



# Logan County— Illinois

2021

Community Health  
Needs Assessment





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## EXECUTIVE SUMMARY

In 2021, Lincoln Memorial Hospital (LMH) completed a community health needs assessment (CHNA) for Logan County, Illinois, as required of nonprofit hospitals by the Affordable Care Act of 2010.

As an affiliate of Memorial Health (MH), LMH worked with four other affiliate hospitals on the overall timeline and process for the CHNA, but completed its Logan County assessment independently from those hospitals in collaboration with local community partners. In order to narrow down the multiple needs and issues facing the community to a set of final priorities the hospital would address, the same defining criteria were used throughout the CHNA process. These defining criteria are:

1. Institute of Medicine's Triple Aim Impact
2. Magnitude of the Issue
3. Seriousness of the Issue
4. Feasibility to Address the Issue

Lincoln Memorial Hospital collaborated with the LCDPH to complete the 2021 CHNA. Community health needs were prioritized based on reviews of secondary community data, as well as primary data gathered from a Community Advisory Committee (CAC), community focus groups and surveys that sought input from the community and those who are minoritized and underserved. Access to health, the social determinants of health and racial inequities and inequalities were considered in all parts of the process. LMH also convened an Internal Advisory Committee (IAC), which approved the final priorities selected by LMH, as listed below.

1. Youth Mental Health
2. Obesity
3. Substance Use

MH Community Health leaders additionally agreed on a health system priority of Mental Health to be addressed in our Community Health Implementation Plans (CHIPs).

The Memorial Health Board of Directors' Community Benefit Committee approved the 2021 Community Health Needs Assessment report and final priorities on July 23, 2021. Approval was also received from the Lincoln Memorial Hospital board of directors. This report is available online at [memorial.health/about-us/community/community-health-needs-assessment/](https://www.memorial.health/about-us/community/community-health-needs-assessment/) or by contacting MH community health at [CommunityHealth@mhsil.com](mailto:CommunityHealth@mhsil.com).

An implementation plan is being developed to address the identified needs, which LMH will implement during FY22–FY24. The plan will be posted at the same website upon its completion, anticipated prior to January 2022.

## INTRODUCTION

### MEMORIAL HEALTH

Memorial Health of Springfield, one of the leading healthcare organizations in Illinois, is a community-based, not-for-profit corporation dedicated to our mission to improve lives and strengthen communities through better health. Our highly skilled team has a passion for excellence and is dedicated to providing a great patient experience for every patient every time.

Memorial Health includes five hospitals: Springfield Memorial Hospital in Sangamon County; Decatur Memorial Hospital in Macon County; Lincoln Memorial Hospital in Logan County; Taylorville Memorial Hospital in Christian County; and Jacksonville Memorial Hospital in Morgan County. Memorial Health also includes primary care, home care and behavioral health services. Our more than 9,000 colleagues, partnering physicians and hundreds of volunteers are dedicated to improving the health of the communities we have served since the late nineteenth century.

The Memorial Health Board of Directors' Community Benefit Committee is made up of board members, community health leaders, community representatives and senior leadership who approve and oversee all aspects of the MH community benefit programs, CHNAs and CHIPs. Strategy 3 of the FY22–25 MH Strategic Plan is to “build diverse community partnerships for better health” by building trusting relationships with those who have been marginalized, partnering to improve targeted community health inequities and outcomes and partnering to support economic development and growth of our communities. These objectives and strategy are most closely aligned with the MH goal of being a Great Partner, where we grow and sustain partnerships that improve health.

CHNAs are available for each of the counties where our hospitals are located—Christian, Logan, Macon, Morgan and Sangamon counties. These assessments and the accompanying CHIPs can be found at [memorial.health/about-us/community/community-health-needs-assessment/](https://www.memorial.health/about-us/community/community-health-needs-assessment/). Final priorities for MH are listed in the graphic below.



### Our Mission

Why we exist:

**To improve lives and build stronger communities through better health**

### Our Vision

What we aspire to be:

**To be the health partner of choice**

### FY22–24 Final Priorities

#### Decatur Memorial Hospital

1. Mental/Behavioral Health
2. Economic Disparities
3. Access to Health

#### Springfield Memorial Hospital

1. Mental/Behavioral Health
2. Economic Disparities
3. Access to Health

#### Lincoln Memorial Hospital

1. Youth Mental Health
2. Obesity
3. Substance Use

#### Jacksonville Memorial Hospital

1. Mental Health
2. Obesity
3. Cancers

#### Taylorville Memorial Hospital

1. Mental Health
2. Obesity
3. Lung Health

#### Memorial Health Priority Mental Health

## Introduction to Lincoln Memorial Hospital

LMH is a 25-bed, not-for-profit, community-based rural critical access hospital affiliated with Memorial Health. LMH is located in Lincoln, Illinois, approximately 30 miles northeast of the state capital of Springfield. LMH serves the people and communities of Logan and eastern Mason counties.

LMH offers a full range of general (secondary) hospital inpatient and outpatient care on-site, including general acute care, observation, swing bed services, obstetrics and gynecology, surgical services, emergency medicine and special procedures. Ancillary and support services offered at LMH include laboratory, radiology, pharmacy, clinical dietetics, diabetes self-management education, cardiology, sleep studies, physical therapy, speech-language pathology, occupational therapy, respiratory therapy and cardiopulmonary rehabilitation. Tertiary care, including psychiatric services, when appropriate and required, is provided through affiliation agreements with other providers, including other Memorial Health affiliate hospitals. LMH nursing teams were among the first in the state to be granted Pathway to Excellence designation by the American Nurses Credentialing Center.

LMH is accredited by the Joint Commission and is a member of the American Hospital Association, the Illinois Hospital Association and Vizient. As a nonprofit community hospital, Lincoln Memorial Hospital provides millions of dollars in community support each year, both for its patients and in support of community partnerships. During the past three years, that support has totaled more than \$17 million.

### COVID-19 AND COMMUNITY HEALTH

On the afternoon of Saturday, March 14, MH leaders gathered with their peers from other local healthcare organizations at a news conference announcing that Springfield Memorial Hospital was treating the first known patient hospitalized with COVID-19 in central Illinois. MH mobilized its Hospital Incident Command System (HICS). Incident Command protocols are intended to provide short-term leadership during a crisis, such as a severe weather event or an accident that brings a rush of injured patients to the hospital. Usually, Incident Command teams are only mobilized for a few hours or days. But the team handling the COVID-19 response quickly became the longest-running Incident Command in Memorial history.

Respiratory clinics sprang up overnight to test and treat patients. Colleagues sidelined by the cancellation of elective procedures were redeployed to new roles. Providers began using telehealth to connect with patients. In April and May, as COVID-19 restrictions began to lift statewide, many restaurants, businesses and churches reopened for the first time since the pandemic began. Community Health colleagues from Memorial Health distributed signs and educational materials organizations could use to encourage mask-wearing, handwashing, social distancing and other infection prevention practices. In partnership with the Office of Equity, Diversity and Inclusion at SIU School of Medicine, MH also distributed more than 2,500 signs to organizations that primarily serve people of color and other marginalized communities. Over 80,000 masks were provided throughout our region to more than 70 partnering organizations.

Our health system and the entire region came together to care for the sick and slow the spread of the virus during an unprecedented and unforgettable year. The impact of the COVID-19 pandemic is hard to overstate in regards to community health, racial disparities and the social determinants of health. As such, and in the wake of the murder of George Floyd, MH committed its support and resources to Equity, Diversity and Inclusion (EDI) and issued a pledge outlining ways it intended to advance EDI throughout our institution and communities. The pandemic influenced how we conducted our health needs assessments and, more importantly, strengthened our resolve to improve lives and build stronger communities through better health.

## Equity, Diversity and Inclusion *Pledge*



- We will use our resources to work toward greater equity within our organization and community.
- We will promote a culture of respect, acceptance and understanding.
- We will examine and challenge the conscious and unconscious biases that create barriers to healthcare—not only outward displays of prejudice, but also the unacknowledged biases that can subconsciously affect our perceptions of people different from ourselves.
- We will create spaces where colleagues feel safe discussing concerns about equity, diversity and inclusion.
- We will listen to and elevate the voices of individuals from underrepresented communities in discussion and decision-making.
- We will expand our Community Benefit programs that increase access to care for people and communities of color, in collaboration with other organizations that share our mission and values.
- We will actively recruit, hire and promote diverse candidates so that our colleagues more accurately reflect the communities we serve.
- We will not tolerate and strongly reject expressions of discrimination or hate speech from anyone who enters our facilities, including patients, visitors and colleagues.

### Our Values

#### Safety

- We put safety first.
- We speak up and take action to create an environment of zero harm.
- We build an inclusive culture where everyone can fully engage.

#### Integrity

- We are accountable for our attitude, actions and health.
- We honor diverse abilities, beliefs and identities.
- We respect others by being honest and showing compassion.

#### Quality

- We listen to learn and partner for success.
- We seek continuous improvement while advancing our knowledge.
- We deliver evidence-based care to achieve excellent outcomes.

#### Stewardship

- We use resources wisely.
- We are responsible for delivering equitable care.
- We work together to coordinate care.



