at home				
	23.4	4.2	3.5	20
Median household income				
	78,433	59,622	50,480	18.11
Percent below poverty in the last 12 months				
	11.9	14.8	16.7	11.3
High school graduate or higher, percent of persons age 25+				
	90.1	92.4	90.4	2.21

## Process and Methods Used to Conduct the Assessment

St. Mary's Hospital collaborated in the planning, implementation and completion of the CHNA in partnership with Decatur Memorial Hospital and the Macon County Health Department.

### Internal

St. Mary's Hospital undertook a ten-month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

1. Identified the CHNA core group comprised of St. Mary's Hospital, Decatur Memorial Hospital and Macon County Health Department.
2. Convened the CAC to solicit input and help narrow identified priorities.
3. Conducted a community survey to get input from community members around the priorities identified.
4. Convened an internal advisory committee respective to each organization to force rank the final priorities and select the FY2025 - FY2027 CHNA priorities.

### External

St. Mary's Hospital worked with a core group of partners to leverage existing relationships and provide diverse input for a comprehensive review and analysis of community health needs in Macon County. Representation on the CAC was sought from health and social service organizations that:

1. Serve low-income populations.
2. Serve at-risk populations.
3. Serve minority members of the community.
4. Represent the general community.

The following community stakeholders were invited to serve on the CAC:

Anna Waters Head Start*	Decatur Public Schools*	Mt. Zion Chamber of Commerce
Baby Talk*	Decatur Regional Chamber of Commerce	Mt. Zion Community Unit School District #3*
Big Brothers Big Sisters*	DOVE Inc.*	NAACP*
Black Chamber of Commerce*	Economic Development Corporation of Macon County*	Northeast Community Fund*
Boys and Girls Club of Decatur*	Empowerment Center*	Old King's Orchard*
Catholic Charities*	First Mid Bank & Trust	Richland Community College
CHELP: Local Home Care Provider for Seniors	Good Samaritan Inn*	Robertson Charter School
CHICO Centro for Hispanic and Immigrant Community Opportunities*	Growing Strong Sexual Assault*	Salvation Army*
City of Decatur	Heritage Behavioral Health*	Scovill Activity Senior Center*
Community Foundation	Hope Academy School*	Shemilah Outreach Center
Community Foundation of Macon County*	HSHS St. Mary's Hospital*	SIU School of Medicine Center for Family Medicine*
Crossing Healthcare*	Jerry Dawson Civic Leadership Institute	Skywalker International Sports United Way*
Decatur Community Partnership*	Macon County Board	University of Illinois Extension
Decatur Family YMCA*	Macon County CASA*	Walk It Like We Talk It*
Decatur Memorial Hospital*	Macon County Health Department*	Webster Cantrall Youth Advocacy*
Decatur Park District	Macon County Sheriff	Workforce Development*
Decatur Police Department	Macon County Mental Health Board	
Decatur Pride*	Macon Resources	
Decatur Public Library*	Millikin University	
	Ministerial Alliance	

\* Denotes groups representing medically underserved, low-income and minority populations.



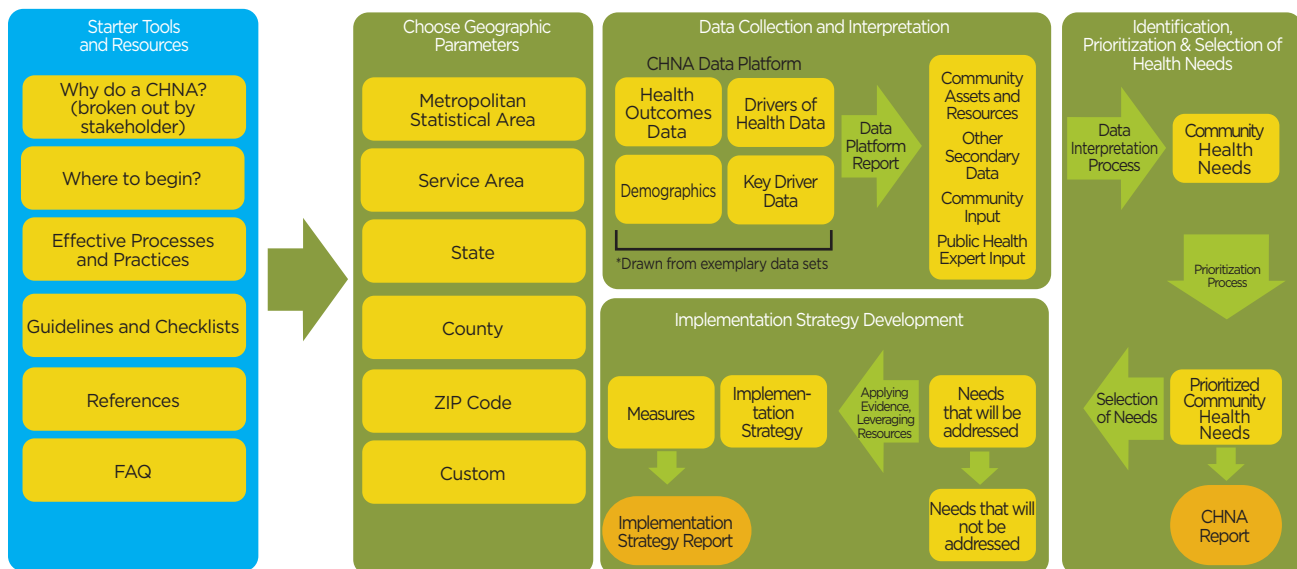
## Defining the Purpose and Scope

The purpose of the CHNA was to:

1. Evaluate current health needs of the hospital's service area.
2. Identify resources and assets available to support initiatives to address the health priorities identified.
3. Develop an implementation plan to organize and help coordinate collaborative efforts impacting the identified health priorities.
4. Establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis.

## Data Collection and Analysis

The overarching framework used to guide the CHNA planning and implementation process is based on the Catholic Health Association's (CHA) Community Commons CHNA flow chart below:



## Data Sources

The CHNA process utilizes both primary data including hospital data, focus groups and key stakeholder meetings, as well secondary data. Secondary data sources include the Behavioral Risk Factor Surveillance System (BRFSS), the U.S. Census Bureau and Centers for Disease Control and Prevention data sources. In addition, this data was supplemented with information from:

- State Health Improvement Plan-SHIP
- University of Illinois, Springfield (UIS) Center for State Policy and Research Annual Report
- Illinois Report Card
- Illinois Kids Count Report
- United States Department of Agriculture (USDA) Food Map – Food Deserts
- Health Resources and Services Administration (HRSA) Health Center Program: Community Health Improvement
- 500 Cities Project
- County Health Rankings
- Illinois Public Health Community Map
- ALICE Data

The data was gathered into a written report/presentation and shared with community members through the community survey and key stakeholder meetings as described below. The data shared sparked dialogue and discussion among the community leaders. As part of the discussion, they were asked to rank the identified need as well as the ability to collaborate to meet the health need.

## **Input from Persons Who Represent the Broad Interests of the Community**

St. Mary's Hospital is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2021 CHNA, the hospital planned, implemented and evaluated strategies to address the top four identified community health needs: access to mental and behavioral health services; access the health; disparities in economy; and child abuse and neglect. This year's assessment sought input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus human, material and financial resources.

### **Input from Community Stakeholders**

The CAC was used as the primary stakeholder group to review and force rank data. During a two-hour meeting, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. The CAC also helped identify community assets and gaps which were weighed when considering the magnitude and feasibility of the priority areas.

The core group conducted a community survey. Feedback was received from a diverse representation of Macon County based on age, race, ethnicity, socioeconomic status, disability status, religion, employment, education, sexual orientation, etc. More than 570 individuals participated. Survey outcomes were presented to the core group's respective internal advisory teams. The results were used to guide further discussion around final priority selection.

### **Input from Members of Medically Underserved, Low Income and Minority Populations**

HSHS and St. Mary's Hospital are committed to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, promoting the common good and stewarding resources. It is HSHS's belief that the CHNA process must be informed by input from the poor and vulnerable populations served. To ensure the needs of these groups were adequately represented, representatives from such organizations were included as noted on page 8. These organizations serve the under-resourced in the community, including low-income seniors, children living in poverty and families who struggle with shelter and food. Representatives of these organizations have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure needs of the most vulnerable persons in area communities were addressed.

### **Input on FY2021 CHNA**

No written comments were received regarding the FY2021 CHNA.

## **Prioritizing Significant Health Needs**

Members of St. Mary's Hospital's administration team collaborated with key department leaders in the review and analysis of CHNA data.

