APPENDIX 14

JOINT IMPLEMENTATION PLAN 2021

Community Health Needs Assessment

(For 4/1/22 - 3/31/25)

Harrisburg Medical Center

Herrin Hospital

Memorial Hospital of Carbondale

St. Joseph Memorial Hospital

SIH

Harrisburg medical center

This report guides the development and strategy of the SIH System and its four hospitals to address the priority health needs of the CHNA.

SIH Community Health Needs Assessment Implementation Plan 2021

This report serves as the 2021 Joint Implementation Plan for Southern Illinois Healthcare's (SIH's) four hospitals: SIH Harrisburg Medical Center (HMC), SIH Memorial Hospital of Carbondale (MHC), SIH Herrin Hospital (HH) in Herrin, and SIH St. Joseph Memorial Hospital (SJMH) in Murphysboro. Per requirements set forth in section 501(r) of the Internal Revenue Code, a collaborating hospital facility meets the requirements for a joint implementation strategy, if the strategy (i) is clearly identified as applying to the hospital facility; (ii) clearly identifies the hospital facility's particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and (iii) includes a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility. This Implementation Plan meets all of these requirements and was developed to more clearly delineate the commitments made by each of the SIH hospitals to the overall community health improvement efforts underway in SIH's 11-county service area.

Health Priorities and Defined Scope – Fiscal Year 2023-2025
1. **Social Determinants of Health** - access to care, hunger/food access, housing, and poverty
2. Behavioral Health – mental health and substance misuse
3. Chronic Disease - prevention and management

Action Items by Facility/Service Areas in Which Strategies Will Be Implemented	Harrisburg Medical Center	Herrin Hospital	Memorial Hospital of Carbondale	St. Joseph Memorial Hospital
Social Determinants of Health (SDOH) - access to care, hunger/food access, housing, and poverty				
Outreach and Screening in Targeted Communities	X	X	X	X
Homeless Outreach	X	X	X	X
Training to Increase Awareness and Reduce Stigma and Unconscious Bias	X	X	X	X
Behavioral Health (BH) – mental health and substance misuse				
Narcan Distribution and Harm Reduction	X	X	X	X
Crisis Intervention Team - Optimize behavioral health care coordination and treatment	X	X	X	X
Mental Health First Aid and Signs of Suicide	X	X	X	X
Anti-Stigma Campaign	X	X	X	X
Chronic Disease (CD) Prevention and Management				
Tobacco Cessation	X	X	X	X
CDC's Diabetes Prevention Program	X	X	X	X
Nutrition Education and Healthy Cooking Demonstrations for Low Income Individuals	X	X	X	X

The following plan describes the strategies, scope, key activities, anticipated impact, potential partners who will collaborate to address the health needs, and the resources needed, as well as the efforts that will be continued from the previous CHNA to address these three priority areas.

For each health priority, staff will conduct evaluation efforts to demonstrate impact of the related strategies and activities. These plans will include specific data sources such as program records, hospital patient data, and/or community-level data such as the community health needs assessment (CHNA). Measures may include (but not limited to): community indicators, partners, funding, and programmatic outcomes via program records). Data will be reviewed by the SIH Community Benefits Advisory Committee at appropriate intervals (e.g., quarterly, bi-annually) and will be reported on the annual Form 990 (Schedule H) tax report as required by applicable Tax Regulations issued pursuant to the Patient Protection and Affordable Care Act.

Hospital Role and Required Resources
Staff of the SIH Community Benefits Department will spearhead the Implementation Plan with support and assistance from specific hospital staff throughout the system, as appropriate.

Addressing Community Health Needs

Social Determinants of Health (SDOH) - access to care, hunger/food access, housing, and poverty
Breakthrough Objective (In 3 Years What We Want to Accomplish) • **Reduce health disparities among the most vulnerable in our area, i.e., those who are homeless, food insecure, and unable to receive needed medical screenings and treatment.**
Annual Objective (Strategy) • **Increase screening, outreach, and medical treatment among vulnerable populations.**
Priority • **Improve access to care by efficiently providing outreach services to our most vulnerable populations in community settings.**

Overview of Strategies/Measures to Be Tracked:
SDOH 1. Outreach and Screening in Targeted Communities - Increase the proportion of adults who obtain recommended evidence-based preventive health care and screenings. Reduce the proportion of people living in poverty through increased connections to community resources.

