Community Health Implementation Plan

Logan County Illinois 2025-27

Lincoln Memorial Hospital

CONTENTS

EXECUTIVE SUMMARY

Every three years, Lincoln Memorial Hospital (LMH) conducts a Community Health Needs Assessment (CHNA) and Community Health Implementation plan (CHIP) for its service area as required of nonprofit hospitals by the Affordable Care Act of 2010. As an affiliate of Memorial Health (MH), LMH worked with four other affiliate hospitals on the overall timeline and process for the CHNA and the CHIP but completed its final reports independently from those hospitals in collaboration with local community partners. Lincoln Memorial Hospital collaborated with the Logan County Department of Public Health to complete the 2024 CHNA. The completed 2024 CHNA Report is publicly available online at https://memorial.health/about-us/community-health/community-health-needs-assessment/.

Based on the findings of the 2024 CHNA, the following priorities were selected for Lincoln Memorial Hospital to address: **cancer, mental health and healthy weight**.

This plan has been developed to address the priorities identified in the 2024 CHNA. Lincoln Memorial Hospital has chosen seven strategies for the FY25-27 reporting period. In addition, four regional strategies have been selected to address the shared priority of mental health with the other Memorial Health affiliate hospitals including Decatur Memorial Hospital, Jacksonville Memorial Hospital, Springfield Memorial hospital and Taylorville Memorial Hospital. The Lincoln Memorial Hospital Board of Directors also approved this plan on Nov. 6, 2024. The Memorial Health Community Benefit Committee reviewed and approved these strategies on Nov. 18, 2024.

INTRODUCTION

MEMORIAL HEALTH

Memorial Health of Springfield, one of the leading healthcare organizations in Illinois, is a community-based, nonprofit organization 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: Decatur Memorial Hospital in Macon County, Jacksonville Memorial Hospital in Morgan County, Lincoln Memorial Hospital in Logan County, Taylorville Memorial Hospital in Christian County and Springfield Memorial Hospital in Sangamon 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.

Memorial Health

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

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. Final priorities for Memorial Health are listed in the graphic below.

FY25–27 FINAL PRIORITIES

DMH
- MENTAL HEALTH
- RACISM
- CANCER AND UNEMPLOYMENT

JMH
- MENTAL HEALTH
- HEART DISEASE
- CANCER AND HEALTHY EATING

LMH
- MENTAL HEALTH
- HEALTHY WEIGHT
- CANCER

SMH
- MENTAL HEALTH
- CHRONIC DISEASES
- HOMELESSNESS AND SUBSTANCE USE

TMH
- MENTAL HEALTH
- HEART DISEASE/STROKE
- ACCESS TO PRIMARY CARE

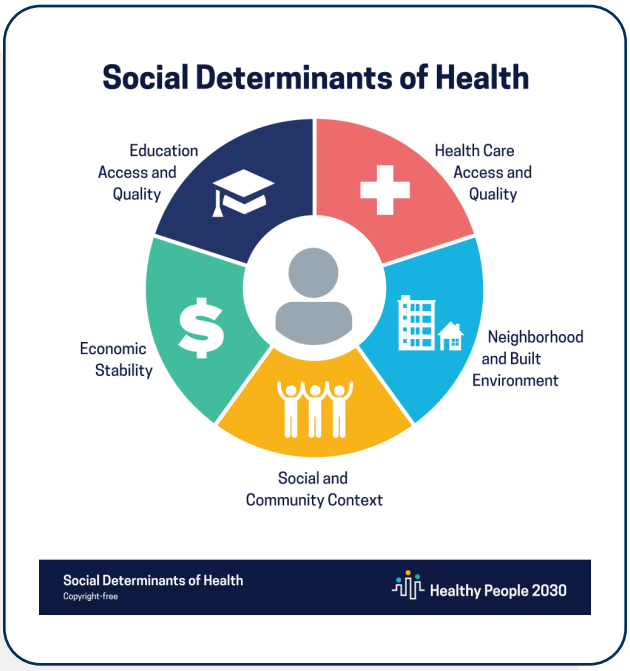
COMMITMENT TO ADDRESSING COMMUNITY HEALTH FACTORS AND HEALTH EQUITY

According to the Centers for Disease Control and Prevention, health equity is when everyone has a fair and just opportunity to attain their highest level of health. Across many health measures, we know that not everyone gets this fair chance. Historical and present-day systems of inequality continue to undermine the opportunities for well-being for particular groups of people. Memorial Health is committed to moving toward greater health equity both within our health system and in our broader communities.

