



2021 Community Health Needs Assessment

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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 FY2018.

In FY2021 (July 1, 2020 through June 30, 2021), 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.

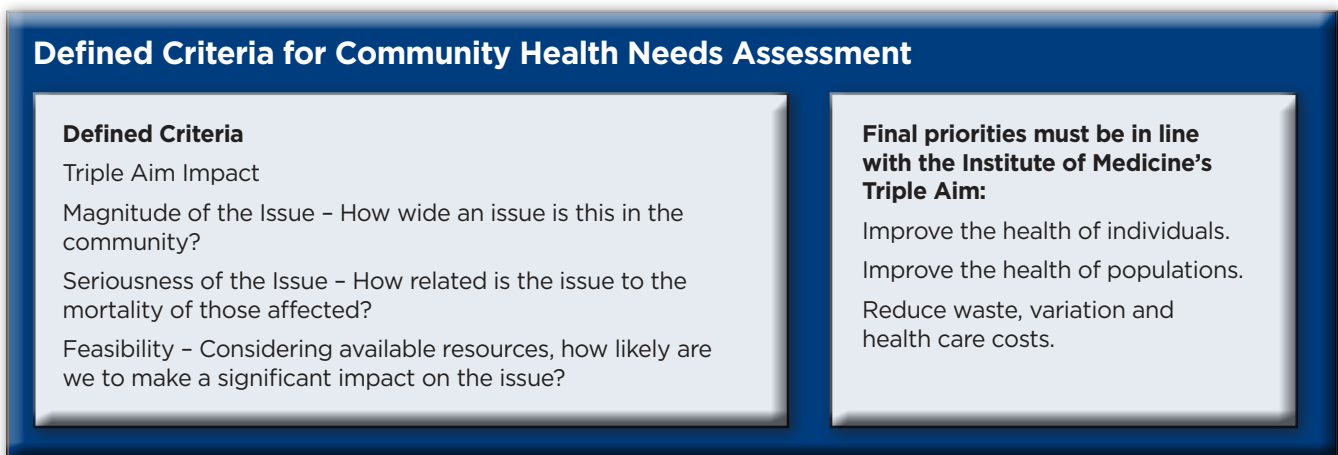
Data collected was supplemented with:

- 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 representation
- 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 eight health focus areas from extant data sources. A predetermined set of criteria (Diagram One) was used to narrow the health focus areas.

Diagram One: Defined Criteria for Community Health Needs Assessment



The core group also identified three major contributing factors as underlying to all health issue areas presented. Those areas are social determinants of health; access to health and health care barriers; and equality, equity and justice in health care (see Appendix I: Major Contributing Factors).

The CHNA core group provided a thorough review of existing and supplemental data sets around the eight identified health focus areas to the CAC. The CAC used a forced ranking exercise with the defined criteria listed in Diagram One to weight the health focus areas. Ten focus groups were conducted to solicit community feedback on the issue areas (Appendix II: Data Review). The focus groups sought the community's feedback on their perceptions and experiences. Focus group analyses were made to further prioritize the needs based on community feedback.

Results from the focus groups 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 four priority areas recommended through the CAC and focus group process. See Appendix III for a complete list of needs considered.

These were the top four 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 behavioral health services
- Access to health
- Disparities in economy
- Child abuse and neglect

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

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.

HSHS has a rich and long tradition of addressing the health needs in the communities we serve. This flows directly from our Catholic identity. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through our broader community benefit program. This includes health professions education, subsidized health services, research and community building activities. In FY2020, the hospital's community benefit contributions totaled more than \$32.8 million dollars.

Current Hospital Services and Assets

Major Centers and Services	Statistics	New Services and Facilities
<ul style="list-style-type: none"> • Prairie Heart Institute Heart and Vascular Center • Emergency Services • Intensive Care Unit • Rehabilitation Center • AthletiCare Sports Medicine Center • Pain Medicine Center • Cancer Care Center • Behavioral Health Services • Neurosurgical Services • Sleep Medicine Center • Wiesmann Women's Center • Laboratory • Imaging • Home Health • Stroke Care • Wound Care • Surgery • Endoscopy and Colonoscopy • Women's Health 	<ul style="list-style-type: none"> • Total Beds: 230 • Total Colleagues: 782 • RNs: 263 • Total Admissions: 5,487 • ED Visits: 31,406 • Births: 660 • Surgical Cases: 3,670 • Physicians on Med Staff: 384 • Volunteers: 205 • Community Benefit: \$32.8 million 	<ul style="list-style-type: none"> • HSHS Med Group opened a new \$12 million, 29,000-square foot building as the home to the HSHS Medical Group Multi-specialty Care Clinic. • The new Wiesmann Women's Center now houses all women's imaging services. • Renovations were completed to the adolescent and adult behavioral health units.

Hospital Accreditations and Awards

- The Joint Commission – Hospital Accreditation Program
- The Joint Commission – Advanced Primary Stroke Center
- Baby Friendly
- Echocardiography accreditation by the Intersocietal Accreditation Commission (IAC) for Adult Transthoracic and Adult Transesophageal. Awarded March 16, 2021 for three years.
- American College of Radiology: Mammographic Imaging Services of St. Mary's Hospital for Lorad Medical Systems Inc. Selenia Dimensions 2018 DBT. Awarded February 17, 2021 through April 26, 2024.
- American College of Radiology: Mammographic Imaging Services of St. Mary's Health Center North for Lorad Medical Systems Inc. Selenia Dimensions 2018 DBT. Awarded August 31, 2020 through October 27, 2023.
- American College of Radiology: Magnetic Resonance Imaging Services of St. Mary's Hospital for Siemens AVANTO 24-76 2005 for Head, Spine, Body, MSK, MRA. Awarded August 10, 2020 through August 10, 2023.
- American College of Radiology: Magnetic Resonance Imaging Services of St. Mary's Hospital for Siemens MAGNETOM AVANTO 1.5T 2005. Awarded August 4, 2020 through August 4, 2023.
- Ultrasound accreditation by the Intersocietal Accreditation Commission (IAC) for Extracranial Cerebrovascular Testing, Peripheral Venous Testing and Peripheral Arterial Testing.
- American College of Radiology: Ultrasound Imaging Services of St. Mary's Hospital. Currently working on application – will receive for three years for general, obstetrics, gynecology and vascular.