- Number of outreach events held
- Number of people screened
- Number of referrals/connections to resources/care made
- Number of telehealth visits provided in targeted communities in collaboration with the FQHC's and SIH providers

SIH Community Benefits staff will coordinate the following efforts in conjunction with staff of SIH Outreach Lab, SIH hospitals and system, community coalitions and community outreach efforts:

- Identify four communities/neighborhoods to survey to determine their health needs, with a special focus on communities at greatest need as indicated in the Community Need Index, within the service areas of each of the four SIH hospitals (i.e., Harrisburg, Herrin, Carbondale, and Murphysboro) and create an action plan to increase screening, education, and outreach. (Main partners for this strategy will be SIH Community Benefits, SIH Outreach Lab, local health departments, Federally Qualified Health Centers, SIU School of Medicine, SIU School of Medicine Center for Rural Health and Social Service Development, Wabash Area Development Inc. (WADI), Healthy Southern Illinois Delta Network, housing authorities, and many others.)
- Collaborate with SIH Center for Connected Care and FQHCs to bring telehealth services to the four identified communities/neighborhoods on a periodic basis. (Main partners for this strategy will be SIH Community Benefits, SIH Center for Connected Care, and Federally Qualified Health Centers.)

SDOH 2. Homeless Outreach

- Number of homeless individuals who receive case management services.
- Number of homeless individuals who obtain housing.

SIH Community Benefits staff will coordinate the following efforts in conjunction with staff of SIH hospitals and system, community coalitions and community outreach efforts:

- Provide funding to Southern Illinois Coalition for the Homeless to expand homeless outreach services in the 11-county area with a focus on the communities of Harrisburg, Herrin, Carbondale, and Murphysboro. (Main partners for this strategy will be Southern Illinois Coalition for the Homeless, Continuum of Care Network, Carbondale Warming Center, Good Samaritan Ministries, Lighthouse Shelter, Ministerial Alliances, Carbondale Interfaith Council, The Night's Shield, 4 C's, Little Chapel Church, Centerstone, legislators, landlords, social service agencies, hospital staff and many others.)

SDOH 3. Training to Increase Awareness and Reduce Stigma and Unconscious Bias:

- Number of trainings offered.
- Number of community partners and SIH staff trained.

SIH Community Benefits staff will coordinate the following efforts in conjunction with staff of SIH hospitals and system, community coalitions and community outreach efforts:

- Provide training for SIH staff and community members to increase health equity and reduce health disparities and stigma, i.e., Poverty Simulation training, Safe Zone training, and Unconscious Bias training. (Main partners for this strategy will be Community Benefits, Centerstone, SIU School of Medicine, SIU School of Medicine Center for Rural Health and Social Service Development and many other social service agencies.)

SIH will commit the following resources to address Social Determinants of Health:

SIH staff time, training and educational materials, funds to hire agencies to provide the trainings, meeting/training space, refreshments, screening supplies for events, telehealth equipment, mileage,

healthcare provider time, funding to subcontract with a local agency to provide additional homeless outreach, etc. Staff of all 4 SIH hospitals will be involved in SDOH related efforts.

SIH will continue the following efforts from the past CHNA to address the Social Determinants of Health, as able:

- Staff of SIH Information Technology staff will collaborate with SIH Case Management, SIH Medical Group, Nursing, and others to conduct training and implementation of a tool in the electronic medical record to assess patients for needs related to the social determinants of health and to refer them to needed services and programs as applicable. (Main partners for this strategy will include SIH Population Health, Case Management, Behavioral Health, Community Benefits, and various community-based organizations and partners.)
- Staff of SIH will coordinate the following efforts in conjunction with SIH staff, community coalitions and community outreach efforts:
    - Non-Emergency Medical Transportation - Develop non-emergency medical transportation for low-income SIH patients. (Main partners for this strategy include transportation providers, Managed Care Organizations, SIH hospitals, SIH Cancer Institute, SIH Medical Group and other facilities such as dialysis and nursing facilities.)
    - Health Leads - Implement and evaluate the "Health Leads" program pilot in an SIH clinic setting with patients who are high need in relation to the social determinants of health. (Main partners for this strategy include SIH Population Health and Community Benefits, Healthy Southern Illinois Delta Network and various social service agencies within the community that provide services to patients).
    - Community Health Workers - Develop, implement, and evaluate the utilization of community health workers to assist targeted low-income populations. (Main partners for this strategy include SIH Population Health, Case Management and Community Benefits, Southern Illinois University School of Medicine, and various social service agencies within the community that provide services to patients.)
    - Medical Legal Partnership - Provide support and assist patients in reducing health harming legal issues such as social security and SNAP eligibility, denials, etc. through the Medical Legal Partnership of Southern Illinois. (Main partners for this strategy include Land of Lincoln Legal Assistance Foundation, Shawnee Health Services, SIH Community Benefits, Cancer Institute, Case Management and Behavioral Health as well as various departments and clinics throughout the SIH hospitals and clinics.)
    - SI NOW – Continue to convene/participate in a regional economic development initiative called SI Now, focused on advancing the 17 southern counties of Illinois as a great place to live, work, and do business. The purpose of SI Now is to create opportunities for upward economic mobility, improve well-being and quality of life, equip the workforce with specialized skills, and attract new businesses and residents. SI Now members are focused on business growth and development, education and workforce development, as well as elevating perceptions of Southern Illinois. (Main partners for this strategy include SIH Community Affairs, SIH Work Care,

and SI Now members, including regional leaders from the business community, economic development, workforce development, government, higher education, and K-12 schools.)

Behavioral Health (BH) – mental health and substance misuse
Breakthrough Objectives (In 3 Years What We Want to Accomplish) • **Achieve care coordination in the region among those who provide behavioral health treatment and intervention.** • **Ensure those in need of treatment for behavioral health services (substance misuse and mental health) will be cared for in a quality, safe, stigma free manner.**
Annual Objective (Strategy) • **Improve behavioral health care coordination resulting in a reduction in suicide deaths and a reduction in length of stay for Emergency Department visits.**
Priority • **Achieve care coordination in the region among those who provide behavioral health treatment and intervention.** • **Increase awareness and reduce stigma related to behavioral health (substance misuse and mental health).**

Overview of Strategies/Measures to Be Tracked:

BH 1. Narcan Distribution and Harm Reduction - Improve access to care by efficiently providing outreach services to our most vulnerable populations in community settings

- Number of Narcan doses distributed throughout the 11-county area.
- Number of community-based organizations funded to offer harm reduction services such as needle exchange and safe disposal programs in targeted communities.
- Number of individuals reached through harm reduction services.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- Increase Narcan distribution throughout the 11-county area through distribution at all four hospitals, targeted primary care clinics and at community events (Main partners for this strategy will include Egyptian Health Department, Southern Illinois University School of Medicine Center for Rural Health and Social Service Development, Healthy Southern Illinois Delta Network, Community Coalitions and substance and behavioral health related action teams.)
- Provide funding to community-based organizations to provide Narcan and Harm Reduction services such as needle exchange and safe disposal programs to targeted communities throughout southern Illinois. (Main partners for this strategy will include SIU School of Medicine Center for Rural Health and Social Service Development, Community Action Place, Centerstone, Gateway, Egyptian Health Department and other substance misuse/recovery agencies and coalition action teams.)

BH 2. Crisis Intervention Team - Optimize behavioral health care coordination and treatment

- Reduce unnecessary visits to the ED through the development and implementation of a "Crisis Intervention Team" pilot to best serve individuals who are brought into the Emergency Department in mental health crisis.

Staff of SIH Behavioral Health service line in conjunction with the SIH hospital and clinical staff, and Community Benefits staff, as appropriate, will:

- Collaborate with local law enforcement, behavioral health service providers, the judicial system, and SIH hospitals to pilot the development of a Crisis Intervention Team to best serve individuals who are brought into the Emergency Department in mental health crisis. (Main partners for this strategy will include SIH Community Benefits, SIH Behavioral Health, Law Enforcement agencies, Mulberry Center, Centerstone, Gateway, State's Attorney, and many others.)