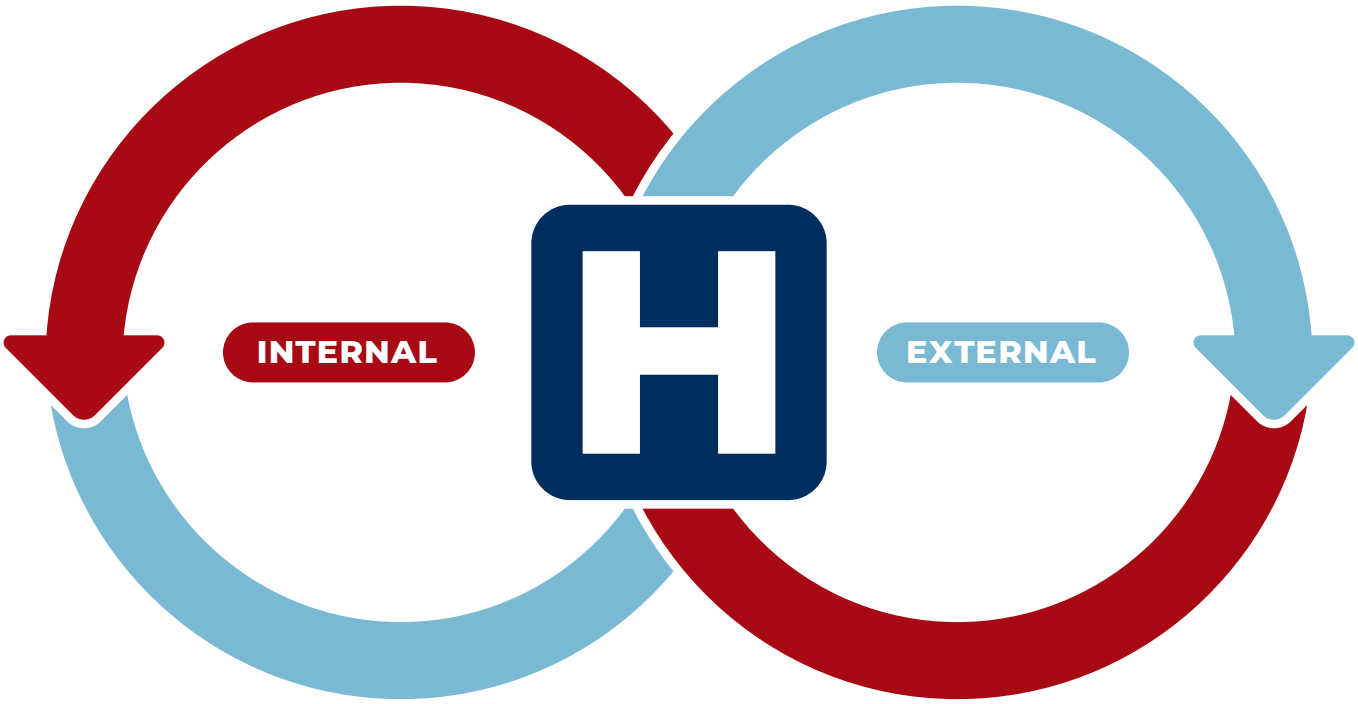
Social and structural factors are key drivers of health, often called "social determinants of health." The American Hospital Association (AHA) estimates that 40% of a person's health comes from socioeconomic factors like income, education and community safety. Other structural factors like discrimination and exclusion due to a person's race, gender, sexuality, age, veteran status, disability, immigration status and more can be included here, too. The AHA then attributes 10% of a person's health to the physical environment, like shelter, air and water quality. Another 30% comes from health behaviors like diet, exercise and drug and alcohol use, leaving the final 20% to come from access to and quality of healthcare.

The social and structural elements drive health at these other levels, too. Exercise outdoors is difficult if pollution and community safety are problems, and racism and economic marginalization shapes who has access to safe neighborhood spaces. Drug and alcohol use can result from the trauma that comes through exposure to community violence and the impact of various forms of marginalization. Access to healthcare can be limited by socioeconomic factors like transportation and insurance as well as by past experiences of discrimination leading to medical distrust.

Committing to health equity requires a collaborative and multifaceted approach. Within our health system, we provide education and support to colleagues to ensure we are offering culturally competent and inclusive care. All hospitals have "health equity projects" that work to identify and resolve particular health disparities in our patient outcomes. We also partner with groups like the Illinois Health and Hospital Association, the American Hospital Association, Vizient, Press Ganey and others to measure our progress and identify actionable goals.



Given that the driving health factors happen outside of the healthcare system, Memorial Health makes a strong investment in community health, including having a community health coordinator assigned at each affiliate hospital to initiate and coordinate community partnerships. Careful attention is paid to these social, structural, environmental and behavioral aspects of health, and this focus guides the CHNA process at all points. We can visualize some key efforts to address these social and structural determinants of health both inside and outside the walls of our hospitals in the following way:



INTERNAL

- Screening patients for social determinants
- Connecting patients to community resources
- Equity analysis in quality improvement projects
- Updating electronic health records for accurate information on LGBTQ+ patients
- Participating in the Illinois Health and Hospital Association Equity in Healthcare Progress Report
- Stratifying patient satisfaction scores to identify and address trends or patterns
- Annual colleague trainings regarding culturally sensitive data and unconscious bias in medicine

EXTERNAL

- Engaging with community through volunteerism
- Partnering with local homelessness, recreation opportunities and education initiatives
- Investing in the community including economic development and youth initiatives

INTRODUCTION TO LINCOLN MEMORIAL HOSPITAL

LMH is a 25-bed, not-for-profit, community-based rural critical access hospital affiliated with Memorial Health. LMH is located in Lincoln, approximately 30 miles northeast of the Illinois state capital of Springfield. LMH serves the people and communities of Logan and eastern Mason counties. LMH offers a full range of general (secondary) hospital inpatient and outpatient care on-site, including general acute care, observation, swing bed services, surgical services, emergency medicine and special procedures. Ancillary and support services offered at LMH include laboratory, radiology, pharmacy, clinical dietetics, diabetes self-management education, cardiology, sleep studies, physical therapy, speech-language pathology, occupational therapy, respiratory therapy and cardiopulmonary rehabilitation. Tertiary care, including psychiatric services, when appropriate and required, is provided through affiliation agreements with other providers, including other Memorial Health affiliate hospitals. In 2023, The American Nurses Credentialing Center (ANCC) announced the second consecutive designation of LMH as a Pathway to Excellence® hospital, making it one of only 201 nursing teams across the nation and only two in Illinois to earn the status. The award recognizes LMH as a hospital that demonstrates a commitment to establishing a healthy workplace for colleagues. LMH is accredited by the Joint Commission and is a member of the American Hospital Association, the Illinois Health and Hospital Association and Vizient. As a nonprofit community hospital, Lincoln Memorial Hospital provides millions of dollars in community support each year, both for its patients and in support of community partnerships.

Lincoln Memorial Hospital has been involved in community health improvement efforts since 1996, when the Healthy Communities Partnership was established in partnership with the local health department and the Chamber of Commerce. Throughout the years, LMH has remained committed to coordinating community-wide efforts to create a healthier community by addressing social determinants of health. LMH leads the LMH Community Health Collaborative network, which brings together representatives for the community to address identified needs and leverage community resources for maximum impact.

