

COMMUNITY HEALTH NEEDS ASSESSMENT 2026

RANDOLPH HOSPITAL DISTRICT DBA

CHESTER MEMORIAL HOSPITAL

Table of Contents

Element	Pages
Introduction	4
Executive Summary	9
Background 2023 CHNA Results/Evaluation of Prior Impact	11
Key Facts	18
Process Methods and Accountability	20
Community Assets	22
Primary Data	26
Priority #1: Expand timely, affordable access to mental health services for adults, youth, and families, including additional counseling options and community-based resources.	31
Priority #2: Expand local access to specialty care, chronic disease education, and management resources.	35

Copyright @2026 by the Illinois Critical Access Hospital Network (ICAHN). All rights reserved. The contents of this publication may not be copied, reproduced, replaced, distributed, published, modified, or transferred in any form or by any means except with the prior permission of ICAHN. Copyright infringement is a violation of federal law subject to criminal and civil penalties.





People make the difference





Introduction

Memorial Hospital in Chester has led regional healthcare for 60 years and continues to thrive. Since the groundbreaking on November 4, 1960, Memorial has been dedicated to growing to meet the community's future healthcare needs.

The original building consisted of 45 beds, two emergency rooms and two major surgery rooms, X-ray facilities, two obstetrics delivery rooms, and a nursery. The basement was used for storage and office space. Over the years, the bed count has been reduced to 25, with two ICU beds, and the services available have increased and improved as technology and healthcare have advanced. Many services now involve outpatient care and overnight hospital stays and are less necessary for recovery than they were in the 1960s. As healthcare has changed, Memorial has adapted to continue to provide the best quality care possible for the people it serves.

Memorial opened its doors on October 12, 1962. The first active medical staff was appointed on September 20, 1962, and included I.D. Newmark, M.D., and Milton Zemlyn, M.D., both of Chester. In May 1970, eight years after the first patients were accepted, the hospital added an east wing, creating an expansion with 34 beds and five ICU beds.

In 1973 and 1974, the hospital renovated its basement level to add a new, expanded Laboratory, Physical Therapy Department, Respiratory Care Department, Nuclear Medicine Department, Maintenance and Engineering quarters, Linen Room, Eye Clinic, ENT Clinic, EEG Facility, Personnel Office, and an additional classroom area.



Dr. Stephen Platt joined Dr. Newmark and Dr. Zemlyn in Chester in 1977, with Dr. James Krieg following in 1980. Together, these four family healthcare providers broke ground in 1982 on the Chester Clinic P.C., located on Old Plank Road. The original facility included a laboratory, X-ray unit, and space for physical therapy and minor surgeries.

Following the 1974 expansions at Memorial Hospital, in 1997-1998 the Emergency Room, Obstetrics, and Operating Room departments were expanded on the west end of the hospital. The 11,750-square-foot addition was completed on May 16, 1999. About a year later, the family providers expanded their practice with the Steeleville Family Practice location that opened on April 13, 1998, and remains active today.

The final property purchase for Memorial Hospital was in 2004, when the once "Oogies's Building" at 833 Lehmen Drive was purchased. After extensive renovations, the therapy department moved in May 2007 from its 2,800-square-foot space at the hospital to its current location, which offers 9,000 square feet of private treatment rooms, a full gym, a large therapy room, and an aquatic rehab pool. The Therapy & Sports Rehab Center currently provides physical therapy, occupational therapy, and speech-language therapy in outpatient settings at the facility and provides inpatient care at the hospital.

In July 2010, the hospital added a new addition next to the ER entrance to house the new MRI unit. After these construction updates, the Chester Clinic joined Memorial Hospital in 2012 to form the Chester Medical Group. In 2015, the hospital continued upgrades by remodeling Same Day Surgery and the Infusion and Chemotherapy Departments. In 2017, the hospital improved its lower level by adding an employee training room, new sleep study rooms, and restrooms. In 2019, the hospital renovated the main entrance and registration area, the outside canopy drop-off, and the ER waiting room.

In 2020, Memorial renovated the lower level of the northeast wing to improve office space for the Medical Records Department, Business Office, Administrative Staff, and Board Room. Even during the pandemic, Memorial moved forward with renovations to the new Medical Surgical Unit and ICU in 2021, which now occupies the upper level of the northeast wing. The remodel incorporates the latest technology and safety features to improve patient care and employee workflows.

In 2022, the new Memorial Community Pharmacy opened in the west wing, along with a newly renovated cardiopulmonary and nuclear medicine location. The Pharmacy added a drive-thru in 2023, along with the Medical Office Building. On September 5, 2023, the Chester Clinic opened at its new location on the Memorial Hospital campus to be closer to ancillary services. In February 2026, Convenient Care moved from the ER to the Medical Office Building, providing greater convenience and better access for patients.