## Community Health Factors

### **MAJOR CONTRIBUTING FACTORS**

Community health is produced at the intersection of a multitude of contributing societal factors, both historical and current. At times, these factors are the direct result of policies and practices, both current and historical, put in place by the healthcare industry; just as frequently, these factors are the result of larger societal structures of which healthcare is only a part. Three major contributing factors were identified as affecting many of the health indicators across our region and the communities we serve—access to health and healthcare, the social determinants of health and racial inequity and inequality.

### **ACCESS TO HEALTH AND HEALTHCARE**

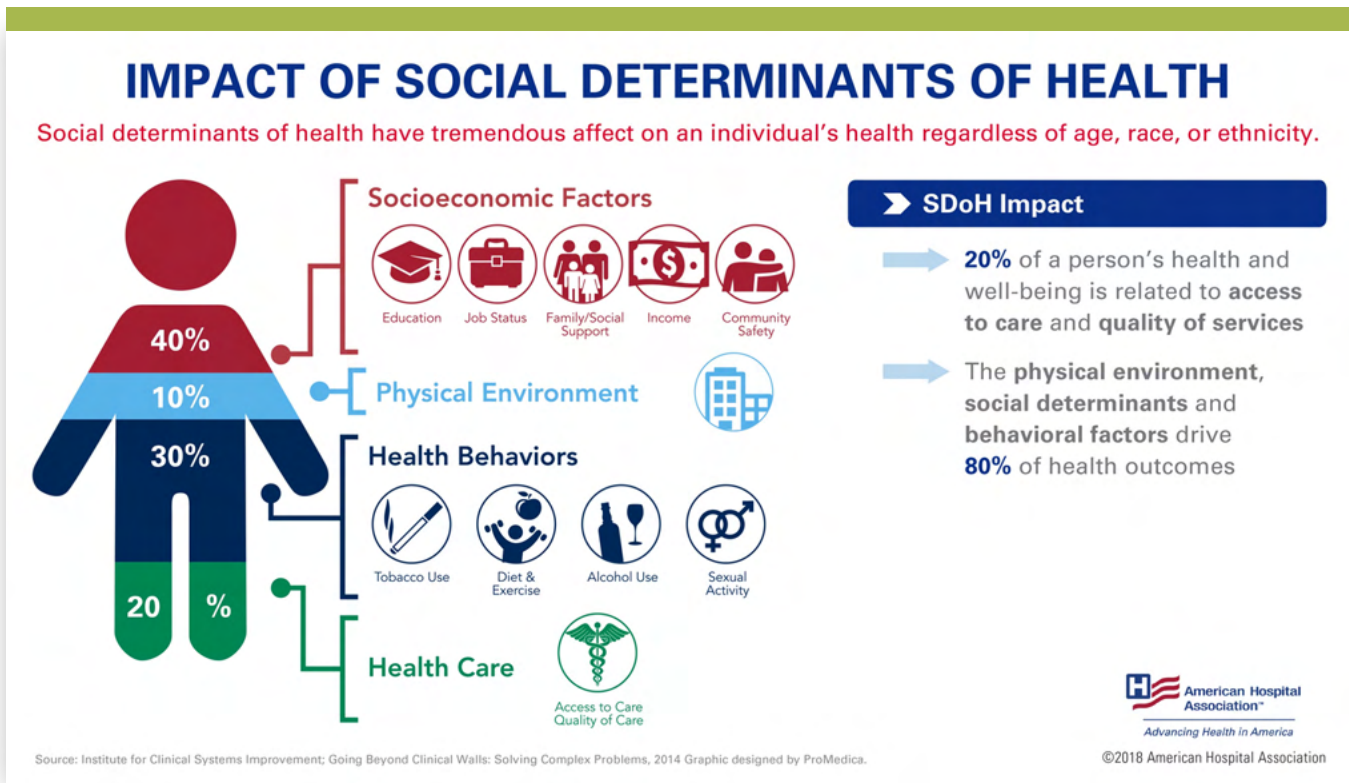
Access to health and healthcare is a multilayered contributing factor including structural, financial and personal components. The presence of facilities, availability of providers, hours of operation and access via public transportation all have a significant impact on access to health and healthcare as determined by the organization's structural decisions.

In addition to structure, access to health can be hindered by financial considerations when community members are uninsured, underinsured and/or unable to pay copays and deductibles. While financial considerations are beyond the dedicated control of healthcare providers, institutions can be creative and strategic in utilizing organizational resources to support publicly funded organizations that are working locally to bridge financial barriers.

Personal considerations may include questions of acceptability and general attitude toward seeking certain services, lack of trust with the healthcare industry, concerns over cultural norms being respected, language barriers and the like. While it is a challenge to change attitudes, access can be improved in many ways, such as ensuring that individuals do not face barriers due to language by providing clear guidance on how to access interpreters or ensuring there are supportive services available to meet a person's spiritual or cultural needs. It can also train colleagues to have high-impact encounters with patients in which individuals feel valued and respected.

### SOCIAL DETERMINANTS OF HEALTH

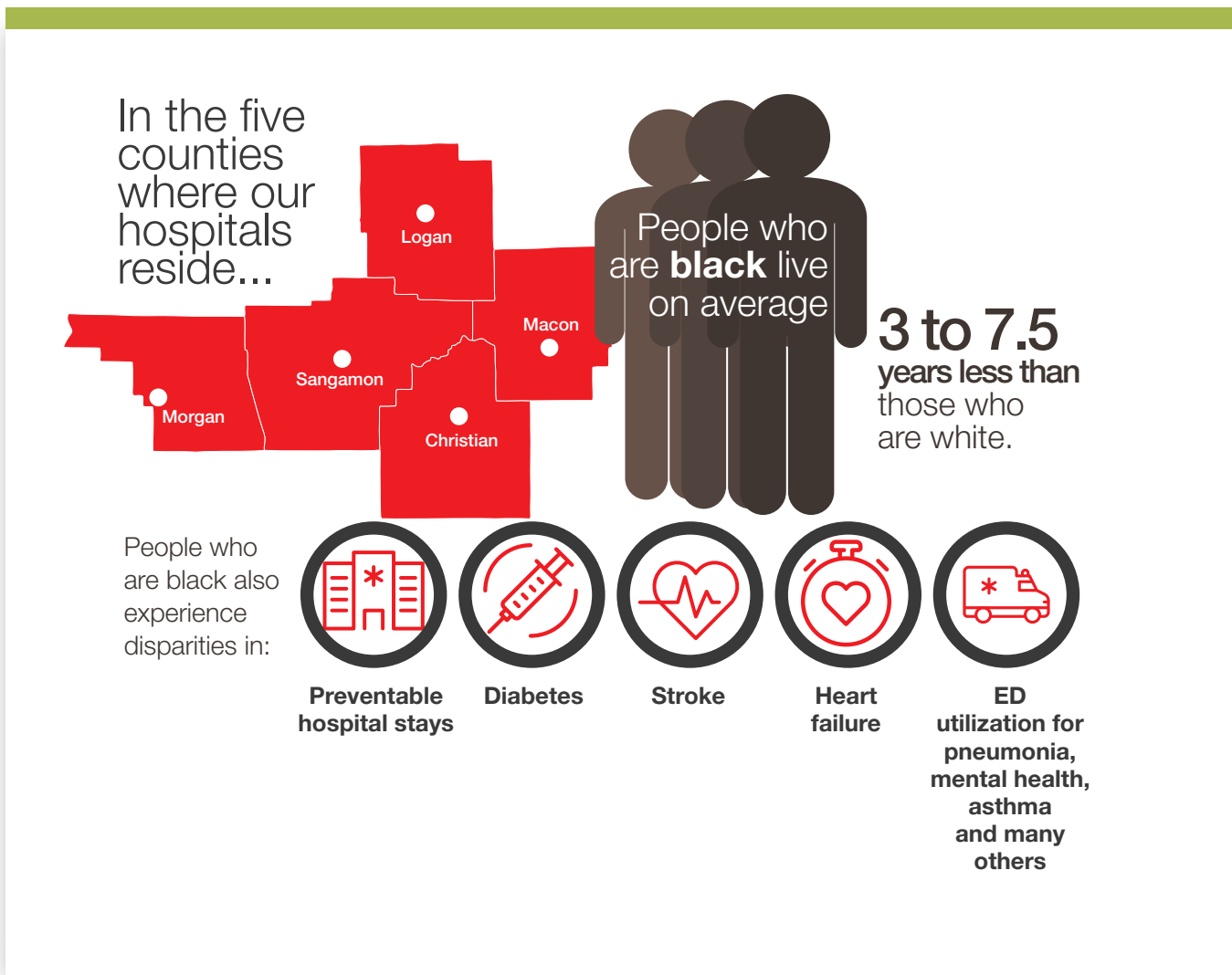
In addition to access to health and healthcare, another major contributing factor is the social determinants of health. If put into percentages, access to health as described above accounts for 20% of positive health outcomes. The other 80% are determined by socioeconomic factors (40%), physical environment (10%) and health behaviors (30%). Socioeconomic factors and physical environment, which represent 50% of positive health outcomes, can be largely attributed to the zip codes where community members reside. Socioeconomic factors include education, job status, family and social support, income and community safety. Health behaviors can include tobacco and alcohol use, diet and exercise, sexual activity and more. It is important to note that negative individual health behaviors can stem from unmitigated trauma brought on by structural factors like socioeconomic and physical environments. As such, it is critical for healthcare providers to be out in communities partnering with local residents, community leaders schools, and community groups to educate on healthy behaviors, advocate for structural change and to learn how to better serve patient populations.





