



Abraham Lincoln Memorial Hospital Community Health Need Assessment Implementation Strategy FY19 October 1, 2018 – September 30, 2019

Abraham Lincoln Memorial Hospital (ALMH) is a 25-bed not-for-profit, community-based rural critical access hospital affiliated with Memorial Health System. ALMH is located in Lincoln, Ill., approximately 30 miles northeast of the state capitol of Springfield. ALMH serves the people and communities of Logan and eastern Mason counties. The hospital employs 369 people and is one of the major employers in Logan County. These jobs directly impact our local economy.

ALMH offers a full range of general (secondary) hospital inpatient and outpatient care on site. Tertiary care, including psychiatric services, when appropriate and required, is provided through affiliation agreements with other providers, including Memorial Medical Center (MMC) of Springfield, Illinois.

Clinical services provided on site include:

- General inpatient care (medicine, surgery, and pediatrics)
- Orthopedics
- Maternity, Obstetrics and Gynecology
- Emergency Medicine
- Surgery (inpatient and outpatient)
- Oncology
- Podiatry

A full range of ancillary and support services are provided on site, including:

- Laboratory
- Radiology
- Pharmacy
- Clinical Dietetics
- Physical, Speech and Occupational Therapies
- Respiratory Therapy
- Cardiac Rehab
- Athletic Training
- Sleep Studies

The majority of patients served by Abraham Lincoln Memorial Hospital come from Logan County, where we focus most of our community outreach efforts and health improvement projects. Logan County comprises 619 square miles, with a population of 29,527 people. It is rural, agricultural area, with corn and soybeans as the primary agricultural products. Small businesses and mining are also important contributors to the economy.

The city of Lincoln (population 13,969), where ALMH is located, is the county seat. Lincoln contains almost half of the county's population. ALMH is the only hospital in the primary service area of Logan County. Race/ethnicity includes 89.7% white, 7.9% black and 2.4% other backgrounds. The median household income is \$46,647. Persons age 65 and older make up 16.4% of Logan County's population. 13.2% of all residents live below the federal poverty level, including 17.8% of all children and 5.6% of seniors.

For the second time, Abraham Lincoln Memorial Hospital and the Logan County Department of Public Health (LCDPH) decided to work collaboratively on the community health need assessment. The organizations collaborated on data collection and were both highly involved in data collection, implementation of the timeline to review the data and played an important role in the CHNA Internal Advisory Board. The process allowed both entities to identify needs and choose the priorities that were best suited to their resources and expertise.

After extensive secondary data collection and primary data collection including focus groups and surveys, the following criteria was used to determine the highest priorities for Logan County:

Triple Aim – improve individual or population health or reduce health care costs

Magnitude – how many people are affected?

Seriousness – whether the issue contributes to death, disability

Feasibility – whether we can do something about it

Final Priorities: Identified priorities were assigned to the Abraham Lincoln Memorial Hospital, the ALMH Community Health Collaborative and the Logan County Department of Public Health. A Community Health Improvement Plan was developed for each of the selected priorities.

ALMH Priorities: Obesity, Substance Abuse, Mental Health, Cancer

ALMH Community Health Collaborative Priorities: Obesity, Substance Abuse, Mental Health and Poverty

Health Needs Not Selected: Organizational capacity prohibits ALMH from implementing programs to address all significant health needs. ALMH chose to focus efforts and resources on a few key issues in order to develop a meaningful evaluation plan and demonstrated impact that could be replicated with other priorities in the future. The following issues were identified in the selection process but not

addressed by ALMH for the reasons described below.

Child Abuse/Domestic Violence is often a result of **poverty** and mental health issues. ALMH does not have the expertise/competencies to address the issue effectively. ALMH has chosen to address mental health. The ALMH Community Health Collaborative will be addressing both mental health and poverty.

Chronic Disease Management was not chosen as a priority this year because other needs deemed a higher priority and the issue was chosen as a focus for the Logan County Department of Public Health.

Mother/Infant Health was not chosen as a priority this year because other needs deemed a higher priority and the issue was not a priority issue for community members.

Education and Disconnected Youth were not chosen because ALMH does not have the expertise/competencies to address the issue effectively.

The established priorities will be addressed by Abraham Lincoln Memorial Hospital as described below.

The ALMH 2019 Implementation Strategy was approved by the ALMH Board on Oct. 17, 2018.