As part of the identification and prioritization of health needs, the hospital considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

Based on the CHNA planning and development process, the following community health needs were identified:

1. Disparities in economy.
2. Access to mental and substance use services.
3. Access to care: Focus on chronic conditions

As an outcome of the prioritization process, the following community health needs were also identified but will not be addressed directly by the hospital for the reasons indicated:

- Safe and affordable housing: While not a direct priority issue, affordable housing challenges and barriers will be explored within the strategic plan of mental and behavioral health services.
- Incarceration rate: St. Mary's did not select this as a top priority; however, all drivers of health and health outcomes will be considered in the development of the hospital's strategic plan.
- Low reading and math scores: Exploration will continue on the impact of educational disparities on disparities in economy.
- Gun violence: While not named in the top three priority areas, gun violence stemming from mental health and poverty will be further investigated and addressed in the CHIP.
- Unemployment: St. Mary's did not select this as a top priority; however, all drivers of health and health outcomes will be considered in the development of the hospital's strategic plan.
- High truancy rates: We will continue to explore the impact of educational disparities on disparities in economy.
- Social vulnerability: St. Mary's did not select this as a top priority; however, all drivers of health and health outcomes will be considered in the development of the hospital's strategic plan.

## Overview of Priorities

### Disparities in Economy

In Macon County, poverty disproportionately impacts minority populations, children and persons living with a disability. Decatur ranks in the top 10% nationally for severe disparities between white and Black household incomes. According to the 2017-2021 American Community Survey, on average, Black households earn 45.6% of what white households earn. Forty-one percent of persons living with a disability are living in poverty, and 27% of children live in poverty. The table below shows the disparity between Black, white and Hispanic poverty rates overall and in children.

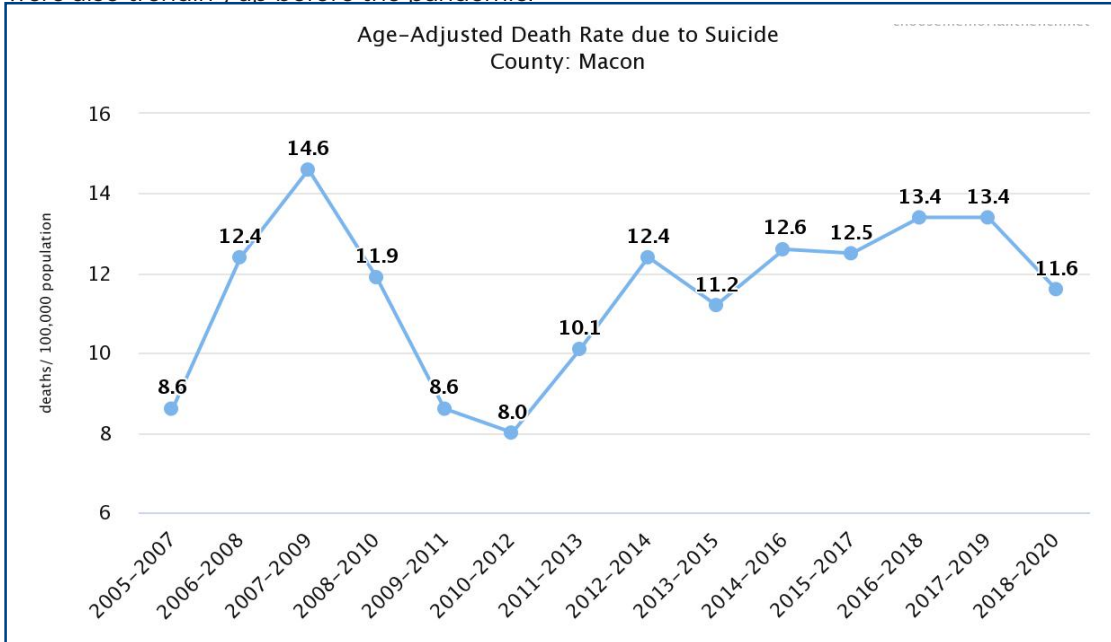
Race	Macon County Population	Overall Living in Poverty	Children Living in Poverty
White/Causasian	74.8%	10.9%	16%
Black/African American	18%	33.2%	46%
Hispanic/Latino	2.6%	21.9%	37%

Source: U.S. Census 2015-2019; American Community Survey

A key driver to poor economic outcomes and disparities in economy are disparities in education. In Decatur School District 61, four-year graduation rates are similar for the three largest races and low-income students. When looking at the five-year graduation rates, there is an increase in the percent of Hispanic children graduating in five years.

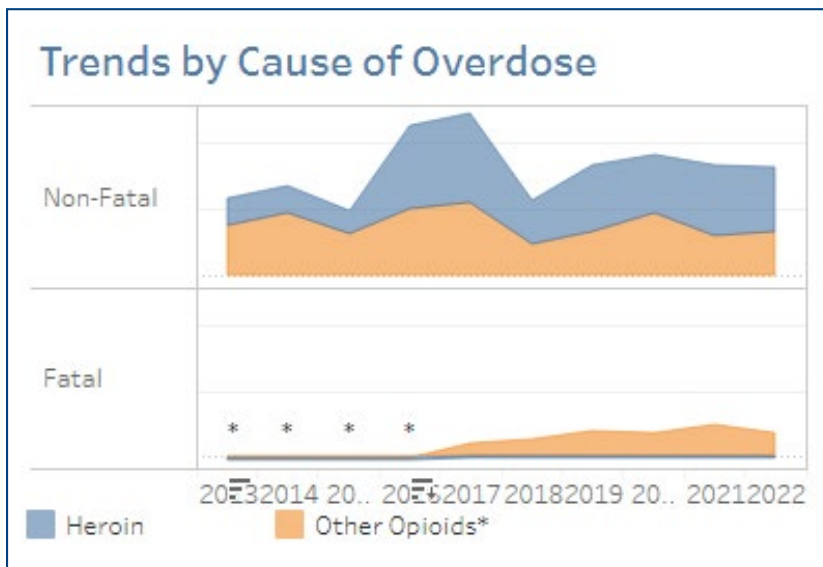
### Access to Mental and Substance Use Services

Under the umbrella of access to mental and substance use services, gun violence will also be explored. Pre-pandemic data shows an increase in suicide rates since 2009. Depression, anxiety and suicide ideation were also trending up before the pandemic.



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

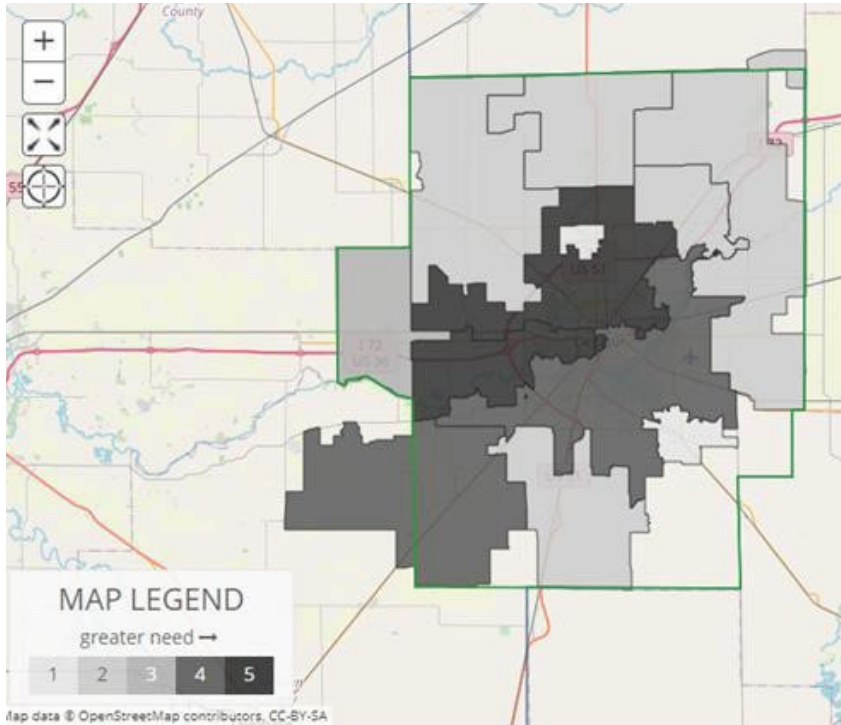
Accidental drug overdose deaths have continued to rise in Macon County since the beginning of 2018 and non-fatal overdoses have been climbing once again. According to county coroner reports, substances such as heroin, alprazolam, alcohol and fentanyl have been leading culprits in drug overdose deaths. The county also has higher rates of hospitalization due to opioids and heroin compared to other counties in the state.



According to Illinois Hospital Association (IHA) COMPdata, Macon County hospitalization rates due to mental health issues has steadily increased since 2008. Considering the rate per population, this is a higher rate of hospitalization than the state. For individuals under the age of 18, Macon County is more than double the state rate for hospitalization. The Centers for Medicare and Medicaid Services reports depression among the elderly population is currently at 19% and has been trending upward since 2009. According to the 2023 County Health Rankings, nearly 17% of the population self-reports experiencing frequent mental distress for 14 or more of the past 30 days; that is up from 11% in 2020.

### Access to Health: Focus on Chronic Conditions

When addressing access to health needs in Macon County, it is important to note how poverty and safety impact health outcomes overall and in specific areas. For example, the following zip codes represent 46% of Macon County, population 48,305, and have a small footprint in the overall county. These zip codes combined rank highest in the SocioNeeds Index (level 5), all coming in at or above 82 with 100 being the highest need. Zip Code 62523 has a population of 1,382 and scores 100 on the SocioNeeds Index.



