



# Health Needs Assessment 2021 Implementation Plan



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## Introduction

HSHS 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 behavioral health services, 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 15 hospitals and has more than 200 physician practice sites. Our mission is carried out by 14,000 colleagues and 2,100 physicians in both states who care for patients and their families.

In 2020-2021, St. Mary's Hospital conducted a Community Health Needs Assessment (CHNA) in collaboration with Decatur Memorial Hospital and the Macon County Health Department. This process involved gathering data from multiple sources to assess the needs of Macon County. Data was presented to an external Community Advisory Council (CAC), an internal advisory council and eleven focus groups who together recommended the health priorities to be addressed in 2022–2024. The full CHNA Report may be found at [https://www.hshs.org/HSHSFamily/media/St.Marys-Decatur/About%20us/CHNA\\_report\\_SMD\\_2021\\_FINAL.PDF](https://www.hshs.org/HSHSFamily/media/St.Marys-Decatur/About%20us/CHNA_report_SMD_2021_FINAL.PDF).

The Implementation Plan builds off the CHNA Report by detailing the strategies St. Mary's Hospital will employ to improve community health in the identified priority areas. This plan shall be reviewed annually and updated as needed to address ever-changing needs and factors within the community landscape. Nonetheless, HSHS shall strive to maintain the same overarching goals in each community it serves, namely to:

1. Fulfill the ministry's mission to provide high quality health care to all patients, regardless of ability to pay.
2. Improve outcomes by working to address social determinants of health, including access to medical care.
3. Maximize community impact through collaborative relationships with partner organizations.
4. Evaluate the local and systemic impact of the implementation strategies and actions described in this document to ensure meaningful benefits for the populations served.

For purposes of this CHNA Implementation Plan, the population served shall be defined as Macon County residents of all ages, although the ministry's reach and impact extend to other central and southern Illinois counties as well.

## Prioritized Significant Health Needs

As detailed in the CHNA, St. Mary's Hospital in collaboration with community partners identified the following health priorities in Macon County:

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

These priorities emerged from several data sources, including community focus groups, individual and stakeholder interviews, local and national health data comparisons and input from the CAC and internal advisory council.

## Community Health Needs That Will Not Be Addressed

As part of the identification and prioritization of health needs, the hospital considered the estimated feasibility and effectiveness of possible interventions 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.

Based on the CHNA planning and development process the following community health needs were 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.
- Emergency preparedness: Our hospital and health department are addressing this through state plans in place.
- 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.
- Unmanaged chronic conditions, including food insecurity. While not a direct priority issue, we will further investigate the impact of access to health and health care barriers for unmanaged chronic conditions.

## Primary Implementation Strategies

In each of the priority health areas identified, St. Mary's Hospital shall employ strategies that fall into one or more of the categories below.

Strategy	Description
Increase access to prevention and early intervention services	This strategy involves taking actions that prevent disease or injury or limit their progression and impact.
Increase access to care	This strategy involves improving the ability of individuals in the hospital's service area to receive needed treatment and services in a timely manner in order to achieve optimal health outcomes.
Address other social determinants of health	This strategy involves addressing other conditions and environmental factors that impact health, functioning, and quality-of-life outcomes in the community.
Engage in unified planning and policy	This strategy involves working with community partners to factor health considerations into any decision-making that affects the general public of subsets of populations within the general public.

Examples of specific actions that fall under these broad strategies, as well as the anticipated impacts of those actions, are listed on the PLANNED ACTIONS pages for each of the health priorities. This format follows the logic that the stated actions, resources and collaborative partnerships together will produce the anticipated impacts.



## Community Health Improvement Plan Overview

These implementation strategies and actions are organized by health priority, first with a “snapshot” of identified strategies, sample actions and other relevant information, then with a more comprehensive and specific description of planned actions, resources, collaborative partners and anticipated impacts.

### Priority Snapshot: Disparities in Economy

#### Priority No. 1: Disparities in Economy

##### Target Populations

- Adolescents
- Adults

##### Hospital Resources

- Colleague time
- Grant funding
- Marketing materials
- Advocacy
- Virtual platform

##### Community Partners

- Local health departments
- Local businesses
- Schools
- Local policymakers
- Local hospitals
- Faith-based organizations
- Trades/Union
- Higher education

##### Anticipated Impact

- Learn post HS graduation path for trades, job, higher education or career.
- Increase in employable workforce and fewer open positions.