PRIORITY 1: OBESITY	
Reasons for priority selection	<p>Abraham Lincoln Memorial Hospital's 2018 community health need assessment identified obesity as a top priority through its data collection and analysis, and community advisory group.</p> <p>43.3 percent of Logan County adults are obese. Source: Illinois Behavioral Risk Factor Surveillance System. The percentage has increased 23.3 percent since 2001.</p> <p>The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 and older who are obese to 30.5%.</p>

Goal 1: Expand access to Memorial Weight Loss and Wellness Center (MWLWC) program in Logan County and eastern Mason County.	
Target Population	Adults who are overweight in Logan County and eastern Mason County.
Objective	Expand access to the Memorial Weight Loss and Wellness Center by developing strategy to implement the program at Abraham Lincoln Memorial Hospital in Logan County.
Strategy Selected: Memorial's Weight Loss and Wellness Center is based on the nationally recognized, evidence-based model of Geisinger Health System. Memorial's program includes a medical (non-surgical) weight loss program; accredited bariatric surgery program; diabetes services; outpatient nutrition services; and fitness. It provides physicians a comprehensive resource to refer their patients	

to for individualized counseling and education. There is no other program offering this specialized approach in central Illinois.

Commitment of Resources: Abraham Lincoln Memorial Hospital will provide leadership to assess expansion of the program, the facility for the program, staffing, training and financial support.

Collaborative Partners: Memorial Medical Center, Memorial Physician Services, Springfield Clinic, SIU School of Medicine.

Activity	Timeline	Anticipated Results
1. Explore the capacity of existing ALMH staff in order to establish additional dedicated hours for the MWLWC program at ALMH.	Q1	<ul style="list-style-type: none"> Identified staff will dedicate time to MWLWC to increase patient census.
2. Increase staff hours to see more patients in the MWLWC at ALMH.	Q2	<ul style="list-style-type: none"> Achieve an average of 35 active patients per month.
3. Encourage MWLWC patients to use the ALMH Rehabilitation Gym in order to improve physical activity levels.	Q3	<ul style="list-style-type: none"> After 6 months of active participation, MWLWC patients will achieve 5% weight loss.
MEASURES: What will we measure to know the program is making a difference?		
Short term indicators & source	<ul style="list-style-type: none"> On average, the number of active MWLWC patients will achieve 5% weight loss after 6 months on the program. (MWLWC at ALMH staff) 	
Long term indicators & source	<ul style="list-style-type: none"> MWLWC at ALMH will achieve an average of 50 physician referrals annually. Active medical weight loss patients who complete at least 1 year of programming, on average, will achieve 5% weight loss. Bariatric surgical patients will achieve, on average, 45% excess weight loss at one year post-op. 	

Goal 2: Support mothers in Logan and eastern Mason Counties who breastfeed their infants.

Target Population	Mothers and newborns in Logan and eastern Mason County.
Objective	To encourage new mothers to breastfeed children exclusively until the recommended 6 months of life.
Strategy Selected: Provide a free breastfeeding support group to any mothers in Logan and eastern Mason County to provide education and support.	

<p>Commitment of Resources: Abraham Lincoln Memorial Hospital will provide the space, staff (certified lactation consultant), supplies and volunteers to offer a free, weekly breastfeeding support group to the community.</p>		
<p>Collaborative Partners: Logan County Department of Public Health (Women, Infants and Children program), Springfield Clinic - Lincoln and Memorial Physician Services.</p>		
Activity	Timeline	Anticipated Results
1. Maintain certified lactation consultants on staff to facilitate the support group.	FY2019	<ul style="list-style-type: none"> • Offer a Certified Lactation Consultant to group participants.
2. Promote the support group to the community.	FY2019	<ul style="list-style-type: none"> • Market the services to community partners/service providers and to the general public.
<p>MEASURES: What will we measure to know the program is making a difference?</p>		
Short term indicators & source	<ul style="list-style-type: none"> • At least 5 mothers and their babies will attend the weekly support group. 	
Long term indicators & source	<ul style="list-style-type: none"> • WIC Breastfeeding Tracking Report will show an increase in the number of mothers breastfeeding at 6 months. 	

PRIORITY 2: MENTAL HEALTH	
Reasons for priority selection	Abraham Lincoln Memorial Hospital’s 2018 community health need assessment identified mental health as a top priority through its data collection and analysis, and community advisory group.