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 2019	Macon 2016	%Change for County
Total Population	12,625,136	104,009	108,404	-4%
Median Age (years)	37.4	41.1	40.7	1%
Age				
Under 5 years	5.9	6.2	6	1%
Under 18 years	22.2	22.2	22	-1%
65 years and over	16.1	20.4	18	10%
Gender				
Female	50.9	52.1	52.07	0%
Male	49.1	47.9	47.92	0%
Race and Ethnicity				
White (non-Hispanic)	76.8	77.7	78.36	-1%
Black or African American	14.6	17.8	14.13	21%
Native American or Alaska Native	0.6	0.3	0.26	13%
Asian	5.9	1.2	1.18	2%
Hispanic or Latino	17.5	2.4	2.1	13%
Speaks Language other than English at home				
	23.2	3.5	3.43	2%
Median household income				
	65,886	50,480	47,477	6%
Percent below poverty in the last 12 months				
	11.5	16.7	18.7	-12%
High School graduate or higher, percent of persons age 25+				
	89.2	90.4	89.6	1%

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. The process described in the narrative below is outlined in Diagram Two.

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 FY2022-FY2024 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:

Heritage Behavioral Health*	Decatur Memorial Hospital*
Decatur Community Partnership*	SIU School of Medicine Center for Family Medicine*
HSHS St. Mary's Hospital*	Millikin University
Macon County Health Department*	City of Decatur
Decatur Fire Department	Springfield Clinic
Macon County Emergency Management	Crossing Healthcare*
United Way*	Baby Talk*
Boys and Girls Club of Decatur*	Economic Development Corporation of Macon County*
Macon-Piatt Regional Office of Education	Community Foundation of Macon County*
Old King's Orchard*	Decatur Public Schools*
Good Samaritan Inn*	Macon County CASA*
University of Illinois Extension	Decatur Regional Chamber of Commerce
Macon County Sheriff	Macon County Mental Health Board
Workforce Investment Solutions	CHELP: Local Home Care Provider for Seniors
Decatur Park District	Northeast Community Fund*
Tyler Yount Foundation	Richland Community College
Decatur Family YMCA*	NAACP*
Decatur Police Department	United Way*
DOVE Inc.*	

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

The CAC helped the core group review existing data and offered insights into community issues affecting that data. The council helped identify local community assets and gaps in the priority areas and offered advice on which issues were the highest priority. See Appendix IV for the CAC charter and meetings.

Diagram Two: Macon County
2018 Community Health Needs Assessment



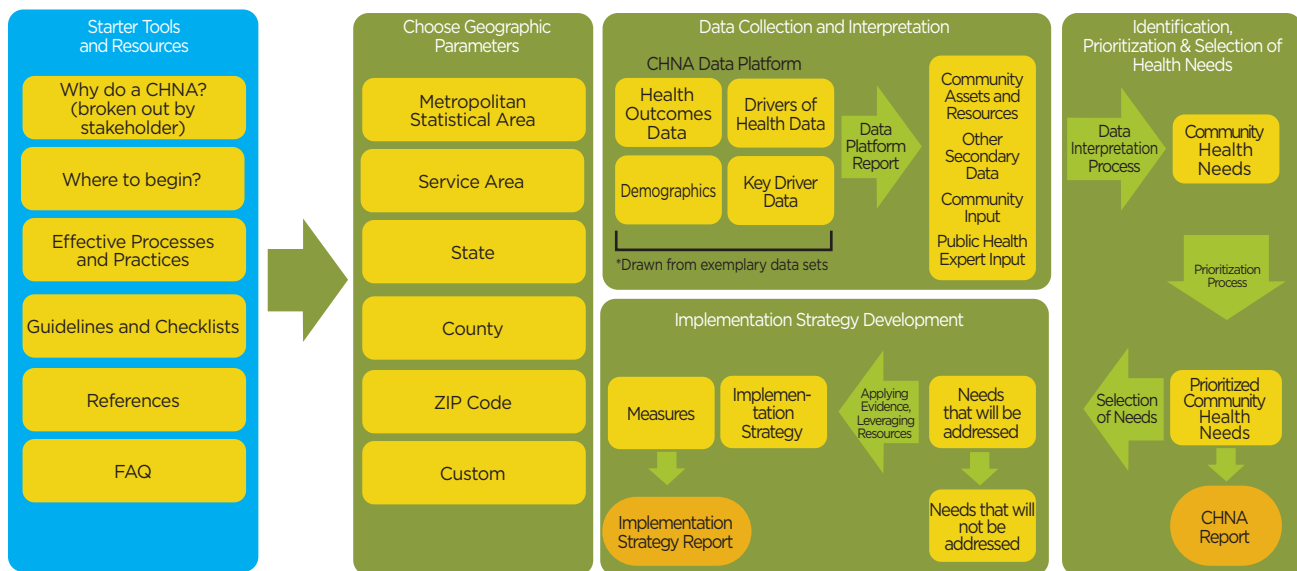
* Denotes groups representing medically underserved, low-income and minority populations.

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, and 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 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
- UIS Center for Sate Policy and Research Annual Report
- Illinois Kids Count Report
- USDA Food Map - Food Deserts
- HRSA Health Center Program: Community Health Improvement
- 500 Cities Project
- County Health Rankings
- Illinois Report Card
- Illinois Kids Count Report
- Illinois Public Health Community Map
- ALICE Data

The data was gathered into a written report/presentation and shared with community members through virtual focus groups, surveys 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 FY2018 CHNA, the hospital planned, implemented and evaluated strategies to address the top three identified community health needs: access to care, substance abuse and mental health. 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 virtual 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 CAC participated in a second virtual meeting to help develop the community health improvement plan (CHIP). During this meeting, the CAC was asked to provide additional organizations to help address specific priority areas, and existing community and county strategies to address priority areas. They also provided input and feedback on timelines and short- and long-term indicators as measurements of success.