##### Relevant Measures\*

- Proportion of adolescents and young adults who are neither enrolled in school or working.
- Increase employment in working-age people.
- Proportion of people living in poverty.

\* From the national health plan: Healthy People 2030

##### Current Situation

**Disparities in economy** often arose during discussions on the disproportionate impact on the determinants of health on minority populations: cost burdened renters and homeowners, poverty, unemployment, job availability and workforce training opportunities. Reasons commonly cited for key gaps include disparities in education as a key driver to disparities in economy; lack of access to, knowledge of or availability of workforce training opportunities, need for financial counseling, and large wealth gap between Black and White individuals. Data supporting this concern include:

- Unemployment rates in Macon County (7.3%) exceed the state unemployment rate (7.1%).
- Minority and low-income students experience higher rates of truancy, chronic absenteeism and lower graduation rates.

	Macon County	Illinois
Poverty	16.7%	13.5%
White	11.9%	8.9%
Black/Brown	33.7%	28.6%
Hispanic	25.4%	18.3%
Children	27%	16%
Persons with disabilities	40.5%	26.7%

\* Sources include U.S. Census Bureau, 2021; Illinois Public Community Map, 2020; Illinois School Report Card, 2020.

##### Our Strategies

###### **Integrated programs, long-term goals with workers at the center.**

- Work with schools, community colleges and colleges to develop or scale-up pipeline programs.
- Work with existing career organizations to provide supervised internship and workforce training opportunities at the local hospital.
- Internally, work with diversity, equity and inclusion team to implement best practices for workforce equity.

###### **Develop workforce plan and training programs.**

- Evaluate current initiatives and resources to better understand gaps.
- Engage community partners and resident participants.
- Focus on specialized training modules based on local workforce needs.
- Provide hands-on learning experiences and soft-skill development.

###### **Unified planning and policy, and advocacy efforts**

- Work with state and local leaders to factor quality education implications into policy and budget decisions impacting equitable education.

##### Indicators

- Number of students graduating.
- Number of businesses participating in workforce strategies.
- Number of individuals (high school, higher education and unemployed adults) participating in workforce development strategies.
- Number of meetings with local leaders, policy impacts.

## PLANNED ACTIONS – Disparities in Economy

Leading economic journals indicate the most important factor in strengthening the region's economy is having an educated and skilled workforce. Workforce development refers to a relatively wide range of activities including policies and programs intended to create, sustain and retain a viable workforce that can support current and future business and industry.

Workforce development, including soft skill development, is effective when adopted in schools to help students graduate with an awareness of skillsets needed to advance career goals; in the community to help unemployed individuals become employable; and in businesses to focus on internal colleague growth and development.

In year one of the CHIP, we will work with community partners to evaluate services available internally and within the community to address current and future service gaps and growth needs. Through a multi-sector, collective impact model, we will work with local, regional and state organizations and policy makers to improve the quality of the region's workforce and to further understand the causes of inequities in wealth distribution.

### *Strategy I: Integrated programs, long-term goals with workers at the center.*

Action	Resources	Collaboration	Anticipated Impact
Work with schools, community colleges and colleges to develop or scale-up pipeline programs.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>• County schools, including higher education and vocational</li> <li>• Chamber of Commerce</li> <li>• Community members</li> <li>• Other community organizations</li> <li>• Workforce Equity Initiative at Richland Community College</li> <li>• Big Brothers Big Sisters of Central Illinois</li> </ul>	<ul style="list-style-type: none"> <li>• Increase number of students graduating with a career plan.</li> <li>• Increase employment in working-age individuals.</li> </ul>
Work with existing career organizations to provide supervised internship and workforce training opportunities at the local hospital.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>• County schools, including higher education and vocational</li> <li>• Chamber of Commerce</li> <li>• Community members</li> <li>• Other community organizations</li> <li>• Workforce Equity Initiative at Richland Community College</li> <li>• Big Brothers Big Sisters of Central Illinois</li> </ul>	<ul style="list-style-type: none"> <li>• Increase job shadow and learning opportunities for working-age individuals.</li> <li>• Increase employment in working-age individuals.</li> </ul>

**Strategy II: Develop workforce plan and training programs.**

Action	Resources	Collaboration	Anticipated Impact
Evaluate services available internally and within the community and work to address service gaps.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>• County schools, including higher education and vocational</li> <li>• Chamber of Commerce</li> <li>• Community members</li> <li>• Other community organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Asset and gap analysis with identified workforce resources and needs.</li> <li>• Enhanced access to workforce development and essential life skills training opportunities.</li> </ul>