Goal 1: Support Girls on the Run of Central Illinois to help participants learn critical life skills to increase their personal confidence in who they are.	
Target Population	Girls grades three through eight.
Objective	Girls will increase their personal confidence and gain skills to manage emotions and resolve conflict.
<p>Strategy Selected: Girls on the Run is a positive youth development program designed to intentionally teach life skills. PYD programs use the “5 Cs” to measure impact on life skills which include confidence, competence, caring, character and connection. The curriculum teaches skills for girls to build their personal confidence, manage their emotions and resolve conflicts. This program reaches approximately 1,000 girls annually in central Illinois.</p>	

Commitment of Resources: ALMH will provide \$5,000 to support Girls on the Run of Central Illinois. This includes program support and scholarships for low-income girls, with additional support for CPR training for coaches and printing of program materials.

Collaborative Partners: Memorial Health System affiliate hospitals also support Girls on the Run, local schools and the Lincoln Park District.

Activity	Timeline	Anticipated Results
1. Girls participate in a 10-week GOTR program, focusing on; two sessions offered annually	Q1-Q3	<ul style="list-style-type: none"> 60% or more of participants will increase in personal confidence
2. Create program logic model	Completed by Q3	<ul style="list-style-type: none"> Logic model will provide overview of program inputs, outputs and expected outcomes/program impacts.

MEASURES: What will we measure to know the program is making a difference?

Short term indicators & source	<ul style="list-style-type: none"> Coach evaluations will include measures of increases in their team’s confidence during the 10-week program. Parent evaluations will include whether their daughter increased her personal confidence during the 10-week session.
Long term indicators & source	<ul style="list-style-type: none"> Coach evaluations will include measures of increases in their team’s confidence during the 10-week program. Parent evaluations will include whether their daughter increased her personal confidence during the 10-week session.

Goal 2: Expand access to Senior Life Solutions program in Logan County and eastern Mason County.

Target Population	Individuals who are 65 years or older with Medicare who are experiencing mental health issues such as anxiety and depression.
Objective	Provide participants of the program with mental health counseling and support, as well as coping mechanisms to better prepare them to adjust to the effects of anxiety and depression in the senior population.

Strategy Selected: According to the National Comorbidity Survey of mental health disorders, people over the age of 60 have lower rates of depression than the general population — 10.7 percent in people over the age of 60 compared to 16.9 percent overall. The Center for Medicare Services estimates that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease, and stroke. However, the rate in Logan County is 17.7%, as measured in 2015 by the Centers for Medicare and Medicaid Services.

Abraham Lincoln Memorial Hospital’s Senior Life Solutions will provide group mental health therapy and support by developing individualized patient care plans and goals under the direction of a clinical psychiatrist.

Commitment of Resources: Abraham Lincoln Memorial Hospital will provide leadership to facilitate expansion of the program, renovate the facility to establish a physical location for the program, staffing, training and financial support.

Collaborative Partners: Taylorville Memorial Hospital and Memorial Behavioral Health

Activity	Timeline	Anticipated Results
1. Begin renovations of space at ALMH to create Senior Life Solutions facility	Q1	<ul style="list-style-type: none"> • Work
2. Recruit, hire and train staff	Q2	<ul style="list-style-type: none"> • 3 full-time staff hired including a therapist, CNA and RN.
3. Promote Senior Life Solution services to physician for referrals and to the community through marketing campaign	Q2	<ul style="list-style-type: none"> • Multi-media campaign to educate the community on new service.
4. Begin providing services to patients.	Q3	<ul style="list-style-type: none"> • 6 patients enrolled in the program by September 2019.

MEASURES: What will we measure to know the program is making a difference?

Short term indicators & source	<ul style="list-style-type: none"> • Reduction in depression or anxiety as assessed by Senior Life Solutions staff and clinical psychiatrist.
Long term indicators & source	<ul style="list-style-type: none"> • Decreased participant hospital readmission rate and return to the Emergency Department for mental health related reasons after one year of participation in the program. • 20 total patients enrolled in the program by 2023. • An increase in the percentage of Medicaid seniors seeking treatment for depression as reported by the Centers for Medicare and Medicaid Services.

Goal 3: Continue offering Mental Health First Aid training in Sangamon, Logan, Morgan and Christian counties

Target Population	Community at large
Objective	Step in early to stop the trajectory of issues that lead to mental health issues and the need for psychiatric intervention by providing community education to improve mental health literacy, early identification, peer intervention, and referral of community members to available resources if needed.