### RACIAL INEQUITY AND INEQUALITY

Racial inequities and inequalities negatively impact the health of minoritized community members. Equality—providing everyone the same thing—is often confused with equity, which refers to providing people what they need when they need it in order to achieve an outcome. As previously noted, the location of one’s community has a profound impact on health outcomes. Through laws, policies and practices, both current and historical, black and brown communities are more likely to have underfunded public schools, fewer opportunities for stable employment, inadequate family incomes and diminished community safety. Within the U.S. context, racial segregation is high and communities of color are congregated in zip codes with lower life expectancy, income and resources. This segregation is evident locally as well, as each county where Memorial Health hospitals are located sees disparities in health outcomes and income across racial lines. These structures and the consequences thereof create a fundamental inequality that delivers inequitable supports.



## SECTION I—COMMUNITY SERVED & DEMOGRAPHICS

### GENERAL INFORMATION

LMH is located in Lincoln, Illinois, near the center of the state. Lincoln is the county seat. Logan County is largely rural and agricultural, with healthcare, small businesses and mining being the largest employers. The majority of patients served by LMH come from Lincoln and surrounding areas. Lincoln is where the hospital focuses most of its community engagement and community health initiatives, due to its population density and resources for collaborative partnerships.

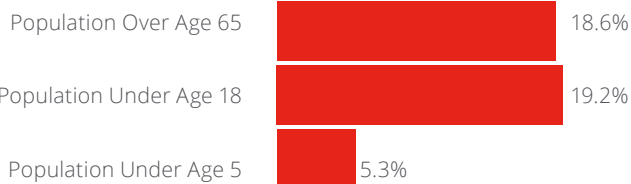
*The following statistics, from the U.S. Census Bureau's Quick Facts, came from Healthy Communities Institute. Source: U.S. Census Bureau Quick Facts, last updated in December 2020.*

### POPULATION

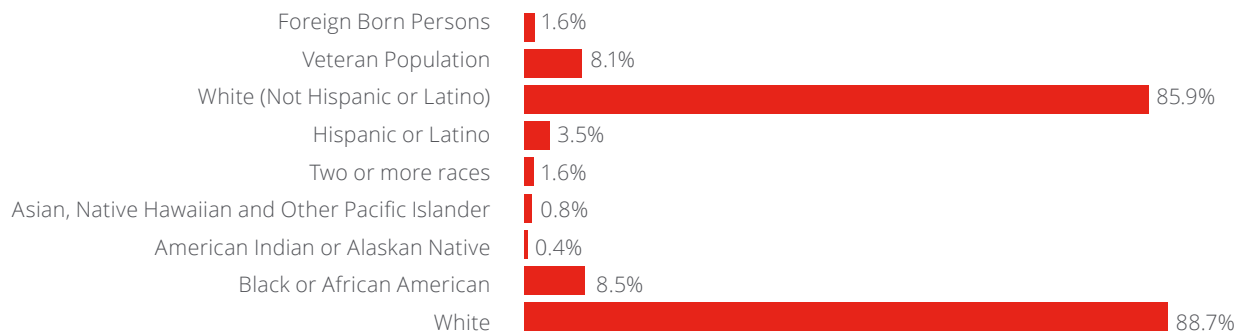
The population of Logan County is 28,925 and the largest urban setting in Logan County is Lincoln, with a population of 13,202.



#### Population Age



#### Race and Hispanic Origin and Population Characteristics



## **EDUCATION AND HEALTHCARE RESOURCES**

LMH is the only hospital located in the primary service area of Logan County. Lincoln is also home to a private liberal arts college, a Christian university and graduate seminary. A community college based 38 miles away in Normal, Illinois, also offers classes locally.

Many patients come to LMH annually for quality specialty care and surgery that is not available in their community. In addition to LMH, other Logan County healthcare resources include:

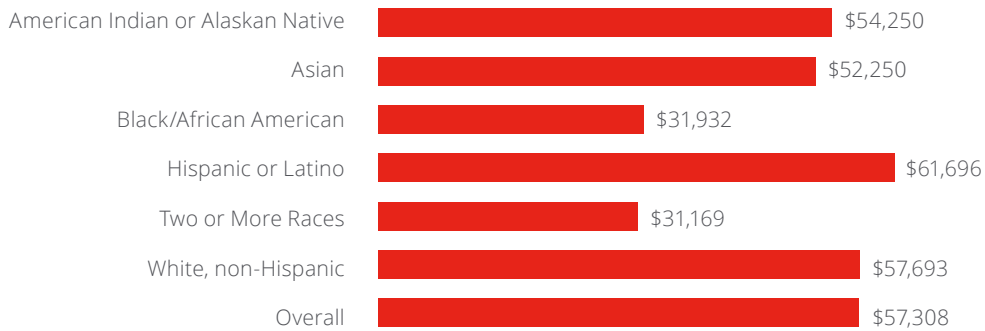
- Hospice care
- Logan County Department of Public Health
- Memorial Home Services Medical Equipment
- Memorial Physician Services Primary Care Practice
- SIU Center for Family Medicine, FQHC – Federally Qualified Health Center
- Springfield Clinic

**ECONOMICS**

ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by households that earn above the federal poverty line (FPL), but not enough to afford a “bare bones” household budget. In Illinois, 12% of households live below the FPL and an additional 23% qualify as ALICE. Logan County has 34% of households living below the FPL or qualifying as ALICE.

**Median Household Income by Race/Ethnicity**

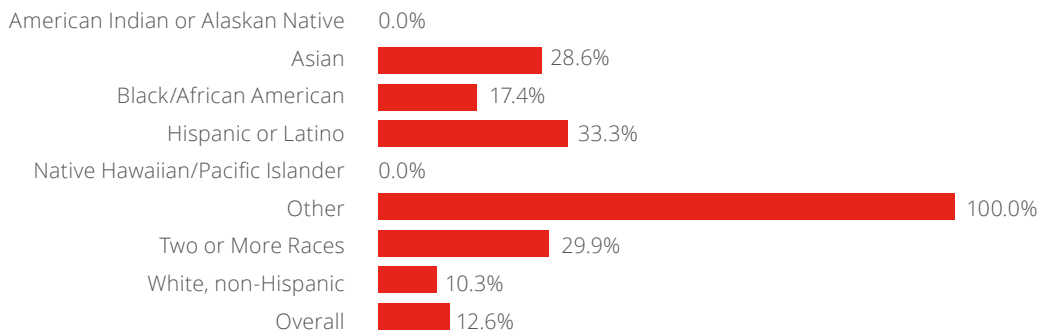
**County: Logan**



Source: American Community Survey (2015–2019)

**Children Living Below the Poverty Level by Race/Ethnicity**

**County: Logan**



Source: American Community Survey (2015–2019)

## EQUITY—RESIDENTIAL SEGREGATION, SOCIAL VULNERABILITY INDEX AND UNDER-RESOURCED ZIP CODES

Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. Although most overt discriminatory policies and practices, such as separate schools or seating on public transportation based on race, have been illegal for decades, segregation caused by structural, institutional and individual racism still exists in many parts of the country. The removal of discriminatory policies and practices has impacted institutional and individual acts of overt racism, but has had little effect on structural racism, like residential segregation, resulting in lingering structural inequalities. Residential segregation is a key determinant of racial differences in socioeconomic mobility and, additionally, can create social and physical risks in residential environments that adversely affect health. The residential segregation index is unavailable for Logan County, indicating unreliable or missing data. While prison populations are not included in residential segregation indexes, it is important to note that Logan County is home to a women's multi-level security prison, the Logan Correctional Center, which houses approximately 1,000 inmates, as well as a minimum-security prison, Lincoln Correctional Center, which also has a capacity of approximately 1,000. Within the two facilities, 56% of inmates are people of color.

### **56% of inmates at the Logan and Lincoln Correctional Centers are people of color.**

Natural disasters and infectious disease outbreaks can also pose a threat to a community's health. Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status or housing type and transportation. The Social Vulnerability Index (SVI) ranks census tracts on 15 social factors, such as unemployment, minority status and disability. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

### **Logan County's 2018 overall SVI score is 0.2271. A score of 0.2271 indicates a low level of vulnerability.**

Though county vulnerability could be low to moderate, the high level of residential segregation indicates vulnerability likely varies by tract or zip code. The 2021 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. The index is calculated from six indicators, one each from the following topics: poverty, income, unemployment, occupation, education and language. The indicators are weighted to maximize the correlation of the index with premature death rates and preventable hospitalization rates. All zip codes, counties and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need).

### **In Logan County, the zip codes estimated with the highest socioeconomic need are 62656, 61723 and 62635.**

## SECTION II—METHODOLOGY, INPUT, ANALYSIS

### COLLABORATING PARTNERS

LMH and the LCDPH worked collaboratively on the CHNA. The two organizations collected data and were both highly involved in implementing the timeline to complete the CHNA. Both organizations played an important role in the IAC. The process allowed both entities to identify needs and choose the priorities that were best suited to their resources and expertise.

Newly established in October 2017, the LMH Community Health Collaborative (CHC) Advisory Board served as the IAC. The LMH Community Health Collaborative succeeded the Healthy Communities Partnership (HCP), a collaboration established in 1996 to address community health issues.

