



Morgan County— Illinois

2021

Community Health
Needs Assessment





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EXECUTIVE SUMMARY

In 2021, Jacksonville Memorial Hospital (JMH) completed a Community Health Needs Assessment (CHNA) for Morgan County, Illinois, as required of nonprofit hospitals by the Affordable Care Act of 2010.

As an affiliate of Memorial Health (MH), JMH worked with four other affiliate hospitals on the overall timeline and process for the CHNA, but completed its Morgan 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

Jacksonville Memorial Hospital collaborated with the Morgan County Health Department (MCHD) 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), a community survey and community focus groups 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 as well. JMH then convened an Internal Advisory Committee (IAC), which approved the final priorities selected by JMH, as listed below:

1. Mental Health
2. Obesity
3. Cancer

JMH 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 Jacksonville 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.

An implementation plan is being developed to address the identified needs, which JMH 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 Jacksonville Memorial Hospital

As a nonprofit community hospital, JMH has been providing healthcare services to the residents of Morgan, Cass, Greene, Scott, Brown, Pike and Macoupin counties in west central Illinois since 1875. JMH contains 131 beds and is the largest employer in Morgan County, providing jobs and dollars that directly impact the local economy.

JMH offers a wide range of services to the region, including emergency care, radiation oncology, Family Maternity Suites, pain management clinic, a transitional care unit, inpatient dialysis, intensive care unit and more. JMH nursing teams have earned three consecutive Magnet® designations for nursing excellence from the American Nurses Credentialing Center.

JMH is committed to providing financial support to patients and community partners in pursuit of its mission to improve lives and strengthen communities through better health. During the past three years, JMH has provided more than \$56.4 million in community benefit funding.

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

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

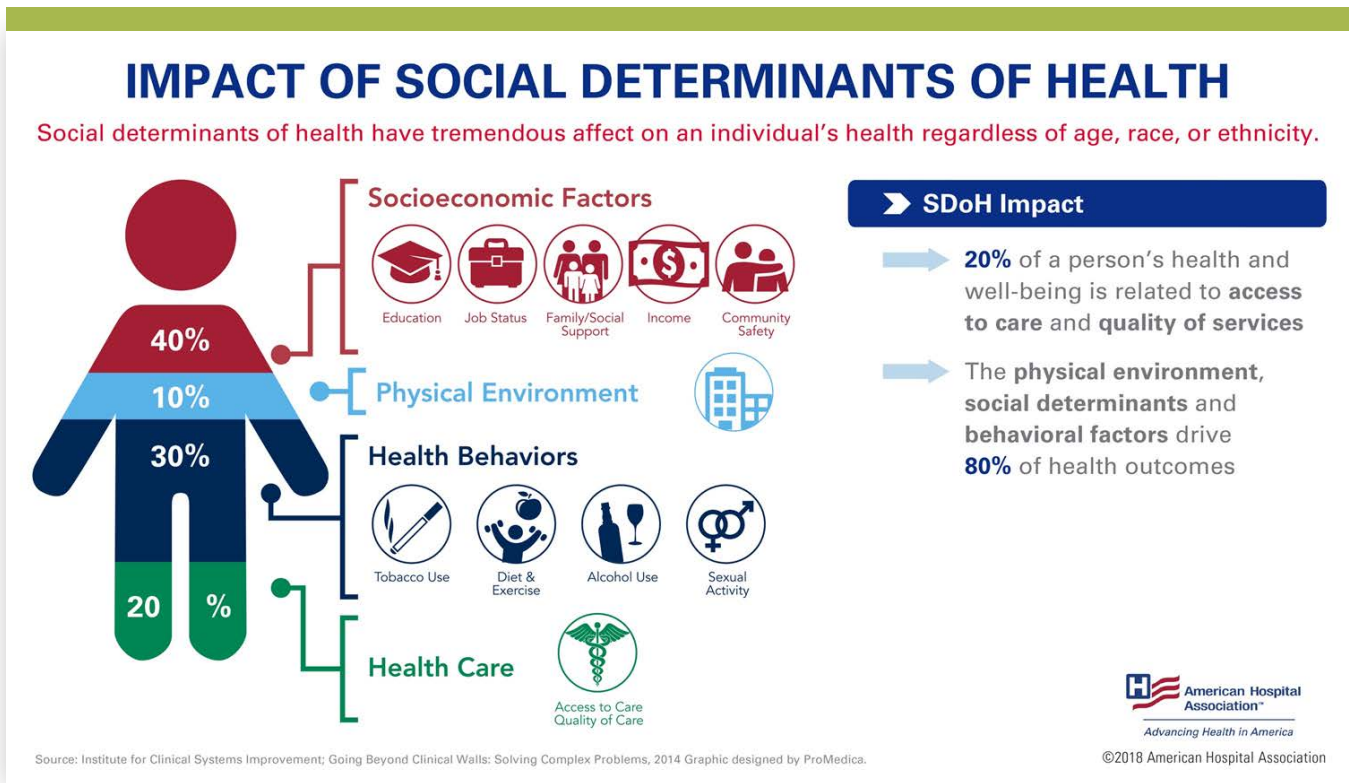
Access to health and healthcare is a multilayered contributing factor including structural, financial and personal components. The presence of facilities, availability of providers, hours of operation and access via public transportation all have a significant impact on access to health and healthcare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

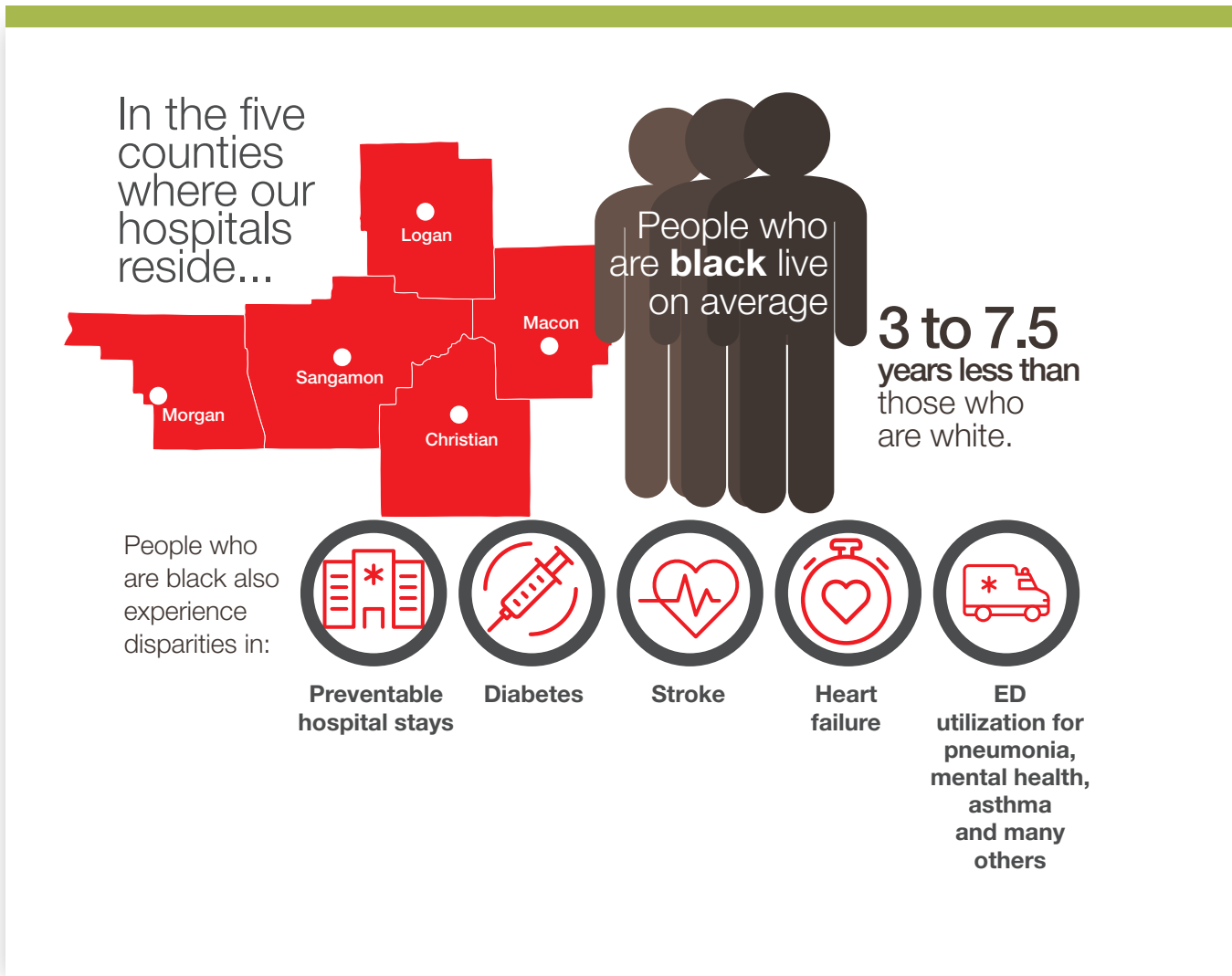
SOCIAL DETERMINANTS OF HEALTH

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

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

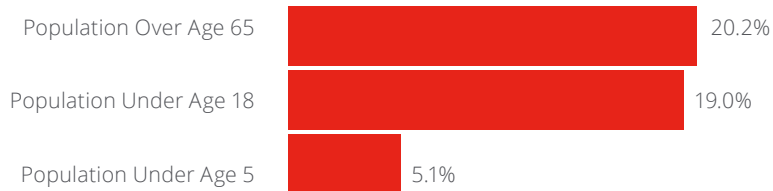
The following statistics, from the U.S. Census Bureau's Quick Facts, came from Healthy Communities Institute. Source: U.S. Census Bureau Quick Facts, last updated in December 2020.