Renovations will continue at the hospital in 2027, including an ER upgrade and renovation. Memorial is thankful for the community support during our many years of innovation and growth.



Mission & Vision

Mission:

The Memorial Hospital Team is committed to professional excellence in providing safe, quality healthcare, compassion and service to patients, the community and each other.

Vision:

To improve the quality of life for the communities we serve through exceptional health care and service excellence.

MEMORIAL HOSPITAL
—Since 1962—

Values:

At Memorial Hospital, our values guide every decision we make and every interaction we have with patients, families, coworkers, and our community.

Patient First: We put patients and families at the center of everything we do.

Safety Always: We are committed to providing safe, reliable care to every patient, every time.

Integrity: We do the right thing, even when no one is watching.

Respect: We treat everyone with professionalism, courtesy, and kindness.

Stewardship: We responsibly manage our resources to serve our community today and in the future.

Excellence: We continuously strive to improve quality, outcomes, and service.

Executive Summary

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process that involves the community in identifying and analyzing community health needs, as well as community assets and resources, to plan and act on those needs.

This assessment process produces a CHNA report that helps the hospital plan, implement, and evaluate strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with community representatives, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 to share resources and education, promote operational efficiencies, and improve healthcare services for member critical access and rural hospitals and their communities.

ICAHN, with 60 member hospitals, is an independent network governed by a board of directors selected from member hospitals. It has standing and project development committees that facilitate the network's overall activities. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers.

This Community Health Needs Assessment will guide planning and implementation of healthcare initiatives to help the hospital and its partners best serve the emerging health needs of their service market areas. The Chief Operating Officer coordinated the CHNA process for Memorial Hospital.

Two focus groups were held to discuss the state of overall health and wellness in the Memorial Hospital service area in Chester, Illinois. The goal was to identify health concerns and needs in healthcare and health service delivery to improve wellness and reduce chronic illness for all residents. The focus groups included representatives from healthcare providers, community leaders, community service providers, schools, faith-based organizations, local elected officials, public health, and others. Several members of these groups provided services to underserved and unserved persons as part of their roles.

The consultant presented the focus group findings, along with secondary data, to a focus group of entity-selected leaders to identify and prioritize the community's significant health needs.

ICAHN
Illinois Critical Access Hospital Network




1000


MEDICAL OFFICE BUILDING

Evaluation of Prior Impact

The Community Health Needs Assessment process is conducted every three years. Memorial Hospital has taken the following actions in response to previously identified and prioritized issues.

Memorial Hospital 2023 CHNA

Priority #1: Improve Access to Local Direct Services

ACTIONS/IMPACT:

1. Memorial Hospital will build a Medical Office Building to house a Convenient Care clinic and other providers.
   - Groundbreaking for the new Medical Office Building began on September 5th, 2023, and Memorial Hospital announced its opening on October 28th, 2024. The Convenient Care Clinic opened on February 6th, 2026, and has five providers.
2. Memorial Hospital will continue to collaborate with community and health care partners to develop community-wide resources that provide solutions to service needs. We remain an active partner with the Healthy Communities Alliance (HCA) and Randolph County All Health Coalition (RCAHC). Coalition collaboration enables countywide planning for health and wellness programs and events, as well as shared grant initiatives.
   - HCA focuses on substance and mental health prevention amongst children and adults with active school programs, presentations, and education. They also support the homeless population, community members in need of basic necessities like food and housing, and community involvement to create a place where citizens can thrive. The recovery side focuses on helping people recover from substance misuse and mental health illnesses while working to reduce the stigma for treatment and care.
     - Noteworthy activities over the past 3 years
     - Annual speakers at schools in Randolph and Washington County
     - Establishment of Youth Advisory Committee in 2026
     - Annual Teen Summits and attendance at Cebrin Goodman Teen Institute
     - Handle With Care Program coordinated between schools and law enforcement in each district
     - Drug Endangered Children trainings
     - Mental Health First Aid trainings
     - Youth Mental Health First Aid trainings
     - Hidden in Plain Sight displays
     - Human Trafficking educational presentations
     - Opened a Recovery Resource Center
     - Community Classes on Dementia Friendly America
     - "Grounds for Youth" Prevention Conversation with the community
     - Provided education to municipal governments on supporting the ban of Kratom and similar products in their jurisdictions.
     - Washington County Resource Guide modeled off of Randolph County Resource Guide

ACTIONS/IMPACT: (Continued)

- RCAHC focuses on health and wellness objectives throughout Randolph County, including smoking/vaping prevention and cessation programming (CATCH My Breath Program in Schools). They also work on initiatives to reduce the risk of cardiovascular disease and diabetes. This group also focuses on cancer prevention screenings.
  - Get Movin' Campaign to promote physical fitness
  - CATCH My Breath Programs in schools
  - Youth Dental Clinics with Dental Safari and SIUC Dental Sealant Grant Program
  - School Lunch Programs
  - Drug Overdose Prevention Program with free Narcan and Zylazine testing strips
  - Community Fun Run/Walk



Priority #2: Increase Access to Mental Health Services at All Levels

ACTIONS/IMPACT:

Memorial Hospital received a mental health grant in May 2026 from ICAHN and was able to certify two teachers at Chester High School to teach teen Mental Health First Aid in the school curriculum; it also hosts Mental Health First Aid classes monthly, open to the public, in collaboration with ComWell, our local behavioral health partner.