The CHC mission statement is to improve the health of the people and communities we serve, and its vision is to become the healthiest community in the nation. The LMH CHC, still funded by the LMH Foundation and led by the hospital, continues this work with an advisory board and network of partners. The CHC advisory board meets quarterly to recommend and review efforts of the LMH CHC and also provides critical feedback during the CHNA process as the IAC. The general process steps outlined below were used by the Core Team to conduct the CHNA. Members of key participant groups are also listed below and will be referenced throughout this report.



### INTERNAL ADVISORY COUNCIL (IAC)

The IAC is responsible for providing strategic direction and insight regarding internal operations and how those initiatives may align with and compliment addressing the health needs of the community. They are also responsible for recommending final priorities for board approval.

- Community Action Partnership of Central Illinois
- Lincoln Area YMCA
- Lincoln Community High School
- Lincoln Economic Advancement and Development
- Lincoln Elementary School District 27
- Lincoln Memorial Hospital
- Lincoln Memorial Hospital Foundation
- Lincoln Park District
- Lincoln Police Department
- Logan County Department of Public Health
- Logan County Regional Planning Commission
- Memorial Behavioral Health
- Memorial Medical Group
- Private Businesses



## COMMUNITY ADVISORY COUNCIL (CAC)

Charter: The Logan County CAC will review primary and secondary data in order to assist in identifying high-priority health needs in Logan County.

- Center for Youth and Family Solutions\*
- Chestnut Health Systems
- Christian Child Care
- Community Action Partnership of Central Illinois\*
- Community Child Care Connection\*
- Department of Child and Family Services\*
- EPIC\*
- Gateway Foundation
- Heartland Community College
- Land of Lincoln Workforce Alliance\*
- Lincoln Arts Institute
- Lincoln Community High School
- Lincoln Fire Department
- Lincoln Memorial Hospital
- Lincoln Park District
- Lincoln Police Department/DARE
- Lincoln/Logan Crimestoppers
- Lincoln/Logan Food Pantry
- Logan County Board
- Logan County Department of Public Health\*
- Logan County Probation\*
- Memorial Behavioral Health\*
- Moksha Center
- Moms Who Care
- Salvation Army\*
- SIU Center for Family Medicine\*
- SIU School of Medicine, FQHC\*
- United Way of Logan County\*

*\*Indicates groups representing low-income, underserved and/or minoritized populations.*



**COMMUNITY FOCUS GROUPS/INTERVIEWS**

Community focus groups/interviews provide deeper insight to the CAC and IAC about their personal experiences related to key health indicators.

- Lincoln Police Department
- Lincoln College recognized student organizations
- Department of Child and Family Services\*
- Tri-County Special Education Association\*
- Elementary and high school staff
- Churches
- Behavioral Health consultants\*
- Lincoln Memorial Hospital clinical staff
- City of Lincoln aldermen
- City of Lincoln Diversity and Inclusion Coalition\*
- Lincoln Community High School students
- Center for Youth and Family Solutions\*

*\*Indicates groups representing low-income, underserved and/or minoritized populations.*

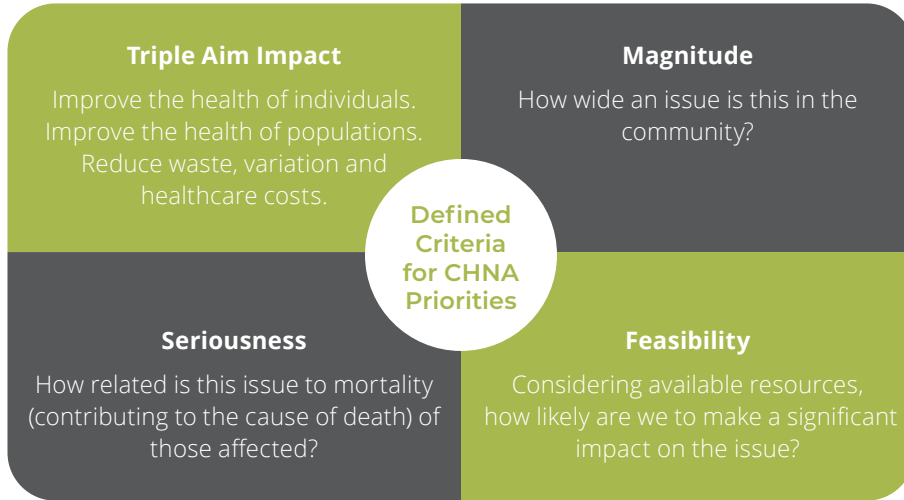
**INTERNAL COMMUNITY HEALTH LEADERS**

Community Health leaders are colleagues of MH who are responsible for the Community Health programming in their respective communities, as well as completion and execution of the CHNAs and CHIPs for the county in which their hospital resides.

- Memorial Health: Becky Gabany, System Director, Community Health
- Decatur Memorial Hospital: Sonja Chargois, Coordinator, Community Health & EDI (beginning 8/2021)
- Jacksonville Memorial Hospital: Lori Hartz, Director, Community Health
- Lincoln Memorial Hospital: Angie Stoltzenburg, Director, Community Health
- Springfield Memorial Hospital: Lingling Liu, Coordinator, Community Health & EDI
- Taylorville Memorial Hospital: Darin Buttz, Director, Community Health

**CRITERIA FOR DETERMINING NEED**

The following criteria were used by MH affiliates during the 2015 and 2018 CHNA processes for determining significant need, and were used again during the 2021 CHNA. Additionally, capacity and local desire to address the issue, existing interventions and whether the issue was a root cause of other problems were considered.



**FEEDBACK FROM THE LAST CHNA**

No written comments were received regarding the FY18 CHNA; however, resulting programs have received positive verbal feedback from the community.

**SECONDARY DATA COLLECTION**

The CHNA process relies on secondary data to help understand positive and negative outcomes of various health indicators in our community. This data provides the basis for the force-ranking process undertaken by community input groups.

**Conduent Healthy Communities Institute Data**

The most significant source of secondary data was collected and analyzed through [memorial.health/about-us/community/community-health-needs-assessment/](http://memorial.health/about-us/community/community-health-needs-assessment/), a web-based community health data platform developed by Conduent Healthy Communities Institute and sponsored by Memorial Health. The site brings data and reporting tools to one accessible, user-friendly location. The site includes a comprehensive dashboard of more than 100 community indicators covering more than 20 topics in the areas of health, social determinants of health and quality of life. That data is primarily derived from state and national public secondary data sources. Specific Logan County indicators are compared to other communities, state-wide data, national measures, and Healthy People 2020/30. Many indicators also track change over time or identify disparities.

During the 2018 CHNA, HCI's data scoring tool for Logan County indicators was used to summarize and compare multiple indicators across the community dashboard and to rank these indicators based on highest need. Comparison scores went from 0 (best) to 3 (worst). These indicators were grouped into various topic areas. Members of the CHNA Core Team reviewed all indicators ranked 1.5 or higher, and additionally noted disparities in specific indicators to identify community health needs.

### Additional Data Sources

Additional secondary data reports were reviewed for a nuanced understanding of community health indicators. Information from these sources were summarized in presentations to the IAC, CAC and focus groups/interviews.

- ALICE Report
- Illinois Department of Public Health
- Illinois Kids Count Report
- Illinois Report Card
- Illinois Youth Survey
- Logan County Department of Public Health
- Policy Map
- Robert Wood Johnson Foundation County Health Rankings
- State Health Improvement Plan: SHIP
- UIS Center for State Policy and Research Annual Report
- USDA Food Map—Food Deserts

### Community Health Indicators from Secondary Data Dive

Seventeen (17) health indicators were identified from the review of secondary data and reports. These indicators were presented to the CAC for review and prioritization.

- Binge-Drinking/Alcohol-Related Motor Vehicle Crashes
- Breast Cancer
- COVID-19
- Diabetes
- Drug Overdose Deaths
- Equity, Diversity and Inclusion
- Fruit and Vegetable Consumption
- Heart Disease/Stroke
- Low Mental Health Provider Rate
- Lung Cancer
- Mental Health Provider Rate
- Obesity
- Pneumonia/Flu
- Senior Mental Health
- Suicide
- Vaping/Tobacco
- Youth Mental Health

Additionally, the three major contributing factors – social determinants of health, access to health and racial inequity and inequalities—described earlier in this report were highlighted and discussed as causal factors and concerns.

## PRIMARY DATA COLLECTION

Primary data was collected in three ways: through the CAC, surveys and community focus groups. Representatives were included from organizations that serve low-income, minoritized and underserved populations in Logan County. Community focus groups and interviews were conducted with persons who are often marginalized, or serving those who are marginalized, and could provide feedback regarding their lived experiences as they relate to the community health indicators identified in the secondary data review.

### Community Advisory Council

The CAC was brought together in a virtual meeting to review existing data around the 17 health indicators and offer insight into community issues contributing to those data points. The CAC was asked to grade the indicators in a real-time virtual poll. They were asked to do this based on the Defined Criteria for CHNA Priorities, as well as equity and causal considerations.

The IAC used insights from the CAC to narrow down the community health indicators to 10 priority areas, to be used in the community survey to further prioritize the community's health needs.

- Diabetes
- Fruit and Vegetable Consumption
- Heart Disease/Stroke
- Low Mental Health Provider Rate
- Lung Cancer
- Obesity
- Senior Mental Health
- Suicide
- Vaping/Tobacco
- Youth Mental Health

### Community Survey

A community-wide survey was distributed in paper format and online during November-December 2020. Recognizing the challenges of COVID-19, special efforts were made to distribute the survey electronically and also in paper format at a variety of community locations to ensure a representation of the community regarding race, age and socioeconomic status. More than 850 surveys were completed. Despite distribution efforts to increase the diversity represented in the results, the survey participants were disproportionately white, female and college-educated when compared to the actual population.