Strategy Selected: Mental Health First Aid (MHFA) is an evidence-based program that offers a five-day intensive training session to community members to become certified MHFA trainers. These certified trainers in turn go out in the community to provide an eight-hour education session to community members such as teachers, police, first responders, churches, youth leaders and others to teach them how to identify mental health issues, how to refer people to resources, and encourage community support of those struggling with issues that may contribute to mental illness. The

Substance Abuse and Mental Health Services Administration (SAMHSA), the federal agency that leads public health efforts to advance the behavioral health of the nation, endorses MHFA and recently established grant funding for MHFA as part of the President's initiative to increase access to mental health services. MHFA is on the National Registry of Evidence Based Practices (NREPP). All interventions on the registry have been independently assessed and rated for quality of research and readiness for dissemination. MHFA has been shown to increase understanding of mental health disorders, knowledge of available resources, and confidence in and likelihood to help and individual in distress,

Commitment of Resources: MHFA was a program initiated in response to the 2015 CHNA priority of mental health, which was also a final priority of the 2018 CHNA. The MHFA program will continue to be offered to both the community at large and healthcare workers. Memorial Medical Center's Organization Learning Department will oversee the MHFA program. This includes communication about the program, maintaining contact with the network of certified MHFA instructors in Sangamon, Christian, Logan and Morgan counties; overseeing online registration portal for MHFA classes, and ordering program materials.

Collaborative Partners: Memorial Medical Center, Passavant Area Hospital, Taylorville Memorial Hospital, Memorial Behavioral Health, Sangamon County Department of Public Health, and area social service providers.

Activity	Timeline	Anticipated Results
1. MHFA Coordinator will maintain contact with MHFA certified trainers and assist trainers with program registrations via an online website.	FY2019	Certified MHFA instructors both within MHS and in other community organizations will have support for MHFA promotion, program registration and access to program materials.
2. Promote the program to communities in Sangamon, Logan, Morgan and Christian counties.	FY2019	MHS will create a communication plan to promote MHFA in Sangamon, Christian, Logan and Morgan counties to create awareness of and promote available MHFA courses in their communities.
3. Hold at minimum three MHFA community trainings by certified MHFA instructors in each county, for a total of 12 courses.	FY2019	Increased number of individuals in each community trained as mental health first aiders.
4. Create program logic model	Completed by Q3	Logic model will provide overview of program inputs, outputs and expected outcomes/program impacts.

MEASURES: What will we measure to know the program is making a difference?

Short term indicators & source	<ul style="list-style-type: none"> • Creation of a communication plan for FY19. • Number of MHS-sponsored community training events • Number of overall community MHFA trainings. • Source: MHFA data collection tool
Long term indicators & source	<ul style="list-style-type: none"> • Among instructors and first aiders, increases in: mental health literacy, awareness of available resources, and confidence in assisting individuals in distress • Source: MHFA data collection tool.

PRIORITY 3: SUBSTANCE ABUSE	
Reasons for priority selection	<p>During the 2018 Logan County Community Health Needs Assessment, substance abuse was a top-ranked issue in the community survey and was a final recommendation from the Internal Advisory Committee as a top priority. Substance abuse was noted as a significant contributing problem to many other health and social determinant issues, including mental health issues, crime, child abuse, poor health, education, housing, homelessness, unemployment, accidents, DUIs, suicide and early deaths. Is a drain on available community resources and affects everyone, either directly or indirectly.</p>

Goal 1: Memorial Health System will develop a system-wide initiative to combat opioid abuse.	
Target Population	All patients provided care within Memorial Health System Healthcare providers within the community.
Objective	<p>MHS will develop a system-wide initiative to reduce unnecessary clinical use of opioids and risk of addiction for patients treated at MHS hospitals, Memorial Physician Services, Memorial Home Services and Memorial Behavioral Health. Additionally, MHS will work with other community healthcare providers on standardizing opioid prescription policies, medication management agreements and increasing awareness of alternative treatments.</p>
<p>Strategy Selected:</p> <p>Using guidelines developed by the Centers for Disease Control and Intermountain Healthcare, Memorial Health System is developing strategies to address clinical opioid use, among other key factors surrounding the opioid epidemic. An Opioid Stewardship Steering Committee has been formed to create a system-wide strategy to standardize opioid stewardship efforts. This effort is being led by Jennifer Harris, Administrator, Perioperative Services and Tamar Kutz, Administrator, Ambulatory Operations. The group is comprised of key leaders across the system and will oversee the work of four different subgroups focused on: Inpatient Compliance and Operations, Workforce Management, Drug Control & Diversion, and Ambulatory Operations/ Community Partnerships.</p> <p>Additionally, MHS will collaborate with other community healthcare providers on reviewing protocols across various physician practices and hospitals, including Southern Illinois University School of Medicine, Springfield Clinic, HSHS Medical Group, local law enforcement, and other community partners.</p>	