Priority #3: Increase Local Healthcare Workforce by Increasing Access to Day Care for Healthcare Workers and Community Members

ACTIONS/IMPACT:

1. Memorial Hospital will continue support of the new before-and-after school program.
    - Memorial Hospital has an MOU signed for the CUSD 139 (Chester Unit School District) grant that supports their aftercare program. We provide educational programming and support throughout the year.
2. Memorial Hospital will explore developing a community daycare center in collaboration with other interested organizations and persons.
    - This has not been developed yet but is ongoing.

Priority #4: Improve Access to Local Dental Services

ACTIONS/IMPACT:

1. Memorial Hospital will assist community efforts to address dental needs as reasonable and appropriate.
    - Help promote local programs by CUSD 139 and the Randolph County Health Department - Dental Safari at Schools and Health Dept. annually. SIUC Sealant Program is held at the Health Dept. in the Summer. RCHD also has a fluoride program now. We share this information with the community and providers to spread awareness.

Priority #5: Improve Local Health Equity

ACTIONS/IMPACT:

1. Memorial Hospital collaborated with community partners to host a health resource event for the local Spanish-speaking audience.
    - ·At the annual Health Fair at BVNB, Hoyleton Youth and Family Services group, "Puentes de Esperanza"/Bridges of Hope, staff attend to provide translation, outreach, and education. They also assist throughout the year by translating community fliers, such as those for free sports physicals and other health education materials. They are a trusted resource for our Spanish-speaking community and help us share important health information.
2. Memorial Hospital will continue building responses to healthcare needs of Spanish-speaking community members based on a local health equity survey conducted by the Illinois Health and Hospital Association.
    - Health fair and discount community lab program are both available.
3. Memorial Hospital will support efforts of the new Spanish-speaking social workers
    - Memorial collaborates with Bridges of Hope when possible.


HEALTH
INSPIRE
COURAGE
HOPE
SUPPORT SQUAD
BREAST CANCER
Awareness

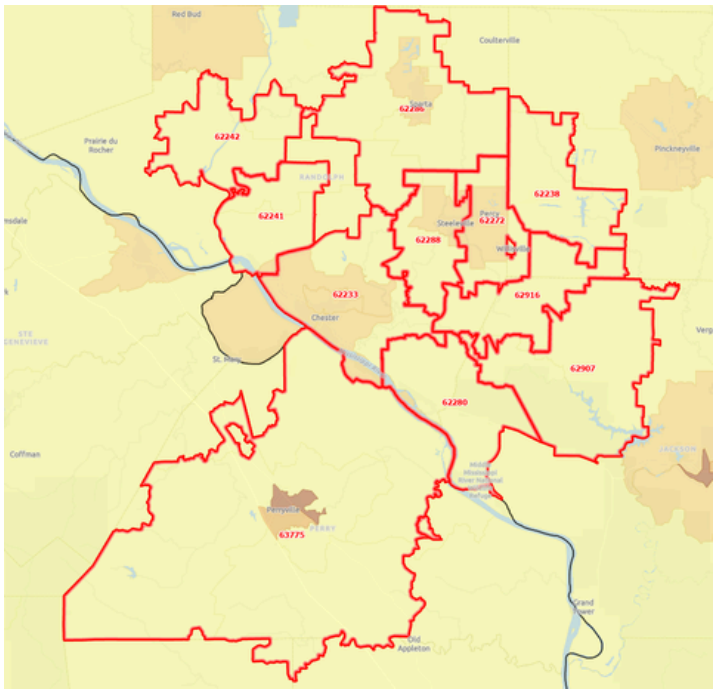



SIEMENS

Memorial Hospital Service Area

For this CHNA, Memorial Hospital defines its primary service market area as the general population of Chester, Illinois, and its surrounding area, as defined below. The hospital's patient population includes all patients who receive care regardless of insurance coverage or eligibility for assistance.

A total of 41,115 people live in the 912.68-square-mile reporting area defined for this assessment, according to the U.S. Census Bureau American Community Survey 5-year estimates. The population density in this area, estimated at 45 persons per square mile, is lower than the national average of 95 persons per square mile.