Participants were asked to rank the top 10 priorities identified by the IAC and CAC. Opportunities were given to highlight any needs of marginalized groups in the community, additional concerns and areas they would improve for the health of Logan County. Recognizing its impact on health, perceived racism in Logan County was included in the survey for the first time.

Analysis of the community survey showed obesity, mental health and substance use as major community health concerns.

### Community Focus Groups/Interviews

In addition to the survey, listening sessions and individual interviews with more than 25 local groups were held to review the community survey results and secondary data. The dedicated listening sessions took place with a diverse group of representatives from Logan County. The feedback from the listening sessions and interviews heavily informed the final priority need selection and prompted dialogue on gaps in current services available in Logan County. The community focus groups took place both in-person and virtually, depending on organizational/members' needs. The average community focus group/interview had six participants, but ranged in size from 1 to 15.

### **Theming Focus Group/Interview Feedback**

Concerns consistently brought forward included lack of access to mental healthcare providers and services, especially for children. Sexual abuse was a commonly reported trauma that children are experiencing in Logan County, in addition to domestic violence. The tie between substance use and mental health was a consistent theme throughout the listening sessions. Participants reported a lack of substance use treatment opportunities in Logan County in addition to a lack of support for mental health crises and short-term crisis housing opportunities to address domestic violence.

The listening sessions demonstrated an opportunity to promote existing local resources, while acknowledging that it is difficult to find the services that do exist. Opportunities to expand services and prevention efforts to youth through the school systems were also frequently mentioned.

Participants also reported an additional need for physical activity opportunities, including community walking groups and infrastructure to support safe physical activity.

### **POTENTIAL TO COLLABORATE**

The LCDPH and LMH each recognize their unique resources and capacity to address the final priorities. The collaborative effort resulted in an informed and efficient use of resources which will create a greater impact for the communities we serve. The final priorities will be used for the LMH CHIP and goals and objectives for the LCDPH. The final priorities are also assigned to the LMH CHC that will develop a county-wide CHIP, including interventions facilitated in partnership with community partners, in addition to interventions and programs funded by the LMH Foundation. Internal Community Health leaders are especially interested in collaborating on strategies related to mental health.

### **INTERNAL ADVISORY COMMITTEE**

The IAC was brought together to review the results of the CHNA and to determine final priorities. A modified Hanlon method was used to rank the indicators in accordance with the established criteria. Each priority was assigned a numerical value for each criteria area. Further discussion occurred around themes in the surveys, focus groups and CAC feedback. The final priorities recommended were:

- Youth Mental Health
- Obesity
- Substance Use



## SECTION III—SIGNIFICANT HEALTH NEEDS

### SELECTED PRIORITIES

#### Lincoln Memorial Hospital

1. Youth Mental Health
2. Obesity
3. Substance Use

#### Memorial Health Priority: Mental Health

The below sections will provide deeper insight into the chosen priorities, as well as those that were not chosen as final priorities. While many were not chosen as final priorities, MH is committed to meeting the needs of our communities and will continue to collaborate with community partners to help address the needs identified in this assessment.

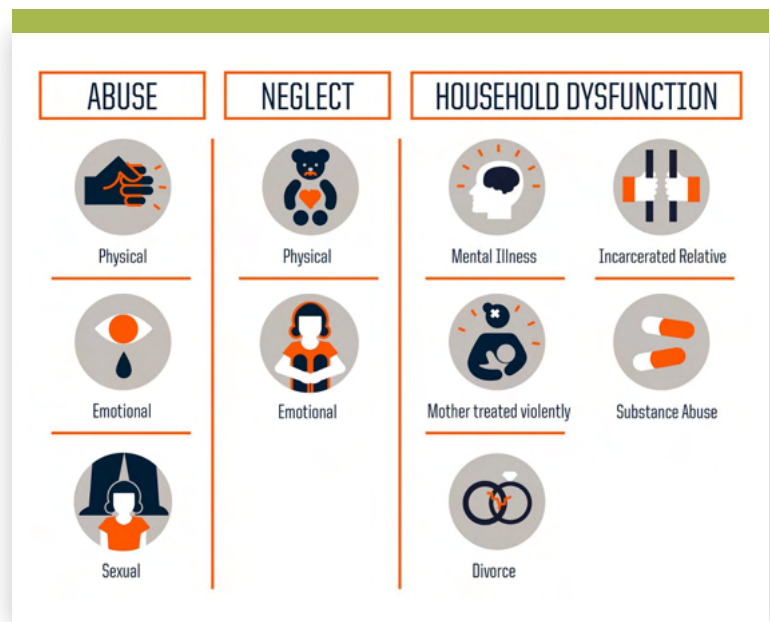
#### Youth Mental Health

The Illinois Youth Survey shows that Logan County youth have higher rates of anxiety, depression and suicide contemplation than their counterparts statewide. In addition, bullying and bias-based bullying is higher in Logan County than state averages.

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional poor mental health days are normal, but persistent problems should be evaluated and treated by a qualified professional; proper management of mental/emotional health problems can prevent psychological crises warranting hospitalization.

We recognize several causal factors that may be contributing to this poor health outcome including poverty and adverse childhood experiences (ACEs). As part of the community survey, we specifically asked respondents to identify any ACEs that they or a member of their household had experienced. The most common responses included sexual abuse, domestic violence and mental illness inside the home.

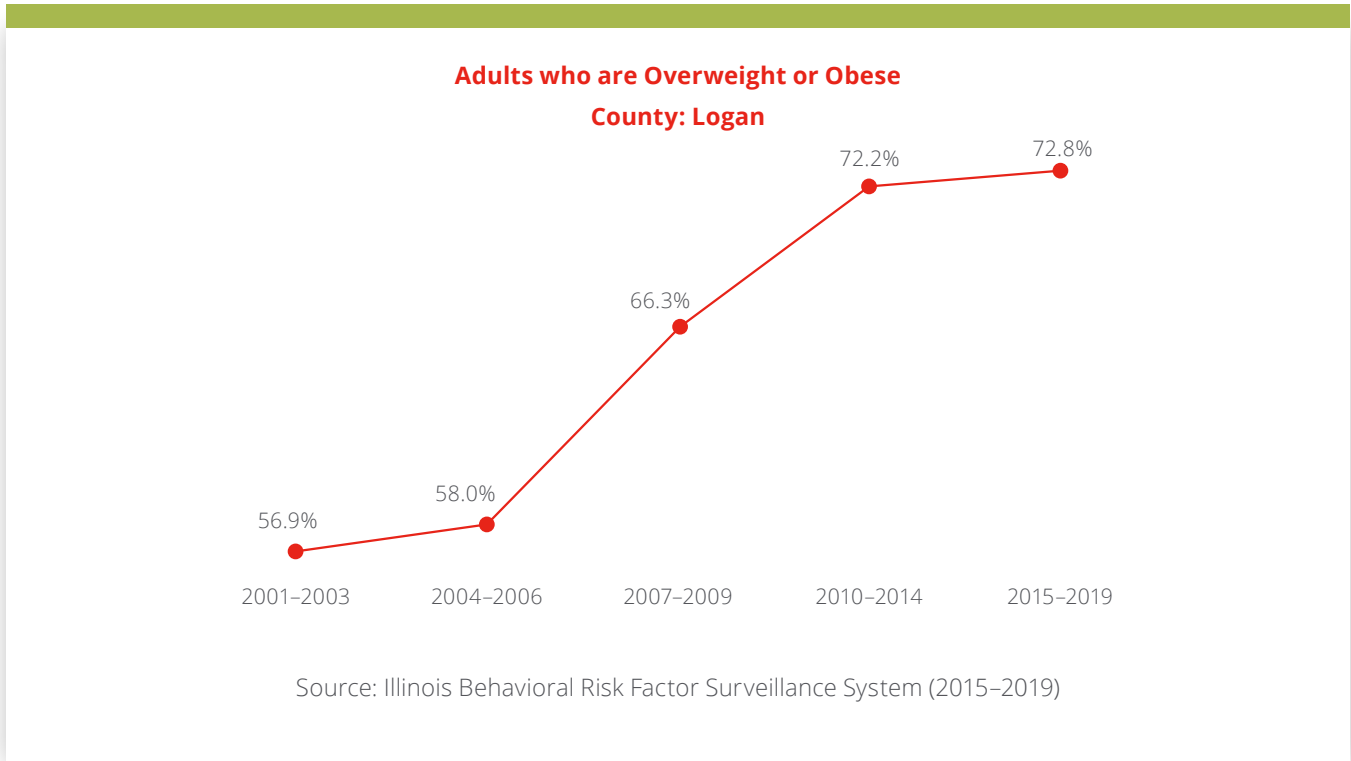
While the mental health provider rate in Logan County is improving, there are only 22 providers in Logan County, creating a ratio of 1 provider to 1,315 residents. The rate is significantly lower than the Illinois and national rates. However, provider rates reflect just one barrier to achieving mental health. We also found transportation, copays and stigma as significant barriers to addressing mental health concerns.