**Strategy III: Work with internal and external stakeholders to engage in unified planning and policy.**

Action	Resources	Collaboration	Anticipated Impact
Work with state and local leaders to factor health implications into policy and budget decisions.	<ul style="list-style-type: none"> <li>• Colleague time</li> </ul>	<ul style="list-style-type: none"> <li>• Local, state leaders</li> <li>• Other community partners</li> <li>• Regional Office of Education</li> </ul>	<ul style="list-style-type: none"> <li>• Increase knowledge of disparities in education and economy driving workforce barriers.</li> <li>• Use knowledge gained to develop an advocacy plan to address workforce barriers on a regional and state level.</li> </ul>
Work with community leaders and local policymakers to better understand inequities in wealth distribution and solutions for resolution.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>• Local, state leaders</li> <li>• Other community partners</li> </ul>	<ul style="list-style-type: none"> <li>• Increase knowledge of disparities in household and individual income amongst minority populations.</li> <li>• Use knowledge gained to develop an advocacy plan to address wealth gaps on a regional and state level.</li> </ul>



## Priority Snapshot: Mental and Behavioral Health

### Priority No. 2: Mental and Behavioral Health

#### Target Populations

- Adolescents
- Adults

#### Hospital Resources

- Colleague time
- Grant funding
- Marketing materials
- Advocacy
- Virtual platform

#### Community Partners

- Local health departments
- Behavioral and mental health service providers
- Local providers
- Schools
- Local policymakers
- Local hospitals
- Faith-based organizations
- Trained facilitators

#### Anticipated Impact

- Increase resiliency.
- Decrease access barriers.
- Increase early assessment and intervention.
- Improve identification and referral to resources.

#### Relevant Measures\*

- Proportion of people who get a referral for substance use treatment after an emergency department visit.
- Proportion of adolescents and adults with anxiety or depression who get treatment.

\* From the national health plan: Healthy People 2030

#### Current Situation

**Mental and Behavioral Health** consistently arose as the most prominent community health priority in all nine HSHS Illinois Division ministries. Reasons commonly cited for the problem include lack of available services; lack of affordability and/or awareness of services available; lack of understanding of mental health conditions and knowledge of when to seek help; and the frequency with which health systems and providers change which MCO plans they accept, thereby disrupting continuity of care. Data supporting this concern include:

- Depression among Medicare population has steadily increased to 19% since 2009. (Centers for Medicare and Medicaid Services).
- 12.5% of Macon County adults reported their mental health was not good for 14 or more days each month. (Illinois County Behavioral Risk Factor Surveys, 2019 reporting period).

#### Our Strategies

##### **Improve access to prevention and early intervention services**

- Train and partner with the local health department to provide mental and behavioral health first aid and trauma/resiliency training to school staff, students and the general public.
- Partner with the newly established Recovery Oriented Systems of Care teams.

##### **Improve access to care**

- Work with rural school districts to improve access to school-based tele-mental health services.
- Work with Gateway Foundation and local behavioral health services (Crossings in Decatur and Memorial Behavioral Health in Springfield) to ensure access to screening, treatment plan development and treatment referral for patients presenting with substance use disorder.
- Work with homeless shelters and CoC on the development of housing and health models for improved access to preventive and management health care.

##### **Unified planning and policy, and advocacy efforts**

- Through collective impact, work with local, regional and state organizations and legislatures to develop an advocacy plan to support telehealth services, reimbursement and equitable access to mental and behavioral health services.

#### Indicators

- Number of instructors trained, trainings provided and individuals trained.
- County-wide strategic plan identifying gaps in service, barriers to service and a collective impact model to address behavioral health prevention; screening and identification; and prevention, treatment and recovery.
- Number of residents successfully entering and completing treatment.
- Number of school district partnerships.
- Number of patients screened and referred.
- Number of patients successfully completing treatment.

## PLANNED ACTIONS – Mental and Behavioral Health

The system of behavioral health care is fundamentally broken. People in crisis have little option other than to access services through hospital emergency room departments, which are the least conducive environments for behavioral health patients to become well and receive appropriate services. During a mental health crisis, patients need the right care in the right place at the right time.