Missouri	Zip Code
Perryville	63775 63776

Illinois	Zip Code
Chester	62233
Sparta	62286
Steeleville	62288
Ava	62907
Percy	62272
Cutler	62238
Ellis Grove	62241
Evansville	62242
Campbell Hill	62916
Walsh	62297
Rockwood	62280
Willisville	62997

The average household size in the area (2.4) is lower than in both Illinois and the U.S. The median age is 40.3 years, which is higher than in Illinois and the U.S. The largest education segment is high school graduates, followed by those with some college. 14.3% of the population has no high school diploma or GED, and 39.3% have only a high school diploma. Unemployment at the time of writing was 3.3%, which is under both the State of Illinois and the United States unemployment rate averages. The average household income for the service market area, based on the latest 5-year American Community Survey estimates, was $84,742. This is under the state ($115,638) and United States ($113,530) averages.



KEY FACTS

DEMOGRAPHICS

40,950
Population

40.3
Median Age

2.4
Average Household Size

$84,742
Average Household Income

EDUCATION

14.3%
No High School Diploma

39.3%
High School Graduate

29.34%
Some College/ Associate Degree

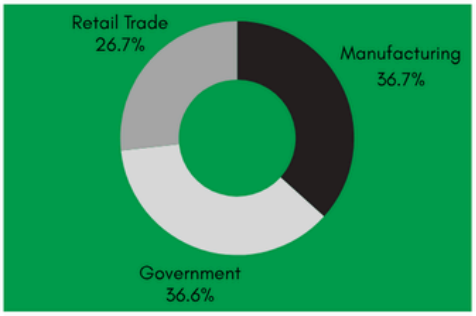
17.1%
Bachelors Degree or Greater

BUSINESS

55.17%
Labor Force Participation Rate

33,482
Total Potential Employees Age 16+

TOP 3 EMPLOYMENT SECTORS



INCOME

$86,137
Median Family Income

$29,099
Per Capita Income

3.3%
Unemployment

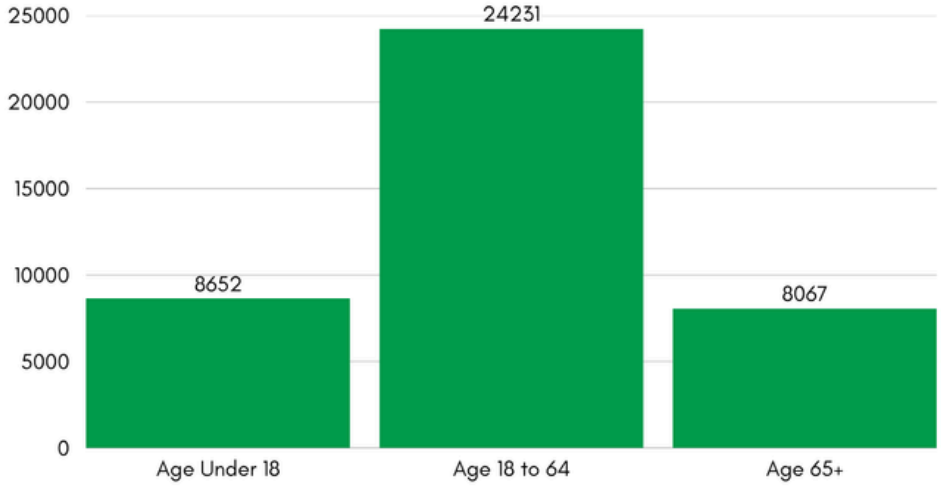
HOUSEHOLD BY INCOME

Income	Report Area	Illinois
Under $25,000	15.98%	14.58%
$25-$49,999	22.09%	16.01%
$50-$99,999	31.00%	27.48%
$100-$199,999	26.16%	28.11%
$200,000+	4.78%	13.82%

AT RISK POPULATION PROFILE

40.3	2.4	40,950	10,167	$102,271
Median Age	Average Household Size	Total Population	Number of Households	Average Household Income

POPULATION BY AGE



18.77% Population With Disability

19.70% Population Over Age 65

7.11% Population Without Motor Vehicle

6.94% Population Uninsured

15.50% Population Below Poverty Limit

14.7% Population Experiencing Food Insecurity

1.37% Population With Limited English

53.55% Population With High School Diploma or Less

Process Methods & Accountability

Establishing the CHNA Infrastructure and Partnerships

Description of Data Sources – Quantitative/Secondary Data

Quantitative (secondary) data is collected from many resources, including, but not restricted to, the following:

Source	Description
Behavioral Risk Factor Surveillance System	The largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death
Spark Map	An online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
U.S. Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system
County Health Rankings	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
American Community Surveys	A product of the U.S. Census Bureau that helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.