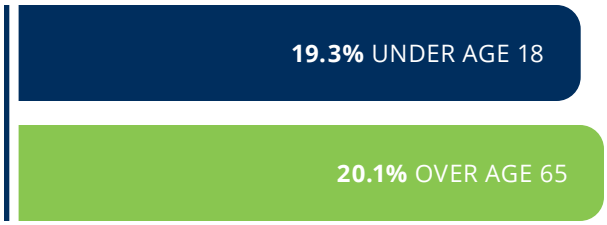
OUR COMMUNITY

DEMOGRAPHIC OVERVIEW

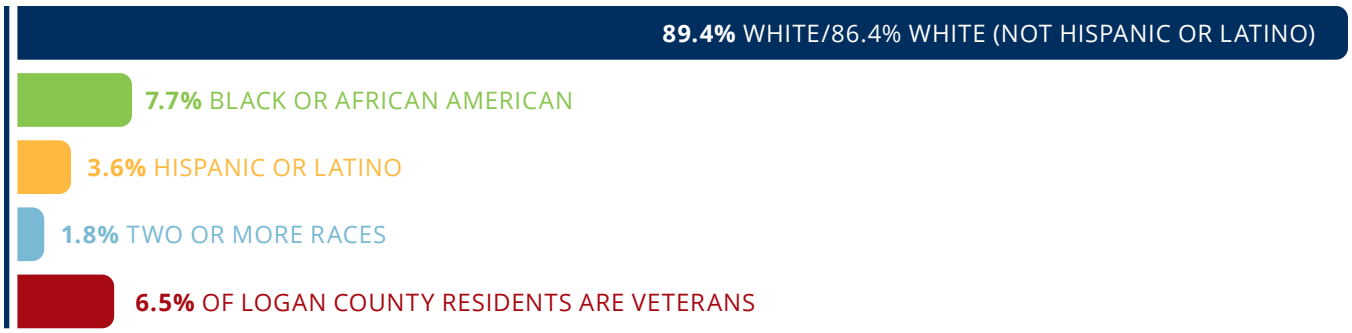
LMH is located near the center of the state. Logan County is largely rural and agricultural, with healthcare and small businesses being the largest employers. The majority of patients served by LMH come from Lincoln and surrounding areas. Lincoln is where the hospital focuses most of its community engagement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

In 2023, the U.S. Census Bureau Populations and Housing Unit Estimates reported that Logan County has a population of 27,590. Lincoln is the county seat with the highest population of 13,072.

Population Age



Race and Hispanic Origin and Population Characteristics



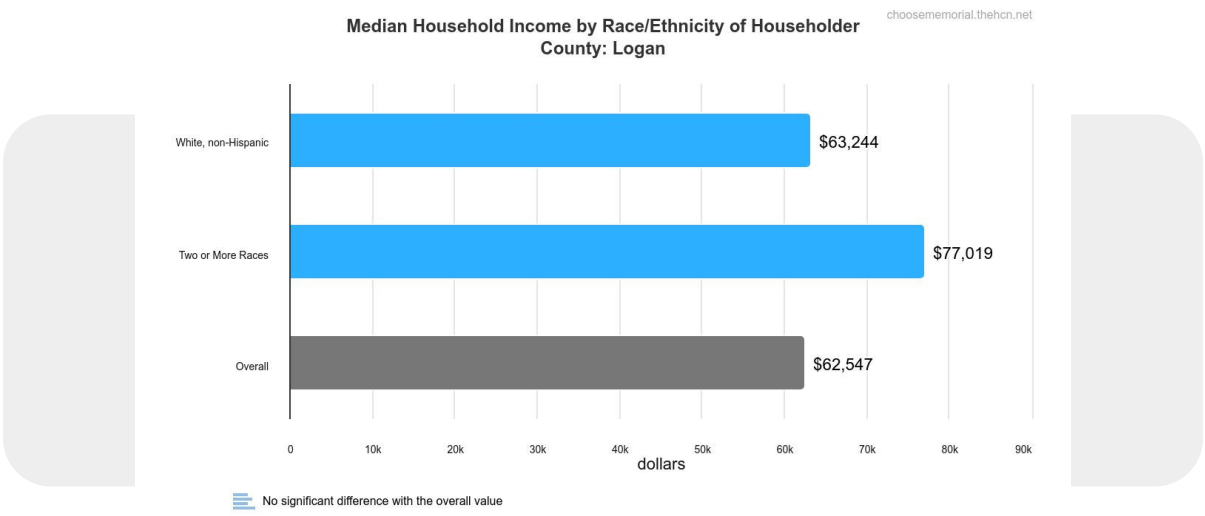
EDUCATION AND HEALTHCARE RESOURCES

LMH is the only hospital located in the primary service area of Logan County. Lincoln is home to a community college based 38 miles away in Normal, Illinois, which offers classes locally. Many patients come to LMH annually for quality specialty care and surgery that is not available in their community. In addition to LMH, other Logan County healthcare resources include:

- Hospice care
- Logan County Department of Public Health
- Memorial Care in Lincoln (primary care practice)
- SIU Center for Family Medicine, FQHC – Federally Qualified Health Center
- Springfield Clinic

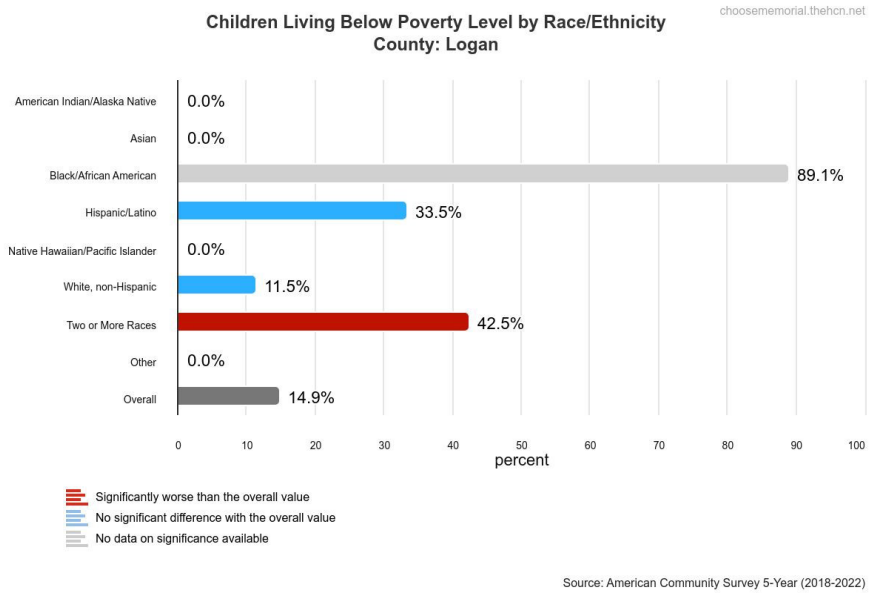
ECONOMICS

The American Community Survey reports that the median household income in Logan County is $62,547, lower than both the Illinois and US value.