**Variations of mental health were identified as the highest priorities in the CHNAs for each county where a Memorial Health hospital is located. Community Health leaders across the system have committed to making mental health a priority and using our combined resources to make a regional impact for this priority area. Strategies for our approach will be outlined in our CHIPs.**

**Obesity**

Well over half (72.2%) of Logan County adults are overweight and 43.4% are obese. A total of 72.8% are overweight or obese. These rates have been increasing and are higher than state and national rates. Obesity is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions, including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings and can have a negative impact on mental health.



We recognize that several local factors contribute to this poor health outcome, including low fruit and vegetable consumption, lack of adult physical activity, lack of access to physical activity opportunities and low breastfeeding rates/duration, as well as local poverty, which creates food insecurity, homes that lack a kitchen, dependence on convenience foods and less cooking. We recognize that obesity is a root cause for cancers, diabetes and hypertension, which can lead to heart disease and stroke.

## Substance Use

Logan County reports the highest value in the Memorial Health service area for binge drinking. Twenty-three percent (23%) of Logan County adults reported binge drinking. Binge drinking is a common pattern of excessive alcohol use in the United States. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception and blackouts. The prevalence of binge drinking among men is twice that of women. In Logan County the highest prevalence of substance use was disproportionately among white men who were mostly uninsured.

In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. In Logan County, 46.7% of motor vehicle mortality involved alcohol.

Alcohol use is associated with a variety of negative health and safety outcomes, including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems. The rate of alcohol motor vehicle mortality is higher than state and national average. Forty-one percent (41%) of high school seniors reported trying alcohol at least once in the past year and approximately 50 youth visited the emergency department as a result of alcohol.

Logan County has a higher rate of drug overdose deaths when compared to state and national rates and is trending upward.

Logan County also has disproportionately high rates of tobacco use in white pregnant mothers ages 20-24 (higher than state and national averages). Nineteen percent (19%) of adults in Logan County smoke but 42% of high school seniors reported using tobacco products representing cigarettes, smokeless tobacco and vaping products.

## PRIORITIES NOT SELECTED

Organizational capacity prohibits LMH from implementing programs to address all significant health needs. LMH chose to focus efforts and resources on a few key issues in order to develop a meaningful CHIP and demonstrated impact that could be replicated with other priorities in the future.

### Diabetes

Diabetes was not chosen as a priority. LMH has existing services in place to address diabetes, specifically Diabetes Self-Management Education. Obesity, a chosen priority, is recognized as a risk factor for type 2 diabetes and will be addressed as a final priority.

### Fruit and Vegetable Consumption

Fruit and vegetable consumption was not selected specifically as a priority due to its contribution to healthy weight (obesity). Therefore, interventions to encourage increased fruit and vegetable consumption will be incorporated into the community health improvement plan.

### Heart Disease/Stroke

Heart disease/stroke was not chosen as a priority in recognition that obesity is a root cause of heart disease, high blood pressure and stroke.

### Low Mental Health Provider Rate

Low mental health provider rate was not chosen as a specific priority due to a lack of control over significantly improving this rate. When addressing youth mental health as a priority, improving access to mental health services will be incorporated into interventions.

### Lung Cancer

Smoking tobacco is the leading cause of lung cancer. In addressing substance use, a chosen priority, we will recognize the importance of avoiding tobacco/vaping. Likewise, obesity, another chosen priority, is recognized as a risk factor for cancers.

### Senior Mental Health

Senior mental health was not chosen as a specific priority and instead LMH will focus on the importance of prevention in young children in an effort to improve mental health across the life course. Further, LMH has existing services in place to address senior mental health, specifically Senior Life Solutions.



**Other Health Indicators**

Additional health indicators are in need of being addressed in our community; however, they were not ranked highly by the CAC/community feedback and, therefore, have not been prioritized for our CHIP. Strategies to address these and other unselected priorities may be present in our final CHIP, as they relate to the final health priorities.

## SECTION IV—POTENTIAL RESOURCES

### RESOURCES & PARTNERS

Gaps, assets, collaborative partnerships and existing work for each of the final priorities will be explored with the CAC and members of the organizations who participated in the community focus groups/interviews. The result of these discussions will inform, and be included in, the Logan County CHIP. Below are some examples of existing or potential partnerships that can be leveraged to address the final priorities selected.

#### Mental Health

- Lincoln Memorial Hospital has a strong relationship with local schools. A current partnership to create a healthy school environment using the CATCH (Coordinated Approach to Child Health) program has been in place for five years and has also supported embedded behavioral health consultants in local schools.
- Memorial Behavioral Health offers comprehensive mental health services and is eager to partner on this priority.

#### Obesity

- Lincoln Memorial Hospital has a strong relationship with local schools. A current partnership to create a healthy school environment using the CATCH (Coordinated Approach to Child Health) program has been in place for five years to prevent obesity.
- The Memorial Weight Loss and Wellness Center provides a partnership opportunity to promote obesity prevention initiatives. Existing partnerships with local municipalities provide opportunities to promote physical activity infrastructure and active transportation initiatives.

#### Substance Use

- Opportunities exist to promote substance use prevention campaigns throughout the community including schools and other healthcare providers.

Additionally, there are more than 40 social service agencies and resources who can contribute to addressing the health needs of Logan County. Several of these organizations are identified in this CHNA report and will be integral partners to the work of addressing the health needs of our community.

## SECTION V—2018 CHNA/CHIP

**2018 CHNA/CHIP EVALUATION OF IMPACT**

LMH and LCDPH also collaborated on the 2018 CHNA. LMH selected its own priorities to address over the following three years. Priorities selected by LMH were obesity, mental health, substance use and cancer. The CHIP was used as a guide for updating our annual Measures of Success internally. The Community Benefit Committee of the MH Board of Directors reviewed annual outcomes to meet the strategic plan goal to “achieve 100% of approved Community Benefit targets.” Highlights and expenses were shared annually in the Memorial Health Annual Report. The COVID-19 pandemic slowed progress in meeting our goals; however, we continued to make strides in addressing these priorities, as well as responding to COVID-19 and meeting the healthcare needs of our community. Throughout MH, more than 80,000 masks were delivered to more than 70 community-based organizations.

**Obesity**

A variety of initiatives continue to address obesity in Logan County. A free breastfeeding support group meets weekly to connect new mothers with lactation consultants. The effort continued with little pause during the pandemic with an average of six couplets per session. Also, Memorial Weight Loss and Wellness was able to serve an average of 13 active patients monthly, resulting in almost 5% weight loss after 65 days and over 7% weight loss after a year. For patients participating in bariatric weight loss services, more than 55% achieved weight loss. The Coordinated Approach to Child Health program continued to promote healthy eating and active lifestyles to Logan County school students, staff and faculty. Fifteen schools participate as CATCH schools. In addition, five cafeterias in Lincoln Elementary School District 27 have moved the offerings from frozen and processed foods to from-scratch meals featuring local produce and meat. The foods served in those cafeterias now feature approximately 30% local foods. This impacted more than 320,000 meals per year and more than 3,000 students in the district.

**Mental Health**

Prior to the COVID-19 pandemic, Mental Health First Aid was offered throughout the community. More than 65 community members in Logan County were trained to recognize signs of mental and emotional distress during FY19-FY22. Girls on the Run (GOTR) support was an additional part of our mental health strategy. In the last sponsored event prior to the pandemic, 740 participants participated and 90% of coaches and parents/guardians “agreed” or “strongly agreed” that because of participating in GOTR, their child was more confident. Memorial Behavioral Health staffs and supports the Behavioral Health Access to Care Hotline across all service areas, including Logan County, which includes the Farm Family Line, COVID-19 Emotional Support Line and the National Suicide Prevention Hotline. Senior Life Solutions successfully provided mental health services to seniors, resulting in less depression and anxiety for participants.

**Substance Use**

The LMH Community Health Collaborative facilitates a Logan County Substance Use Prevention Coalition. Prevention efforts include collaboration on educational events, as well as harm reduction efforts such as safe drug disposal and partnerships with local first responders and the Emergency Department to identify opportunities for treatment and recovery. Internal work throughout Memorial Health is underway to address opioid prescriptions and usage within our institution. This work is ongoing.

**Cancer**

In order to increase cancer screenings and decrease lung and breast cancer deaths, screenings were provided on an annual basis. Since 2019, more than 500 lung cancer screenings were conducted at LMH. In addition, 64 free mammograms were provided to eligible women. The mammogram screening program also improved referrals and participation in the existing Illinois Breast and Cervical Cancer program which provides additional cancer screening services at no cost to eligible participants.