The core group identified and facilitated 10 virtual focus groups with community members. 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. (See Appendix V for a complete list of focus groups). More than 150 individuals participated. Focus group outcomes were presented to the core group's respective internal advisory teams. The results were used to guide further discussion around final priority selection.

More information on focus group analysis will be documented in the CHIP to be completed and approved by November 15, 2021.

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. We believe the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve. To ensure the needs of these groups were adequately represented, we included representatives from such organizations as noted on page 8. These organizations serve the under resourced in our 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 our communities were addressed.

Input on FY2018 CHNA

No written comments were received regarding the FY2018 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. Mental and behavioral health services
3. Access to health
4. Child abuse and neglect

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.
- 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 on unmanaged chronic conditions.

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 2019 American Community Survey, on average, Black households earn 45.6% 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 Living in Poverty
White / Caucasian	76.5%	11.9%	16%
Black / African American	14.3%	33.7%	46%
Hispanic / Latino	2.2%	25.4%	37%

Source:
US Census
Data:
2015-2019;
American
Community
Survey

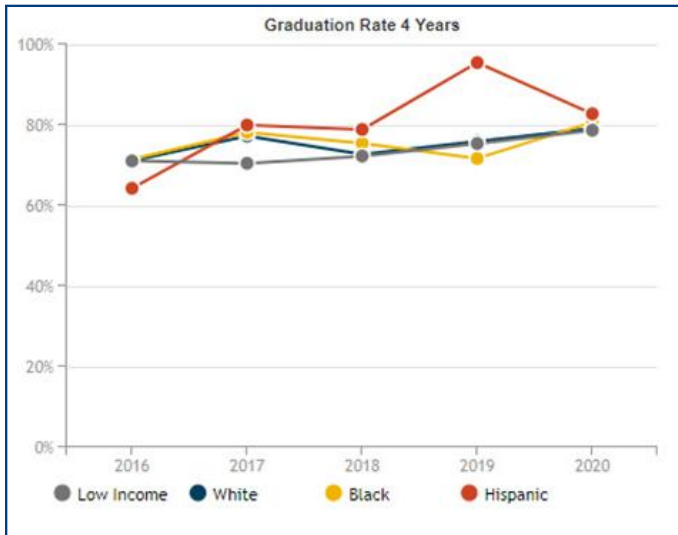


Diagram Four: Graduation Rate 4 Years

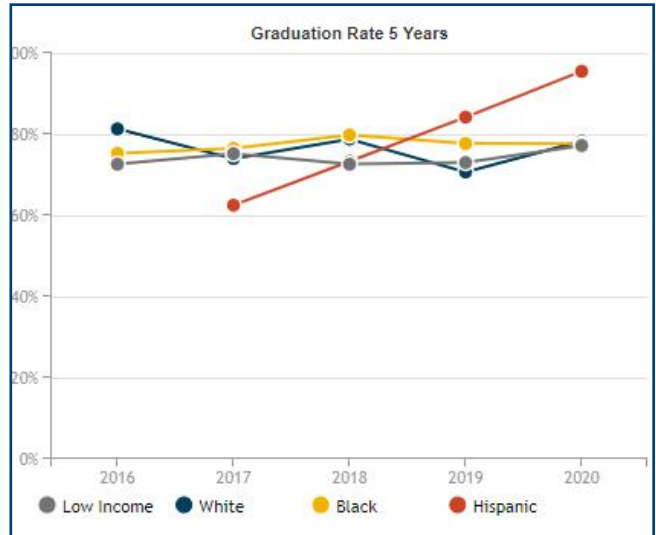


Diagram Five: Graduation Rate 5 Years.

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 we look at the five-year graduation rates, we see an increase in the percent of Hispanic children graduating in five-years.

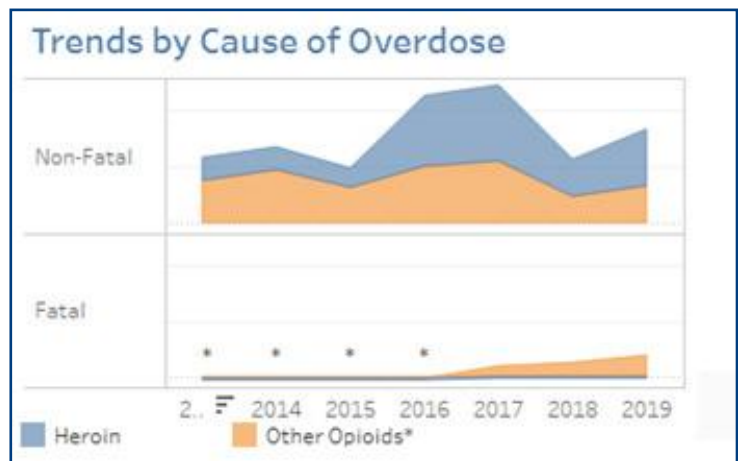
While we recognize the pandemic has had a large impact on employment, current data also suggest employment and job training as the top needs for self sufficiency in low-income families and unemployed individuals. Macon County has an unemployment rate at 7.9%, compared to the state of Illinois at 7.10%. Unemployment in Decatur specifically, increased 3.4% between March 2020 and March 2021. The city of Decatur has a higher unemployment rate at 8.6% when compared to the state rate as well as surrounding communities.

Access to Mental and Behavioral Health Services

Under the umbrella of access to mental and behavioral health services, we will also be exploring gun violence.

Pre-pandemic data shows an increase in suicide rates since 2009. Depression, anxiety and suicide ideation were also trending up before the pandemic. While pandemic-data is not readily available, anecdotally, we hear from our healthcare and community partners of increased depression and anxiety.