Illinois Department of Employment Safety	The state's employment agency that collects and analyzes employment information.
National Cancer Institute	Coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients, and the families of cancer patients
Illinois Department of Public Health	IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
Health Resources and Services Administration	The U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
ESRI (Environmental Systems Research Institute	An international supplier of Geographic Information System (GIS) software, web GIS and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined, level.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year, it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
United States Department of Agriculture	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

The complete secondary data for the Memorial Hospital service area is available in a separate document.

Community Assets

Community assets are the people, places, skills, and resources within a community that can be used to improve local well-being and address community challenges. These can be social, physical, technological, or financial.

Schools: Alternative, Career and Technical Education, Private Schools, and Public Schools	Healthcare Facilities: Hospitals, Dental Offices, Nursing Homes, Assisted Living
• Regional Office of Education • Chester High School • Chester Unit School District 139 • St. John Lutheran School • St. Mary's Catholic School • Chester Elementary School • Chester Early Childhood Center • Career Center of Southern Illinois • Coulterville School District • Evansville Attendance Center • Monroe Randolph Red Brick School • Perandoe Special Education District Office • Prairie Du Rocher Elementary School • Red Bud Elementary School • Red Bud High School • Red Bud School District • Southwestern Illinois College • Sparta High School • Sparta Lincoln School • Sparta School District • St. John the Baptist Catholic School • St. Mark's Lutheran School • Steeleville Elementary School • Steeleville High School • Steeleville School District • Trinity Lutheran School	• Chester Family Dental • Franklin Hometown Dental • Three Springs Senior Living & Rehabilitation • High Point Residence Center • Fresnius Kidney Care • Southern Illinois Eye Care • Randolph County Health Department • Medstar Ambulance • Addington Place of Sparta • Maple Creek Hospice • Randolph County Care Center • Red Bud Regional Hospital • Sparta Community Hospital

Libraries

- Chester Public Library
- Steeleville Public Library

Law Enforcement and Corrections

- Chester Police Department
- Steeleville Police Department
- Randolph County Sheriff's Department
- Mendard Correctional Center
- Chester Mental Health Center

Non-Profits

- ComWell
- Department of Human Services
- NAMI SWI
- Chester Senior Center
- Caritas Family Solutions
- Illinois Department of Children and Family Services
- Life Network of Southern Illinois
- NAMI SWI
- Sparta Pregnancy Care Center
- University of Illinois Extension
- Western Egyptian Economic Opportunity Council

Housing

- Randolph County Housing Authority
- Chesterton Manor Apartments
- Community Integrated Living Arrangement (CILA)

Government Agencies

- Randolph County Coroner
- City of Chester
- Steeleville Village Hall
- Randolph County Courthouse
- Randolph County Board of Commissioners
- Chester Fire Department
- Randolph County EMS Coordinator
- City of Chester

Parks, Recreation & Fitness

- City of Chester Parks and Recreation
- City of Chester Beautification Committee
- City of Chester Park Board
- Randolph County YMCA
- Vasquez's Fitness Center

Transportation

- Monroe Randolph Transit District

Food Pantries

- Chester Area Christian Food Pantry
- Food on the Move
- Steeleville Community Food Pantry

Employment Services	Pharmacies
• Southwestern Illinois WorkNet Center	• Victor's MediCenter Pharmacy • Wal-Mart Pharmacy • Memorial Community Pharmacy
Financial Institutions	**Clubs & Organizations**
• Buena Vista National Bank • Chester National Bank	• Chester Rotary • Chester Chamber of Commerce • Chester Lions Club
Faith Based Organizations	**Cultural Groups**
• St. John Evangelical Lutheran Church & School • First Baptist Church • Grace Church Ministries • May Help of Christians Church	• Puentes De Esperanza
Local Businesses	**Hospital Board Members & Community Leaders**
• Gilster-Mary Lee Corporation • Rozier's County Market	• Mr. Tom Search, Chairman • Mr. Grant Deterding, Vice Chairman • Mr. Daniel Colvis, Treasurer • Ms. Mary Brown, Secretary • Mr. Trent Vasquez • Ms. Casey Parker • Ms. Keri Sims • Mr. Greg Crain • Ms. Mary Sulser

Social Determinants of Health

The CDC describes social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Healthy People 2030 uses a place-based framework that outlines five key areas of SDoH:

1. Healthcare Access and Quality, which includes overall access to healthcare, access to primary care, health insurance coverage, health literacy, adherence to recommended screenings, and incidence of certain health-related conditions.
2. Education Access and Quality, which includes high school graduation rates, higher education enrollment, overall educational attainment, language and literacy, and early childhood education and development.
3. Social and Community Context includes the incidents of homelessness, teen birth rates, juvenile arrest rates, and the incidents of young people not in school and not working.
4. Economic Stability includes average household income, unemployment rates, cost of living, poverty rates, employment, food security, and housing stability.
5. Neighborhood and Built Environment includes the cost and quality of housing, access to transportation, access to healthy food, air and water quality, broadband access, access to fitness and recreation facilities, walkability, and crime and violence rates.