**THE 2021 CHNA Report and Final Priorities were adopted by the Community Benefit Committee of the Memorial Health Board of Directors on July 23, 2021.**

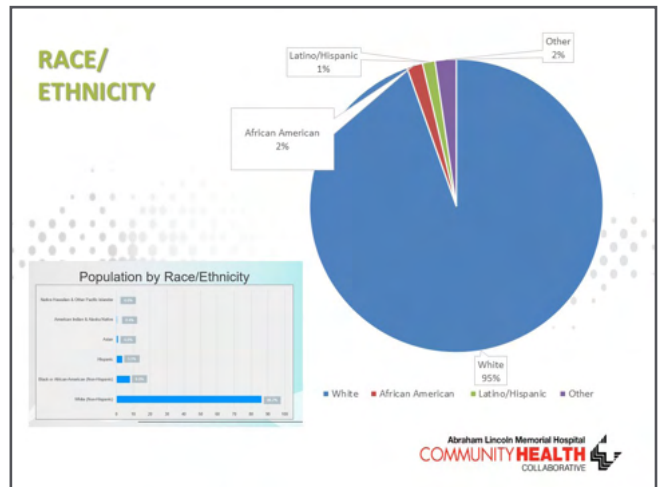
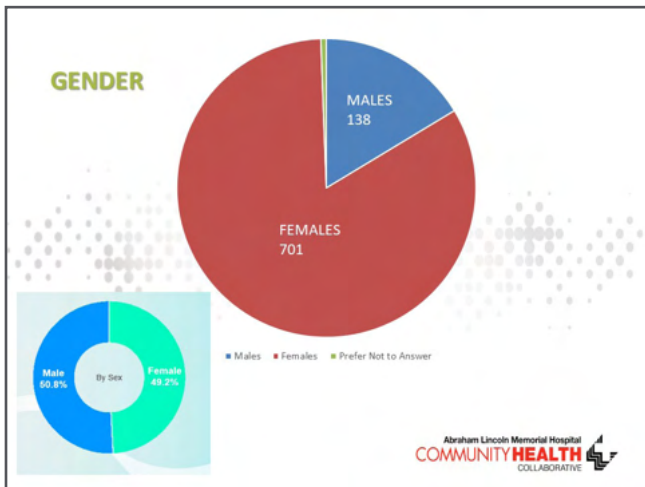
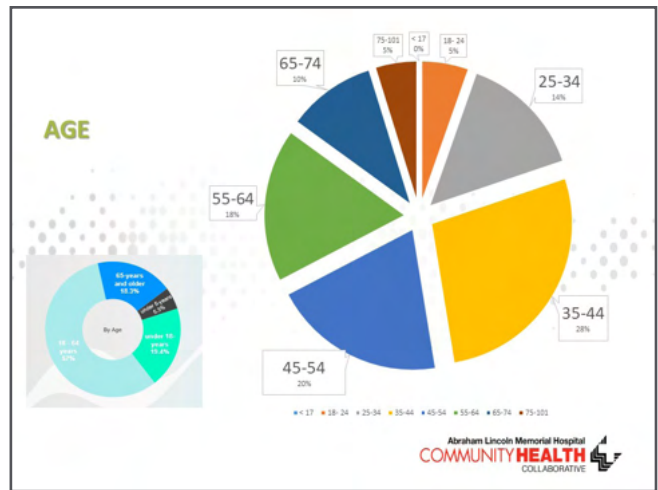
The CHNA is made widely available on our website, as well as through press releases, social media and presentations. If you are interested in copies of this assessment or have additional questions, please direct inquiries to [CommunityHealth@mhsil.com](mailto:CommunityHealth@mhsil.com).

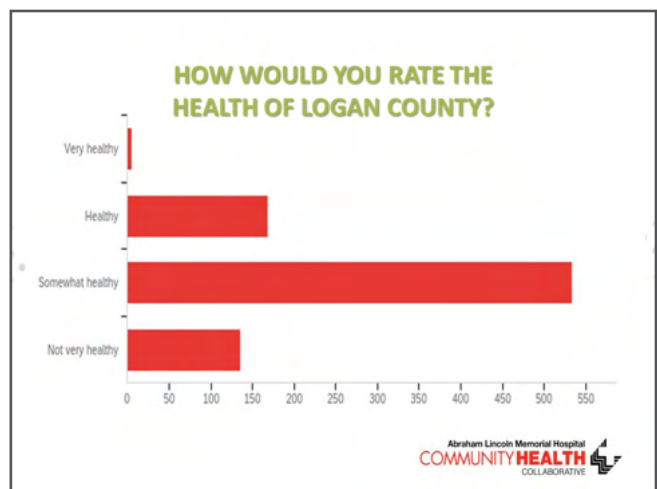
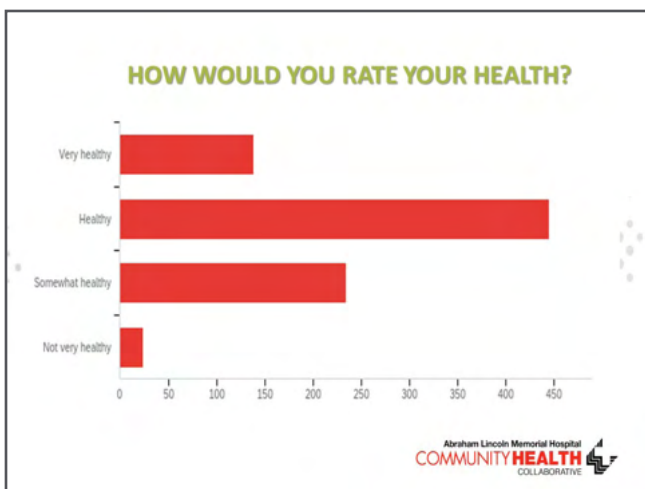
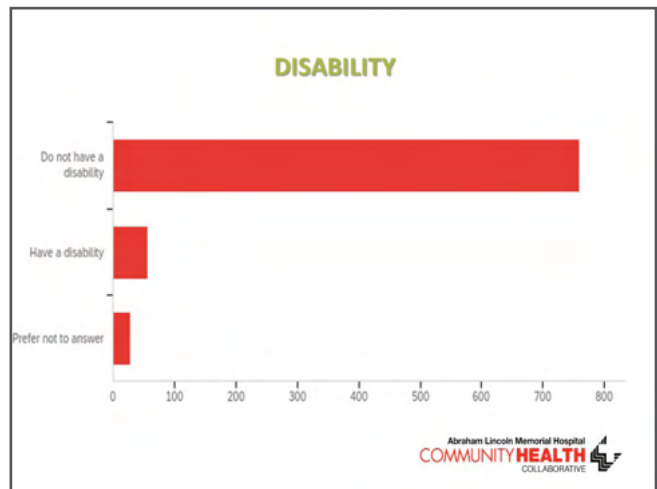
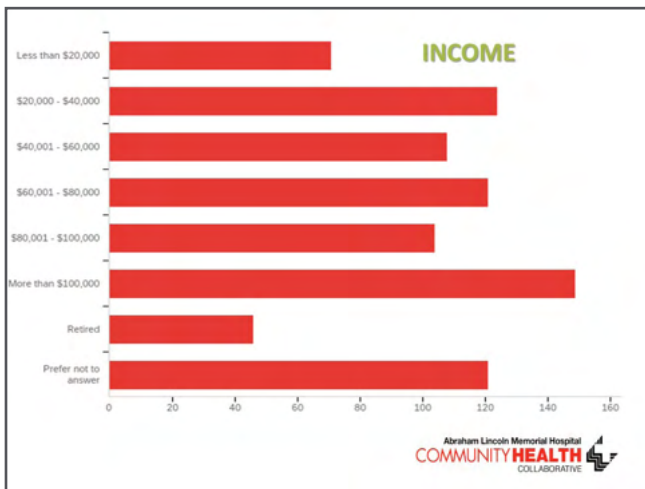
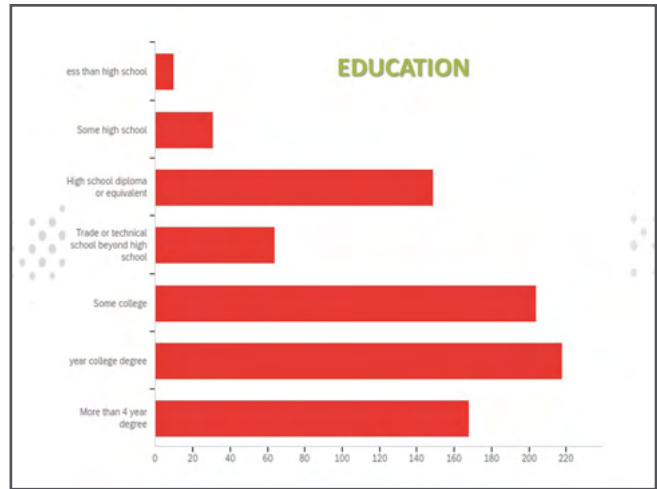
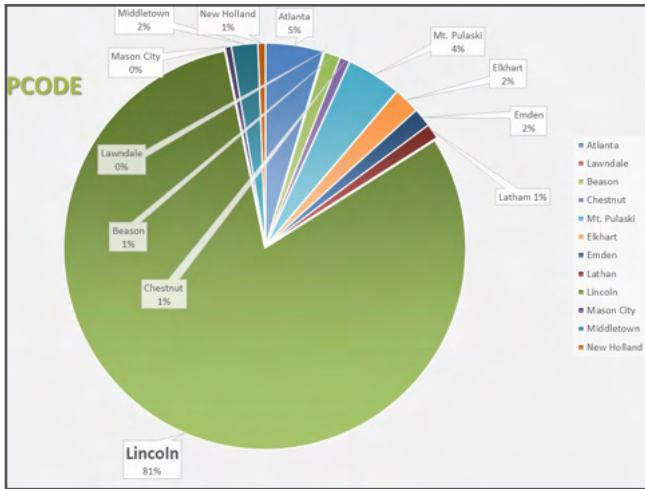