POPULATION

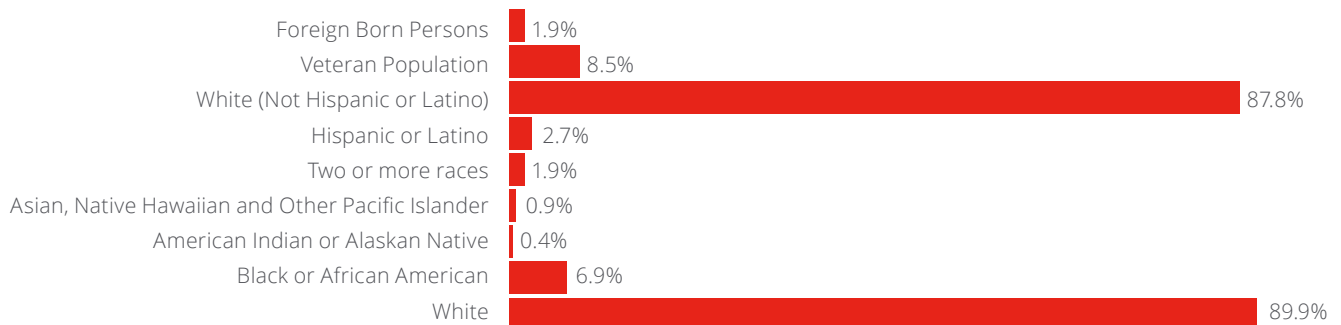
The population of Morgan County is 33,658 and the largest urban setting in Morgan County is Jacksonville, with a population of 18,729.



Population Age



Race and Hispanic Origin and Population Characteristics



EDUCATION AND HEALTHCARE RESOURCES

Jacksonville is also home to the Illinois School for the Deaf—a state operated pre-kindergarten, elementary and high school for those who are deaf or hard-of-hearing. It is also home to Illinois College, a private liberal arts college, and Lincoln Land Community College—Jacksonville.

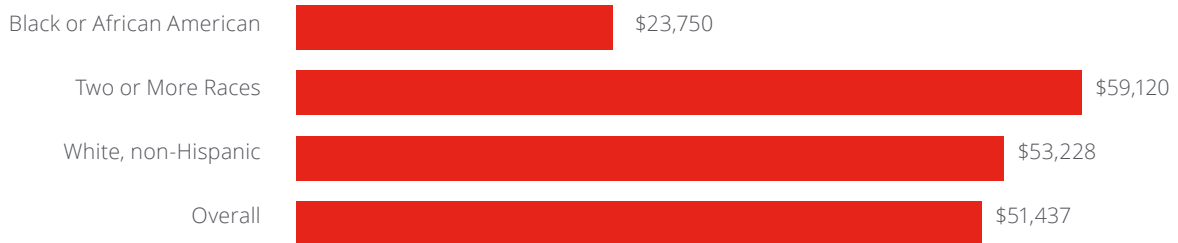
Many patients come to Jacksonville annually for quality specialty care that is not available in their community. In addition to JMH, other Morgan County healthcare resources include:

- Central Counties Health Centers, FQHC—Federally Qualified Health Center
- Hospice Care
- HSHS Medical Group
- Memorial Behavioral Health
- Memorial Home Medical Supply
- Morgan County Health Department
- Orthopedic Center of Central Illinois
- SIU Center for Family Medicine, FQHC
- Springfield Clinic

ECONOMICS

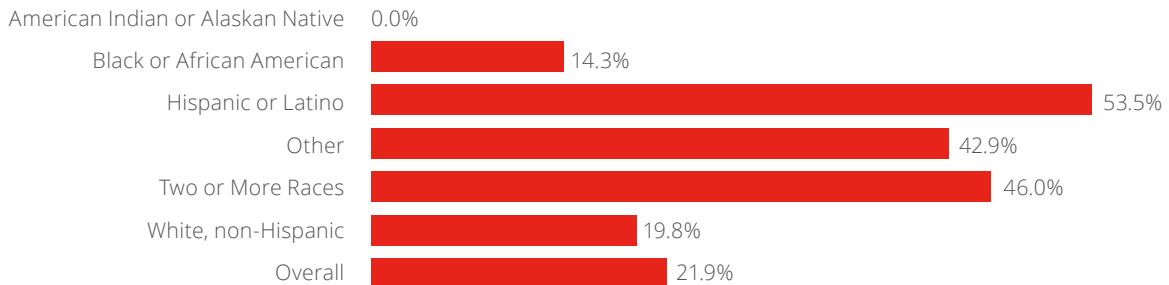
ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by households that earn above the federal poverty line (FPL), but not enough to afford a “bare bones” household budget. In Illinois, 12% of households live below the FPL, and an additional 23% qualify as ALICE. Morgan County has 36% of households living below the FPL or qualifying as ALICE.

Median Household Income by Race/Ethnicity
County: Morgan



Source: American Community Survey (2015–2019)

Children Living Below the Poverty Level by Race/Ethnicity
County: Morgan



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 ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or White residents who would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.

Morgan County has a Residential Segregation—Black/White score of 60, as compared to an overall score of 71 in Illinois, with county scores ranging from 19 to 85.

In other words, 60% of either Black or White residents would have to move to different geographic areas in order to produce a de-segregated residential distribution.

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).

Morgan County's 2018 overall SVI score is 0.5045. A score of 0.5045 indicates a moderate to high 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 Morgan County, the zip codes estimated with the highest socioeconomic need are 62665, 62650 and 62628.

SECTION II—METHODOLOGY, INPUT, ANALYSIS

COLLABORATING PARTNERS

During the 2015 and 2018 CHNA process, JMH collaborated with the MCHD. The MCHD used this collaboration to complete their Illinois Project for Local Assessment of Needs (IPLAN). The collaborative process was beneficial to both organizations, and received positive feedback from the larger community. JMH and the MCHD collaborated on the 2021 CHNA as well. The first meeting of the core team for the 2021 CHNA process took place in May 2020. 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.



CORE TEAM MEMBERS

The Core Team is responsible for planning, executing and reporting on all aspects of the CHNA and CHIP process.

- Lori Hartz, Jacksonville Memorial Hospital, Director, Community Health
- Dale Bainter, Morgan County Health Department, Administrator
- Pat Simmons, Morgan County Health Department, Case Manager

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.

- Anthony Griffin, Jacksonville Memorial Hospital, Chief Medical Officer
- Dale Bainter, Morgan County Health Department, Administrator (Core Team)
- Leanna Wynn, Jacksonville Memorial Hospital, Affiliate VP and Chief Nursing Officer
- Lori Hartz, Jacksonville Memorial Hospital, Director, Community Health (Core Team)
- Paul Eddington, Jacksonville Memorial Hospital, Chief Financial Officer
- Sarah Karraker, Jacksonville Memorial Hospital, Manager, Quality, Safety and Operations Improvement
- Scott Boston, MD, Jacksonville Memorial Hospital, President and CEO
- Trevor Huffman, Jacksonville Memorial Hospital, Director, Ambulatory Services

COMMUNITY ADVISORY COUNCIL (CAC)

Charter: The CAC of the Morgan County 2021 CHNA exists to help JMH and the MCHD review existing data and offer insights into community issues affecting that data. The Committee will help identify local community assets and gaps in the priority areas, and will offer advice on which issues are the highest priority.