ZIP Codes: 62526, 62522 and 62523. Represented by the darkest shade of grey below:

The areas representing levels 4 and 5 from the map legend also experience a higher rate of unmanaged chronic conditions such as hypertension, high cholesterol, diabetes, asthma, obesity, unmanaged mental health issues and other conditions that are otherwise manageable with timely access to health care.

Current initiatives, such as Health Connect, were established in response to the 2018 CHNA. Health Connect is a partnership with Catholic Charities and places a community health worker and social worker in the ED to connect with frequent utilizers. According to IHA COMPdata, 68% of Macon County patients who presented in the ED had one or more chronic conditions.

Repeat visits to the ED for low acuity reasons begs further exploration of access barriers. Since launching Health Connect in 2018, St. Mary's has seen a 33% decrease in ED utilization for low acuity visits among the clients enrolled in the program. Additionally, 85% of clients were established with a primary care physician who they now see for chronic condition management and ongoing care.



## Potential Resources to Address the Significant Health Needs

The following resources will be considered when developing the implementation plan:

### Hospitals and related medical groups

- Agdent Dental Laboratory
- Arganbright & Blackwell
- Crossing Healthcare
- Decatur Memorial Hospital (DMH)
- Dental Clinic-Macon County Health Department
- DentaQuest of Illinois
- DMH Express Care
- DMH Medical Group
- DMH Urgent Care
- Doctors Family Practice
- Familia Dental
- Gaitros Dental Center
- HSHS Medical Group
- HSHS St. Mary's Hospital
- Jerger Pediatric Dentistry
- Jesek, Griffin & Haarman Family Dental Care
- Jurgens & Kneezel Ltd.
- Kare4Kids
- Lake Shore Denture Center
- Moweaqua Dental Office
- Mt. Zion Family Care
- Prairie Cardiovascular
- Priority Health Family Medicine
- Renew Total Body Wellness Center
- SIU Decatur Family Practice Center
- Slusar & Hage Ltd.
- Springboard Pediatrics
- Springfield Clinic
- Tzedakah Christian Health Center
- U.S. Department of Veterans Affairs VA Outpatient Clinic
- Williams Dental Laboratory

### Other Community Organizations and Government Agencies

- ABC Counseling & Family Services
- Advantage Counseling
- All Kids Application Agent
- Baby TALK
- Brick House Foundation
- Catholic Charities
- Central Illinois Neuropsychological Services
- Connected Pairs
- Decatur Christian Counseling
- Decatur Manor Healthcare
- Decatur Police Department
- Decatur Psychiatry Ltd
- Decatur Psychological Associates
- Division of Specialized Care for Children
- DOVE Inc.
- DUI Services
- Good Samaritan Inn
- Heritage Behavioral Health Center
- HSHS St. Mary's Behavioral Services and Treatment Center
- Illinois Senator
- Lutheran Child and Family Services
- Macon County CASA
- Macon County Family Community Resource Center
- Macon County Health Department
- Macon County Mental Health Board
- Macon County Opioid Task Force
- Macon County Sheriff's Department
- Melanie Welch Counseling
- Northeast Community Fund
- Pleasant Counseling
- Prevention & Treatment Services of Decatur
- Psychology Specialists
- Reasonable Service
- Salvation Army
- Soyland Access to Independent Living (SAIL)
- State Senator Rodney Davis
- Webster-Cantrell Hall

## Next Steps

After completing the FY2024 CHNA process and identifying the top priority health needs, next steps include:

- Collaborating with community organizations and government agencies to develop or enhance existing implementation strategies.
- Developing a three-year implementation plan (FY2025 through FY2027) to address identified health needs.
- Integrating the implementation plan into organizational strategic planning and budgeting to ensure the proper allocation of human, material and financial resources.
- Presenting and receiving approval of the CHNA report and implementation plan by the hospital's governing board.
- Publicizing the CHNA report and implementation plan on <https://www.hshs.org/st-marys-decatur/about-us/community-health-needs-assessment> and CHNA partner websites and making it accessible in public venues, such as town halls, etc. Printed copies will be available upon request.

## Approval

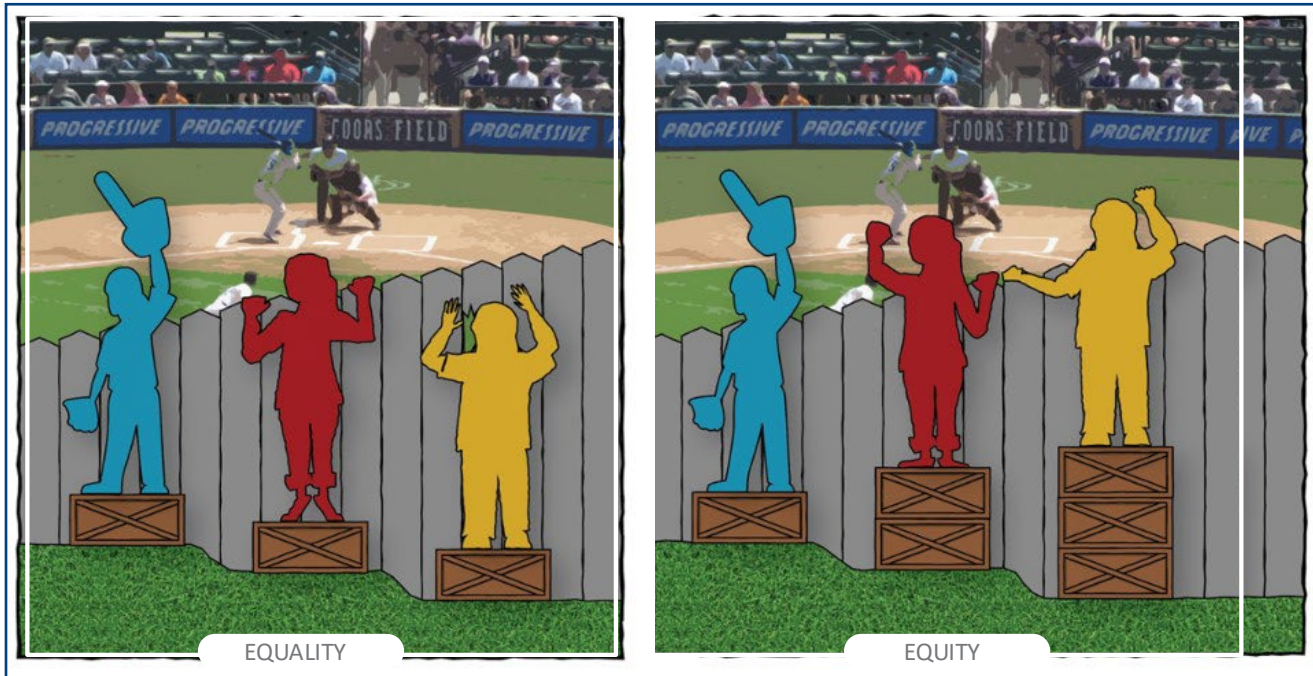
The FY2024 CHNA report was adopted by the hospital's governing board on May 21, 2024.



## **APPENDIX I**

### **Community Health Guiding Principles**

## Principle One: Health Care is Efficient and Equitable



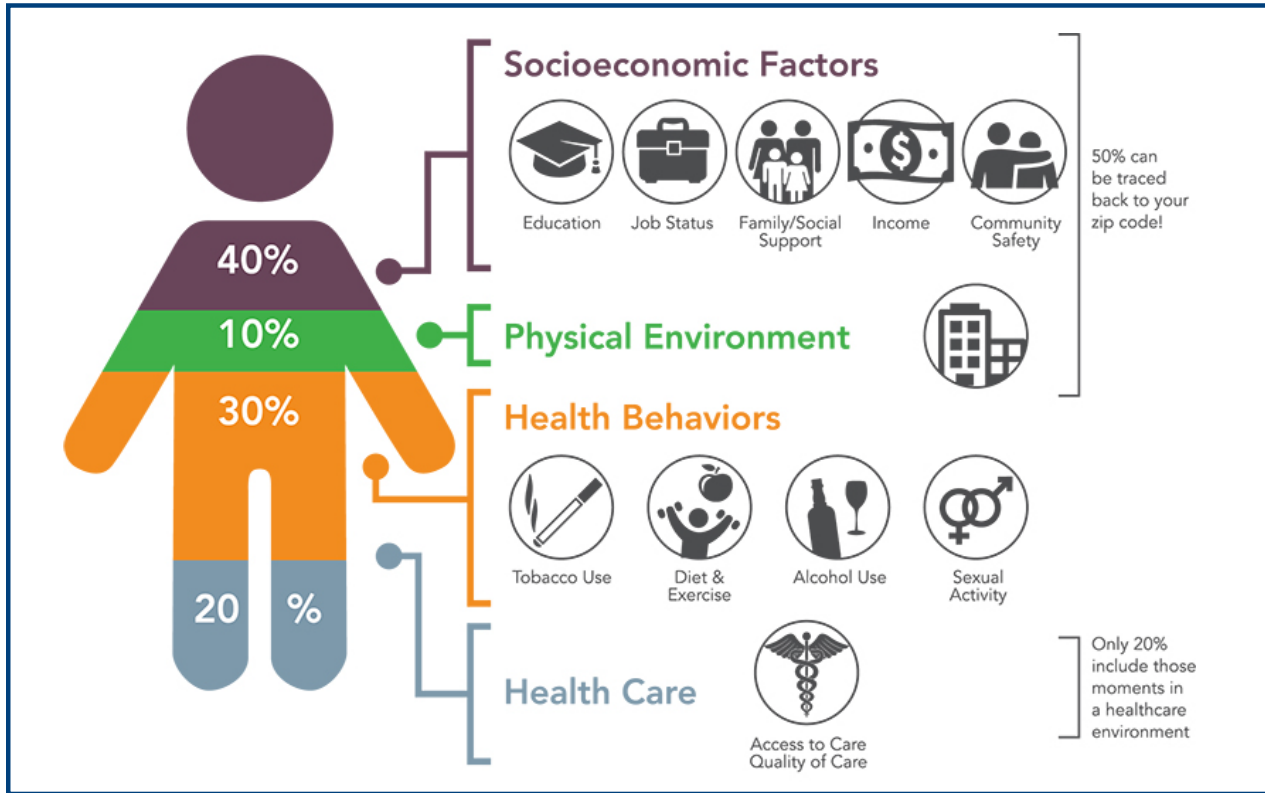
This graph challenges us to redefine our basic expectations for fairness and success as contingent upon those individual differences.