Commitment of Resources: The Opioid Stewardship Steering Committee is comprised of the following individuals: Kim Bourne, President and CEO, Taylorville Memorial Hospital; Dolan Dalpoas, President and CEO, Abraham Lincoln Memorial Hospital; Harry Schmidt, President and CEO, Passavant Area Hospital; Raj Govindaiah, MD, Senior Vice President and Chief Medical Officer; Marsha Prater, Senior Vice President and Chief Nursing Officer; Jay Roszhart, Vice President, Ambulatory Networks and Clinical Integration; Todd Roberts, Vice President, Quality and Safety; Linda Jones, Vice President, Operations and Administration; Bob Scott, Vice President, Human Resources; Drew Early, Vice President, Operations, Emergency Medical Services; Evan Davis, Administrator, Ortho and Neurosciences; Jan Gambach, System Administrator, Behavioral Health; Tamar Kutz, Administrator, Ambulatory Networks; and Jennifer Harris, Administrator, Perioperative Services.

Collaborative Partners: Memorial Medical Center, Abraham Lincoln Memorial Hospital, Passavant Area Hospital, Taylorville Memorial Hospital, Memorial Physician Services, Memorial Home Services and Memorial Behavioral Health. Community partners include SIU School of Medicine, HSHS Medical Group, Springfield Clinic, and local law enforcement agencies.

Activity	Timeline	Anticipated Results
1. Development of charter and goals for Opioid Stewardship Steering Committee	Q1	<ul style="list-style-type: none"> Systemized strategy around opioid stewardship throughout Memorial Health System
2. Inpatient Compliance and Operations for Opioid Stewardship	Q1-Q4	<ul style="list-style-type: none"> Address Joint Commission standards around pain and compliance
3. Ambulatory Operations and Community Partnerships	Q1-Q4	<ul style="list-style-type: none"> Standardized Opioid Prescription Policy with partners Increase usage of Medication Management agreements Increase awareness of complementary and alternative treatments
4. Workforce Management	Q1-Q4	<ul style="list-style-type: none"> Create a policy and program as it relates to opportunities around workforce management
5. Drug Control and Diversion	Q1-Q4	<ul style="list-style-type: none"> Development of opportunities through drug diversion prevention audit
4. In FY19, ALMH will participate in the Logan County Opioid Task Force convened by the ALMH Community Health Collaborative.	Q1-Q4	<ul style="list-style-type: none"> Keep leadership and clinical staff of ALMH apprised of work being done by the task force, which includes law enforcement, courts, pharmacies, public health, schools, mental health and others.
5. Create program logic model	Completed by Q3	<ul style="list-style-type: none"> Logic model will provide overview of program inputs, outputs and expected outcomes/program impacts.
6. Development of Program Measures	Completed by Q3	<ul style="list-style-type: none"> Data collection plan

MEASURES: What will we measure to know the program is making a difference?

<p>Short term indicators & source</p>	<ul style="list-style-type: none"> • Usage of Medication Management Agreement by prescribing providers for patients prescribed an opiate prescription. • Usage of Prescription Monitoring Program Site by prescribing providers. • Increased understanding of risks associated with opioid prescriptions by both patients and providers
<p>Long term indicators & source</p>	<p>Program measures to be fully identified by FY19 Q3.</p>