In year one of the CHIP, we will further investigate best practices and local resources to address mental and behavioral health gaps. Through a multi-sector, collective impact model, we will work with local, regional and state organizations and legislatures to develop an advocacy plan to support telehealth services, reimbursement and equitable access to mental and behavioral health services.

While working on long-term planning and solutions, we will deploy the following strategies for prevention, early identification, access and referral in youth and adult populations in years one through three.

### *Strategy I: Improve access to prevention and early intervention services.*

Action	Resources	Collaboration	Anticipated Impact
Work with schools and other community partners to determine appropriate prevention, education and training for student and adult populations. <ul style="list-style-type: none"> <li>• <i>Question, Persuade, Refer (QPR) suicide prevention training.</i></li> <li>• <i>Mental Health and Youth Mental Health First Aid</i></li> </ul>	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Technology (virtual trainings)</li> <li>• Marketing materials</li> <li>• Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>• County schools</li> <li>• County health departments</li> <li>• County health boards</li> <li>• Community members</li> <li>• Ministerial alliance</li> <li>• County health providers</li> </ul>	<ul style="list-style-type: none"> <li>• Increase resiliency in student and adult populations.</li> <li>• Reduce suicide and nonfatal intentional self-harm injury rates in the county.</li> <li>• Increase early assessment, detection and intervention.</li> </ul>
Work with Prevent Child Abuse Illinois to provide training on Adverse Childhood Experiences and Resiliency (ACE/R) to school staff and other organizations.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>• County schools</li> <li>• Prevent Child Abuse Illinois</li> <li>• Other interested community organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Increase resiliency in student populations.</li> <li>• Reduce suicide attempts and nonfatal intentional self-harm by students.</li> </ul>
Work with community partners and providers to ensure early identification of pregnant and postpartum moms with behavioral health needs.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> <li>• Grant funding</li> </ul>	<ul style="list-style-type: none"> <li>• HSHS Medical Group</li> <li>• Local providers</li> <li>• Faith-based organizations</li> <li>• County schools</li> </ul>	<ul style="list-style-type: none"> <li>• Increase number of pregnant mothers receiving prenatal care.</li> <li>• Increase early assessment, detection and intervention.</li> </ul>
Partner with the newly established Madison County Recovery Oriented Systems of Care team.	<ul style="list-style-type: none"> <li>• Colleague time</li> </ul>	<ul style="list-style-type: none"> <li>• Community stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Develop public policy and practice that can support recovery in crucial ways.</li> <li>• Reduce stigma associated with those struggling with substance use disorders (SUDs).</li> <li>• Coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders.</li> </ul>

**Strategy II: Improve access to care.**

Action	Resources	Collaboration	Anticipated Impact
Work with Illinois division ministries and the Illinois Telehealth Network to secure behavioral telehealth, telepsych and crisis screening in the emergency department.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Technology</li> <li>• System grant writing</li> <li>• Community health and grant funding</li> </ul>	<ul style="list-style-type: none"> <li>• Illinois Telehealth Network</li> <li>• Provider groups</li> <li>• HSHS Illinois Division ministries</li> <li>• Non-HSHS hospitals</li> <li>• Local county health departments</li> <li>• Gateway Foundation</li> <li>• Recovery oriented systems of care</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce unnecessary transfers.</li> <li>- Ensure high quality and timely care is provided for patients in crisis.</li> <li>- Decrease length of stay and eliminate psychiatric boarding in ED.</li> <li>- Preferred treatment plan for the patient in distress that offers services focused on resolving mental health and substance use crisis.</li> </ul>
Continue pilot program with HSHS Good Shepherd Hospital to provide school-based mental health services. Explore opportunities to expand services to other markets.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• HRSA and other funding</li> <li>• Marketing materials</li> <li>• Illinois Telehealth Network resources</li> <li>• Substance abuse and mental health services</li> </ul>	<ul style="list-style-type: none"> <li>• Local county schools</li> <li>• Local ministries</li> <li>• HSHS Med Group</li> <li>• Illinois Telehealth Network</li> <li>• Local county health departments</li> </ul>	<ul style="list-style-type: none"> <li>- Promote youth resilience and recovery, thereby reducing incidents of harm to self and others and increasing academic success and social cohesion.</li> <li>- Increase early assessment and intervention.</li> <li>- Improve identification and referral to resources.</li> </ul>