- City of Jacksonville, Alderman
- Crisis Center Foundation*
- Health Alliance
- IL Guardianship and Advocacy Commission*
- Jacksonville School District 117/Early Years
- MCS Community Services*
- Memorial Behavioral Health*
- Midwest Youth Services*
- Morgan County Housing Authority*
- New Directions Homeless Shelter*
- Prairie Center Against Sexual Assault
- Prairie Council on Aging
- Prairieland United Way*
- University of IL Extension
- West Central Mass Transit

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

COMMUNITY FOCUS GROUPS/INTERVIEWS

Community focus groups/interviews provide deeper insight to the Core Team, CAC and/or IAC about personal experiences related to key health indicators. Focus groups were conducted by theme, as outlined below:

- College students
- Consumers of social services*
- High school students
- Seniors*
- Under-represented populations*
- Workforce (HR managers from area businesses)

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

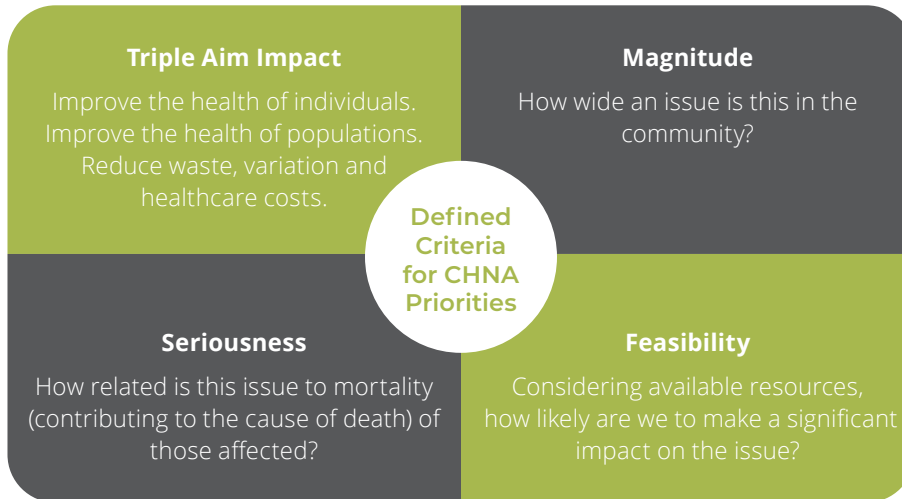
INTERNAL COMMUNITY HEALTH LEADERS

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.



FEEDBACK FROM THE LAST CHNA

The collaborative CHNA process received broad approval from community members, hospital board members and the media. No direct written feedback was received; however, articles in the newspaper commended the collaboration. The programs have received positive verbal feedback from the community, as patients have shown appreciation for their access to additional services.

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/](https://www.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 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 2021 CHNA, HCI's data scoring tool for Morgan 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 informed the survey and focus groups interviews. If you would like more information on the specifics of the secondary data email

CommunityHealth@mhsil.com.

- ALICE Report
- CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
- Centers for Disease Control and Prevention
- Community Commons
- Healthy People 2030
- Illinois Hospital Association
- Illinois Kids Count Report
- Illinois Public Health Community Map
- Illinois Report Card
- Illinois Youth Survey
- National Cancer Institute
- National Center for HIV Aids Viral Hepatitis
- 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

Fifty (50) health indicators were identified by the Core Team from the review of secondary data and reports.

- Access to Affordable Housing
- Adult Binge Drinking
- Adult Smoking
- Adults with Bachelor's Degree or Higher
- Adults with Health Insurance
- Adults with Influenza Vaccine
- Adults with Pneumonia Vaccine
- Adults with Some Post-Secondary Education
- Adults without Health Insurance
- Alzheimer's and Dementia
- Annual Mammograms
- Asthma
- Cancers (Lung & Breast)
- COPD
- Dentist Rate
- Depression

- Diabetes
- Disconnected Youth
- Food Insecurity
- Heart Disease
- High School Graduation Rates
- Home Ownership Rate
- Infant Mortality
- Influenza/Pneumonia
- Insufficient Sleep
- Low Birth Weight
- Median Household Income
- Mental Health
- Mental Health Provider Rate
- Obesity
- Oral Cancer
- Oral Health
- Pediatric Asthma
- Physical Inactivity
- Poverty
- Preventable Hospital Stays
- Primary Care Provider Rate
- Severe Housing Problems
- Single Parent Households
- STD Incidence Rate
- Stroke
- Suicide
- Teen Birth
- Unemployment
- Unintentional Injuries
- Violent Crime
- Youth Activity
- Youth Fruit and Vegetable Consumption
- Youth Mental Health
- Youth Substance Use

Heart disease, cancers (lung and breast), low birth weight and depression seemed to be common indicators found in the secondary data as issues for Morgan County.

Additionally, the three major contributing factors—social determinants of health, access to health and racial inequity and inequalities—described earlier in this report were identified as playing a key role in outcomes across many of these health indicators.

PRIMARY DATA COLLECTION

Primary data was collected in three ways: through the CAC, as well as a community survey and focus groups. Representatives were included from organizations that serve low-income, minoritized and at-risk populations in Morgan County. Community focus groups and interviews were conducted with persons who are often marginalized and could provide feedback regarding their lived experiences as they relate to the community health indicators identified in the CHNA. While we sought to increase diverse representation throughout this process, there are limitations to the conclusions we can draw, specifically from focus group feedback, due to number of participants per group and student expertise.

Community Advisory Council

The CAC was brought together in a virtual meeting to review the 50 health indicators identified in the existing data. These indicators were organized into groups aligned with the Robert Wood Johnson Foundation's County Health Rankings. The CAC was asked to rank the indicators in each group by importance, based on the defined criteria for CHNA priorities. The CAC was also asked to identify any issues that were missing from the data sets.

Looking at the two groupings of "Health Outcomes," the top three indicators for each group were considered. Similar indicators within those six were combined to identify the following priorities from the CAC: heart disease/stroke, cancer (breast and lung), mental health and diabetes.

The CAC narrowed down the full list of community health indicators to 11 priority areas, which were presented to survey participants to further prioritize the community's health needs.

- Alcohol Use
- Breast Cancer
- Diabetes
- Drug Overdose Deaths
- Heart Disease/Stroke
- Influenza/Pneumonia
- Lung Cancer
- Mental Health
- Oral Health
- Smoking/Vaping
- Suicide

Community Survey

A community-wide survey was distributed in paper format and online during December 2020. The survey was promoted through press releases to all media outlets in Morgan County, by email to community partners, social media, internal JMH communications and radio/TV interviews. Paper surveys were also made available at the Soup Kitchen, Salvation Army, Jacksonville Area Food Center, Illinois Department of Human Services and the Prairie Council on Aging in an effort to reach populations who may have barriers to accessing the online survey. In total, 560 surveys were completed, 22 of which came from zip codes with the highest socioeconomic need. Survey participants were disproportionately female and educated in comparison to the general population. More than 50% of respondents had incomes higher than the median household income for Morgan County (\$51,374). Nineteen percent (19%) of respondents had salaries greater than \$100,000. Though, overall, the response from people of color was closely aligned with the demographics of the community, there was a disproportionately low response from persons who identified themselves as Black or African American, as well as Hispanic or Latino.

Participants were asked to rank the top priorities identified by the IAC and CAC. Analysis of the community survey showed obesity, substance use, mental health and heart disease/stroke as major community health concerns.

Additionally, survey respondents cited inability to pay for out-of-pocket expenses, health insurance and prescription costs as the main barriers to accessing healthcare. Nineteen percent (19%) of respondents cited language and cultural barriers and lack of trust as reasons residents do not access healthcare services when they need it. When asked whether respondents had ever witnessed someone experience racism firsthand, 48% reported they've witnessed racism—43.4% responded "sometimes" and 5.7% responded "frequently."

Focus Groups/Interviews

Community focus groups were held to gain a deeper understanding of how some individuals experience challenges related to health. Forty (40) individuals participated in six focus groups, organized based on the following identities: high school students, college students, workforce (area HR managers), consumers of social services, under-represented populations and seniors.

Individual sessions were held with each group and were facilitated by students as part of an Illinois College Leadership course. Students developed questions based on the results of the community survey, with an emphasis on identifying root causes for health indicators. Highlights from these interviews are below:

- High School Students
 - o Vocal about mental healthcare
 - o Trouble accessing care due to availability
- Workforce
 - o Embed health advocates for employees to use
 - o Very difficult to change habits of employees
- Consumers of Social Services
 - o Need to reach youth
 - o Summer camps and youth programs would be helpful
- Under-Represented Populations
 - o Lack of trust in healthcare is present
 - o Trouble accessing care due to cost
- Seniors
 - o Desire to prioritize mental healthcare
 - o Concern regarding COVID-19's impact on seniors
- College Students
 - o Reluctant to get COVID-19 vaccine
 - o Inconsistently seeking preventive medical care

Theming Focus Group/Interview Feedback

Illinois College provided notes from the student-led interviews/focus groups to JMH. JMH reviewed these notes for common threads between groups. The MH Equity, Diversity and Inclusion team also reviewed the provided notes, identifying highlights and themes from individual groups.