Source: American Community Survey 5-Year (2018-2022)

ALICE (Asset Limited, Income Constrained, Employed) is a way of defining and understanding financial hardship faced by working households that earn above the federal poverty line (FPL), but not enough to afford a "bare bones" household budget. According to United for ALICE in 2022, 39 percent of households in Logan County are considered at the ALICE threshold or lower, which means they do not have enough to afford the basics in the communities where they live.



Source: American Community Survey 5-Year (2018-2022)

SOCIAL VULNERABILITY INDEX

Natural disasters and infectious disease outbreaks can also pose a threat to a community's health. Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status or housing type and transportation. The Social Vulnerability Index (SVI) ranks census tracts on 15 social factors, such as unemployment, minority status and disability. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Logan County's 2020 overall SVI score is 0.2, indicating a low to moderate level of vulnerability.

HEALTH EQUITY INDEX

The 2024 Health Equity Index created by Healthy Communities Institute is a measure of socioeconomic need that is correlated with poor health outcomes. An index value 0 (low need) to 100 (high need) shows the greatest need by zip code. Logan County has a score of 49.7. The two highest need areas in Logan County are Latham with a score of 88.8 and Chestnut with a score of 85.

FOOD INSECURITY INDEX

The 2023 Food Insecurity Index, also created by Healthy Communities Institute, measures economic and household hardship correlated with poor food access. An index value from 1 (low need) to 100 (high need) is assigned to each zip code. Logan County has a score of 28.4. In Logan County, the zip codes of Atlanta (57.1) and Lincoln (54.1) showed the highest need.

RESIDENTIAL SEGREGATION

Racial/ethnic residential segregation refers to the degree in 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 that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. Logan County has a Residential Segregation—Black/white score of 63.7. In other words, 64 percent of either Black or white residents would have to move to different geographic areas in order to produce a de-segregated residential distribution. Illinois has an overall score of 71.5.

ASSESSING THE NEEDS OF THE COMMUNITY

ALL HOSPITAL AFFILIATES OF MEMORIAL HEALTH CONDUCTED THE 2024 CHNA USING THE SAME TIMELINE, PROCESS AND METHODOLOGY.

FEEDBACK FROM THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT

To inform the CHNA process, written or verbal comments for the last CHNA and Community Health Implementation Plan (CHIP) are reviewed and considered. There were no comments received from the public regarding the 2021 CHNA or the FY22-24 CHIP.

OVERSIGHT

The CHNA process for Lincoln Memorial Hospital was led by LMH Community Health coordinator, Molly McCain. The process was also supported by the LMH president and CEO, Dolan Dalpoas, and Memorial Health director of Community Health, Angela Stoltzenburg.

TIMELINE

PRIORITIZATION CRITERIA

The following criteria were referenced throughout the process. Final priorities were selected by ranking identified issues with these criteria, weighted to reduce individual bias and subjectivity resulting in a more objective and rational decision-making process.

20% MAGNITUDE – What is the number of people impacted by this problem or is this a trending health concern for the community?

20% SEVERITY – How severe is this problem or is it a root cause of other problems?

30% FEASIBILITY – Ability to have a measurable impact, availability of resources and evidence-based interventions available.

20% EQUITY – Does the issue have the greatest impact on people who are marginalized, vulnerable or living in poverty?

10% POTENTIAL TO COLLABORATE – Is this issue important to the community? Is there a willingness to act on the issue?

PROCESS

STEP 1: SECONDARY DATA COLLECTION

Primary and secondary qualitative and quantitative data were collected as the first step to identifying local community health needs. A variety of data was reviewed to assess key indicators of the social determinants of health including economic stability, education access/quality, health care access/quality, neighborhood/built environment and social/community context. As mentioned earlier in the report, these non-medical factors influence the health outcomes of the community and represent the conditions in which people are born, grow, live, work and age.

Memorial Health engages Conduent Healthy Communities Institute to provide a significant source of secondary data and makes it publicly available online as a free resource to the public. The HCI site provides local, state and national data to one accessible, user-friendly dashboard reporting more than 100 community indicators reflecting health topics, social determinants of health and quality of life. When available, specific county indicators are compared to other communities, state-wide data, national measures and Healthy People 2030. Many indicators also track change over time or identify disparities. The data can be found here: https://memorial.health/about-us/community-health/healthy-communities-data.

Additional secondary data and partner reports were reviewed for a nuanced understanding of community health indicators including:

- 500 Cities and PLACES Data Portal
- 2023 ALICE in the Crosscurrents: COVID and Financial Hardship in Illinois
- 211 Reports provided by United Way of Logan County
- Centers for Disease Control and Prevention Places
- Centers for Disease Control and Prevention (WONDER)
- Centers for Medicare & Medicaid Services
- Community Action Partnership of Central Illinois Community Needs Assessment
- Environmental Protection Agency
- Illinois Health Data Portal
- Illinois Violent Death Reporting System
- Illinois Kids Count Report
- Illinois Public Health Community Map
- Illinois Report Card
- Illinois Youth Survey
- Logan County Department of Public Health
- National Cancer Institute
- Robert Wood Johnson Foundation County Health Rankings
- State Health Improvement Plan: SHIP
- State Unintentional Drug Overdose Death Reporting System
- United States Census
- USDA Food Map—Food Deserts

STEP 2: PRIMARY DATA COLLECTION

Primary data was collected directly from the community in three ways: an external advisory committee, interviews and focus groups. Participants included those who represent, serve or have lived experience with local low-income, minoritized or at-risk populations. These methods provided an opportunity to engage community stakeholders and hear their reactions to the secondary data and provide their experiences in the community.