**Strategy III: Work with community partners to address other social determinants of health.**

Action	Resources	Collaboration	Anticipated Impact
Through a partnership with Safe Families, Illinois, provide support for children and families in crisis including financial crisis, unemployment, homelessness, health crisis and/or illness, incarceration, parental drug and/or alcohol use, social isolation, chronic stress, etc.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> <li>• Community volunteers</li> <li>• Faith-based organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Safe Families Illinois</li> <li>• Illinois Department of Children and Family Services</li> <li>• Local churches</li> <li>• Community members</li> <li>• County schools</li> </ul>	<ul style="list-style-type: none"> <li>• Timely connection between families and support services during times of crisis.</li> <li>• Ongoing connection between families and coaches to prevent crisis and provide continuing support.</li> </ul>
Work with Macon County Continuum of Care to fully deploy coordinated entry in the St. Mary's Emergency Department.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>• Gateway Foundation</li> <li>• Health Connect/ Catholic Charities</li> <li>• Providers</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure individuals experiencing homelessness and/or housing crisis have fair and equal access, are quickly identified, assessed for, referred and connected to housing and assistance.</li> </ul>

## Priority Snapshot: Access to Health

### Priority No. 3: Access to Health

#### Target Populations

- Adolescents
- Adults
- Focus on un/underinsured individuals

#### Hospital Resources

- Colleague time
- Funding
- Marketing materials
- Advocacy
- Virtual platform

#### Community Partners

- Local health departments
- Food banks and pantries
- Local providers
- Schools
- Local policymakers
- Local hospitals
- Faith-based organizations
- Community leaders
- Community health workers

#### Anticipated Impact

- Fewer new chronic disease diagnoses
- Fewer deaths from chronic conditions

#### Relevant Measures\*

- Proportion of adults with diabetes who receive formal diabetes education
- Rate of hospital admissions for diabetes among older adults
- Heart failure hospitalizations in adults
- Coronary health disease deaths
- Stroke deaths

\* From the national health plan: Healthy People 2030

#### Current Situation

**Access to health** often arose during discussions around addressing root causes of poor health outcomes. These include lack of basic needs being met and social determinants of health. Reasons commonly cited for the problem included lack of understanding of available resources and how to access them, difficulty navigating complex health systems, frequent changes in MCO contracts with health systems and providers, access to technology and cultural competency with the medical community. *Data supporting this concern include:*

	Macon County	Illinois
Two or more chronic conditions	62%	N/A
Cost burdened renters	50%	48.8%
Food insecurity Total	12.6%	10.1%
- Children	19.1%	6.8%

\* Sources include Illinois Department of Public Health Community Map, County Health Rankings and United States Diabetes Surveillance System.

#### Our Strategies

##### **Improve access to prevention and early intervention services**

- Work with providers to determine patient barriers to living a healthy life; i.e. – social determinants of health.
- Work with community partners to provide community education, health screenings and referrals to care.
- Work with individuals to improve understanding of insurance benefits, health care resources and accessing timely care.

##### **Improve access to care.**

- Evaluate access barriers and work to identify solutions to achieve equitable access to care.
- Work with local farmers markets, food pantries and feeding programs to support access to fresh produce and nutrient dense foods.

##### **Unified planning and policy, and advocacy efforts**

- Work with state and local leaders to factor health implications into policy and budget decisions.

#### Indicators

- Number of community-based screenings, education sessions, and referrals.
- Number of families receiving nutrient dense foods through hospital-supported food pantries, farmers markets and other food access initiatives.
- Number of individuals receiving SDOH screenings and appropriate referral resources.
- Number of meetings with local leaders, policy impacts.
- Number of sheltered and chronic homeless persons.

## PLANNED ACTIONS – Access to Health

Leading studies indicate social and environmental factors account for nearly 70% of all health outcomes. The connection between essential needs, such as food, housing and transportation, must be considered when exploring solutions to sustainable health improvement. Improving population and individual health requires health systems, hospitals and providers to adopt comprehensive health equity solutions that address health care holistically – including social determinants of health (SDOH).

In year one of the CHIP, we will investigate the use of screening tools to improve health care through a better understanding of SDOH in communities and the social needs of patients. A better understanding of barriers will lead to organizational and community-based solutions to those SDOH.

The overall goals of the following investigative and programmatic strategies are to:

- Promote patient, family and community involvement in strategic planning and improvement activities using SDOH screening tools.
- Coordinate health care delivery, public health and community-based activities to promote healthy behavior.
- Form partnerships and relationships among clinical, community and public health organizations to fill gaps in needed services.