Primary Data

We convened two focus groups at Memorial Hospital in October 2026. Thirty-two community members participated, representing local service groups, healthcare providers, schools, and churches. A complete listing of participants is in the Secondary Data document.

Top Five Strengths

- Healthcare access, including staff and providers
- Other community supports/businesses
- Hospital services
- People in the community
- Rural transportation program

Top Five Opportunities

- Safe and affordable housing and rentals
- Mental health access
- Transportation limitations
- Business development/job opportunities
- Specialty healthcare providers

Top Five Aspirations

- The community would have appropriate resources for health, mental health, and basic needs (food, clothing, and shelter).
- A modern, growing community that is thriving because young people can and want to stay here, work, and raise families.
- People would be healthier overall due to education & opportunities for fitness/wellness.
- Healthcare that is sustainable and affordable.
- A drug-free community.
- Bilingual opportunities in schools, programs, and businesses.

Identification and Prioritization

Addressing the Need

The team considered seven priority areas based on feedback from on-site meetings, a community survey, and secondary data. At the conclusion of their review and discussion, the identification and prioritization group advanced the following needs:

1. Expand timely, affordable access to mental health services for adults, youth, and families, including additional counseling options and community-based resources.
2. Expand local access to specialty care and chronic disease education and management resources.

The senior staff at Memorial Hospital identified and prioritized potential actions to address the needs.



Addressing the Need

Creating the Plan

The group addressed the need with the following potential strategies:

- Expanding mental health resource access.
- Partnering with schools to educate students on mental health and resources that are available,
- Working with community partners: ComWell and Healthy Communities Alliance to educate the community.
- Provide additional mental health resources for employees.
- Focus on chronic disease education as well as prevention.
- Improve access to specialty care by recruiting specialists to the community,
- Improve the patient portal.

RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

HOSPITAL RESOURCES

- Administration
- Rural health management and staff
- Nursing
- Community Relations
- Human Resources

HEALTHCARE PARTNERS OR OTHER RESOURCES

- Randolph County Health Department
- ComWell
- Healthy Communities Alliance
- St. Louis Children's Hospital

COMMUNITY RESOURCES

- Schools
- Community action agencies
- Community organizations
- Bridges of Hope
- Faith-based organizations
- Local government leaders
- Law Enforcement

DOCUMENTING AND COMMUNICATING RESULTS

The community can access this CHNA report on the hospital's website, www.mhchester.com.

A hard copy is available for review at the hospital; ask the information desk at the main entrance.

No written comments were received regarding the hospital facility's most recent CHNA or the adopted Implementation Strategy. A method for retaining written public comments and responses is in place, but none were received.



PLANNING PROCESS

The Implementation Strategy was developed during a facilitated meeting involving key administrative staff of Memorial Hospital in October 2026. The group reviewed the needs assessment process completed to date and considered the key needs and supporting documents. They also considered internal and external resources that could address the current prioritized needs.

The group then considered each prioritized need. For each priority area, the group identified the actions the hospital intends to take, their anticipated impact, the resources the hospital intends to commit, and the external collaborators the hospital plans to work with to address the need.

The plan will be evaluated through periodic reviews of measurable outcome indicators, in conjunction with annual review and reporting.



Implementation Strategy

Priority #1:
Expand timely, affordable access to mental health services for adults, youth, and families, including additional counseling options and community-based resources.

DIRECT RISK FACTORS

- **Shortage of Mental Health Providers**

Report Area	Mental Health Providers Rate/100,00 Population
Memorial Hospital	167.2
Illinois	355.2
United States	348.3

Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), 2025.

- **Financial Barriers**
  - 15.50% of the population live below 100% FPL
    - 53.14% of black and 31.96% of the Hispanic population are below 100% FPL
  - 21.48% of children live in households with income below the FPL
  - 6.94% of the population is uninsured
- **Transportation**
  - Transportation lack was one of the top five opportunities identified in the on-site community meetings and in the community survey opportunities
  - Transportation as a percentage of income is greater in the service market (25%) than in the state (19%) or the nation (21%)
  - 7.11% of households overall and 20.56% of renter households have no motor vehicle

- **Technical Issues**
  - There is limited access to broadband, and many households have slow or no internet connection

Report Area	Access to High-Speed Internet	Households with No or Slow Internet	Households with No Computer	Households with a Cellular Internet Only
Memorial Hospital	90.56%	13.83%	8.99%	19.31%
Illinois	95.75%	9.25%	4.79%	12.23%
United States	97.22%	9.02%	4.50%	11.47%
Data Source: FCC FABRIC Data. 2025.				