- **Equality** is treating everyone **the same**. It **ignores** our **differences**, and it **ignores** our **unique** needs.
- Equality can only work if everyone **starts from the same place**. Often, we are starting from different places and need resources allocated accordingly.
- Equality recognizes that **fairness means equality** — every person gets one box.

- **Equity** actively **moves everyone closer to success** by leveling the playing field.
- Equity recognizes **not everyone starts at the same place**, and not everyone has the same needs.
- Equity recognizes that fairness means **each person has the same access based on resources needed**.



## Principle Two: Good health flourishes across geographic, demographic and social sectors



Good health flourishes when we acknowledge and address disparities that affect a wide range of health risks and outcomes

### Socioeconomic factors:

Influence of financial resources on health including availability of services due to financial constraints. Service limitations include safe housing, nutritive food, exercise, socialization and more.

### Neighborhood and Physical Environment:

1. Where someone lives impacts wellbeing.
2. Robert Wood Johnson analysis of life expectancy by ZIP code found that where one lives is one of the leading predictors of life expectancy.

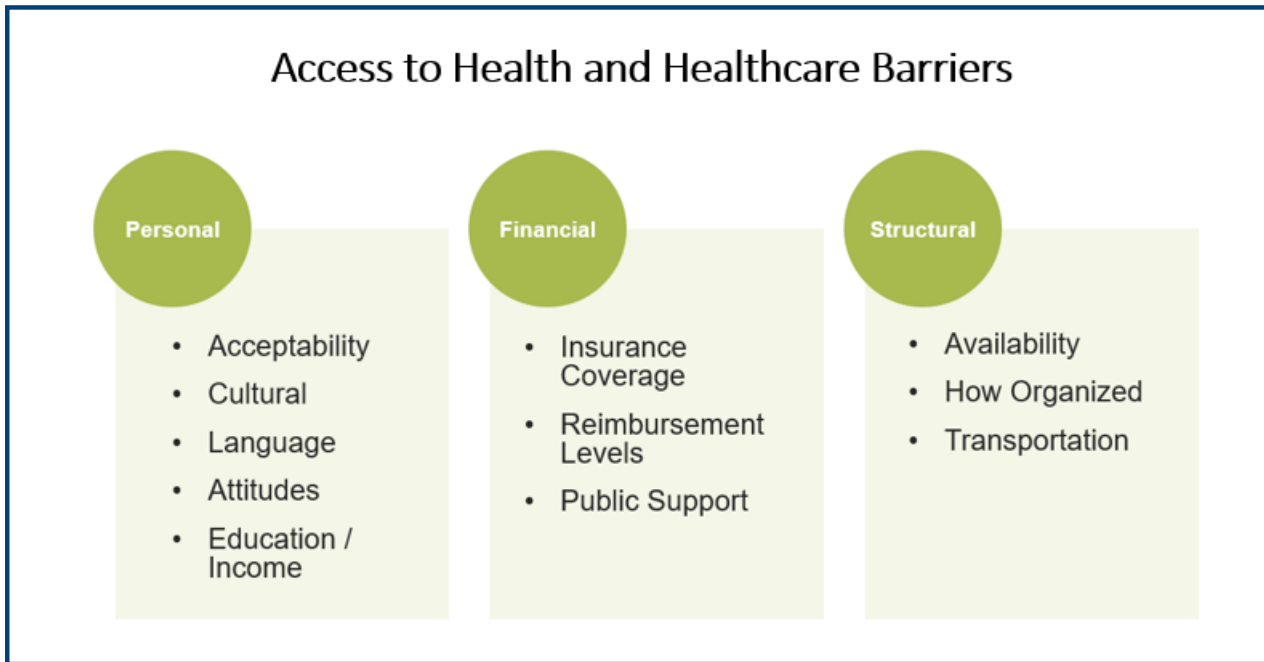
### Healthy Behaviors:

1. May be influenced by socioeconomic factors and physical environment.
2. Indicator of health outcomes.
3. Consideration must be given to unhealthy behaviors as a coping mechanism of a past or current trauma.

### Health Care:

1. Note 20% (some RWJ studies indicate 10% - 20%).
2. If our emphasis is on health care access, we are missing the opportunity for clinical and non-clinical community-based linkages to drive sustainable individual and population health improvement.

## Principle Three: Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health.



The reality is that health starts long before illness and even long before birth. The measurement of factors such as equity, health disparities, social determinants of health and cultural indicators can be used to support the advancement of health equity.

These principles show the foundation HSHS ministries use to progress toward more equitable communities while addressing the top needs identified through the triennial CHNA process.

## **APPENDIX II**

### **2024 Community Survey**

# Macon County Community Health Needs Assessment

CONDUCTED BY DECATUR MEMORIAL HOSPITAL, THE MACON COUNTY HEALTH DEPARTMENT AND HSHS ST. MARY'S HOSPITAL.



## THANK YOU!

*The data gathered will help us identify and address health and quality-of-life issues in Macon County.*

The following questions are for analysis purposes only. This information will NOT be used to identify you as a participant but is important to ensure we have responses from all members of our community.

In what year were you born?

### What is your gender?

- Male
- Female
- Prefer not to answer
- Other; please specify:

### What is your highest level of education?

- Less than high school
- Some high school
- High school diploma or equivalent
- Trade or technical school beyond high school
- Some college
- Four-year college degree
- More than four-year degree

### What was your household's income last year before taxes?

- Less than \$20,000
- \$20,001 – \$40,000
- \$40,001 – \$60,000
- \$60,001 – \$80,000
- \$80,001 – \$100,000
- \$100,000+
- Retired
- Prefer not to answer

### What categories describe you? (Please check all that apply.)

- American Indian or Alaska Native (Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)
- Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)
- Black or African American (African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)
- Hispanic, Latino or Spanish Origin (Mexican, Mexican American, Puerto Rican, Cuban, Dominican, etc.)
- Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, etc.)
- White (German, Irish, English, Italian, Polish, French, Lebanese, Egyptian, Iranian, Slavic, Cajun, etc.)
- Some other race, ethnicity, or origin

What is your zip code?

# Macon County Community Health Needs Assessment

CONDUCTED BY DECATUR MEMORIAL HOSPITAL, THE MACON COUNTY HEALTH DEPARTMENT AND HSHS ST. MARY'S HOSPITAL.