### *Strategy 1: Improve access to prevention and early intervention services.*

Action	Resources	Collaboration	Anticipated Impact
Work with providers to determine patient barriers to living a healthy life; i.e. – social determinants of health.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Provider education</li> <li>• Financial assistance policy updates</li> </ul>	<ul style="list-style-type: none"> <li>• County health department</li> <li>• County providers</li> <li>• Community members</li> <li>• Physicians, medical staff</li> </ul>	<ul style="list-style-type: none"> <li>• Screening tool integrated into the practice's care management workflow.</li> <li>• Connect patients to essential community resources.</li> </ul>
Work with community partners to provide health education, screenings and referrals to care.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>• County health department</li> <li>• County providers</li> <li>• Community members</li> <li>• Physicians, medical staff</li> <li>• Healthier Together</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce the prevalence and impacts of chronic diseases.</li> <li>• Increase early assessment and intervention.</li> <li>• Improve identification and referral to resources.</li> </ul>
Work with individuals to improve understanding of insurance benefits, health care resources and accessing timely care.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>• County health department</li> <li>• County providers</li> <li>• Community members</li> <li>• Physicians, medical staff</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of insured individuals and families.</li> <li>• Improved understanding of benefits and how to access preventive and specialty care for timely health care visits.</li> </ul>
Continue funding to support the dental voucher program facilitated by Catholic Charities. The program provides access to pain-based dental care for those who are uninsured or underinsured.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>• Catholic Charities</li> <li>• Local dentists</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease emergency department use for dental disorders.</li> <li>• Decrease pain experienced due to dental disorder.</li> <li>• Decrease unnecessary use of narcotics and other substances for pain relief.</li> </ul>

**Strategy II: Develop workforce plan and training programs.**

Action	Resources	Collaboration	Anticipated Impact
Evaluate access barriers and work to identify solutions to achieve equitable access to care.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Marketing materials</li> <li>• SDOH screening tool</li> </ul>	<ul style="list-style-type: none"> <li>• County health department</li> <li>• County providers</li> <li>• Community members</li> <li>• Physicians, medical staff</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced understanding of patient's health barriers.</li> <li>• Improved compliance of treatment plans.</li> <li>• Coordinate health care delivery, public health and community-based activities to promote healthy behavior.</li> </ul>
Work with local farmers markets, food pantries and feeding programs to support access to fresh produce and nutrient dense foods.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>• County health department</li> <li>• Community organizations</li> <li>• Central Illinois Food Bank</li> <li>• Local food pantries</li> <li>• County schools</li> <li>• Good Samaritan Inn</li> </ul>	<ul style="list-style-type: none"> <li>• Improve the management of chronic disease/reduce impact severity.</li> </ul>
Continue funding the Health Connect initiative between HSHS St. Mary's Hospital and Catholic Charities.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> <li>• Foundation funding</li> <li>• Grant funding</li> </ul>	<ul style="list-style-type: none"> <li>• HSHS Med Group</li> <li>• Crossings</li> <li>• SIU Community and Family Medicine</li> <li>• Decatur Memorial Health</li> <li>• Heritage Behavioral Health</li> <li>• Other community organizations</li> <li>• St. Mary's Foundation</li> </ul>	<ul style="list-style-type: none"> <li>• Increase number of individuals and families with primary care provider.</li> <li>• Increase show-rate for Health Connect clients.</li> <li>• Decrease number of barriers to health experienced by clients.</li> <li>• Increase number of insured clients.</li> </ul>
Work with high skilled NICU nurses from HSHS St. John's Children's Hospital to improve physical and socio/emotional development for babies born less than 32 weeks in the NICU.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> <li>• Foundation funding</li> </ul>	<ul style="list-style-type: none"> <li>• SIU Department of Neonatology</li> <li>• HSHS Illinois Home Care</li> <li>• St. John's NICU and Children's Hospital</li> <li>• Social service agencies</li> <li>• St. John's Foundation</li> <li>• St. Mary's Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Optimal growth and development at 18 months.</li> <li>• Decrease incidence of poor brain development by providing education and opportunity for at-home baby brain development and infant engagement.</li> <li>• Increase number of check-up and provider visits post discharge.</li> </ul>

**Strategy III: Work with internal and external stakeholders to engage in unified planning and policy.**

Action	Resources	Collaboration	Anticipated Impact
Work with state and local leaders to factor health implications into policy and budget decisions.	Colleague time	<ul style="list-style-type: none"> <li>• Local, state leaders</li> <li>• Other community partners</li> <li>• Regional Office of Education</li> </ul>	Reduce the risks and impacts of chronic disease.