External Advisory Committee

The EAC consisted of 24 participants and was asked to review the secondary data collected to identify significant health needs in the community based on both the data as presented and their experience in the community. The following organizations were represented:

- Brightpoint
- Chestnut Health System
- Heartland Community College - Lincoln
- Lincoln Daily News
- Lincoln Junior High School
- Lincoln Park District
- Logan County Board
- Logan County Democrats
- Logan County Department of Public Health
- Memorial Behavioral Health
- Mount Pulaski Police Department
- Mount Pulaski School District
- New Holland-Middletown School District
- Oxford House, Recovery Home

Community Survey

Q: ***How do you rate your health?***

Q: ***Why don't local residents access healthcare when they need it?***

A survey in both online and paper format was distributed throughout the county to gather feedback. The survey was available in English and Spanish. Several community partners helped distribute the survey including local schools, human service agencies and the Logan County Department of Public Health. The survey was also distributed at local events. The survey asked several demographic questions to identify basic characteristics of respondents. The questions centered around age, gender, race, ethnicity, income and education. Participants were asked how they rate their health and the health of the community in addition to assessing adverse childhood experiences experienced in the home, exposure to racism and local challenges to maintaining a healthy lifestyle. The survey also provided an opportunity to write in the biggest health problem in the community. In Logan County, 428 surveys were completed. A copy of the survey can be found in Appendix I. A summary of who took the survey and the findings are below:

- 75% identified as female
- 20% reported at least some college
- 14% reported a household income of less than $40,000
- 95% identified as white (compared to 89.4% population)

- 1.87% identified as Black or African American (compared to 7.7% population)
- More than 50% reported that healthcare is not accessed when needed due to financial barriers (inability to pay out-of-pocket expenses, lack of health insurance coverage and inability to pay for prescriptions)
- 11% reported safety and crime as a challenge to maintaining a healthy lifestyle
- 62% reported lack of motivation/education as a challenge to maintaining a healthy lifestyle
- 46% reported they had witnessed someone being treated differently because of their race sometimes or frequently
- 29% reported they agreed or strongly agreed that racism was a problem
- 54% had experienced emotional abuse in their household
- 50% reported mental illness in the household

Focus Groups

Ten focus groups and interviews were conducted with community members, representing diverse identities throughout the county. Representation included those of diverse age, race, ethnicity, education, socioeconomic status and more. The following organizations participated in focus groups:

- Christian Village
- Land of Lincoln CEO
- Logan County High School students
- Lincoln Community High School students
- Lincoln Fire Department
- Lincoln Police Department
- Memorial Health nursing colleagues
- Mount Pulaski residents
- New Holland-Middletown Residents
- Oasis Senior Center
- Oxford House – Recovery Residence
- “Rebuilding Lincoln” forum
- Silver Fox Fitness

Three consistent themes emerged from the focus groups held in Logan County: access to health services, substance use and community activities. The need for health services spanned from mental health to dental care. Substance use was a prominent concern across all focus groups, with participants noting its widespread impact. Lastly, the lack of free and affordable community activities was highlighted, with many recognizing that greater access to such activities could foster a sense of community, connection and belonging.

STEP 3: INTERNAL ADVISORY COMMITTEE

The Internal Advisory Committee reviewed both primary and secondary data collected and recommended final priorities for board approval based on the selected criteria. Each potential need was force ranked by the criteria category. The IAC consisted of members of the LMH Community Health Collaborative Advisory Board as listed below:

- Board President, Lincoln Area YMCA
- CEO, Community Action Partnership of Central Illinois
- CEO, Lincoln Economic Advancement and Development
- Director of Nursing, Logan County Department of Public Health
- Executive Director, Lincoln Park District
- Executive Director, Logan County Department of Public Health
- Manager, Memorial Behavioral Health
- President/CEO, Lincoln Memorial Hospital
- Principal, Lincoln Elementary School District #27
- Representative, Logan County Regional Planning Commission
- Superintendent, Lincoln Community High School

STEP 4: MEMORIAL HEALTH CHNA/CHIP REVIEW COMMITTEE

A Memorial Health CHNA/CHIP Review Committee was added to the CHNA process for 2024. The purpose of this team was to review the CHNA findings for all affiliate MH hospitals and identify a shared priority. Sharing these regional needs provided an opportunity to discuss potential strategies to create a regional impact or inform health system strategy. The review committee included Memorial Health colleagues in the following roles: MH Chief Administrative Officer; MH Vice President of Equity and Experience; MH Vice President and Chief Quality Officer; Hospital Presidents/CEOs; Director of Community Health and Community Health Coordinators. Mental Health was identified as a priority in every hospital CHNA, and therefore was chosen as the system-wide priority.

ADDRESSING THE NEEDS OF THE COMMUNITY

The sections below provide deeper insight into the priorities selected. These priorities will be featured in the FY25-27 community health implementation plan. An explanation of additional identified health needs that were not chosen as final priorities is also included below. MH is committed to meeting the needs of our communities and will continue to collaborate with community partners to address priorities outside those identified in the CHNA as resources allow.

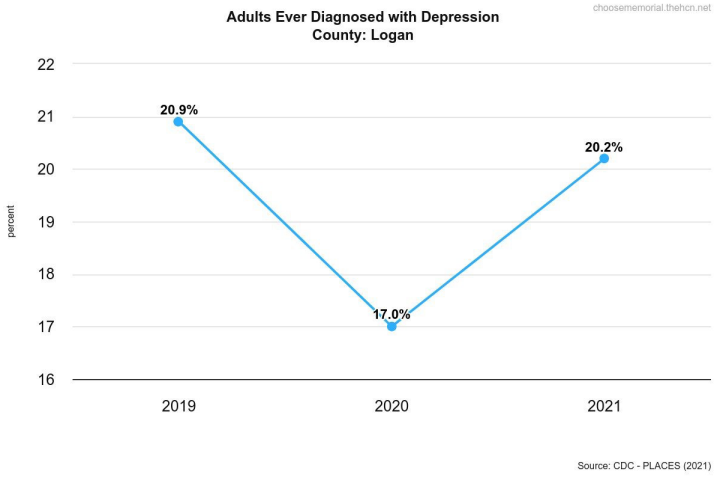
SELECTED PRIORITIES

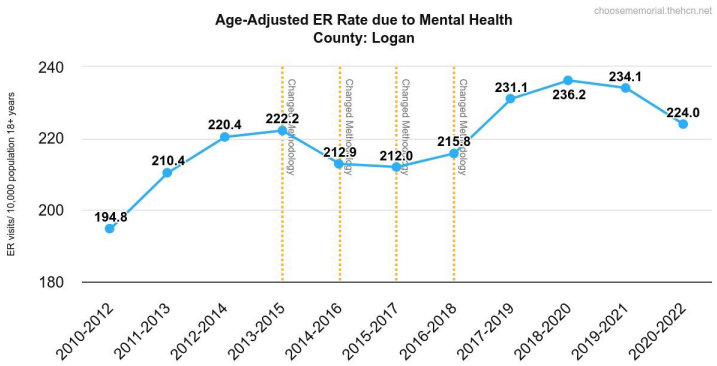
The final priorities selected by LMH include:

1. Mental Health (adult 3.7 and youth 3.9)
2. Cancer (4.5)
3. Healthy Weight (4.5)

MENTAL HEALTH

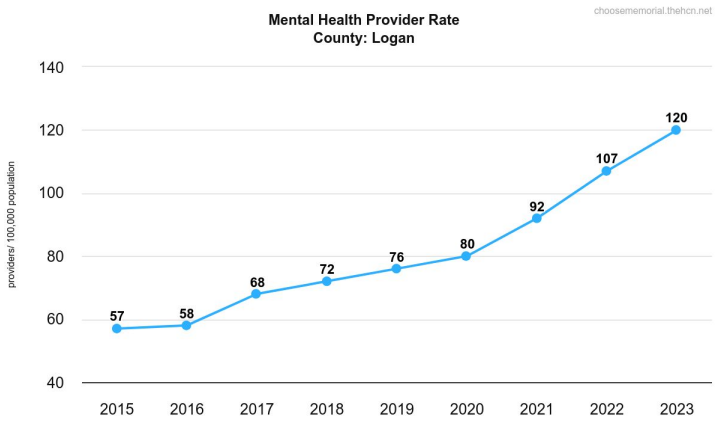
Mental health emerged as a significant focus in the community health needs assessment due to alarming data reflecting the mental health challenges faced by both youth and adults in Logan County. The Illinois Youth Survey revealed that a substantial percentage of students reported symptoms of depression, with nearly half of 10th graders and over half of 12th graders affected. Additionally, 22 percent of 10th graders and 27 percent of 12th graders in Logan County reported that in the past year they had considered suicide. The rate of disconnected youth (not involved in school or work) in Logan County (11 percent) is nearly double the state and national averages. This could lead to isolation, loneliness and a lost sense of purpose for young people in Logan County. Pediatric mental health hospitalizations are also higher in Logan County compared to Illinois as a whole. For adults, particularly those over the age of 65, 14 percent have been diagnosed with depression. Overall, the age-adjusted ER rate due to mental health for adults is 224 visits for Logan County as compared to 169 for the state of Illinois. In 2021, 20.2 percent of Logan County adults were diagnosed with depression.





When presented with the top ten potential priorities, all focus groups emphasized the importance of improving mental health care access in Logan County. Participants frequently voiced concerns about the mental health crises affecting their children's schools, with many advocating for the teaching of coping skills at an earlier age. Bullying was identified as a significant root cause of youth mental health issues. These discussions underscored the community's recognition of mental wellness as a vital issue needing attention.

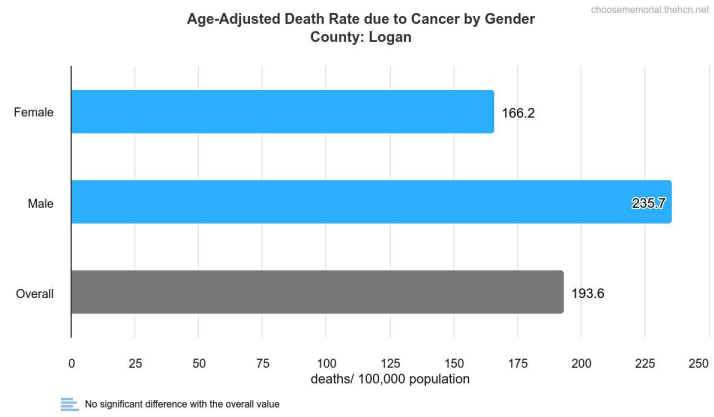
Survey responses indicated that half of households have someone struggling with mental illness, and there was a strong demand for more mental health providers and equitable access to care. Even with a consistent increase in mental health providers since 2016, the Logan County provider rate is 120 as compared to the state value of 315. Focus groups revealed that the waiting list for mental health services is a significant barrier to treatment. These factors underscore the urgency of addressing mental health as a priority in the community.



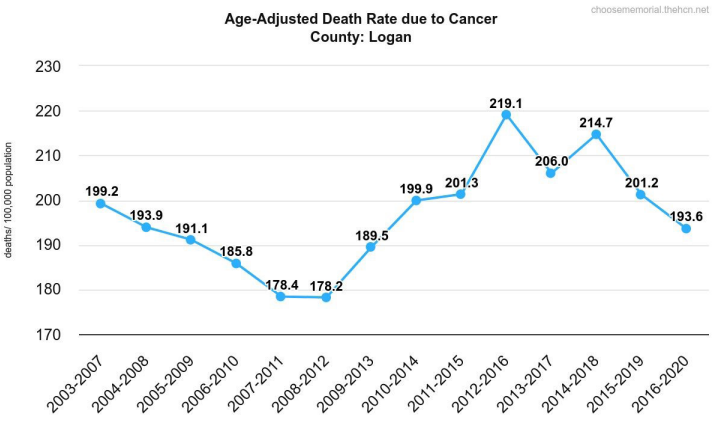
The internal advisory committee reviewed youth and adult mental wellness as separate priorities to explore tailored strategies for each group. During the prioritization process, it became clear that while mental health was already a focus in the previous needs assessment, there was a need to broaden the scope to include adults. The scores for both youth and adult mental wellness were similar, with feasibility and equity ranked three out of five. Although typically the highest-scoring priorities receive the most focus, the committee recognized a strong connection between mental health and substance use, which had a higher score. It was also recognized that mental health is a root cause for domestic violence, emotional abuse and physical abuse. After extensive discussion, the committee concluded that by prioritizing mental health, the community could also see a reduction in substance use issues, ultimately deciding to make mental health a top priority.