BH 3. Mental Health First Aid and Signs of Suicide - Implement training and education across the region to reduce stigma and encourage individuals to receive behavioral health treatment

- Number of individuals trained through "Adult Mental Health First Aid (MHFA)" and "Youth Mental Health First Aid" courses.
- Number of schools implementing SOS (Signs of Suicide) schools.
- Number of schools where SOS is taught by SIH and number of schools implementing the program themselves.
- Increase knowledge and awareness as reflected on the MHFA and SOS evaluations.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- Implement "Adult Mental Health First Aid" and "Youth Mental Health First Aid" courses in each of the eleven counties in our target area.
- Implement SOS (Signs of Suicide) in two additional middle/high schools each year.
  (Main partners for these strategies will include SIH Community Benefits, Illinois CATCH on to Health Consortium, faith communities, schools, Healthy Southern Illinois Delta Network and Community Coalitions, SIU School of Medicine Center for Rural Health and Social Service Development, Regional Offices of Education, local community colleges, federally qualified health centers, and various other social service agencies.)

BH 4. Anti-Stigma Campaign - Increase awareness and reduce stigma related to behavioral health (substance misuse and mental health)

- Number of community members/patients seeking treatment for Opioid Use Disorder (OUD).
- Number of individuals connected to treatment providers through the promotion of the mental health crisis line and the Illinois Opioid Helpline.

Staff of SIH Community Benefits in conjunction with SIH Behavioral Health, SIH Hospital and clinical staff, SIH Marketing, and CB staff, as appropriate, will:

- Implement an anti-stigma campaign to increase awareness regarding substance use disorder and to encourage treatment
- Promote the mental health crisis line and the Illinois Opioid Helpline to increase their utilization by community members, clinical providers, and patients.

(Main partners for these strategies will include the SIH Community Benefits and clinical staff, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions, related action teams, Southern Illinois University, and various social service agencies.)

SIH will commit the following resources to address Behavioral Health:
SIH staff time, educational materials, online accesses, subscriptions, supplies and books for Mental Health First Aid and Signs of Suicide training and curriculum, funding to allow subcontracts to local service providers to provide harm reduction services in the community, funds for media to promote the Illinois Helpline and mental health crisis line, etc. Staff of all 4 SIH hospitals will be involved in behavioral health related efforts. Leadership for these efforts will be provided by staff of SIH Behavioral Health and Harrisburg Medical Center, along with the SIH Community Benefits staff.

SIH will continue the following efforts from the past CHNA to address the Behavioral Health, as able:

- Hidden in Plain Sight (HIPS) – Continue implementation. HIPS was designed to provide parents with clues from a youth's bedroom to help them determine whether their child might be experimenting with or using drugs or alcohol. Room décor, hidden compartments, and items to conceal use are located throughout the room. Additional components include education handouts and local resources. (Main partners for this strategy include SIH Community Benefits, Illinois CATCH onto Health Consortium, Regional Office of Education, various coalitions and action teams, and local schools.)
- Medication Assisted Recovery/Treatment providers - Increase the number of MAR/T providers throughout the 11-county area in order assist those with Substance Use Disorder (SUD) through training, education, and promotion of mentorship/training programs. (Main partners for this strategy include SIH Community Benefits, SIH Medical Group, SIH Behavioral Health, SIU Center for Rural Health and Social Service Development, Federally Qualified Health Centers, and various coalitions and action teams.)
- Unused medication disposal collection sites - Increase the number and utilization of sites by the public. (Main partners for this strategy include SIH Community Benefits, SIH Pharmacy, Harrisburg Medical Center, SIH Marketing, Healthy Southern Illinois Delta Network and various community coalitions and action teams.)
- Regional mental health and substance misuse prevention efforts – Continue to collaborate and implement strategies with partners. (Main partners for this strategy include SIH Community Benefits, SIH Behavioral Health, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions and related action teams, local health departments, Southern Illinois University School of Medicine Center for Rural Health and Social Service development and many others.)