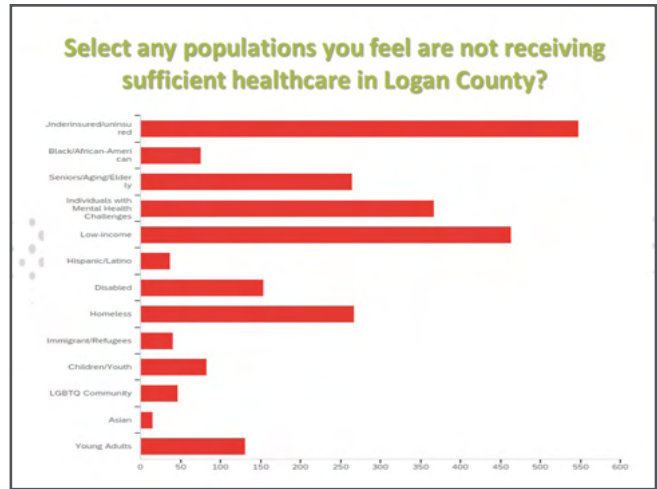
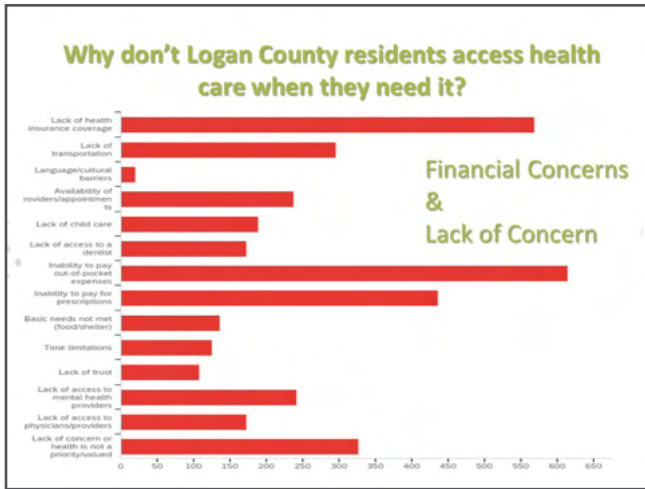
SECTION VI—Appendices

CHNA SURVEY & RESULTS

The Hanlon Method was used by participants to gauge answers. Full survey details will be provided upon request.







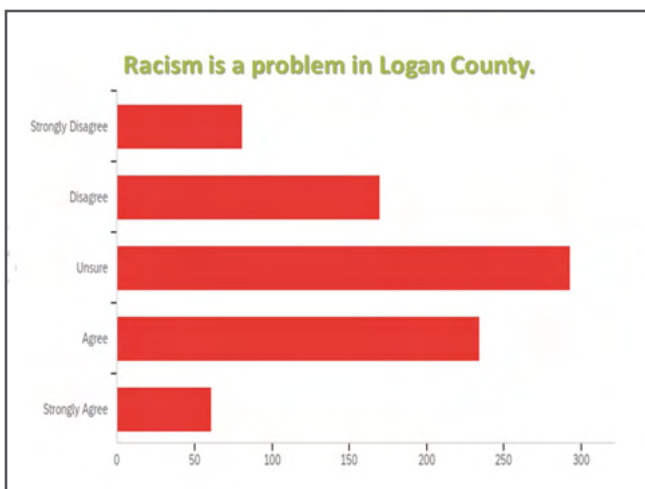
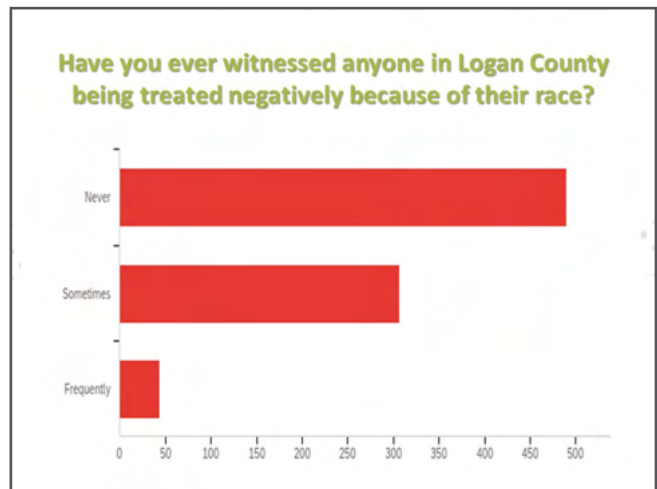
### Racism and Health

Racism may be intentional or unintentional. It operates at various levels in society.

Racism is a driving force of the social determinants of health (like housing, education and employment) and is a barrier to [health equity](#).

To achieve health equity and create the [Healthiest Nation in One Generation](#), we must address injustices caused by racism. We must support actions at all levels to ensure equal opportunity for all.

How do we do that? Through racial healing (#RxRacialHealing). That means using a healing and heart-centered approach to get rid of the false belief that any people are superior to others based on their skin color.



### Adverse Childhood Experiences in Logan County

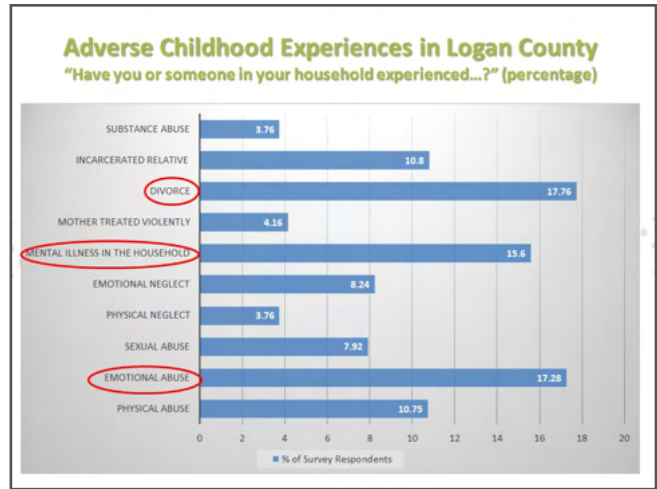
- Identified by a 1998 CDC-Kaiser Permanente Study
- ACEs have a direct correlation to future health complications
- Toxic stress affects the minds and bodies of children and we can interrupt these changes by providing safe, stable, nurturing environments, while helping build social-emotional skills and resilience.

### Adverse Childhood Experiences in Logan County

Adults with an ACE score of 4 or more were at significantly greater risk for:

**Behavioral**

**Physical & Mental Health**



- ### RANK these issues in order of importance
1. Obesity
  2. Youth Mental Health
  3. Senior Mental Health
  4. Lack of Mental Health Providers
  5. Diabetes
  6. Vaping/Tobacco
  7. Heart Disease/Stroke
  8. Low Fruit/Vegetable Consumption
  9. Suicide
  10. Lung Cancer
- 

- ### What challenges do residents face to maintain a healthy lifestyle?
- "General poverty; people trying to survive day to day have no personal resources for 'healthy lifestyles.'"
  - There are many working families that don't qualify for LINK, food pantry but still can't afford things to be healthy.
  - Lack of Child care to be able to work out. We have 4 workout places and not one offers a child care option for parents/caregivers to work out.
  - There is just not enough help/support for people who have mental challenges.
- 

- ### What do you think is the biggest health problem?
- Some people are ashamed to ask for help and don't know where to go to get help.
  - Lack of understanding nutrition/healthy cooking and the benefits of activity
  - Lack of self esteem for young people, lack of simple respect (not referring to race) for fellow man/woman, lack of interaction with fellow citizens/neighbors, people being prescribed pills instead of trying to get to the real problem and correcting it in a healthier way, elderly looked at like they are old, so they aren't helped like younger people in dealing with illness.
  - Illegal **drugs and alcohol** abuse.....increasing elderly population and their ability to afford prescriptions....health care and transportation issues....lack of family support
  - Our most prominent form of recreation is gambling. We have made decisions to create a community of high risk behaviors.
- 

- ### What do you think is the biggest health problem?
1. OBESITY – 142 times
  2. COVID-19 – 133 times
  3. MENTAL HEALTH – 114 times
  4. DRUGS/SUBSTANCE ABUSE – 77 times
-



### Is there anything else you would like to say about the health of Logan County?

- Nowhere for the kids and seniors to go for free exercise/activities w/transportation provided.
- Need to deal with the addiction problem AND Drug abuse.
- The CATCH program is a wonderful program, but I wish we could create an extension of the program for HS Students. I feel that it's a shame that all of that hard work is undone when they move on to the high school. Also, kids are struggling with depression and anxiety. They don't understand how their diet contributes to these illnesses. I also think DARE needs to be funded as a partnership between the police department and hospital and taught in 6-9 grade.
- Plenty of tobacco and gambling, but a lack of healthy dining options
- CATCH, Lincoln 27 & Beyond IS working! I love the healthy diet in the grade schools Kudos Lincoln!! I know leaders are trying but the people have to be willing to live a healthier life. Lets start with the young. Farmer's Market is great but want more affordable produce.



### COVID QUESTIONS - TAKEAWAYS

1. 43% said mental health was worse since pandemic
2. 62% know where to find mental health resources
3. 30% reported sleep is worse since pandemic
4. 28% have exercised less, 27% less healthy foods since pandemic, 12% have drank more alcohol
5. 15% are exercising more, 13% are eating healthier foods



### Nothing About Us Without Us



### Nothing About Us Without Us

The goal is to include ALL Logan County individuals marginalized groups who may experience discrimination and exclusion because of **race, economic disadvantage/homelessness, gender identity, sexual orientation, age, physical ability, language and/or immigration status.**





Lincoln  
Memorial  
Hospital