<p>Goal 2: MHS will engage in a system-wide initiative to expand access to substance abuse treatment.</p>		
<p>Target Population</p>	<p>Community members who are dealing with a substance abuse issue.</p>	
<p>Objective</p>	<p>To develop a strategy to expand substance abuse treatment by creating a system of care that will provide a full continuum of care and treatment options to people in central Illinois.</p>	
<p>Strategy Selected: MHS, along with collaborative partners, will design and implement an integrated, treatment approach to treating co-occurring behavioral health and substance use disorders. According to the 2017 National Survey of Substance Abuse Treatment services, about 37% of individuals in Illinois seeking substance use disorder treatment have been diagnosed as having a co-occurring mental and substance use disorder. The Substance Abuse and Mental Health Services Administration (SAMHSA) supports an integrated treatment approach along a continuum of care. An integrated treatment approach has shown to lower costs and lead to better outcomes.</p>		
<p>Commitment of Resources: MHS Substance Use Treatment Steering Committee is comprised of Jay Roszhart, Vice President, Ambulatory Networks and Clinical Integration; Jan Gambach, System Administrator, Behavioral Health; Kari Wolf, MD, Chair of Department of Psychiatry, SIU Medicine; Tamar Kutz, Administrator, Ambulatory Operations; Emily Ebert, Director of Finance, MBH; Heather Sweet, Manager, Behavioral Health Performance Management; and Jeanette Hoelzer, Behavioral Health Consultant. Additional workgroups comprised of affiliate hospitals and local community treatment agencies will be convened as needed during strategic implementation.</p>		
<p>Collaborative Partners: Memorial Medical Center, Abraham Lincoln Memorial Hospital, Passavant Area Hospital, Taylorville Memorial Hospital, Memorial Physician Services, Memorial Behavioral Health, SIU School of Medicine, SIU Department of Psychiatry, and area social service and substance abuse treatment providers.</p>		
<p>Activity</p>	<p>Timeline</p>	<p>Anticipated Results</p>
<p>1. Engage a system-wide steering team, including medical leadership from SIU and other local stakeholders</p>	<p>Q1</p>	<ul style="list-style-type: none"> • Develop a core committee to work across the region in creating a system-wide treatment approach
<p>2. Identify best practice care continuums that allow for full integration and coordination of care</p>	<p>Q1</p>	<ul style="list-style-type: none"> • Evidence-based practices for alcohol and opioid use in detoxification, integrated co-occurring treatment models, and medication assisted treatment

3. Conduct regional gap analysis in substance use treatment	Q2-Q3	<ul style="list-style-type: none"> Regional maps identifying locations of current substance use treatment resources
4. Develop action items to advance regional capacity	Q3-Q4	<ul style="list-style-type: none"> Create multiple and seamless, best-practice, pathways of care from identification of a substance abuse problem, through acute treatment, recovery and aftercare to prevent relapse
5. Create program logic model	Completed by Q3	<ul style="list-style-type: none"> Logic model will provide overview of program inputs, outputs and expected outcomes/program impacts.
MEASURES: What will we measure to know the program is making a difference?		
Short term indicators & source	<ul style="list-style-type: none"> Development of regional gap analysis/neighborhood maps Development of integrated co-occurring treatment model with optimal treatment pathways Source: MHS system-wide continuum of care model 	
Long term indicators & source	<ul style="list-style-type: none"> Increase access to substance abuse treatment Decrease substance use disorder overdoses Decrease substance use presentations in emergency departments Source: electronic health records 	

PRIORITY 4: CANCER	
Reasons for priority selection	During the 2018 Logan County Community Health Needs Assessment, CANCER was a top-ranked issue in the community survey and was a final recommendation from the Internal Advisory Committee as a top priority. The incidence of breast cancer and colon cancer in Logan County is higher than both the state and national average.

Goal 1: Increase access to mammography screenings by providing free mammograms.	
Target Population	Women who are at least 40 years old and underinsured or uninsured.
Objective	To provide free mammograms to qualifying women during the month of October, Breast Cancer Awareness Month.
<p>Strategy Selected: Breast cancer is a leading cause of cancer death among women in the United States. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Breast cancer is associated with increased age, hereditary factors, obesity, and alcohol use. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection. The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.7 deaths per 100,000 females, Logan County reported a rate of 24.8 deaths per 100,000 females reported over 2010-2014 by the National Cancer Institute. A mammogram is an x-ray of the breast that can be used to detect changes in the</p>	

breast such as tumors and calcifications. The test may be done for screening or for diagnostic purposes. A positive screening mammogram leads to further testing to determine if cancer is present. Mammograms may also be used to evaluate known cases of breast cancer. Although mammograms do not detect all cases of breast cancer, they have been shown to increase early detection, thus reducing mortality.

Commitment of Resources: Radiology staff and use of facility/equipment.