CANCER

According to the National Cancer Institute, Logan County also has a high cancer incidence rate of 554 per 100,000, which is higher than both the Illinois average of 459 and the national average of 442. The Logan County death rate for the 2016-2020 reporting period was 193 as compared to 155 for Illinois and 149 for the nation.

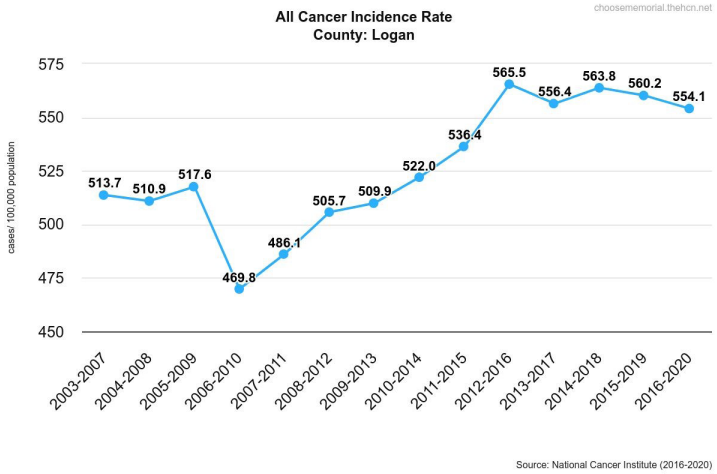


Source: National Cancer Institute (2016-2020)

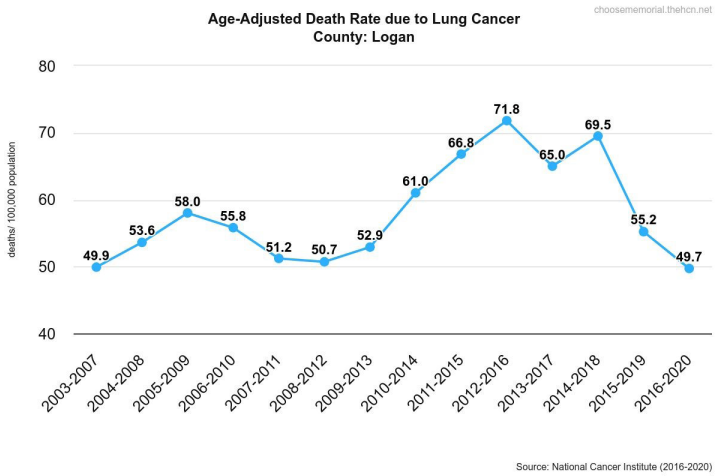


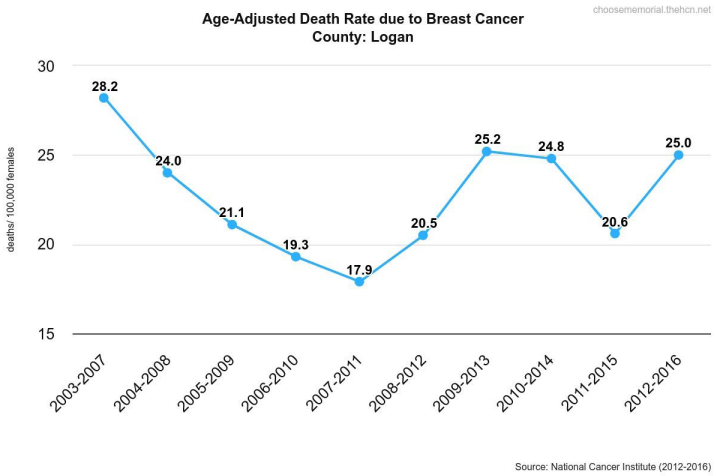
Source: National Cancer Institute (2016-2020)

When reviewing this data, including data on specific cancers, the external advisory committee agreed that the findings indicate a need that should be addressed at LMH.

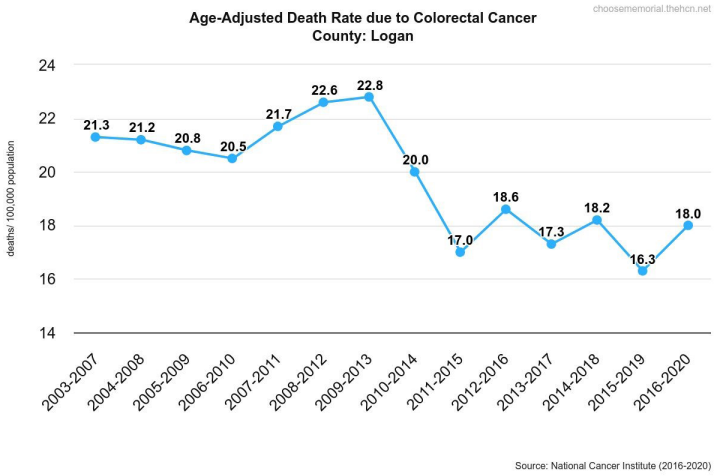


The focus groups agreed that cancer should be a priority, though there was no detailed discussion on how to address it. Despite this, the data clearly shows a high need, warranting further review by the internal advisory committee to determine their perspective on the issue. The committee was presented with high-level cancer statistics as well as specific data on the cancers with the highest incidence and death rates in Logan County: breast, lung and colorectal. In Logan County, lung cancer has the highest death rate at 49.7, well above the Illinois rate of 37.3 and the US average of 35. For breast cancer, Logan County has the highest incidence rate at 129.9, though its death rate is 25 compared to 21.8 in Illinois and 20.6 nationwide. Colorectal cancer incidence in Logan County is 59.8, higher than Illinois at 41.3 and the US average of 37.7.