POTENTIAL TO COLLABORATE

Following this data collection and analysis process, there is a strong willingness to continue collaboration efforts around health priorities in Morgan County. 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. Considering the defined criteria for CHNA priorities, major contributing factors, community feedback through each exercise and key partners' willingness to collaborate, the final priorities selected were:

- Mental Health
- Obesity
- Cancer

SECTION III—SIGNIFICANT HEALTH NEEDS

SELECTED PRIORITIES

Jacksonville Memorial Hospital

1. Mental Health
2. Obesity
3. Cancers

Memorial Health Priority: Mental Health

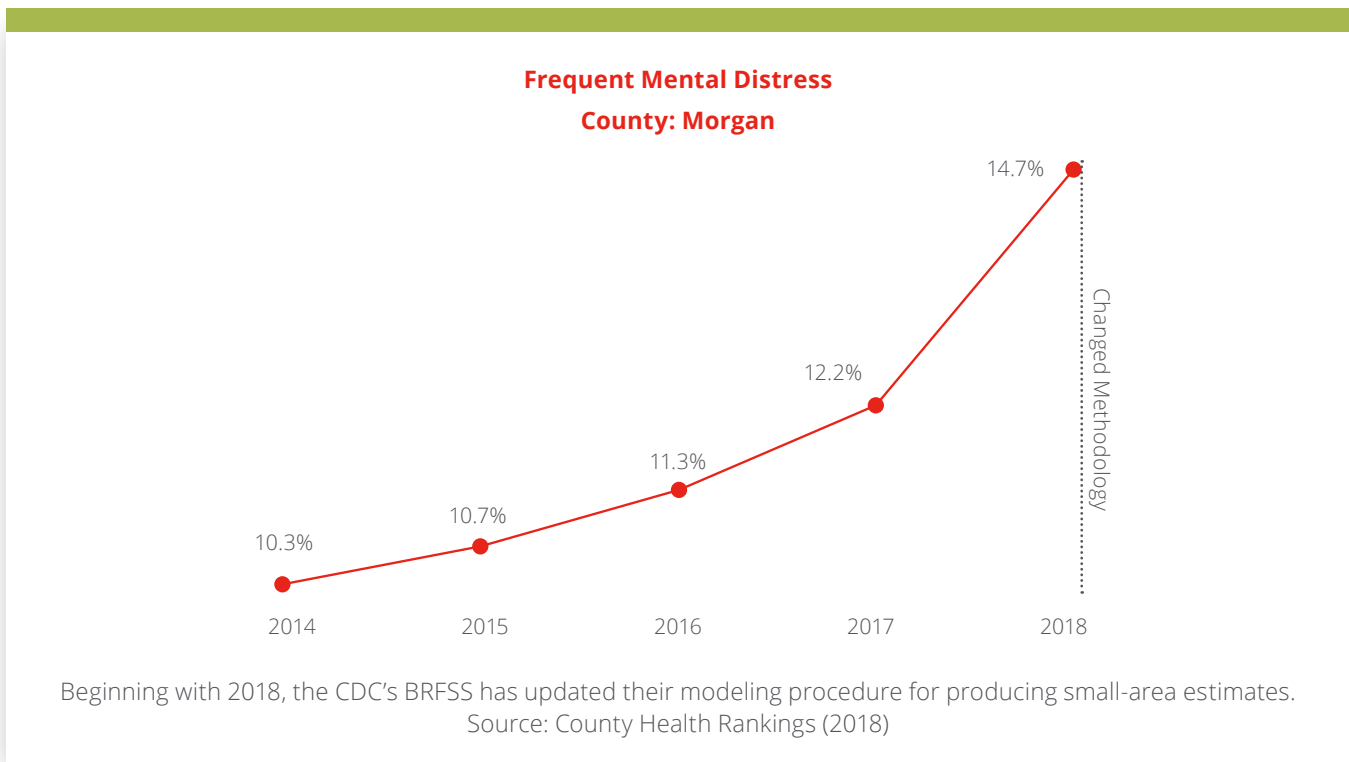
The below sections will provide deeper insight into the chosen priorities, as well as those that were not chosen as final priorities. While many are not chosen as final priorities, MH is committed to meeting the needs of our communities and will continue to collaborate with community partners to help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

Mental Health

The demand for mental health services continues to outpace the supply of providers and services. The mental health provider rate in Morgan County is 107 providers per 100,000 population, which is lower than Illinois value (245/100,000) and U.S. value (229/100,000). Data shows all subsets of the population in Morgan County rank higher than the state average for their emergent healthcare needs. Over half of the respondents on the community survey ranked mental health as having a significant impact on the health of the county.

Additionally, many community members considered suicide as a high priority and closely related to mental health. The COVID-19 pandemic has also had a significant impact on mental health, which was already identified as a top concern pre-pandemic. Community partners have expressed a growing need for mental health services. For these reasons, JMH has prioritized mental health as a final priority.

14.7% of adults stated that their mental health, which includes stress, depression and problems with emotions, was not good for 14 or more of the past 30 days in Morgan County. This rate is higher than Illinois value (11.5%) and U.S. value (13%).



While there are barriers to accessing mental healthcare for the broader community, such as cost and stigma, those who are marginalized face increased barriers, some of which are included below:

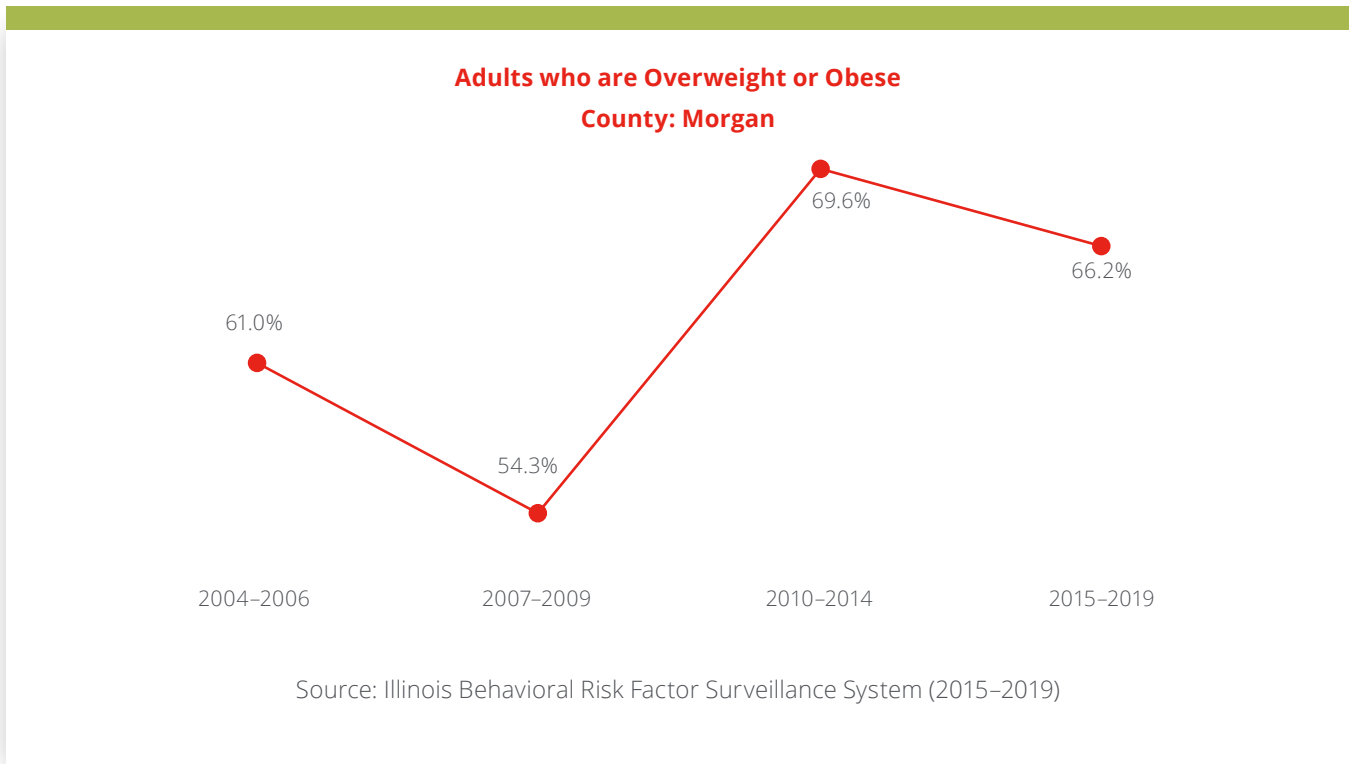
- Providers and the healthcare system are often viewed as untrustworthy.
- There is a lack of culturally competent care, diverse providers and services rendered in the primary language of many community members.
- Mental health contributes to many of the social determinants of health, but is difficult to prioritize over other needs, such as food and shelter.

An additional concern is that people are unclear when to seek mental healthcare and there is an overall national shortage of mental health providers. Memorial Behavioral Health, a Memorial Health affiliate, is well-positioned to help address some of these community needs and was considered when assessing our ability to make an impact for this priority.