## What is your disability status?

- Do not have a disability     Have a disability     Prefer not to say

## How would you rate YOUR overall health?

- Very healthy     Healthy     Somewhat healthy     Not very healthy

## How would you rate the health of your county?

- Very healthy     Healthy     Somewhat healthy     Not very healthy

## Why don't local residents access health care when they need it? *(Please check all that apply.)*

- |   |  |
|---|--|
| <input type="radio"/> Lack of health insurance coverage       | <input type="radio"/> Availability of providers/appointments             |
| <input type="radio"/> Inability to pay for prescriptions      | <input type="radio"/> Lack of child care                                 |
| <input type="radio"/> Lack of transportation                  | <input type="radio"/> Lack of access to mental health providers          |
| <input type="radio"/> Basic needs not met (food/shelter)      | <input type="radio"/> Lack of access to a dentist                        |
| <input type="radio"/> Language/cultural barriers              | <input type="radio"/> Lack of access to physicians/providers             |
| <input type="radio"/> Inability to pay out-of-pocket expenses | <input type="radio"/> Time limitations                                   |
| <input type="radio"/> Lack of trust                           | <input type="radio"/> Lack of concern or health is not a priority/valued |

## Check any populations that you feel are not receiving sufficient healthcare in your county:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Underinsured/uninsured | <input type="radio"/> Hispanic/Latino       | <input type="radio"/> Low-income                                |
| <input type="radio"/> Asian                  | <input type="radio"/> I don't know          | <input type="radio"/> Children/Youth                            |
| <input type="radio"/> LGBTQIA+               | <input type="radio"/> Seniors/aging/elderly | <input type="radio"/> Individuals with mental health challenges |
| <input type="radio"/> None of these          | <input type="radio"/> Homeless              |   |
| <input type="radio"/> Black/African American | <input type="radio"/> Young adults          |   |
| <input type="radio"/> Disabled               | <input type="radio"/> Immigrant/Refugees    |   |

## Check any challenges you feel local residents face when trying to maintain a healthy lifestyle?

- |   |   |   |
|---|---|---|
| <input type="radio"/> Recreation opportunities  | <input type="radio"/> Safety/Crime                | <input type="radio"/> I don't know                |
| <input type="radio"/> Cultural barriers         | <input type="radio"/> Lack of education/knowledge | <input type="radio"/> Other: <input type="text"/> |
| <input type="radio"/> Access to healthy foods   | <input type="radio"/> Affordable housing          |   |
| <input type="radio"/> Motivation/Effort/Concern | <input type="radio"/> Time/Convenience            |   |

## Have you witnessed anyone in your county being treated negatively because of their race?

- Never     Sometimes     Frequently

## Do you agree or disagree with this statement? *Racism is a problem in this county*

- Strongly disagree     Disagree     Unsure     Agree     Strongly Agree



# Macon County Community Health Needs Assessment

CONDUCTED BY DECATUR MEMORIAL HOSPITAL, THE MACON COUNTY HEALTH DEPARTMENT AND HSHS ST. MARY'S HOSPITAL.

**Have you or anyone in your household EVER experienced any of the following?** (Check all that apply.)

- Physical abuse (push, grab, slap, throw something at you, kicked, threatened with a weapon, bruised)
- Emotional abuse (swear at, insult, put you down, humiliate, act in a way you were afraid)
- Sexual abuse
- Physical neglect (not enough to eat, had to wear dirty clothes, parents too drunk or high to take care of you)
- Emotional neglect (often feel that no one in your family loves you, family does not support one another)
- Mental illness in the household
- Mother treated violently
- Parents divorced or separated
- Chronic substance use/dependency (alcohol, prescription opioids, recreational drugs, etc.)
- Household member incarcerated
- Gun violence

**What do you think is/are the biggest health problem(s) in your county right now?**

**What is the ONE thing you would do to make the health of your county better?**

**RANK THESE 10 health concerns FROM 1 to 10. (1 most important health concern to address, 10 being the least):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Gun Violence                    | <input type="checkbox"/> Low Mental Health Treatment/ Access | <input type="checkbox"/> High Truancy Rates   |
| <input type="checkbox"/> Incarceration Rate              | <input type="checkbox"/> Housing Problems                    | <input type="checkbox"/> Social Vulnerability |
| <input type="checkbox"/> Low Reading & Math Scores       | <input type="checkbox"/> Unemployment                        |   |
| <input type="checkbox"/> Low Mental Health Provider Rate | <input type="checkbox"/> Poverty for Black Children          |   |



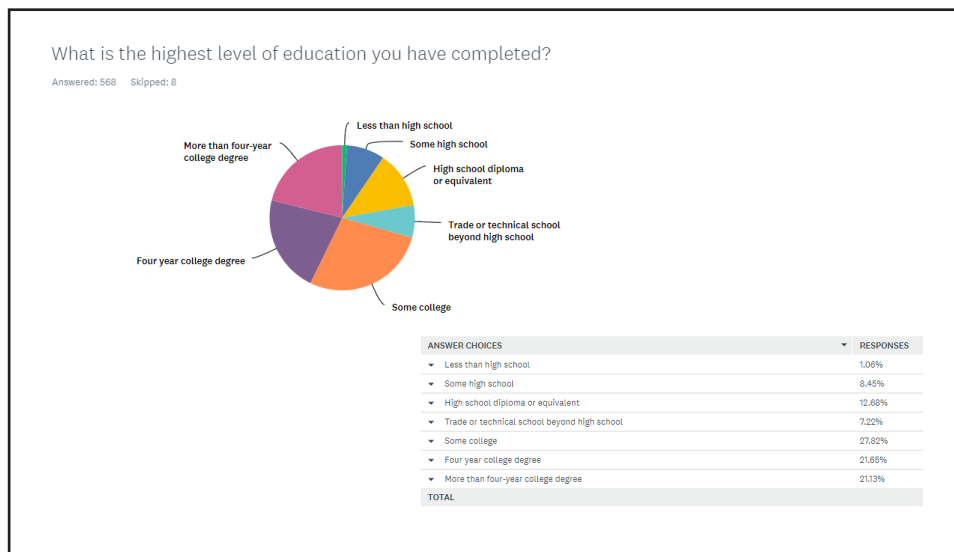
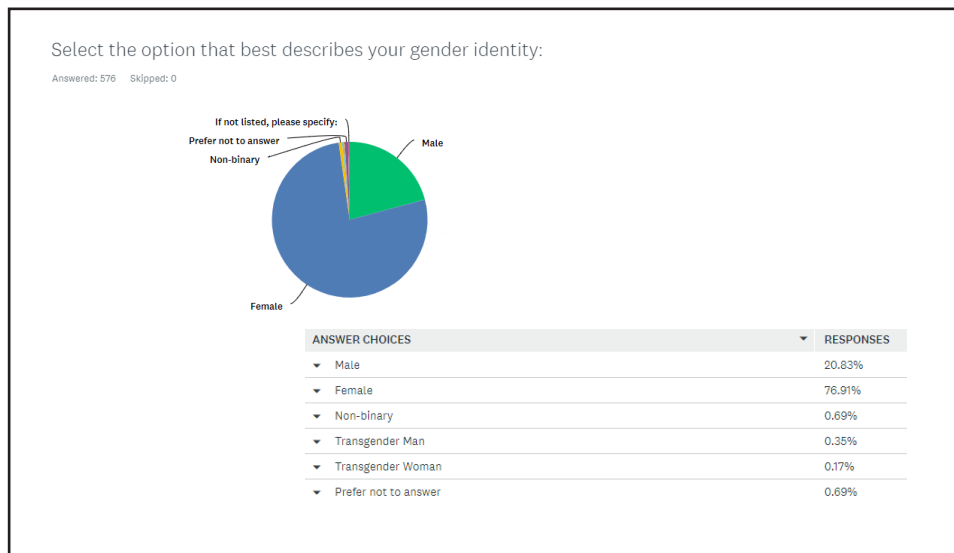
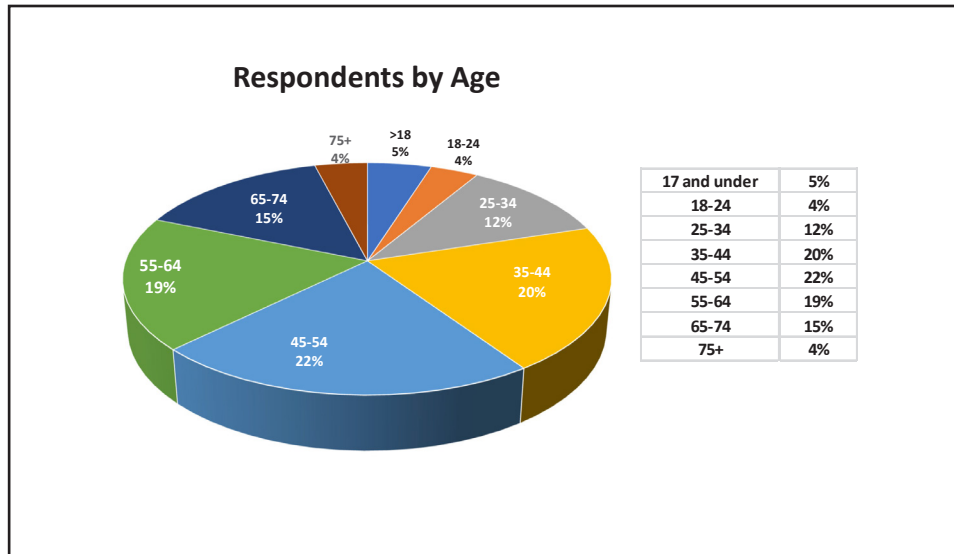
## **APPENDIX III**