## Priority Snapshot: Child Abuse and Neglect

### Priority No. 4: Child Abuse and Neglect

#### Target Populations

- Adolescents
- Adults

#### Hospital Resources

- Colleague time
- Funding
- Marketing materials
- Advocacy
- Virtual platform

#### Community Partners

- Macon County Health Department
- Local providers
- Local and regional law enforcement
- Schools
- Local policymakers
- Local hospitals
- Faith-based organizations
- Community leaders
- Safe Families

#### Anticipated Impact

- Increased identification and intervention at a younger age.
- Increased identification and reporting of suspected human trafficking victims.

#### Relevant Measures\*

- Increase the proportion of adolescents who have an adult they can talk to about serious problems.
- Increase the proportion of trauma-informed early childcare settings and elementary and secondary schools.

\* From the national health plan: Healthy People 2030

#### Current Situation

**Child neglect and abuse** concerns often arose during discussions around unmanaged mental health issues in adulthood and root causes of poor health outcomes. Reasons commonly cited for the problem included lack of knowledge and/or resources for early identification and intervention; lack of resources for families in crisis; and lack of general knowledge of signs of abuse and resources for a child experiencing abuse and/or neglect. An increase in human trafficking victims under 18 was also noted as a result of child abuse and neglect. *Data supporting this concern include:*

	Macon County	Illinois
Substantiated child abuse rate	31.0/1,000	9.7/1,000
Child mortality	58	50
630 Macon County children are currently in foster care; this is the 2nd highest per capita rate in Illinois.		
The total number of children needing court appointed special advocates (CASA) has more than doubled since 2016: 176 children in 2016; compared to nearly 400 in 2020.		

\* Sources include Illinois Department of Child and Family Services, Macon County Court Appointed Special Advocates and County Health Rankings.

#### Our Strategies

##### **Improve access to prevention and early intervention services**

- Work with schools and providers to determine barriers to early identification and intervention strategies.
- Work with community partners and first responders to provide community education, training and referral resources.
- Work with service providers to expand crisis services for families.

##### **Improve access to care.**

- Evaluate access barriers and work to identify solutions to achieve equitable access to care.
- Work with local service providers to establish referral patterns between childcare, health care and trauma care agencies.

##### **Unified planning and policy, and advocacy efforts**

- Work with state and local leaders to factor health implications into policy and budget decisions.
- Work with Central Illinois Human Trafficking Task Force to impact human trafficking policy on a local, regional and state level.

#### Indicators

- Number of community-based education sessions and referrals.
- Number of families receiving crisis care.
- Number of individuals receiving SDOH screenings and appropriate referral resources.
- Number of meetings with local leaders, policy impacts.

## PLANNED ACTIONS – Child Abuse and Neglect

In Macon County, we continue to see an overwhelming number of reported cases of child abuse and neglect. Currently one in five children is abused or neglected. The likelihood of poor health outcomes and risky behaviors for children who have experienced abuse and neglect increases significantly. Child maltreatment includes physical, sexual and emotional abuse; neglect; and the exploitation of children.

Additionally, the human trafficking in Illinois fact sheet reports an estimated 25,000 women and children are being trafficked as prostitutes, with 1,818 victims rescued since 2012. Calls to the national HT hotline estimate Illinois ranks 10th for the number of reported cases in the U.S. The human trafficking of person's report estimates 1/3 of all trafficked victims are children. The National Institutes of Health estimates 33% of trafficking victims will seek care in a health care setting.

The following strategies are being proposed to better prepare our community, providers and families to identify and respond to signs of abuse and neglect in a timely manner.