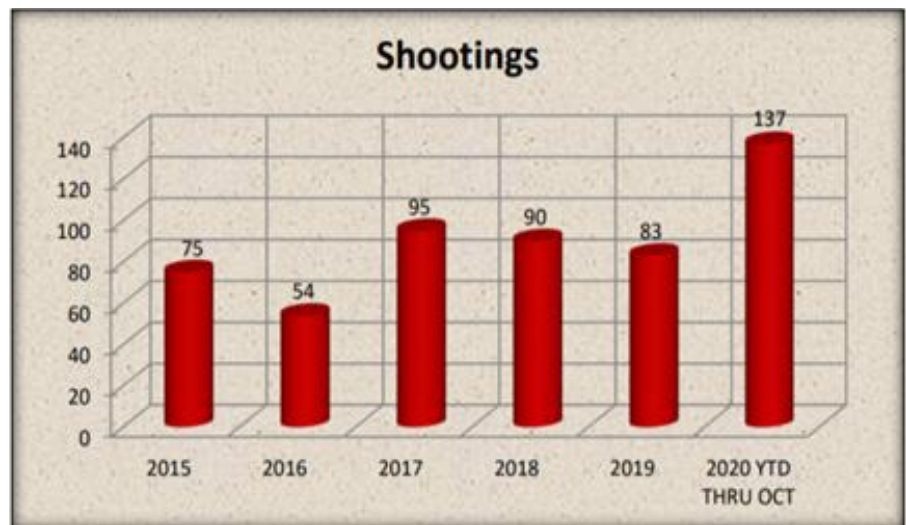
Accidental drug overdose deaths have continued to rise in Macon County since the beginning of 2018 and non-fatal overdoses have been climbing once again. According to county coroner reports, substances such as heroin, alprazolam, alcohol and fentanyl have been leading culprits in drug overdose deaths.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



According to 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 2021 County Health Rankings, nearly 13% of the population self-reports experiencing frequent mental distress for 14 or more of the past 30 days. The following list of barriers to accessing mental and behavioral health services was identified through community discussions and focus groups with more than 150 community residents representing a diverse background:

- Barriers such as cost of care, transportation, long wait times and low number of providers prevent patients from accessing mental health treatment in a timely manner.
- Mental health providers are not experienced in addressing traumas related to immigration systems and racism.
- Lack of knowledge on when mental health assistance is needed.
- Easy availability of drugs and alcohol in the community, especially near community gathering places like schools and churches. This encourages self-medicating.
- A greater awareness of when, why and how to access mental health services is needed overall.
- There is a stigma associated with seeking mental health assistance.

Also highlighted in the focus groups was an increase in gun violence as a result of untreated mental health issues and drug use. Shootings recorded by Decatur Police Department have increased in 2020 compared to previous years. The number of violent crimes through September 2020 was 363. The total in 2019 was 375. After reviewing focus group trends and outcomes, the group decided to explore gun violence under the umbrella of access to mental and behavioral health services.



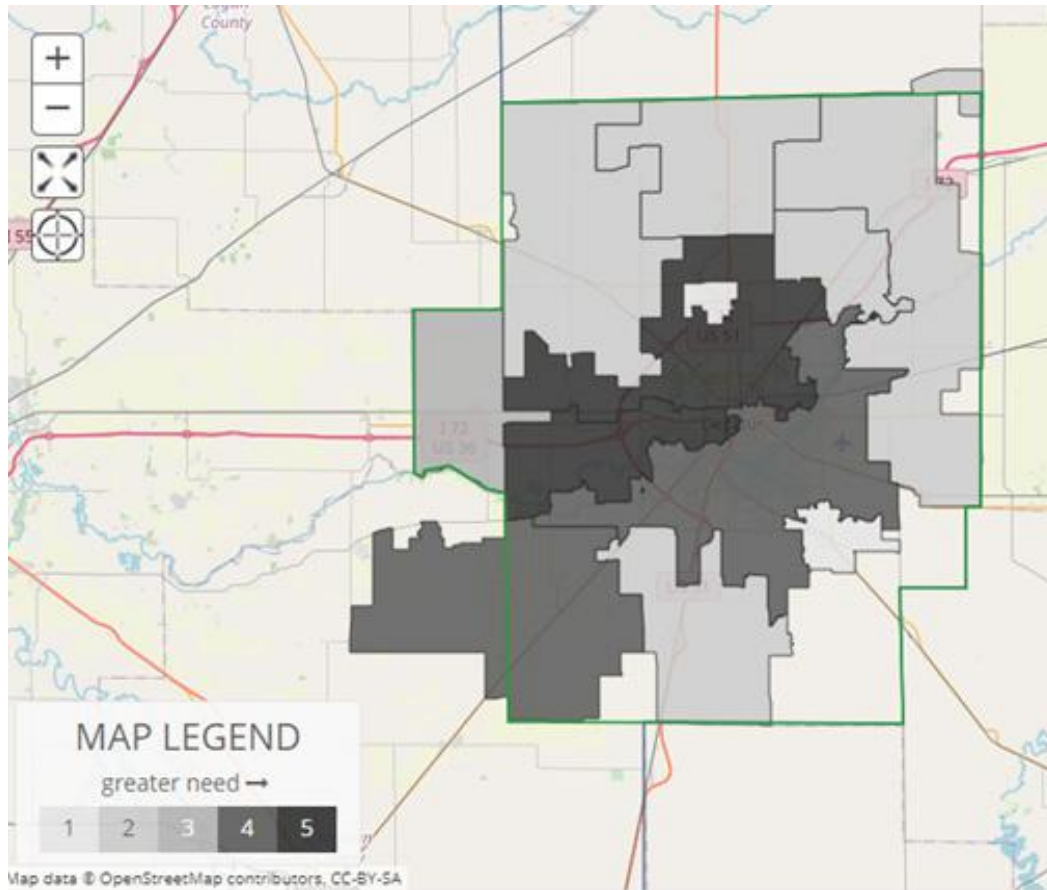
*Compiled by DPD Crime Analysis Unit 11/4/2020.
Shootings 2015-2020. Source: Decatur Police Department*

St. Mary's continues to offer its comprehensive behavioral health recovery-based program. It offers acute inpatient services including assessment, stabilization and referral to community services. The program is for adults, adolescents and children dealing with psychiatric conditions and concerns. Additionally, St. Mary's entered into a partnership with Gateway Foundation to place an engagement specialist and recovery coach in the emergency department (ED). These individuals meet with and assess persons presenting with substance use disorders. The goal is to identify treatment options and provide warm hand-off services from ED to treatment and recovery.