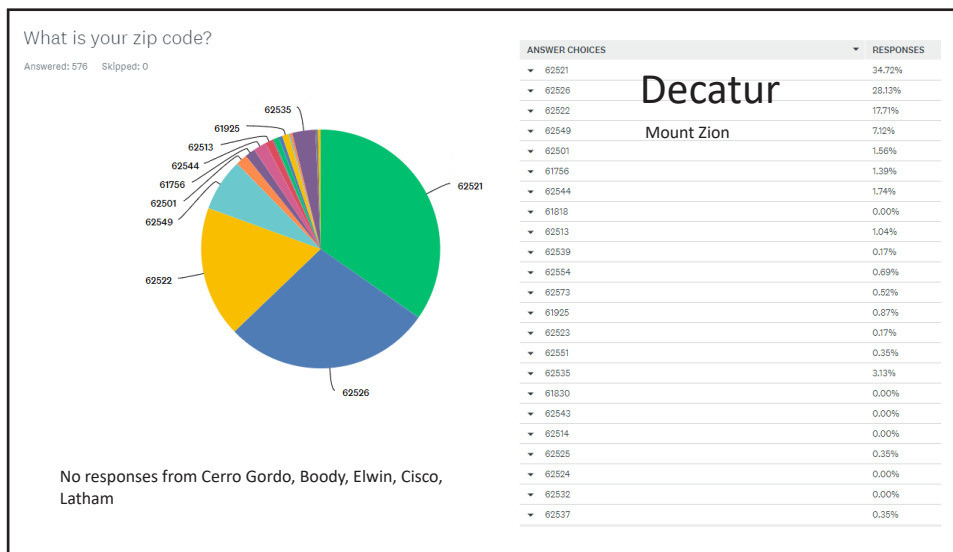
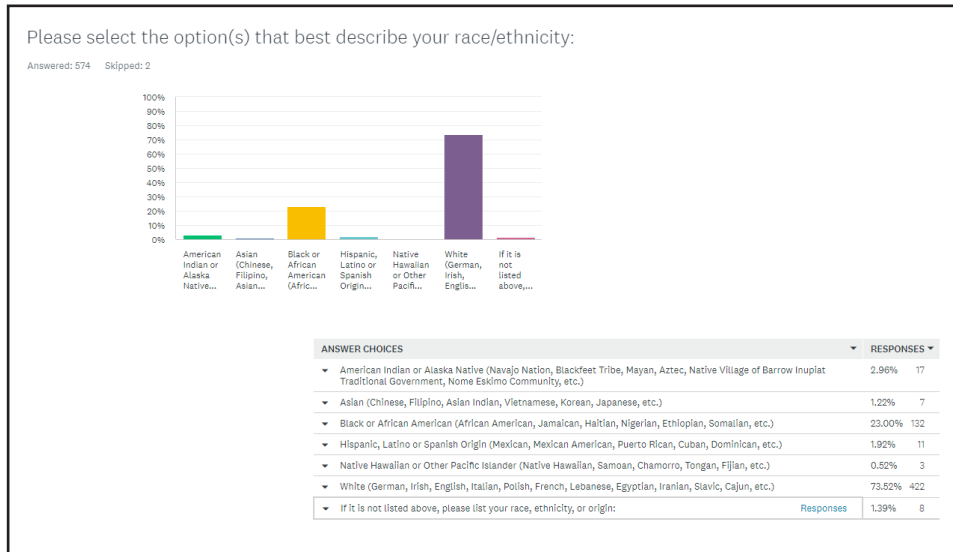
### **2024 Community Survey Analysis**

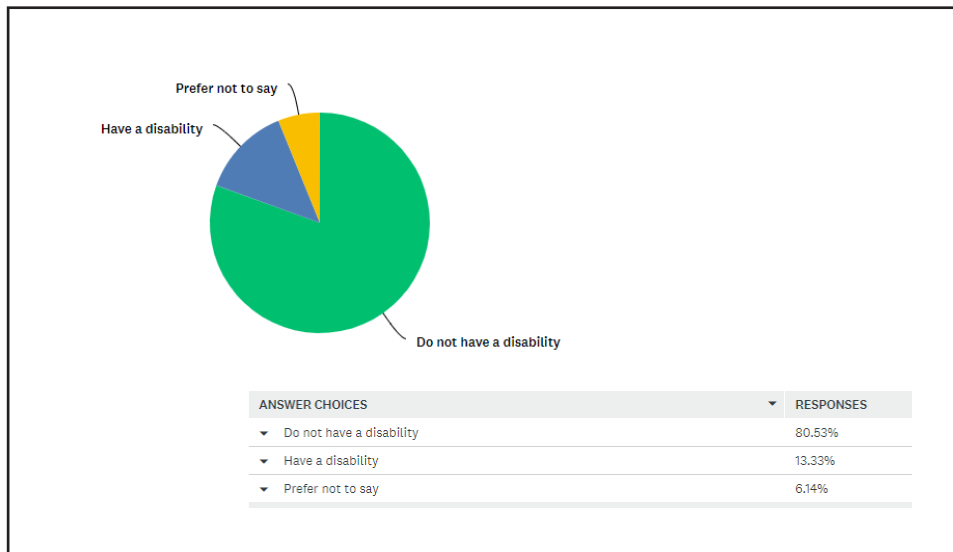
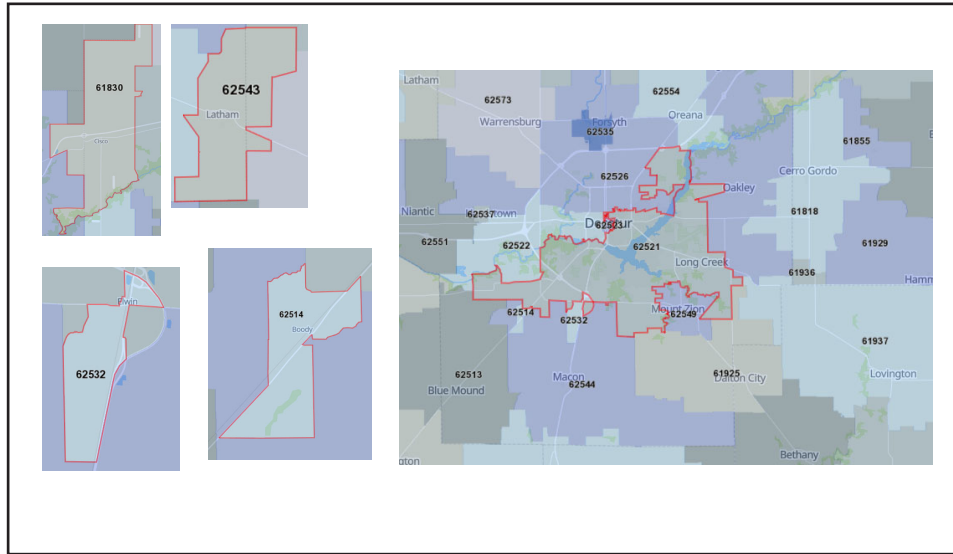
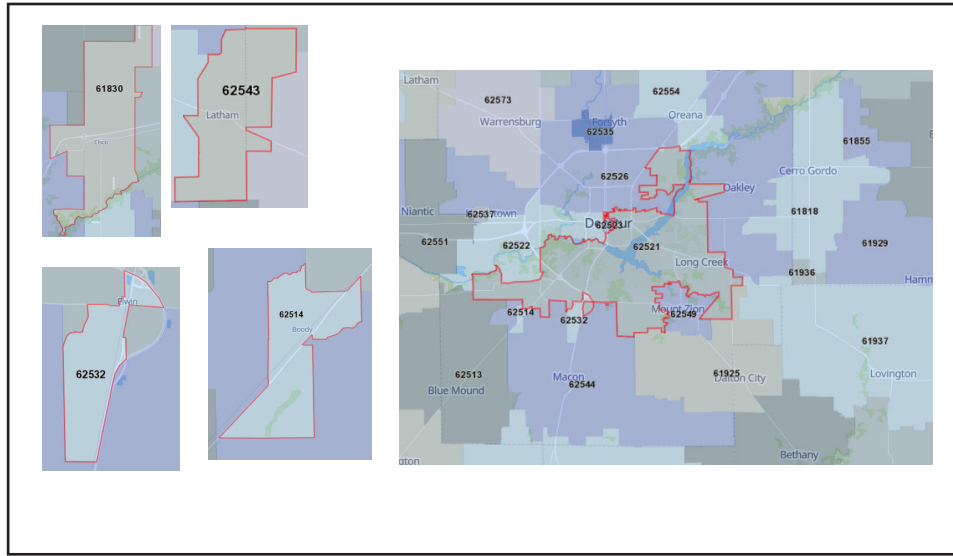
2024 CHNA Survey Results  
Macon County

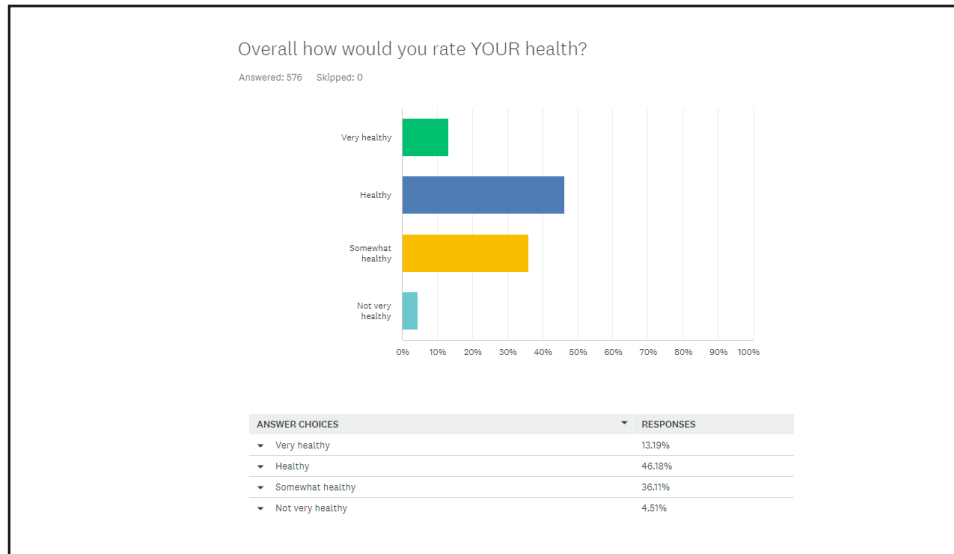
571 Respondents

Who took the survey?