### *Strategy 1: Improve access to prevention and early intervention services.*

Action	Resources	Collaboration	Anticipated Impact
Through a partnership with Safe Families, Illinois, provide support for children and families in crisis including financial crisis, unemployment, homelessness, health crisis and/or illness, incarceration, parental drug and/or alcohol use, social isolation, chronic stress, etc.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> <li>• Community volunteers</li> <li>• Faith-based organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Safe Families Illinois</li> <li>• Illinois Department of Children and Family Services</li> <li>• Local churches</li> <li>• Community members</li> <li>• County schools</li> <li>• Macon County CASA</li> </ul>	<ul style="list-style-type: none"> <li>• Timely connection between families and support services during times of crisis.</li> <li>• Ongoing connection between families and coaches to prevent crisis and provide continuing support.</li> </ul>
Work with schools and other community partners to determine appropriate prevention, education and training for student and adult populations. - <i>Question, Persuade, Refer (QPR) suicide prevention training.</i> Mental health and youth mental health first aid	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Technology (virtual trainings)</li> <li>• Marketing materials</li> <li>• Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>• County schools</li> <li>• County health departments</li> <li>• County health boards</li> <li>• Community members</li> <li>• Ministerial alliance</li> <li>• County health providers</li> </ul>	<ul style="list-style-type: none"> <li>• Increase resiliency in student and adult populations.</li> <li>• Reduce suicide and nonfatal intentional self-harm injury rates in the county.</li> <li>• Increase early assessment, detection and intervention.</li> </ul>
Through a partnership with the Central Illinois Human Trafficking Task Force, develop tools for provider education, identification, intervention and referral for suspected trafficking victims.	<ul style="list-style-type: none"> <li>• Community health funding</li> <li>• Colleague time</li> <li>• Strategic development</li> </ul>	<ul style="list-style-type: none"> <li>• Central Illinois Human Trafficking Task Force</li> <li>• Local law enforcement</li> <li>• Providers</li> <li>• EMT</li> <li>• Social service agencies</li> <li>• SANE nurses</li> </ul>	<ul style="list-style-type: none"> <li>• Increase number of providers trained and equipped to identify and address suspected cases of human trafficking.</li> <li>• Fully deploy human trafficking policy, protocol and education for ED colleagues.</li> </ul>
Work with Prevent Child Abuse Illinois to provide training on Adverse Childhood Experiences and Resiliency (ACE/R) to school staff and other organizations.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>• County schools</li> <li>• Prevent Child Abuse Illinois</li> <li>• Other interested community organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Increase resiliency in student populations.</li> <li>• Reduce suicide attempts and nonfatal intentional self-harm by students.</li> </ul>



**Strategy II: Improved access to care.**

Action	Resources	Collaboration	Anticipated Impact
Evaluate access barriers and work to identify solutions to achieve equitable access to care.	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Marketing materials</li> <li>• SDOH screening tool</li> </ul>	<ul style="list-style-type: none"> <li>• County health department</li> <li>• County providers</li> <li>• Community members</li> <li>• Physicians, medical staff</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced understanding of patient's health barriers.</li> <li>• Improved compliance of treatment plans.</li> <li>• Coordinate health care delivery, public health and community-based activities to promote healthy behavior.</li> </ul>
Work with local service providers to establish referral patterns between childcare, health care, and trauma care agencies	<ul style="list-style-type: none"> <li>• Colleague time</li> <li>• Community health funding</li> </ul>	<ul style="list-style-type: none"> <li>• Central Illinois Human Trafficking Task Force</li> <li>• Local law enforcement</li> <li>• Providers</li> <li>• EMT</li> <li>• Social service agencies</li> <li>• SANE nurses</li> </ul>	<ul style="list-style-type: none"> <li>• Improve turnaround time between victim identification and service referral.</li> <li>• Increase early assessment, detection and intervention.</li> </ul>

**Strategy III: Work with internal and external stakeholders to engage in unified planning and policy.**

Action	Resources	Collaboration	Anticipated Impact
Work with state and local leaders to factor health implications into policy and budget decisions.	Colleague time	<ul style="list-style-type: none"> <li>• Local, state leaders</li> <li>• Other community partners</li> </ul>	Increase knowledge of prevalence and lack of resources for human trafficking.

## Next Steps

This implementation plan outlines intended actions over the next three years. Annually, HSHS Illinois community benefits/community health staff shall do the following:

- Review progress on the stated strategies, planned actions and anticipated impacts.
- Report this progress at minimum to hospital administration, the hospital board of directors and community health coalitions.
- Work with these and other stakeholders to update the plan as needed to accommodate emerging needs, priorities and resources.
- Notify community partners of changes to the implementation plan.

## Approval

This implementation plan was adopted by the hospital's board of directors on September 21, 2021.







HSHS  
**St. Mary's**  
Hospital