Access to Health and Health Care

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 socioneds 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 socioneds index.

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



Source: *Healthy Communities Institute, 2021, and U.S. Census Bureau, 2019.*

The areas above 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 Illinois Hospital Association COMPdata, 62% 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.

Child Abuse and Neglect, Including Human Trafficking

Important data on youth health is lacking. For instance, not much is known at the county level about child abuse and sex trafficking. What we do know is that since 2011, almost 1,000 children across Illinois were trafficked, with the majority being female and the average age being nearly 14.

The last child abuse data from Macon County was from 2015. It suggests the substantiated child abuse rate is 31.0 cases per 1,000 children vs. the state value of 9.7. The 2021 County Health Rankings reports an increase in the child mortality rate in Macon County. For reporting period 2016 - 2019 the county rate is 60 vs. the state value of 50. This is up from 58 for the prior period. (Child mortality rate is figured by number of deaths per 100,000.)

According to the Illinois Department of Child and Family Services, Macon County has the second highest per capita rate for children in foster care in Illinois: 630.

Since the 2018 CHNA, St. Mary's has developed and implemented a human trafficking specific policy for the ED. According to the National Human Trafficking Resource Center, 87.8% of trafficking survivors reported accessing health care services during their trafficking situation. Of this, 68.3% were seen at an ED. St. Mary's is committed to continuing to provide education and training on signs and red flags of human trafficking so the team is equipped with the knowledge to identify and report suspected trafficking of persons.

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
- US Department of Veterans Affairs VA Outpatient Clinic
- Williams Dental Laboratory

Other Community Organizations and Government Agencies

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

Next Steps

After completing the FY2021 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 (FY2022 through FY2024) 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 www.stmarysdecatour.com and CHNA partner websites and making it accessible in public venues, such as town halls, etc.

Approval

The FY2021 CHNA Report was adopted by the hospital's governing board on May 18, 2021 .