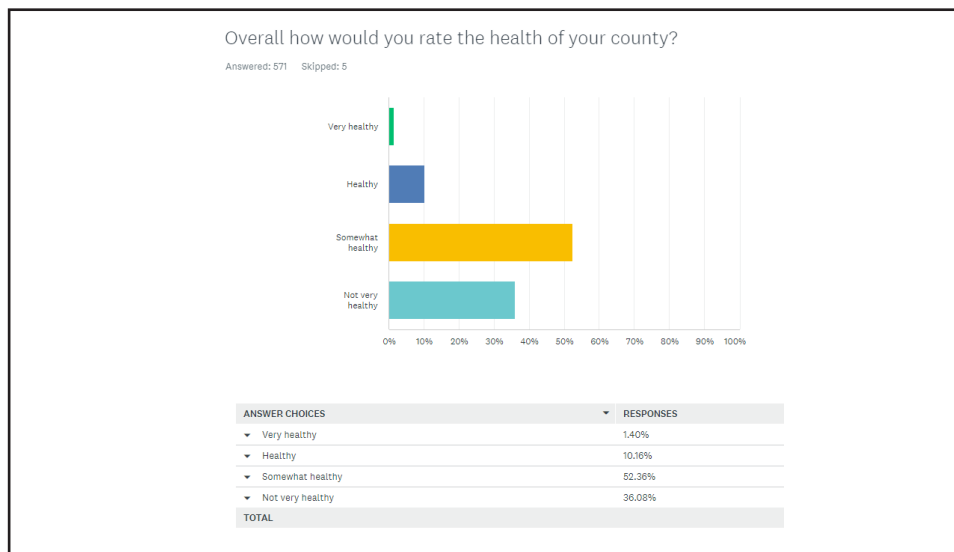








# Perceptions of County Health





Why don't people in Macon County access health care when they need it?  
Choose all that apply.

▼ Inability to pay out-of-pocket expenses	63.37%
▼ Lack of health insurance coverage	62.67%
▼ Inability to pay for prescriptions	59.72%
▼ Lack of transportation	49.31%
▼ Availability of providers/appointments	47.92%
▼ Lack of access to mental health providers	47.40%
▼ Lack of access to physicians/providers	42.01%
▼ Basic needs not met (food/shelter)	40.28%
▼ Lack of concern/health is not a priority	35.07%
▼ Lack of trust	34.72%
▼ Lack of access to a dentist	27.78%
▼ Lack of child care	23.96%
▼ Time limitations	20.49%
▼ Language/cultural barriers	10.94%
▼ I don't know	7.12%

Check any populations that you feel are not receiving sufficient healthcare in Macon County:

▼ Underinsured/uninsured	54.69%
▼ Individuals with mental health challenges	51.68%
▼ Homeless	49.03%
▼ Low-income	47.61%
▼ Seniors/aging/elderly	38.58%
▼ Black/African American	31.68%
▼ Disabled	24.60%
▼ Young adults	21.24%
▼ Children/Youth	18.05%
▼ I don't know	15.75%
▼ LGBTQIA+	12.92%
▼ Immigrant/Refugees	11.86%
▼ Hispanic/Latino	10.97%
▼ Asian	5.49%
▼ None of these	2.65%

Check any challenges you feel Macon County people face when trying to maintain a healthy lifestyle.

▼ Safety/Crime	54.47%
▼ Lack of education/knowledge	52.36%
▼ Motivation/Effort/Concern	49.91%
▼ Access to healthy foods	47.64%
▼ Affordable housing	32.22%
▼ Time/Convenience	30.82%
▼ Recreation opportunities	27.85%
▼ Cultural barriers	16.64%
▼ I don't know	8.58%
▼ Other (please specify)	Responses 7.18%

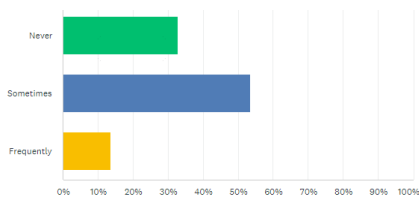
Check any challenges you feel Macon County people face when trying to maintain a healthy lifestyle.

Write-in responses:

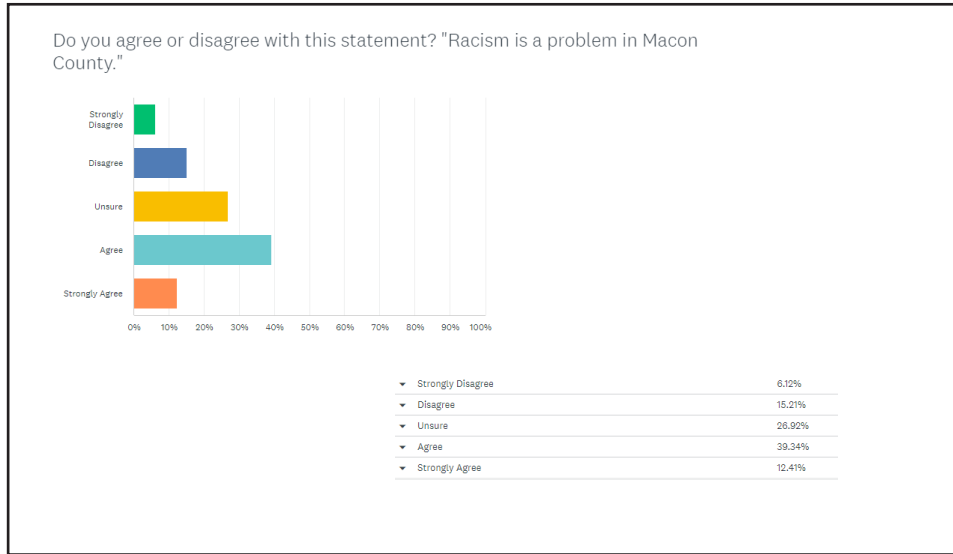
- Finances/Lack of gainful employment (for housing, healthy food and healthcare)
- Lack of effort/motivation
- Organizations showing favoritism
- Lack of knowing resources/help available
- Weather
- Lack of time
- Lack of care for those with dementia and caregivers
- Healthcare workers don't care
- Transportation
- Healthcare provider wait times
- Food deserts
- Few healthy food options in restaurants and grocery stores
- Parks with a variety of things for adults and children. Park districts shift away from neighborhood parks.
- Generational habits
- Trauma/finances are more concerning than physical health
- Lack of sidewalks
- YMCA needs evening classes
- American culture (SAD diet, body shaming if we don't accept being overweight as normal)

## Racism in Macon County

Have you witnessed anyone in Macon County being treated negatively because of their race?



▼ Never	32.81%
▼ Sometimes	53.51%
▼ Frequently	13.68%



## Adverse experiences in Macon County households

Have you or anyone in your household ever experienced any of the following?  
Check all that apply.

ANSWER CHOICES	RESPONSES
Emotional abuse (swear at, insult, put you down, humiliate, act in a way you were afraid)	53.03% 201
Parents divorced or separated	47.49% 180
Mental illness in the household	45.38% 172
Physical abuse (push, grab, slap, throw something at you, kicked, threatened with a weapon, bruised)	38.52% 146
Chronic substance use/dependency (alcohol, prescription opioids, recreational drugs, etc.)	31.66% 120
Emotional neglect (often feel that no one in your family loves you, family does not support one another)	25.86% 98
Sexual abuse	24.27% 92
Mother treated violently	14.51% 55
Household member incarcerated	13.19% 50
Physical neglect (not enough to eat, had to wear dirty clothes, parents too drunk or high to take care of you)	11.61% 44
Gun violence	7.92% 30

## Macon County Priorities

What do you think is/are the biggest health problems in Macon County?

- Lack of **mental health** services/specialized care
- **Substance Use**
- Hunger
- **Emergency Room wait times**/Lack of compassionate care
- Legal Marijuana
- Cancer
- Kidney Disease
- Sick cell anemia
- Insurance choosing who patients can see
- HSHS reducing services in the community/lack of services
- **Crime**
- **Obesity**

What do you think is/are the biggest health problems in Macon County?