Chronic Disease (CD) Prevention and Management
Breakthrough Objective– in 3 Years What Do We Want to Accomplish? • **Reduction in those with chronic disease and those with chronic disease who will need treatment.**
Annual Objective (Strategy) • **Increase prevention and self-management of chronic disease.**
Priority • **Strengthen the ability of individuals in the community to prevent and treat their chronic diseases.**

Overview of Strategies/Measures to Be Tracked:

CD 1. Tobacco Cessation - Reduce tobacco use among adults and adolescents

- Increase community member calls and provider referrals to the Illinois Tobacco Quitline.
- Increase quit smoking attempts among our most vulnerable population by offering Courage to Quit classes in the community with a focus on low incoming housing residents.
- Increase the number of individuals who have quit after completing the cessation classes or contacting the Illinois Tobacco Quitline.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- Offer at least 4 Courage to Quit classes in the community with a focus on low-income housing residents. (Main partners for this strategy will include SIH Community Benefits, Second Act, Marketing, SIH Medical Group, Respiratory Health Association, Housing Authority, local health departments, worksites, Chamber of Commerce, faith communities, Faith Community Nurses, SIH Congregational Health Connectors, SIH Wellness, SIH Marketing, SIH Cancer Institute and many others.)

CD 2. CDC's Diabetes Prevention Program (Center for Disease Control and Prevention) - Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs

- Number of individuals completing the DPP program
- Percentage of individuals with improved A1C and BMI after attending

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- Pilot and promote CDC's Diabetes Prevention (DPP) workshops to low-income individuals over 18 who meet the National DPP eligibility guidelines: 18 years or older, overweight, not diagnosed with T1 or T2 diabetes, not currently pregnant and are diagnosed with prediabetes or have high risk results on prediabetes risk test. (Main Partners for this strategy will include SIH Community Benefits, SIH diabetes service line, SIH Medical Group, Healthy Southern Illinois Delta Network, Diabetes Today Resource Teams, Federally Qualified Health Centers, SIH Wellness, SIH Marketing, workplaces, social service agencies and many others.)

CD 3. Nutrition Education and Healthy Cooking Demonstrations for Low Income Individuals - Increase fruit and vegetable consumption among low-income individuals

- Number of sites in which nutrition education and healthy cooking demonstrations are conducted.
- Number of individuals educated.
- Increase nutrition education knowledge among those attending education based on pre and post-test surveys.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- Offer nutrition education and healthy cooking demonstration at sites targeting low-income individuals in the 11-county service area. (Main Partners for this strategy will include SIH Community Benefits, SIH Wellness, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions, local health

departments, Southern Illinois University, Southern Illinois Food Pantry Network, University of Illinois Extension, food pantries, FoodWorks, growers/orchards, Rides Mass Transit, and many others.)

SIH will commit the following resources to address Chronic Disease Prevention and Management:
SIH staff time, training and educational materials, and participant books for Chronic Disease and Diabetes Self-Management Program, the Diabetes Prevention Program and Courage to Quit, meeting/training space, a portable kitchen for use for in nutrition education and healthy cooking demonstrations, postage for mailing of materials to participants, funding for promotion of the classes, food to be utilized during the cooking demonstrations. Staff of all 4 SIH hospitals will be involved in chronic disease related efforts.

SIH will continue the following efforts from the past CHNA to address Chronic Disease, Prevention and Management, as able:

- Chronic Disease Self-Management Program/Diabetes Self-Management (CDSMP/DSMP) workshops - Coordinate and facilitate the implementation and promotion of Chronic Disease Self-Management Program/Diabetes Self-Management (CDSMP/DSMP) workshops throughout southern Illinois for adults with diabetes and other chronic diseases with efforts targeting those individuals who have experienced hospital visits related to their chronic disease(s). (Main partners for this strategy will include SIH Community Benefits, diabetes service line, SIH Medical Group, Healthy Southern Illinois Delta Network, Diabetes Today Resource Teams, Federally Qualified Health Centers, SIH staff involved in care coordination efforts, SIH Second Act, SIH Wellness, SIH Marketing, workplaces, and various health and social service agencies.)
- School Health - Continued implementation of Whole Child/Whole School/Whole Community model for school health and CATCH (CATCH on to Child Health) programs with 35+ schools impacting 9,900+ students in pre-k, elementary, middle, and high schools. Continue to provide training to ensure implementation and sustainability. (Main partners for this strategy will include SIH Community Benefits, Illinois CATCH on to Health Consortium, Southern Illinois University School of Medicine Center for Rural Health and Social Service Development, local schools, local health departments and the Regional Offices of Education.)
- "Catch My Breath" curriculum - Continue to educate youth and adults on the harmful effects of tobacco and e-cigarettes, i.e. utilize the "Catch My Breath" curriculum for Jr. High and High students. (Main partners for this strategy will include SIH Community Benefits, Illinois CATCH on to Health Consortium, Regional Offices of Education, local schools, school resource officers, and the regional tobacco coalitions.)
- Illinois Tobacco Quitline - Continue promotion of the Illinois Tobacco Quitline to the public and through expansion of the Tobacco Cessation Advisory build in the Electronic Health Record. (Main partners for this strategy will include SIH Community Benefits, Siteman Cancer Center, SIH Medical Group, SIH Cancer Institute, local health departments, American Lung Association, regional tobacco coalition, and the Healthy Southern Illinois Delta Network, Quality Health Partners/Physician Hospital Organization, SIH Marketing, Workplaces and various other health and social service agencies.)
- SNAP Double Value coupons at Farmers Markets - Continue to provide support for SNAP Double Value coupons at Farmers Markets in targeted communities. (Main partners for this strategy will include SIH

Community Benefits, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions, local health departments, University of Illinois Extension, Food Works and Southern Illinois University.)

- Southern Illinois Food Pantry Network – Continue to collaborate to serve low-income individuals and families. (Main partners for this strategy will include SIH Community Benefits, University of Illinois Extension, Southern Illinois University Department of Food and Animal Science, Jackson County Health Department and the food pantries.)

Issues Identified But Not Prioritized

Cancer, pediatric dental, lack of broadband, infant mortality, early childhood learning, COVID-19, and healthcare professional shortage areas are issues identified by the SIH CHNA Advisory Team, but not chosen as priority issues to address through the CHNA at this time. Other groups and organizations, including SIH, are already working to address them. For example, in order to reduce the high cancer rates in southern Illinois, a Southern Illinois Cancer Action Network has been formed and is co-chaired by SIH staff. Members work collaboratively to conduct prevention, screening and early detection related strategies with focus on lung, breast, and colorectal cancer, as well as HPV vaccination. SIH also engages in a variety of media and outreach activities to promote screening and early detection. Pediatric dental is an area in which many of our federally qualified health centers are working to increase access for low income families. Groups such as SI NOW as well as community officials and legislators are working to increase broadband access in southern Illinois. Local providers from federally qualified health centers, OB/GYN's and local health departments are working to ensure women have access to early prenatal care in order to reduce infant mortality. Southern Illinois Coalition for Children and Families and programs like Early Head Start and I Can Read are working to increase early childhood learning along with school districts with Pre-K programs. COVID-19 and vaccination rates continue to be of concern. Many organizations are working to increase vaccination rates through workplace policies, outreach and education regarding the importance of COVID vaccination. Lastly, SIH and other organizations in our area continue efforts to recruit healthcare providers to the region. SIH partners with Southern Illinois University, community colleges and high schools to increase the number of providers of all levels, including physicians, nurses, pharmacy techs and phlebotomists. SIH has also created a Provider Development Plan for April 2021 – March 2024 following input from healthcare leadership and 180+ physicians in the area. The plan outlines recruitment targets for primary care, as well as medical and surgical specialists.

Comments regarding the CHNA and Implementation Plan can be sent to **communityhealth@sih.net** or by contacting 618-457-5200, ext. 67834. Your input and feedback are appreciated and will be reviewed in the development of future CHNA and Implementation Plans.