APPENDICES

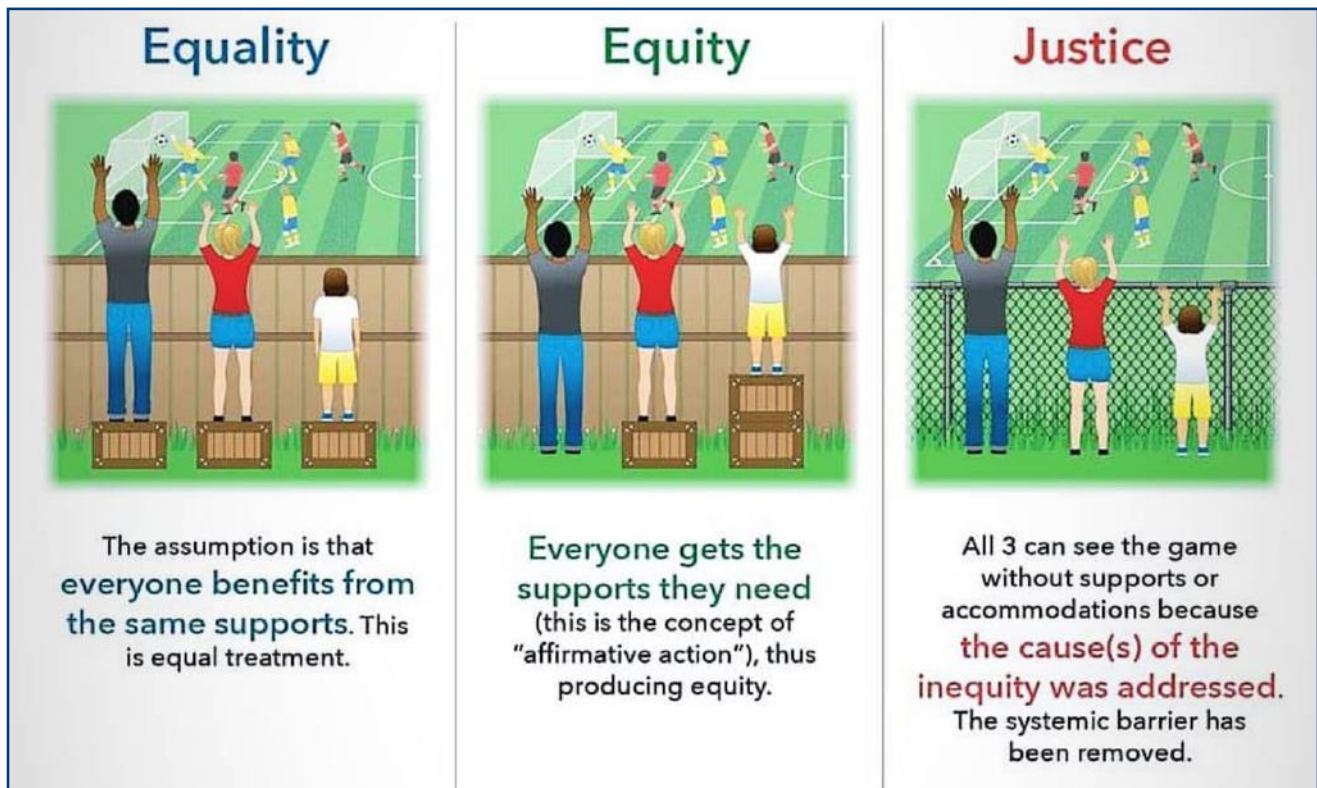
APPENDIX I

Major Contributing Factors

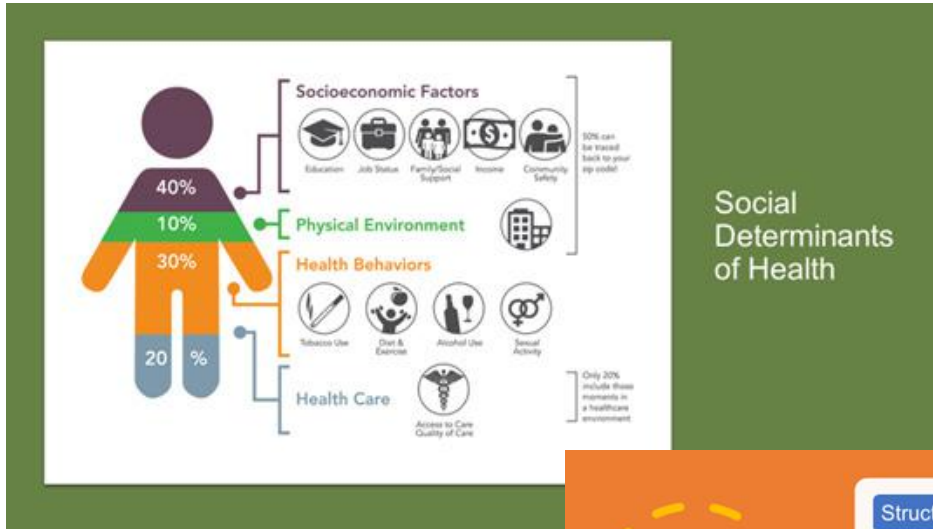
HSHS Illinois Division ministries have identified three major contributing factors for poor health outcomes: 1. Equality, Equity and Justice; 2. Social determinants of health; 3. Access to health and health-care barriers. The Community Health Improvement Plan (CHIP) will guide strategies and shape policies in ways that promote health and health equity. The information below provides definitions of the three major contributing factors and a framework through which we will identify metrics to measure progress toward health equity.

Defining inequities across service areas is critically important to understanding the steps needed to achieve health equity. Urban and rural disparities remain despite progress in closing health and development gaps. Part of the CHNA process was to identify diverse individuals in our markets and focus efforts on gathering their feedback through surveys and/or focus groups to learn where health inequities persist.

Health equity means everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires identifying and addressing obstacles to health, such as poverty, quality education, safe and affordable housing, health care access, safe environments, safe neighborhoods, access to good jobs with fair pay and other determinants as described by the social determinants of health (SDOH). By clearly defining and understanding the differences between equality, equity and justice we can begin to identify gaps and barriers to achieving health equity and social justice in the health care delivery system.



Social determinants of health are the conditions under which people are born, grow, live, work and age. Medical care drives only 10% to 20% of a person's overall health. The other 80% to 90% is determined by the complex circumstances in which people are born, grow, live, work and age. The SDOH have a much



deeper connection to a person's overall health than their genetic make up and overall risk factors. The SDOH are broken up into four categories: socioeconomic factors, physical environment, health behaviors and health care.

Healthcare barriers or health disparities fall into one of three categories: structural, financial and personal. Each category points to a measured difference in health outcomes that is closely linked with social or economic disadvantages. Health disparities negatively impact groups of people who have systematically experienced greater social or economic obstacles to health.



The reality is that health starts long before illness and even long before birth. The measurement of factors such as SDOH and health disparities or health care barriers can be used to support the advancement of health equity. The diagram below shows the framework our HSHS ministries will use to progress toward more equitable communities while addressing the top needs identified through the CHNA process.



APPENDIX II

FY2021 Focus Group Data Review

Eight Priority Areas & Three Major Contributing Factors

- Child Abuse and Neglect
- Emergency Preparedness
- Gun Violence
- Mental Health
- Poverty
- Safe and Affordable Housing
- Substance Use: Drugs and Alcohol
- Unmanaged Chronic Conditions (including food insecurity)

Major Contributing Factors

1. Access to Health and Healthcare
2. Social Determinants of Health
3. Racial Inequities and Inequalities

Mental Health

- Out of every 10,000 population over the age of 18, 123 people are hospitalized due to mental health.
- Hospitalization rate due to mental health has increased steadily from 2008, and the rate in Macon County is higher than state rate (102/10,000).
- For individuals under the age of 18, hospitalization rate due to mental health is 108/10,000, while state rate is 46/10,000.
- Depression among Medicare population is 19%, steadily increasing since 2009.
- 12.5% of adults stated that they experience frequent mental distress for 14 or more of the past 30 days.

Sources: Illinois Hospital Association, Centers for Medicare & Medicaid Services, County Health Rankings.



Substance Use: Drugs and Alcohol

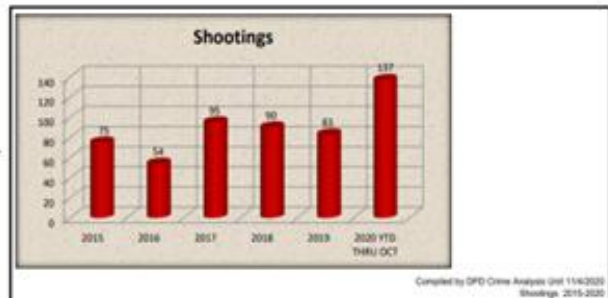
- Macon County Health Behaviors Ranking is 82, calculated from measures on adult smoking, adult obesity, and physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index (the higher the score, the more severe the problem is).
- 15% of adults binge drink, 22% of adults smoke cigarettes, compared to state rate of 15%.
- Death rate due to drug poisoning (drug overdose death) is 19 per 100,000.
- Among teens, 13% use alcohol, 5% smoke cigarettes, and 7% use marijuana.

Sources: County Health Rankings, Illinois Behavioral Risk Factor Surveillance System



Gun Violence

- Shootings recorded by Decatur Police Department has increased in 2020 compared to previous years.
- Overall total violent crimes for 2020 YTD through September is 363, while in 2019 there were 375 cases of violent crimes.