Collaborative Partners: SIU Regional Cancer Partnership, Clinical Radiologists

Activity	Timeline	Anticipated Results
1. Provide free mammograms to qualifying women.	Q1	At least 23 mammograms will be provided at no charge to qualifying women during the month of October.
2. Promote free services to the community.	Q4	Awareness of service and appointments made for free mammograms.
MEASURES: What will we measure to know the program is making a difference?		
Short term indicators & source	<ul style="list-style-type: none"> Number of mammograms provided. 	
Long term indicators & source	<ul style="list-style-type: none"> An increase in the number of women receiving mammogram screenings over time as reported by the Illinois Behavioral Risk Factor Surveillance System. 	

Goal 2: Increase smoking cessation services and awareness in Logan and eastern Mason Counties.

Target Population	Smokers in Logan County and eastern Mason County.
Objective	To increase the number of participants in smoking cessation services in order to lower the rate of adult smokers.
<p>Strategy Selected: Tobacco is the agent most responsible for avoidable illness and death in America today. According to the Centers for Disease Control and Prevention, tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. The World Health Organization states that approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects such as cancer, respiratory infections, and asthma.</p> <p>According to the Illinois Behavioral Risk Factor Surveillance System, 19.9 percent of adults in Logan County smoke which is 3.3 percent higher than the state average. The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12.0%.</p> <p>Commitment of Resources: Abraham Lincoln Memorial Hospital will provide marketing resources and materials to improve outreach and education regarding tobacco use and smoking cessation resources.</p> <p>Collaborative Partners: Local physicians</p>	

Activity	Timeline	Anticipated Results
1. Prepare promotional materials.	Q1-Q2	<ul style="list-style-type: none"> Print materials designed to bring awareness to harmful effects of smoking and importance of smoking cessation.
2. Distribute promotional materials at Wellness Expo.	Q2	<ul style="list-style-type: none"> Provide information to wellness expo participants.
3. Implement marketing campaign in service area to bring awareness of harmful effects of smoking and importance of smoking cessation.	Q2-Q4	<ul style="list-style-type: none"> Direct mail, social media and print ad campaign.
MEASURES: What will we measure to know the program is making a difference?		
Short term indicators & source	<ul style="list-style-type: none"> Increase in participants and referrals to the smoking cessation services. 	
Long term indicators & source	<ul style="list-style-type: none"> Decrease in the percentage of adults in Logan County who smoke as reported by the Illinois Behavioral Risk Factor Surveillance System. 	

Goal 3: Decrease lung cancer death in Logan County.

Target Population	Current and previous smokers in Logan County and eastern Mason County.	
Objective	To increase the number of participants obtaining a lung screening for early lung cancer detection for residents ages 55 – 77.	
<p>Strategy Selected: According to the American Lung Association, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking. While the mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer among women continues to increase. African Americans have the highest risk of developing lung cancer.</p> <p>Logan County has a lung cancer death rate of 61 deaths/100,000 population according to the National Cancer Institute, 13.4 higher than the state rate. The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 population.</p> <p>Commitment of Resources: Abraham Lincoln Memorial Hospital will provide marketing resources and materials to improve outreach and education regarding tobacco use and smoking cessation resources.</p> <p>Collaborative Partners: Local physicians</p>		
Activity	Timeline	Anticipated Results
1. Prepare promotional materials.	Q1-2	<ul style="list-style-type: none"> Print materials designed to bring awareness to harmful effects of smoking and importance of smoking cessation.

2. Distribute promotional materials at Wellness Expo.	Q2	<ul style="list-style-type: none"> • Provide information to wellness expo participants.
3. Implement marketing campaign in service area to bring awareness of harmful effects of smoking and importance of lung screenings.	Q2-4	<ul style="list-style-type: none"> • Direct mail, social media and print ad campaign.
4. Provide information to local physicians for referrals	Q2-Q4	<ul style="list-style-type: none"> • Distribute materials to local physicians to encourage awareness of smoking cessation resources.
5. Increase the number of screenings in calendar year 2019.	FY2019	<ul style="list-style-type: none"> • Screenings in calendar year 2016 - 79 • Screenings in calendar year 2017 - 141
MEASURES: What will we measure to know the program is making a difference?		
Short term indicators & source	<ul style="list-style-type: none"> • Increase in participants and referrals to lung screenings. 	
Long term indicators & source	<ul style="list-style-type: none"> • Decrease in the Logan County lung cancer age-adjusted death rate as reported by the National Cancer Institute. 	