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

More than half of Morgan County adults are overweight or obese (66.2%). Obesity is an indicator of the overall health and lifestyle of a community. Obesity was a top concern of the CAC, as well as in the community survey. 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 helps to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings, as well as increased risk of depression and emotional distress.



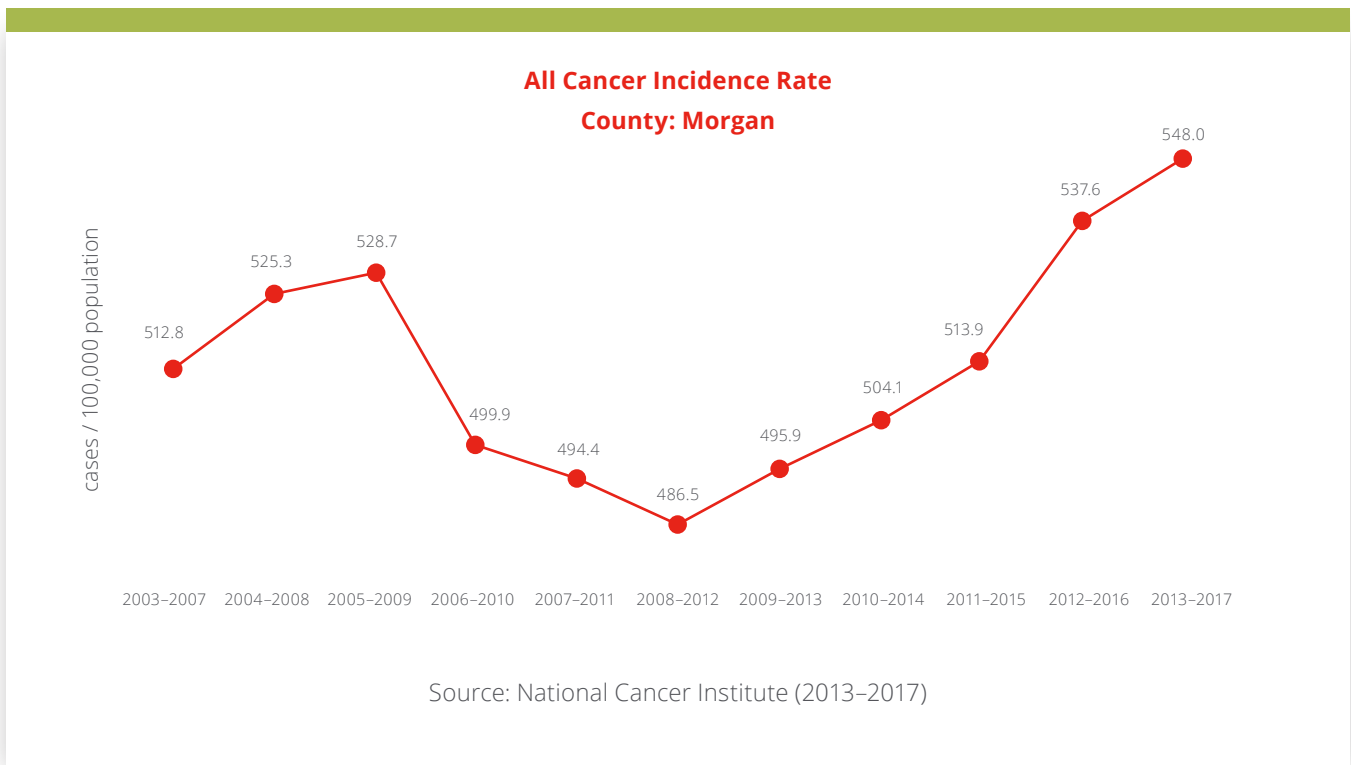
We recognize that several local factors contribute to this poor health outcome, including low fruit and vegetable consumption, lack of physical activity, lack of access to physical activity opportunities and local poverty which creates food insecurity, homes that lack a kitchen, dependence on convenience 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.

Cancers

The incidence rate for all cancers in Morgan County is 548.0, and trending upward, which is higher than state (465.5) and national (448.7) averages. Breast and lung cancer were ranked highly by the CAC. Cancer incidence rates in Morgan County for the following cancers ranked in the worst quartile for state and U.S. counties:

- All Cancers
- Breast Cancer
- Lung Cancer
- Oral Cavity and Pharynx
- Prostate Cancer

With existing infrastructure and collaboration around this priority, JMH will focus on cancer prevention efforts.



PRIORITIES NOT SELECTED

Organizational capacity prohibits JMH from implementing programs to address all significant health needs. JMH 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.

Alcohol Use, Drug Overdose Deaths, Smoking/Vaping

Substance use will be addressed as part of our comprehensive approach to mental health. While these indicators were seen as a community need, they were not highly prioritized and have some overlap in relation to our final priorities and may be partially addressed through strategies around cancer and mental health.

Diabetes, Heart Disease/Stroke

These indicators will be addressed partially through our measures around obesity. Obesity is considered a root cause of these indicators; therefore, our approach will be targeted on obesity rather than diabetes, heart disease and stroke.

Influenza/Pneumonia

This indicator was not scored highly in the community survey, though it was scored higher by the CAC. JMH chose to focus resources on more urgent needs that may see a larger community impact.

Oral Health

This indicator was not ranked with high concern by the community survey or the CAC. Components of oral health may effect oral cancers and may be considered within the final priority of cancer.

Suicide

Suicide was ranked fifth in the category of health outcomes/quality of life. Due to being considered a part of mental health challenges, we will continue efforts to address suicide in the community through our mental health strategies.

Other Health Indicators

Additional health indicators are in need of being addressed in our community; however, they were not ranked highly by the CAC and, therefore, have not been prioritized for our CHIP. These indicators include low birth weight, teen birth, STDs and more. Some elements 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. The result of these discussions will inform, and be included in, the Morgan County CHIP. Below are some examples of existing or potential partnerships that can be leveraged to address the final priorities selected.

Mental Health

- Continue collaborative meetings between SIU Center for Psychiatric Care, SIU Center for Family Medicine and Memorial Behavioral Health.
- Explore partnership opportunities with other community mental health providers: Community Hope & Recovery and Cass County Health Department.
- Leverage MH resources to develop regional education and awareness. Develop strong partnership with local schools to address access to mental health resources.

Obesity

- Jacksonville community partners have a desire to provide pathways to increased physical activity.
- Network of food/nutrition partners to provide access to healthier foods.
- Relationship with local farmers market network to improve access to healthy foods.

Cancer

- American Cancer Society partnership can help to spread awareness of importance of screening.
- Local foundation partnership to fund cancer screenings for uninsured or underinsured individuals.
- Partnership with Morgan County Health Department on anti-vaping campaign.

Additionally, there are more than 25 social service agencies and resources who can contribute to addressing the health needs of Morgan 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

JMH and MDPH also collaborated on the 2018 CHNA. Each selected its own priorities to address over the following three years. Priorities selected by JMH were access to care, mental health and substance use. 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.” Program 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.

Access to Care

To address the priority of access to care, Jacksonville Memorial Hospital created a Community Health Worker (CHW) program, Healthy Jacksonville, to provide support to Jacksonville residents. CHWs work one-on-one with individuals and families to address the social determinants of health and support their overall health goals. Clients are connected to primary and specialty care physicians, as well as additional resources depending on needs identified through a self-sufficiency assessment. Healthy Jacksonville has received recognition on a number of initiatives in which partnerships were formed to carry out projects to benefit families living in poverty. Some of those activities include community-wide food distributions and a city-wide job fair.

Through working with families in the north east quadrant of the city, CHWs identified the need for additional safe play spaces for children. JMH also led a major renovation project to improve an existing park in disrepair. The project received multiple organizational, governmental and national playground foundation grants to provide new equipment and a replacement basketball court. Access to care was also addressed through financial support for a walk-in sexually transmitted disease program at the MCHD. Without JMH's financial support, the clinic would not be able to offer these services.

Mental Health

Prior to the COVID-19 pandemic, Mental Health First Aid was offered throughout the community. Nearly 50 community members in Morgan County were trained to recognize signs of mental and emotional distress during FY19-FY22. Girls on the Run (GOTR) support was an additional part the JMH 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.

Additionally, JMH developed a Healthy Communities Collaborative Mental Health & Substance Use Disorder workgroup comprising providers, community police, social workers and case managers. The purpose for this group is to streamline information and referrals to treatment. The group developed a mental health provider resource directory that has been placed on the Healthy Jacksonville page of the JMH website. The resource directory puts access information in a central place for community members and caseworkers who are helping clients get connected to services. Memorial Behavioral Health staffs and supports the Behavioral Health Access to Care Hotline across all service areas, including Morgan County, which includes the Farm Family Line, COVID-19 Emotional Support Line and the National Suicide Prevention hotline.