- Communication problems
- **Homelessness**/High housing eviction rates
- Lack of childhood therapists
- Poverty/insurance/cost of healthcare
- **Transportation**
- **Racism**

What is the one thing you would do to make the health of Macon County better?

- Hopeless because of pollution
- Hospital advocates for anyone admitted
- **Less wait times in the Emergency Room** (only visit ER for emergencies)/**more physicians and easier access**
- Free clinics, too expensive to seek healthcare
- Health education K-12
- **Free recreation** (yoga at the Devon) activities/promote physical activity and physical activity-based events, free biking/walking and kayaking on the lake
- Promote plant-based eating/promote healthier eating in schools
- Improve public **transportation** (bring back Crossing bus)/transportation help for healthcare appts.
- **More CARE** by healthcare workers – lack of confidence in skill and compassion
- **Clean up county** (litter, rehab houses and buildings) and promote taking PRIDE in neighborhoods, improve the sidewalks
- Promote healthcare field/vocational training and economic development
- **Mental health treatment** facilities/providers for youth and families
- **Racial tension**
- **Help for people experiencing homelessness**

## Ranking of the 10 survey areas:

1. Lack of mental health services
2. Gun violence
3. Low mental health provider rate
4. Unemployment
5. Housing problems
6. Black children living in poverty
7. Low reading and math scores
8. Social vulnerability
9. High truancy rate
10. Incarceration rates



## **APPENDIX IV**

### **2024 Macon County Community Health Needs Assessment**

#### **Priorities Analyzed, Reviewed and Prioritized**



Nineteen original needs were identified by the core group using existing secondary data. The needs identified were:

- Access to food that supports dietary patterns.
- Access to primary care.
- Civic participation.
- Crime and violence.
- Discrimination.
- Early childhood development and education.
- Employment.
- Enrollment in higher education.
- Environmental conditions.
- Food insecurity.
- Health care access and quality.
- Health literacy.
- High school graduation.
- Housing instability.
- Incarceration.
- Language and Literacy.
- Poverty.
- Quality of housing.
- Social cohesion.

The core group then solicited input from community members on the top ten priorities identified during the CAC.

- Gun violence.
- Incarceration rate.
- High truancy rates.
- Housing problems.
- Low mental health provider rate.
- Low mental health treatment.
- Low reading and math scores.
- Poverty for black children.
- Social vulnerability.
- Unemployment.

Following survey analysis, each organization presented findings to their respective internal committees. St. Mary's Hospital's internal advisory committee approved the recommended priorities which were adopted by the board of directors as the FY2024 CHNA priorities:

- Disparities in economy.
- Access to mental and substance use services.
- Access to care: Focus on chronic conditions.

## **APPENDIX V**

### **2024 Macon County Community Health Need Assessment**

#### **Community Advisory Committee Letter and Meeting Dates**

Dear Community Partner,

It is time again for HSHS St. Mary's Hospital (SMD), Decatur Memorial Hospital (DMH), and the Macon County Health Department (MCHD), to conduct our joint Macon County Health Needs Assessment (CHNA). We hope you or someone from your organization can provide input through our Community Advisory Council (CAC).

**Community Advisory Council Meeting:**

This year, we will conduct ONE virtual CAC meeting on: **January 9, 2024: 10 – 11:30 AM**. The meeting will be held at the Macon County Health Department: 1221 E Condit St., Decatur, IL 62521.

Agenda:

1. Introduction
2. Data Discussion: a thorough data dive will be sent prior to the meeting. The data will include information surrounding the priorities we are asking you to rank.
3. Group Discussion: group discussion provides opportunity for deeper discussion around the priority areas and how they should be ranked based on the data presented.
4. Forced Ranking: you will be asked to rank the priorities.
5. Closing

**First Person Data:**

Following the CAC meeting, we will conduct Key Informant Interviews and community surveys with Macon County organizations and community members to solicit feedback from a broad and diverse range of individuals.

**Final Priority Areas:**

Finally, the hospitals and health department will take information learned from the CAC and Surveys to our internal teams for further discussion and ranking. Once the final CHNA priorities have been identified, we will notify you of the outcome via e-mail. Please note – we may call upon you once again as we develop workgroups to address the identified needs.

We value your knowledge of our community, the work you do with your constituents, and the experience and wisdom you bring to the discussion. Thank you in advance for considering participating on the advisory council. Please e-mail: [Chargois.sonja@mhsil.com](mailto:Chargois.sonja@mhsil.com) by **January 5, 2024**, to let us know if you or someone else from your organization will serve in this role.

Please don't hesitate to reach out to us with any questions or further discussion.

Sincerely,

Kimberly Luz-Mobley, M.S., C.H.E.S.  
Executive Director, Community  
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HSHS  
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Emily O'Connell  
Director, Health Promotion  
and Public Relations  
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[eoconnell@maconchd.org](mailto:eoconnell@maconchd.org)

## **APPENDIX VI**

### **Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2022 - FY2024 CHNA**

The following priorities were selected as part of HSHS St. Mary's Hospital's FY2021 CHNA:

1. Access to mental and behavioral health services
2. Access to health
3. Disparities in economy
4. Child abuse and neglect

### **Access to mental and behavioral health services:**

#### ***Emergency department-based screening and referral to treatment and recovery***

In FY2021, the substance, treatment and recovery program was fully deployed in St. Mary's Hospital's emergency department. This collaborative program, in partnership with Gateway Foundation, is focused on warm handoff services for treatment and recovery of patients presenting with substance use disorder in the emergency department. This collaborative initiative has provided rehab services for more than 80 persons during the CHIP cycle.

The following colleagues work together to identify, screen, assess and transition patients from the emergency department directly to a treatment bed:

- **Engagement specialist:** A certified addictions counselor who promotes substance use disorder treatment services and programs to engage potential clients, completes intake screenings and assessments, evaluates patients' needs, determines appropriate program placement, and completes related forms and records. Maintains collaborative working relationships and regular communication with referral sources to plan and coordinate services and resolve potential barriers to effective treatment.
- **Recovery coach:** A staff person with lived experience who provides support and outreach to individuals in recovery or seeking recovery. Serves as a role model by exhibiting long-term stable personal recovery and use of appropriate coping skills. Maintains relationships with and knowledge of resources for clients. Consults with other treatment team members. Provides resources to assist with recovery and transition.
- **Clinical supervisor:** A clinical leader who is responsible for providing direct supervision to team members delivering services. Oversees client services and ensures compliance with established program standards and service delivery objectives. Responsible for orienting and training staff. Serves as resource to assigned staff in identifying and resolving complex case problems. Interprets and enforces area policies and procedures and initiates corrective actions. Assumes client caseload in response to workload or staffing shortages. Interfaces with key staff at assigned community resources to foster exceptional relationships.

### **Access to health: Health Connect**

St. Mary's Hospital offered the Health Connect program to provide care management to its most complex patients in the emergency room. The Health Connect program connects a social worker with patients who frequently utilize the emergency room for low acuity reasons. Upon discharge, the social worker connects with the patient for a comprehensive screening and treatment plan. The social worker then partners with the patient to connect them with community-based clinical and non-clinical services depending on individual need. Over the last three years, SMD has provided complex care management and coordinated care to more than 90-patients by connecting them with: employment, safe and affordable housing, transportation, primary care, insurance, assistance with obtaining social security, mental and behavioral health services and job training.

## **Disparities in Economy**

### **Cross sector workgroup**

In partnership with the City of Decatur's Workforce Development Systems Assessment, St. Mary's Hospital joined Decatur Memorial Hospital to lead the Economic Disparities cross sector workgroup. The group is comprised of 15 organizations from multiple sectors focused on working together to become systemically connected to create workforce pipelines more efficiently. This group took a break during some organizational restructuring and will relaunch upon completion of the County assessment.

### **Good Samaritan Inn**

St. Mary's Hospital continues to support Good Samaritan Inn in several ways:

1. Donation of hospital land to their urban farm to support food boxes for low-income individuals and families. Donated produce is also used as part of the local federally qualified health center Fresh Produce Rx for Diabetes program. This program ensures persons diagnosed with diabetes have access diet-specific foods to assist in managing their chronic condition.
2. Donation of colleague time to the daily hot lunch. St. Mary's colleagues volunteer weekly to serve more than 200 individuals a hot lunch at the Good Samaritan Inn.

## **Child abuse and neglect:**

### **Central Illinois Human Trafficking Task Force**

SMD continues to serve as part of the Central Illinois Human Trafficking Task Force. In the last several years, they were the first HSHS ministry to adopt human-trafficking-specific policy in their ED. That policy continues to be reviewed and updated to best identify and meet the needs of persons who have been trafficked.

### **Beyond the NICU**

Beyond the NICU employs trained NICU nurses to give vulnerable parents of premature children the support they need to provide their at-risk babies with the best possible start in life. Since infant outcomes are closely tied to maternal health and well-being, this program focuses on assessing and improving maternal mental health and family preparedness. Since FY2020, more than 230 infants have been cared for and nearly 130 have graduated from the 18-month program. This program serves both as an access initiative and a child abuse prevention initiative. By supporting families and preventing crisis, potential abuse and neglect can be prevented.