- **Language/Culture**
  - There is a growing Hispanic population in the community. Addressing diversity was one of the opportunities identified by the on-site meeting members
  - Language barriers were mentioned as a concern by the community survey participants

INDIRECT RISK FACTORS

- **Educational Disparities (including health literacy)**
  - There is a significant percentage of the community with no high school diploma. There is a larger-than-normal percentage of the population who have only a GED or high school diploma (39.30%)
  - 71.2% of students had reading scores "not proficient" in the 4th grade Reading/Language Arts portion of the state-specific standardized tests
- **Social Isolation**

Report Area	Depression Diagnosed Medicare Beneficiaries	Depression Diagnosed Medicare Dually Eligible	Depression Diagnosed Adults Ages 18+
Memorial Hospital	17%	33%	23.3%
Illinois	15%	24%	19.8%
United States	19%	27%	20.2%
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool & Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2023.			

- **Substance Use Prevalence**
  - There is no access to substance abuse providers in the service area
  - Substance abuse was the number one community concern identified in the community survey

INDICATORS SUPPORTING THE PRIORITY

- Mental health was the second-highest priority among on-site meeting participants, the top opportunity identified by community survey participants, and the third-highest community concern identified in the community survey.
- Poor mental health days and the percentage of adults who reported having poor mental health are elevated above the state and national averages.
- This is also a top priority in the county I-PLAN.

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Continue to support the mental health access in the community and explore creating additional capacity by recruiting another provider or contracting with ComWell.
2. Continue the agreement with ComWell to provide crisis support and community education.
3. Provide teen mental health first aid in the schools. Also provide this training for staff and community in partnership with ComWell.
4. Screen patients in the RHC with the PHQ9 tool.
5. Continue contract with ComWell to provide navigator services at the RHC. This helps secure appointments with mental health providers, address identified social determinants of health, and connect patients to payer resources like Medicaid.
6. Work with the Healthy Communities Alliance to address mental health, substance abuse, community needs, and in-school education.
7. Explore the St. Louis Children's Hospital telemedicine program for pediatric patients.
8. Educate employees about the mental health assistance provided in the hospital's benefits. Explore options for insurance-provider telehealth visits and additional employee education.

ANTICIPATED IMPACTS OF THESE ACTIONS

1. Increased access to mental health resources for rural residents.
2. Reduced wait times for behavioral health appointments.
3. Increased numbers of patients receive timely mental health treatment.
4. Reduced behavioral health-related emergency department visits.
5. Reduced stigma of receiving behavioral health services.
6. Increased knowledge of mental health warning signs among youth and adults.
7. Improved ability of students, educators, and community members to respond appropriately to mental health concerns.
8. Increased detection of depression and other behavioral health concerns, allowing for earlier interventions.
9. Expanded access to pediatric behavioral health specialists and reduced travel burden for children and families seeking care.
10. Increased employee awareness of available benefits and utilization of employee mental health resources and Employee Assistance Programs (EAPs).

PROGRAMS AND RESOURCES THE HOSPITAL INTENDS TO COMMIT TO ADDRESS THE HEALTH NEED

- Rural Health Clinic staff and providers
- Human resources staff
- Health educators
- Emergency Department staff and providers
- Administration

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND EXTERNAL ORGANIZATIONS

- Schools
- ComWell
- St. Louis Children's Hospital
- Blue Cross/Blue Shield
- Healthy Communities Alliance

Implementation Strategy

Priority #2:

Expand local access to specialty care and chronic disease education and management resources.

DIRECT RISK FACTORS

- **Workforce and Provider Capacity**
  - Access to dental, mental health, primary care, and substance abuse providers is limited in the service market area.
  - Extended wait times for mental health appointments were mentioned by the on-site meeting participants as being an opportunity.
- **Financial Barriers**
  - 15.50% of the population live below 100% FPL
  - 53.14% of black and 31.96% of the Hispanic population are below 100% FPL
  - 21.48% of children live in households with income below the FPL
  - 6.94% of the population is uninsured
  - There is limited reimbursement for specialty services, telehealth, or chronic disease education.
  - There is limited funding to support care management programs and patient navigation.
- **Transportation and Geographic Access**
  - Transportation lack was one of the top five opportunities identified in the on-site community meetings and in the community survey opportunities
  - Transportation as a percentage of income is greater in the service market (25%) than in the state (19%) or the nation (21%)
  - 7.11% of households overall and 20.56% of renter households have no motor vehicle
- **Service Availability**
  - 48 community survey participants identified specialty providers that are not currently serving the community.
    - OB/Gynocology
    - Mental health
    - Rheumatology
    - Dental
    - Allergy
    - Pulmonology
    - Endocrinology
    - Neurology

INDIRECT RISK FACTORS

- **Social Determinants of Health**
  - Higher rates of poverty
  - Higher rates of food insecurity affecting chronic disease management
  - Housing instability
  - Limited access to healthy foods and opportunities for exercise
  - Lack of reliable internet access for telehealth services
- **Demographic Factors**
  - Higher prevalence of patients over age 65
  - Higher than normal percentage of veterans
  - Higher than normal percentage of households with someone with a disability

Report Area	Percentage with a Disability
Memorial Hospital	18.77%
Illinois	12.08%
United States	13.29%
Data Source: US Census Bureau, American Community Survey, 2024.	