Substance Use

Measures adopted to address substance use disorders include activities both inside and outside of the hospital. Internally, JMH established a goal that 95% of opioid medication prescriptions written will fall below the CDC recommended guideline. JMH also pledged to offer a social service referral to any patients whose prescription exceeds the 90mme threshold. For admitted patients, non-pharma comforts are used in place of narcotics to relieve pain whenever possible.

Externally, JMH is represented on the community substance use prevention coalition and actively participates in community projects to educate the public on resources and provide information and referrals to our Healthy Jacksonville clients. A Substance Use Disorder Resource Guide is in the process of development and will soon be posted on the JMH website for use by the general public and service providers. Finally, JMH participated in internal work throughout MH to address opioid prescriptions and usage within our institution. This work is ongoing.

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 CommunityHealth@mhsil.com.

SECTION VI—Appendices

MORGAN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

Analysis of Public Input from Community Survey Report
Conducted by Dr. Jaclyn Tabor and Muamer Kermo
Illinois College Sociology Department
February 2021

I. Executive Summary

The Sociology Department of Illinois College was contacted from Passavant Hospital to conduct a survey report on the Morgan County Community Needs Health Assessment. In order to receive input from Morgan County residents, they were encouraged to take part as respondents in a survey from Passavant Hospital. The survey consisted of a combination of twenty-two open-ended and closed-ended questions. The survey was available via an online link issued to respondents, as well as a letter sent to respondents' residences if they preferred a PAPI questionnaire.

The health concerns addressed in the survey included obesity, substance/drug abuse, mental health, heart disease/stroke, and influenza. Respondents were asked to give their input on health concerns, and from a list of 11 health concerns, they identified the following priorities (in order): Obesity, Substance Abuse, Heart Disease/Stroke, Mental Health, and Influenza/Pneumonia.

Obesity

According to seven out of ten respondents (69.5%), obesity was ranked as the dominant health issue facing Morgan County residents.

Substance Abuse

As a close secondary concern, 69.4% of Morgan County's population claimed that substance abuse was a major health issue with which Morgan County residents are dealing.

Heart Disease/Stroke

Over half (58.9%) of respondents reported Heart Disease/Stroke as a major issue.

Mental Health

Similarly, over half of respondents (58.2%) identified mental health as a major concern.

Influenza/Pneumonia

Finally, 35.4% of respondents saw Influenza/Pneumonia as impacting Morgan County residents.

Other findings from this survey include that inability to pay for out-of-pocket expenses, poor health insurance, and prescription costs are the main barriers to accessing healthcare services; that underinsured, low-income, and those with mental health challenges are perceived as populations not receiving sufficient healthcare; and that motivation, knowledge, time, healthy food choices, and affordable housing were challenges respondents faced in maintaining a healthy lifestyle. Respondents were mixed in their experiences of and preferences toward phone visits with doctors, in whether they had witnessed/experienced incidences of racism. The survey concluded with respondents' suggestions for improving the healthcare of Morgan County residents.

II. Survey Results

Overall, 560 people of Morgan County responded to the survey, which was completed in January 2021.

Figure 1 shows the demographics of the participants from the survey compared to Morgan County's general population (retrieved from the U.S. Census). Somewhat overrepresented are women (72.3% of respondents), white residents (93.8% of respondents), and those with higher levels of education (69.9% of respondents had completed at least some post-secondary education).

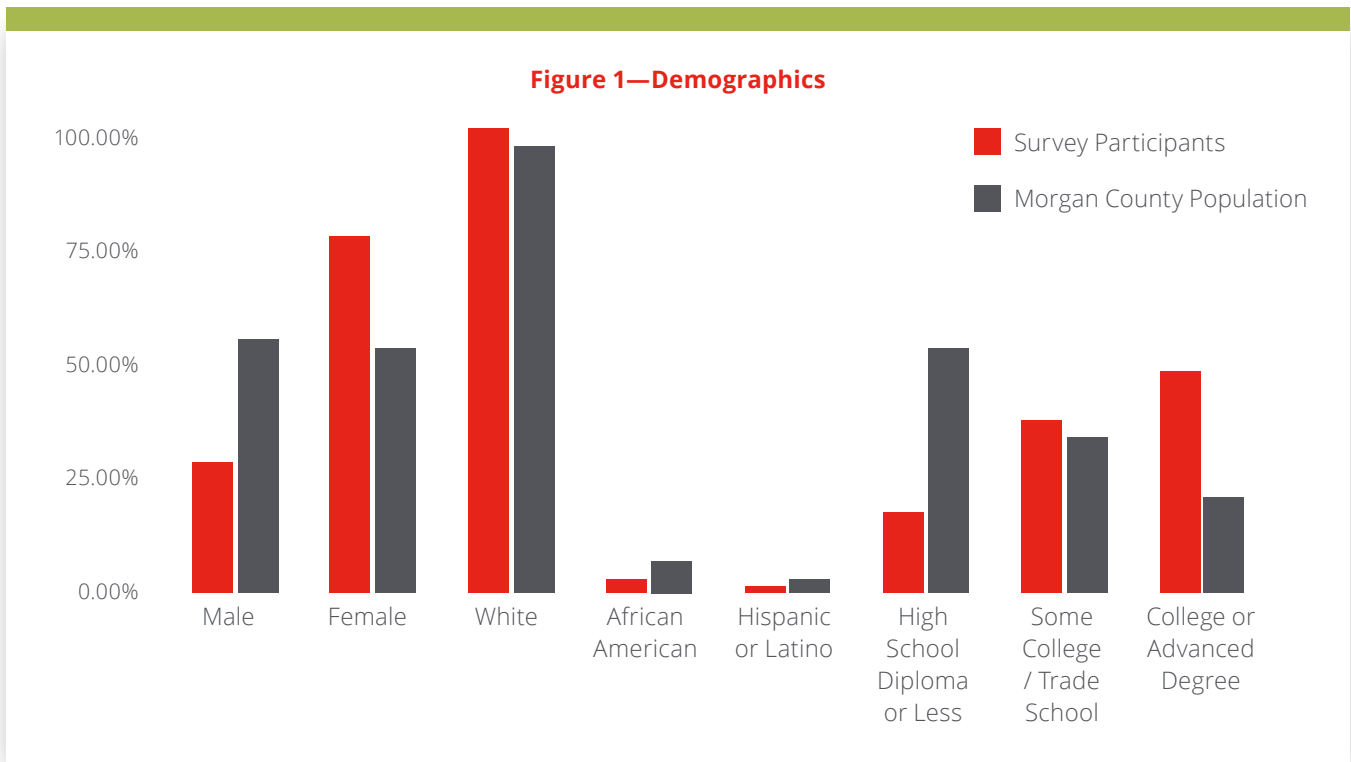


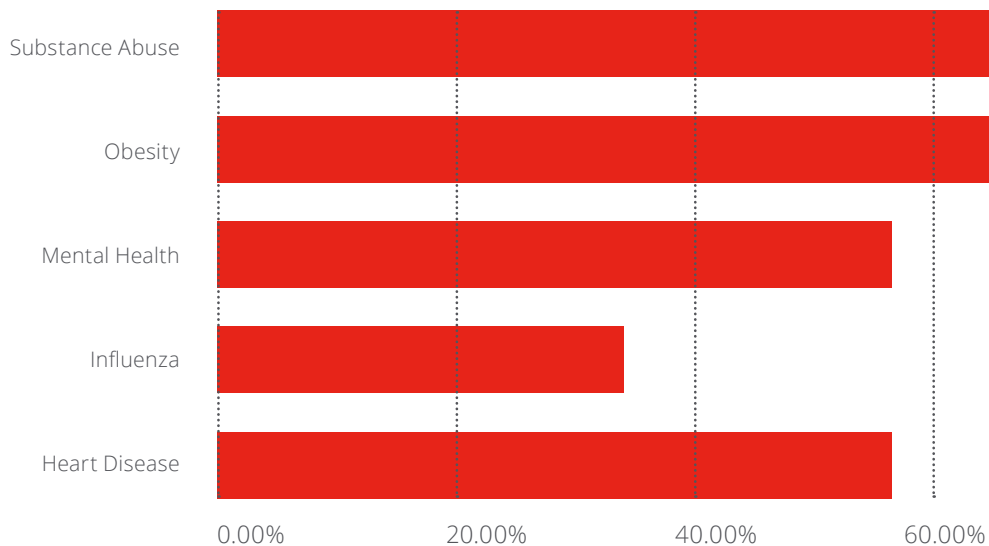
Table 1 reports respondents' household income before taxes. 435 (77.7%) of respondents answered this question, while 125 (22.3%) skipped it. Of those that responded, the largest group (85 respondents, or 19.5%) reported an annual income of over \$100,000, and the smallest group (48, or 11.0%) reported an annual household income of less than \$20,000. Twenty-one respondents (4.9%) were retired.