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Total
Homicide	0	0	0	3	0	1	1	2	0				7
Forcible Rape	7	4	2	0	5	2	4	5	6				35
Robbery	4	3	8	7	6	17	7	14	5				71
Agg Asslt/Agg Battery	14	12	25	11	15	53	32	65	23				250
Total Violent Crimes	25	19	35	21	26	73	44	86	34	0	0	0	363

Source: Decatur Police Department



Poverty

- 27% of Macon County children live in poverty:
 - 16% Caucasian
 - 37% Hispanic
 - 46% Black and African American
 - 41% of children live in a single parent home
- 40.5% of persons with a disability are living in poverty.
- Macon County has a higher unemployment rate compared to the state of Illinois.
- Black Incomes Lag Far Behind: Decatur ranks in the top 10% nationally for severe disparities between white and black household incomes. On average, black households earn 45.6% what white households earn.

Poverty by Race

Race	Population	Poverty
White	76.5%	11.9%
Black or AA	14.3%	33.7%
Hispanic	2.2%	25.4%

Unmanaged Chronic Conditions

- Macon County's cancer rate for all cancers is higher than the state rate. Most notably the lung and bronchus cancer rates.
- Approximately 62% of Macon County patients who presented in the Emergency Department have one or more chronic condition (obesity, depression, hypertension, diabetes, etc.)
- Leading Causes of Death:
 - Heart Disease
 - Cancer
 - Stroke
 - Chronic Lower Respiratory
 - Alzheimer's Disease
 - Diabetes
 - Kidney

Food Access

- 12.6% of Macon County residents are food insecure.
- 19.1% of children are food insecure.
- Of the population that is food insecure, 36% are ineligible for federal nutrition programs.
 - Eligibility is determined by income
- Child food insecurity rate is projected to go up to 26.5% due to COVID.

Affordable Housing

- In Macon County, almost 50% of renters spend more than 30% of their monthly income on rent.
- More renters report the inability to pay for utilities, especially since COVID-19
- 13% of renters report severe housing issues such as lack of kitchen and plumbing, and overcrowding.
- Decatur's eviction rates are double the statewide rate.
- Rental vs Homeownership: Decatur was also named the metropolitan area with the nation's most affordable housing. *July 2018 H&R Report

Emergency Preparedness

Sentinel Events:

- Higher rates than IL average in causes of hospitalization for alcohol, cannabis, and cocaine abuse, as well as pneumonia, skin infections, and arthritis.

COVID-19:

- Disparities in positivity and death rates for Black residents.
- Average case fatality rate: 3 per 100 cases, higher than US value of 2.6, though average for IL.
- Daily average incidence rate is in top quartile for IL and US counties.

Child Abuse and Neglect

- Substantiated Child Abuse Rate: 31.0 cases per 1,000 children vs. IL value of 9.7 and trending upwards.
- Child mortality rate: 58 versus IL value of 50.
- 630 children in foster care – 2nd highest per capita rate in IL.

Court Appointed Special Advocates (CASA) Numbers

	2016	2017	2018	2019	2020 (thru Oct. 15)
CASA total kids	176	235	337	413	381
New CASA kids	50	115	173	162	91
Closed CASA kids	76	76	86	123	84
Volunteers	58	84	125	176	223
Total new kids in care in Macon County		269	290	388	258



APPENDIX III

2021 Macon County Community Health Needs Assessment

Priorities Analyzed, Reviewed and Prioritized

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

1. Child abuse and neglect
2. Emergency preparedness
3. Gun violence
4. Mental health
5. Poverty
6. Safe and affordable housing
7. Substance use: drug and alcohol use
8. Unmanaged chronic conditions (including food insecurity)

The core group then solicited input from community members from the 10 focus groups on the eight priorities identified through the CHNA process. Following focus group analysis, each organization presented findings to their respective internal committees. St. Mary's Hospital's internal committee approved the recommended priorities which were adopted by the board of directors as the FY2021 CHNA priorities:

1. Disparities in economy (income and wealth in the community), including disparities in education
2. Access to Mental and behavioral health services
3. Access to health
4. Child Abuse and Neglect

APPENDIX IV

2021 Macon County Community Health Need Assessment

Community Advisory Committee Letter and Meeting Dates

Macon County Community Health Improvement Plan

Dear Community Partner,

Your participation in the recent community health needs assessment meetings and focus groups was instrumental in helping HSHS St. Mary's Hospital, Decatur Memorial Hospital and Macon County Health Department identify top health priorities for the Community Health Needs Assessment (CHNA) and Illinois Project for Local Assessment of Need (IPLAN).

Based on your input, our organizations identified the following health priorities for inclusion in a Community Health Improvement Plan (CHIP). While slightly different, there are similarities in each of our final priorities and opportunity for collaboration as we work together toward a healthier Macon County.

**St. Mary's and Decatur Memorial Hospital:
CHNA Priorities**

1. Disparities in Economy
2. Access to Mental and Behavioral Health Services
3. Access to Health
4. Child Abuse and Neglect (St. Mary's)

**Macon County Health Department:
IPLAN Priorities**

1. Access to Mental and Behavioral Health Services
2. Child Abuse and Neglect
3. Substance Use and Abuse

We would like to invite you to join us once again on July 15, 2021: 12 - 1:30pm as we begin to develop a plan outlining steps we will take to address the identified health needs over the next several years.

During this meeting, we will:

- Identify assets and gaps to addressing the priorities listed above.
- Identify resources available to us in meeting the identified needs.
- Identify existing programs, initiatives, and coalitions addressing the identified needs.
- Identify goals and strategies to move toward health improvement.
- Develop a shared vision and strategic plan to address the identified needs.

Please let us know if you or someone from your organization is available to join us and other community stakeholders in developing the Community Health Improvement Plan (CHIP). We hope the final product is a document all our organizations can use and reference as we journey together toward a healthier Macon County.

APPENDIX V

FY2021 Macon County Community Health Needs Assessment Focus Group Participants

Focus group participants and organizations were purposefully selected to solicit feedback from a diverse representation of Macon County. Representation was also sought from individuals with lived experiences and organizations serving individuals and populations most impacted by the eight priority areas discussed. The list below provides an overview of the 10-focus groups conducted. Also included are the focus group goals and discussion questions asked to help further prioritize health issue areas and strategies.