  - Declining population

Report Area	Total Population 2010	Total Population 2020	Population Change
Memorial Hospital	44,123	41,115	-6.82%
Illinois	12,830,633	12,812,508	-0.14%
United States	312,471,161	334,735,155	7.13%
Data Source: US Census Bureau, Decennial Census, 2020			

INDICATORS SUPPORTING THE PRIORITY

- Access to specialty care was the number five priority from the on-site meeting SOAR opportunities. It ranked second in comments from community survey participants and was the fifth concern identified.
- Patients with chronic diseases are increased in both the Medicare and adult populations.

Report Area	COPD Adult	Kidney Disease Adult	High Blood Pressure Adult	High Cholesterol Adult	Diabetes Adult	Heart Disease Adult
Memorial Hospital	9.4%	3.1%	39.1%	38.3%	13.1%	7.8%
Illinois	6.3%	3.1%	33.0%	35.4%	11.6%	5.9%
United States	5.3%	3.1%	34.4%	37.4%	12.0%	6.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2023.

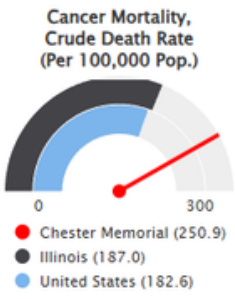
Report Area	COPD Medicare	Kidney Disease Medicare	High BP Medicare	High Cholesterol Medicare	Diabetes Medicare	Heart Disease Medicare
Memorial Hospital	15%	16%	72%	49.8%	27%	20%
Illinois	13%	19%	66%	48.9%	26%	22%
United States	12%	19%	65%	47.7%	26%	21%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2023.

- The age-adjusted incidence of cancer is also higher than the state or national average as is cancer mortality.

Report Area	All Sites	Breast	Colon	Lung	Prostate
Memorial Hospital	497.3	127.6	46.6	71.4	131.4
Illinois	463.8	135.4	39.1	57.7	122.0
United States	449.1	131.4	36.7	52.5	116.5

Data Source: State Cancer Profiles, 2022.



ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Focus on cardiovascular health, including congestive heart failure and high blood pressure.
2. Explore remote patient monitoring for patients with chronic diseases.
3. Improve access to specialists by recruiting providers or services to the community,
    a. Gynecology
    b. Neurology
    c. Pulmonology
    d. Rheumatology
    e. Urology
4. Partner with Bridges of Hope to improve diabetes care and outcomes, specifically for the Hispanic population.
5. Develop a certified diabetic educator nurse and leverage the dietician position to provide additional education to patients and the community.
6. Explore developing an RN with a special education in wound care certification.
7. Continue to provide community labs four times per year at discounted (cash-only) prices.
8. Continue with community health fairs.
9. Improve the patient portal to notify patients when they need screenings.
10. Improve the current telemedicine platform or investigate a replacement.

ANTICIPATED IMPACTS OF THESE ACTIONS

1. Increased identification and monitoring of patients with cardiovascular disease and hypertension.
2. Improved blood pressure control rates.
3. Increased patient participation in preventive care and disease management programs.
4. Reduction in preventable cardiovascular complications and hospitalizations.
5. Improved overall cardiovascular health outcomes within the community.
6. Improved monitoring of chronic disease symptoms and treatment adherence.
7. Earlier identification of health status changes requiring intervention.
8. Reduced emergency department visits and hospital admissions.
9. Increased patient engagement in self-management of chronic conditions.
10. Increased local access to specialty care services.
11. Reduced travel burden and wait times for specialty appointments.
12. Earlier diagnosis and treatment of complex medical conditions.
13. Improved continuity and coordination of care between primary and specialty providers.
14. Increased patient satisfaction and adherence to recommended treatment plans.
15. Increased access to culturally appropriate diabetes education and support services.
16. Increased availability of diabetes self-management education.
17. Improved patient understanding of nutrition, medication adherence, and lifestyle modifications.
18. Improved diabetes control indicators such as A1C levels.

PROGRAMS AND RESOURCES THE HOSPITAL INTENDS TO COMMIT TO ADDRESS THE HEALTH NEED

- Administration
- Human Resources
- Rural Health Clinic Staff and Providers
- Specialty Clinic Staff and Providers
- IT
- Laboratory

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND EXTERNAL ORGANIZATIONS

- EHR Vendor
- Telemedicine equipment providers
- Educators for certified diabetes education and wound care
- Bridges of Hope
- Local businesses





ICAHN

Illinois Critical Access Hospital Network