Table 1—Respondent Annual Household Salaries

ANSWER CHOICES	RESPONSES	
Less than \$20,000	11.03%	48
\$20,000–\$40,000	12.87%	56
\$40,001–\$60,000	14.48%	63
\$60,001–\$80,000	13.79%	60
\$80,000–\$100,000	13.33%	58
More than \$100,000	19.54%	85
Retired	4.83%	21
Prefer not to answer	10.11%	44
TOTAL		435

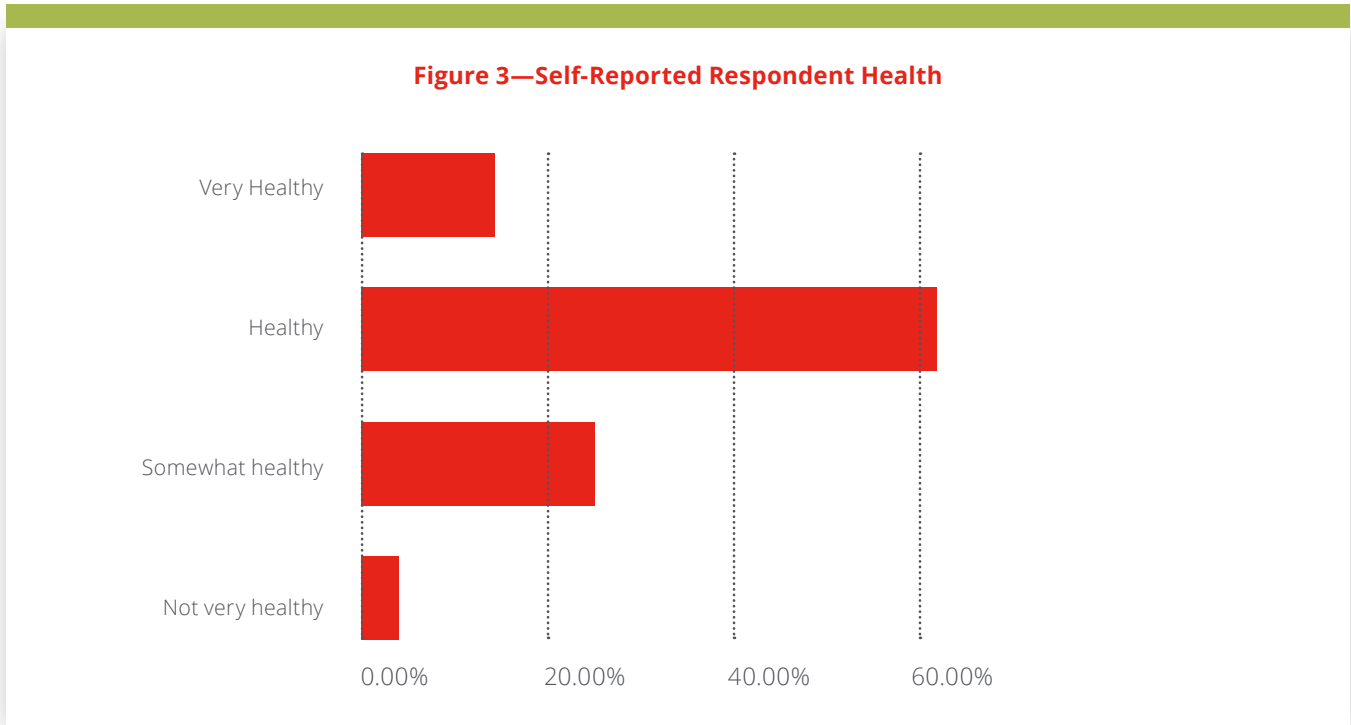
Figure 2 represents the top health priorities for the community of Morgan County. Respondents were asked to rate the importance of health concerns from among the following 11 options: Influenza/Pneumonia, Heart Disease, Obesity, Diabetes, Drugs/Substance Abuse, Youth Mental Health, Adult Mental Health, Lung Cancer, Breast Cancer, Oral Health, and Suicide. The patterns that emerged were dual top priorities of substance abuse and obesity, followed by dual tertiary concerns of heart disease and mental health, and finally, influenza.

Figure 2—Top Health Priorities in Morgan County



According to seven out of ten respondents (69.5%), obesity was ranked as the dominant health issue facing Morgan County residents. As a close secondary concern, 69.4% of Morgan County’s population claimed that substance abuse was a major health issue with which Morgan County residents are dealing. Over half (58.9%) of respondents reported Heart Disease/Stroke as a major issue in Morgan County. Similarly, over half of respondents (58.2%) identified mental health as a major concern. Finally, 35.4% of respondents saw Influenza/Pneumonia as impacting residents in Morgan County.

Respondents were also asked to rate their own health. As seen in Figure 3, most respondents reported that they were Very Healthy (13.1%) or Healthy (59.0%), with the fewest respondents (3.8%) reporting Not Very Healthy.





Respondents were also asked the question, “Why don’t Morgan County residents access healthcare services when they need it?” with the option of 14 responses, ranging from options relating to access to costs to trust in healthcare. Table 2 breaks down the dominant findings from this question. Almost three-fourths (73.9%) of respondents stated that residents cannot afford out-of-pocket costs from the medical facility. A secondary concern was lack of health coverage (63.6%), and a third concern was inability to pay for prescriptions (50.1%). Of the 14 options, language barriers and lack of trust were the least common barriers to residents accessing healthcare services when needed (19.2%).

Table 2—Barriers to Accessing Healthcare Services

Lack of health insurance coverage	63.55%	265
Lack of transportation	44.36%	185
Language/cultural barriers	19.18%	80
Availability of providers/appointments	31.41%	131
Lack of child care	23.50%	98
Lack of access to a dentist	24.22%	101
Inability to pay out-of-pocket expenses	73.86%	308
Inability to pay for prescriptions	50.12%	209
Basic needs not met (food/shelter)	25.66%	107
Time limitations	19.90%	83
Lack of trust	19.18%	80
Lack of access to mental health providers	36.21%	151
Lack of access to physicians/providers	24.22%	101
Lack of concern or health is not a priority/valued	36.21%	151

Respondents were also asked the challenges residents face when trying to maintain a healthy lifestyle. This question gave respondents many options to choose from, including recreation opportunities, motivation, safety/crime, affordable housing, time/convenience, cultural barriers, access to healthy foods, and lack of education and knowledge. Findings report that 27.7% of respondents lacked motivation to go outdoors and be active, and that lack of knowledge was a challenge for 24.3% of residents. Other major challenges relating to maintaining a healthy lifestyle included access to healthy foods (17.3%), time (17.2%), and affordable housing (13.4%). Figure 4 shares these top five concerns.

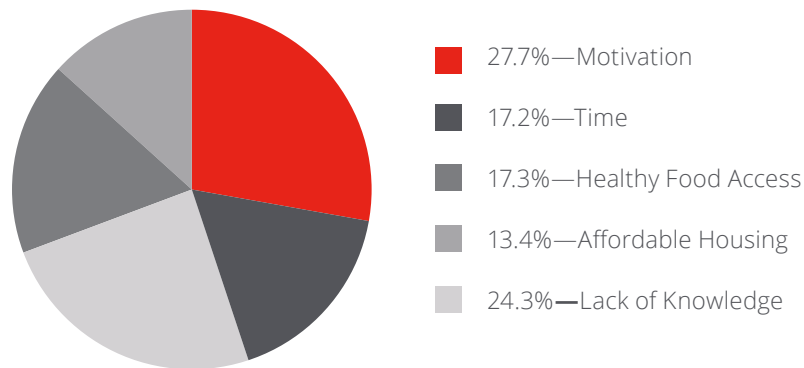
Next, respondents were asked to identify which populations they thought were not receiving sufficient medical healthcare. Over two-thirds (68.3%) of respondents stated that uninsured people of Morgan County were not receiving sufficient medical healthcare. Forty percent of respondents also claimed that people with mental illnesses do not receive medical healthcare.

Table 3—Populations Not Receiving Sufficient Mental Healthcare

Underinsured/uninsured	68.34%	272
Black/African-American	25.38%	101
Seniors/Aging/Elderly	42.71%	170
Individuals with mental health challenges	56.03%	223
Low-income	64.57%	257
Hispanic/Latino	12.81%	51
Individuals with disabilities	28.39%	113
Homeless	56.03%	223
Immigrant/Refugee	14.32%	57
Children/Youth	13.07%	52
LGBTQ community	10.05%	40
Asian	4.02%	16
Young adults	17.59%	70
TOTAL RESPONDENTS: 398		

Respondents were also asked the challenges residents face when trying to maintain a healthy lifestyle. This question gave respondents many options to choose from, including recreation opportunities, motivation, safety/crime, affordable housing, time/convenience, cultural barriers, access to healthy foods, and lack of education and knowledge. Findings report that 27.7% of respondents lacked motivation to go outdoors and be active, and that lack of knowledge was a challenge for 24.3% of residents. Other major challenges relating to maintaining a healthy lifestyle included access to healthy foods (17.3%), time (17.2%), and affordable housing (13.4%). Figure 4 shares these top five concerns.