10 First Person Data: Focus Groups

- Macon County Community Foundation
- Terrance Taylor (TAT): EDI focus
- Good Samaritan Inn
- Macon County United Way
- Macon County Continuum of Care
- Metro Decatur Black Chamber
- Divine 9
- NAACP
- Alana Banks: representing the LGBTQ Community
- Macon County Board: Karl Coleman

Focus Group Goals

Goal One: Data Review

Goal Two: Breakout Room Discussion

- Today, we would like to learn from you.
- You do not have to speak unless you wish to.
- Facilitators will be taking notes; but your name will NOT be recorded with anything you say.
- All opinions and voices will be respected and every idea will be noted.

Goal Three: Ranking

- Today, we would like you to rank your top three health priorities from the following list.

Discussion Questions

How do these issues impact you?

How do these issues impact those you know?

What is the one thing we could do to improve these issues?

APPENDIX VI

Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2018 – FY2021 CHNA

The following priorities were selected as part of St. Mary's Hospital's FY2018 CHNA:

1. Access to care
2. Mental health
3. Substance abuse - drugs

ACCESS TO CARE

Access to care has many dimensions. In Macon County, there is a direct correlation between access barriers and ZIP codes ranked worst on the socioneds index. Existing data shows social determinants of health and health disparities lead to a higher incidence of emergency department visits and hospitalization of individuals in low-income neighborhoods.

Actions: Response to the access to care concerns identified in the FY2018 CHNA led to the development of Health Connect, a collaborative designed to assist high-risk patients with coordinated care. By addressing access barriers in socio-economically disadvantaged neighborhoods, health outcomes will continue to improve.

Goal: Develop and implement strategies to improve access to care for Decatur community members by addressing the social determinants of health and health disparities.

Strategy 1:

Community-based care coordination and wraparound services for high-risk patients

Health Connect utilizes an interdisciplinary medical team comprised of: case managers, emergency providers, social workers, Federally Qualified Health Center (FQHC) providers and mental health providers; to coordinate the care of complex patients who are identified through admission in the SMD Emergency Department. Eligible patients are paired with a Community Health Worker (CHW) who works closely with the patient to identify their unmet social and health needs and to develop a treatment plan. Using a wraparound approach, the CHW works closely with the patient toward enhanced self-sufficiency and sustainable health improvement.

FY2020 Outcomes: A thirty percent reduction in Emergency Department visits by the 18 clients currently enrolled in the Health Connect program was realized. This program went to a virtual format when COVID hit; and we were still able to enroll new clients and assist in getting them successfully connected with community healthcare resources.

Note: FY2021 data will be available in November 2021. This report will be updated accordingly when outcome measurements are available.

Strategy 2:

Beyond the NICU

Beyond the NICU utilizes trained NICU nurses to provide support to the vulnerable parents of premature children so they can 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 will focus on assessing and improving maternal mental health and family preparedness.

In FY2020, 28 babies graduated from the program; 20 new babies entered the program; and 16 babies carried over from FY2019. There are a total of 36 babies in the program with 132 to date. *Note - FY2021 data will be available in November 2021. This report will be updated accordingly when outcome measurements are available.

Strategy 3:

Improve dental access for pain-related disorders

The Dental Voucher Program provides dental assistance for individuals who do not have dental insurance. After successful implementation of the program in FY2018, the hospital works with community partners to enhance services to include surgical options for complex dental disorders in an uninsured/underinsured population.

FY2020 Outcomes: Fifty-three services were provided to 35 clients. Dental services were suspended during the COVID-19 Lockdown period; and have resumed in FY2021.

Note: FY2021 data will be available in November 2021. This report will be updated accordingly when outcome measurements are available.

Strategy 4:

Urban gardening to address food access and workforce development

Mary's Garden offers a comprehensive, place-based approach to community health improvement through increasing food accessibility for those in need, teaching a younger generation sustainable gardening, stimulating the local economy and creating jobs.

FY2020 Outcomes: Mary's Garden produced a total of 4,600 pounds of food donated to the local feeding line during the COVID-19 crisis. During this time, 6-jobs were created to help individuals offset losses caused by the pandemic.

In FY2021 all produce is being donated to three non-profit organizations providing food boxes for individuals and families experiencing greater food access barriers due to COVID-19. Total community impact will be analyzed following the summer harvest. This report will be updated accordingly in fall 2021.

MENTAL HEALTH

Strategy 1:

Awareness and access

Goal: Create awareness of and access to mental health services in the community, including services offered by the hospital, and decrease the negative stigma associated with being diagnosed with a mental health disorder.

Outcome: St. Mary's, in accordance with its mission, distinguishes itself by its care for those with mental disabilities and chemical dependencies. During this reporting period, St. Mary's invested more than \$4 million into the renovation of the behavioral health unit. This unit is composed of three levels of care; the geriatric-psych unit, the adolescent wing and the adult unit. The rooms were completely remodeled and provide the latest safeguards in design. St. Mary's has dedicated colleagues who have been chosen both for their interest in behavioral health and their unique talents and abilities. They truly understand that all patients must be treated as a person of incomparable worth, with the same right to life and to adequate health care as all other persons. Additionally, in the ED, more than \$50,000 was spent to create two safe rooms. Anti-ligature fixtures, doors and lighting were installed. When behavioral health patients are admitted to ED because there are no available beds on the floor, they are treated with the utmost care and respect. All security officers are trained in appropriate patient management and crisis intervention.

SUBSTANCE ABUSE (DRUGS)

Fatal and non-fatal drug overdose has increased significantly in Macon County since 2014. While the recent trend has shown an increase in opioid and heroin use, officials report the use of methamphetamine is on the rise. Emphasis is needed on both prevention and treatment moving forward.

Strategy 1:

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 is done in partnership with Gateway Foundation. The initiative is focused on warm handoff services for treatment and recovery of patients presenting with substance use disorder in the emergency department.

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.