Figure 4—Challenges Residents Face Maintaining a Healthy Lifestyle




In addition to the questions outlined above, respondents were asked a number of “Yes/No” questions. One question asked was “Have you ever had a doctor’s visit over the phone; If yes, were you satisfied with the care you received; If no, are you considering using the phone for future doctor visits; If no, what keeps you from using the phone for a doctor’s visit?” Over one-third of respondents (38.7%) stated that they have had doctor visits over the phone, while most had not (61.3%). There were no major demographic differences in these responses. When probed why not, most respondents shared that they preferred to see the doctor in-person.

Over half (81.71%) were either very satisfied or just satisfied with the over the phone service, while 18.29% were not, claiming that they would rather keep their appointments in-person. The remainder were ambivalent or neutral about phone visits with doctors. In open-ended responses, a major theme concerned the challenges of communicating via phone. For example, one respondent wrote, “Too impersonal and doctor does not get the full impact of health issues. I like to talk to the Doctor in person.”

The next two questions addressed racism in Morgan County. When asked whether respondents had ever witnessed someone experience racism first-hand, half (50.9%) of respondents claimed that they had never seen someone experience racism. Of those that had, 43.4% had “sometimes” witnessed an act of racism, and 5.7% reported that they “frequently” witnessed an act of racism in Morgan County.

The final section of the survey asked the respondents what one thing would better the health of Morgan County. This question was open-ended and some of the major themes included affordable healthcare, more local clinics, access to healthier eating options, and for people to have basic healthcare insurance. The following quotes represent recurring themes: “We need to have more walk-in clinics”; “Provide additional local support to local health departments”; and “Increase food options when children are not in school.”

SURVEY





We want your feedback.
Take the 2020 Morgan County Community Health Needs Assessment.

Find the survey at
[SurveyMonkey.com/r/Morgan_County_CHNA](https://www.surveymonkey.com/r/Morgan_County_CHNA)
Dec. 1 – Dec. 30, 2020

Participants will help identify priority health and quality-of-life issues in our community.

Paper surveys available by calling 217-479-5800.

 **Passavant**
AREA HOSPITAL
A Memorial Health System Affiliate

 **Public Health**
MORGAN COUNTY

174-0593c 11/15/20



Morgan County Community Health Needs Assessment



Conducted by Passavant Area Hospital and the Morgan County Health Department

The data gathered will help us identify and address health and quality-of-life issues in Morgan County. Thank you!

The first several questions are for analysis purposes only. This information will NOT be used to identify you as a participant, but is important to ensure we have responses from all members of our community.

In what year were you born?

What is your gender?

- Male
 Female
 Other, please specify in next question
 Prefer not to answer

If selected "other" in previous question, please specify here:

What is your highest level of education?

- Less than high school
 Some high school
 High school diploma or equivalent
 Trade or technical school beyond high school
 Some college
 Four-year college degree
 More than four-year degree

What was your household's income last year before taxes?

- Less than \$20,000
 \$20,000 - \$40,000
 \$40,001 - \$60,000
 \$60,001 - \$80,000
 \$80,001 - \$100,000
 More than \$100,000
 Retired
 Prefer not to answer

What categories describe you? (Please check all that apply)

- American Indian or Alaska Native (Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)
 Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)
 Black or African American (Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)
 Hispanic, Latino or Spanish origin (Mexican, Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.)
 Native Hawaiian or other Pacific Islander (Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
 White (German, Irish, English, Italian, Polish, French, Lebanese, Egyptian, Iranian, Slavic, Cajun, etc.)
 Other

If selected "other" in previous question, please specify here:



What is your Morgan County zip code?

How would you rate YOUR overall health?

- Very healthy
 Healthy
 Somewhat healthy
 Not very healthy

How would you rate the health of Morgan County?

- Very healthy
 Healthy
 Somewhat healthy
 Not very healthy

Why don't Morgan County residents access healthcare when they need it? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Lack of health insurance coverage | <input type="checkbox"/> Inability to pay for prescriptions |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Basic needs not met (food/shelter) |
| <input type="checkbox"/> Language/cultural barriers | <input type="checkbox"/> Time limitations |
| <input type="checkbox"/> Availability of providers/appointments | <input type="checkbox"/> Lack of trust |
| <input type="checkbox"/> Lack of child care | <input type="checkbox"/> Lack of access to mental health providers |
| <input type="checkbox"/> Lack of access to a dentist | <input type="checkbox"/> Lack of access to physicians/providers |
| <input type="checkbox"/> Inability to pay out-of-pocket expenses | <input type="checkbox"/> Lack of concern or health is not a priority/valued |

Select any populations you feel are not receiving sufficient healthcare in Morgan County:

- | | | |
|--|---|--|
| <input type="checkbox"/> Uninsured/uninsured | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> LGBTQ community |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Disabled | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Seniors/Aging/Elderly | <input type="checkbox"/> Homeless | <input type="checkbox"/> Young adults |
| <input type="checkbox"/> Individuals with mental health challenges | <input type="checkbox"/> Immigrant/Refugees | |
| <input type="checkbox"/> Low-income | <input type="checkbox"/> Children/Youth | |

What challenges do Morgan County residents face when trying to maintain a healthy lifestyle?

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Recreation opportunities | <input type="checkbox"/> Cultural barriers |
| <input type="checkbox"/> Motivation/Effort/Concern | <input type="checkbox"/> Access to healthy foods |
| <input type="checkbox"/> Safety/Crime | <input type="checkbox"/> Lack of education/knowledge |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Time/Convenience | |

If selected "other" in previous question, please specify here:

Have you ever held a doctor's visit over the phone? Yes No

If you answered yes, were you satisfied with the care you received? Yes No

If you answered no, are you considering using the phone for future doctor visits? Yes No

If you answered no, what keeps you from using the phone for a doctor's visit?



If you are female and over the age of 40, do you schedule annual mammograms? Yes No

If no, what keeps you from getting a mammogram?

Do you receive an annual flu shot? Yes No

If no, what keeps you from getting a flu shot?

Have you ever witnessed anyone in Morgan County being treated negatively because of their race?

Never Sometimes Frequently

Racism is a problem in Morgan County.

Strongly disagree Disagree Unsure Agree Strongly agree

What do you think is/are the biggest health problem(s) in Morgan County right now?

What is the ONE thing you would do to make the health of Morgan County better?

With 1 being the most important health concern to address in Morgan County and 11 being the least, please rank the following 11 health concerns:

- | | | |
|---|--|--|
| <input type="checkbox"/> Influenza/Pneumonia | <input type="checkbox"/> Drugs/Alcohol/Smoking | <input type="checkbox"/> Breast cancer |
| <input type="checkbox"/> Heart disease/Stroke | <input type="checkbox"/> Youth mental health | <input type="checkbox"/> Oral health |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Adult mental health | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lung cancer | |

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

Please return completed survey to: Passavant Area Hospital
Attn: Community Benefit
1600 W. Walnut
Jacksonville, IL 62650

Thank you!



PRIORITY RANKING

Poll 1—Health outcomes, length of life

- 1st Coronary Heart Disease
- 2nd Breast Cancer
- 3rd Lung Cancer
- 4th Influenza/Pneumonia
- 5th Oral Cancer
- 6th Unintentional Injuries

Poll 4—Health factors, clinical care

- 1st Mental health provider rate
- 2nd Preventable hospital stays
- 3rd Primary Care provider rate
- 4th Dentist rate
- 5th Adults without health insurance
- 6th Adults with influenza vaccine
- 6th Annual mammograms
- 8th Adults with pneumonia vaccine
- 9th Adults with health insurance

Poll 2—Health outcomes, quality of life

- 1st Mental health, all
- 2nd Diabetes
- 3rd Mental health, youth
- 4th Stroke
- 5th Suicide
- 6th COPD
- 7th Infant mortality
- 8th Oral health
- 9th Alzheimer's and Dementia
- 10th Asthma
- 10th Pediatric asthma
- 12th Low birth rate

Poll 5—Health factors, social & economic factors

- 1st Poverty
- 2nd Unemployment
- 3rd Disconnected youth
- 4th Food insecurity
- 5th High school graduation rate
- 6th Median household income
- 7th Single parent households
- 8th Violent crime
- 9th Adults with some post-secondary education
- 10th Adults with Bachelor's degree or higher

Poll 3—Health factors, health behaviors

- 1st Adults who are overweight and obese
- 2nd Adult physical inactivity and access to exercise opportunity
- 3rd Youth substance use
- 4th Adult smoking
- 5th Youth activity
- 6th Teen birth
- 7th Youth fruit and vegetable consumption
- 8th STD incidence
- 9th Insufficient sleep
- 10th Adult binge drinking

Poll 6—Health factors, physical environment

- 1st Severe housing problems
- 2nd Access to affordable housing
- 3rd Home ownership rate