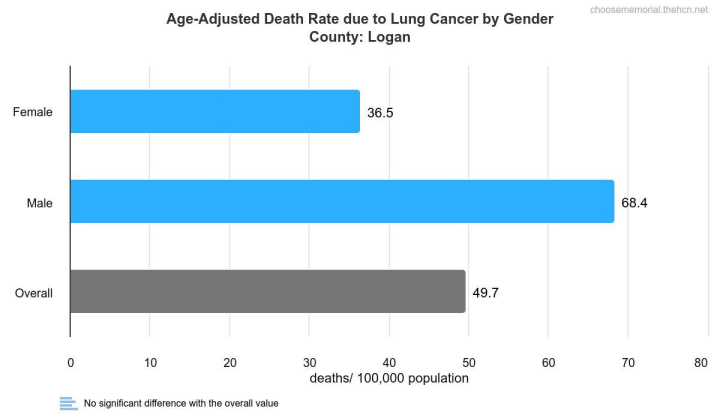




Based on the data, the committee concluded that a broader approach to cancer interventions would be wise, with strategies to address colorectal, breast and lung cancers.



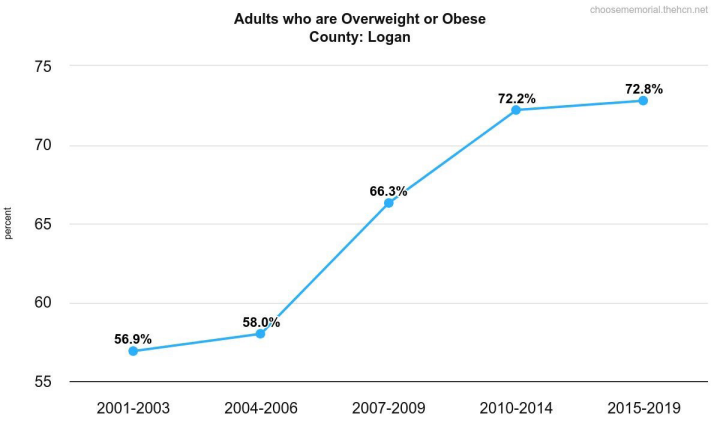
And while there isn't data available to identify race disparities for overall cancer incidence, they are evident within death rates and specific cancers. Males in Logan County are more impacted by cancer, with a rate 42 points higher than the overall average. The age-adjusted death rate for cancer in Logan County is notably higher for men, with 235 deaths per 100,000 population, compared to 166 deaths per 100,000 for women. Lung cancer impacts Logan County men more than women.



Source: National Cancer Institute (2016-2020)

HEALTHY WEIGHT

Unhealthy weight continues to be a topic of concern in Logan County. In the 2015-2019 reporting period, the Illinois Behavioral Risk Factor Surveillance System reported that 72.8 percent of Logan County adults are considered overweight or obese by the Body Mass Index. Obesity has been on the CHIP the last three years and has been a topic of conversation from the external advisory board. When presented with the data in the external advisory, the group ranked their top 10 priorities out of 33 priorities, with obesity ranking as number four only after student mental wellness, poverty level and child abuse.



Source: Illinois Behavioral Risk Factor Surveillance System (2015-2019)

When moving into the surveys, there was a great amount of confidence that obesity would stay as a priority even before the final reports were back. The community health need surveys confirmed this prediction. Eighty-eight percent of survey respondents believe that Logan County is somewhat or not very healthy. Many survey respondents stated that the high number of fast-food chains in the area was of concern and that they would like a health food store or healthy meal options. Other suggestions include walkable streets, bike trails and free physical activities.

The Robert Wood Johnson County Health Rankings reported that 27 percent of Logan County adults reported no leisure-time physical activity. Only 31-35 percent Logan County eighth, tenth and 12th graders self-reported on the Illinois Youth Survey that they had at least 60 minutes of physical activity in the past seven days. The same group reported they were not eating fruits and vegetables according to current dietary recommendations. No more than 12 percent reported eating at least one vegetable per day. No more than 6 percent reported eating vegetables at least three times per day.

The community survey found several challenges to Logan County residents maintaining a healthy lifestyle.

- 62% reported a lack of motivation/effort/concern.
- 55% reported a lack of education/knowledge.
- 44% reported a lack of access to healthy foods.
- 42% cited lack of time/convenience.
- 38% reported a lack of recreation opportunities.

When presented with the secondary data, survey results and focus group feedback, the internal advisory committee agreed that healthy weight should be a continued priority for Logan County. With a high population of those at risk of obesity or being overweight, the magnitude score was a 5 showing the trend of this issue as well as the number of people affected by it. The seriousness score was also rated a 5 due to the high population of adults affected as well as the acknowledgement that obesity is a root cause of several other chronic conditions and disease. The feasibility score was rated a 4, as LMH has the resources and interventions available to make a substantial impact. The equity score also rated a 4 as this priority has a significant impact on marginalized populations and those living in poverty. The final score to be included is the potential to collaborate, which was rated a 5 because we have many partnerships that we could collaborate with on this work.

The shift from obesity prevention to promoting healthy weight reflects the hospital's broader approach to addressing this priority. Potential interventions will not only target those who are currently overweight, but also include education and activities designed to foster healthy habits across all ages and demographic groups.

HEALTH NEEDS NOT SELECTED

Often, organizational capacity prohibits LMH from implementing programs to address all significant health needs identified during the CHNA process. LMH chose to focus efforts and resources on a few key issues to develop a meaningful CHIP and demonstrated impact that could be replicated with other priorities in the future:

Substance Use - Substance use is a significant concern in Logan County; however, it was not selected as a priority because the hospital has strong partnerships with existing services and organizations who are already addressing the concern. The advisory committee also agreed that enhancing mental health services could help address substance use trends due to their comorbidity. Focus groups and surveys highlighted needs that LMH cannot fully address, but we will continue to support the effective interventions already in place.

School Safety - School safety emerged as a concern in many focus groups but was not selected as a priority due to the hospital's lack of expertise in this area. Instead, our partnership with local law enforcement and emergency services will enable us to support the creation of safe learning environments for students in our community.

Homelessness and Housing - Homelessness and affordable housing were not selected as priorities because LMH has not identified specific interventions to address these needs. However, a new shelter project is being developed to address these issues, and LMH will continue to provide support for this initiative.

Dental Care - Affordability and access to dental care were frequently highlighted in the surveys. Although LMH does not have the resources to address this priority directly, the organization recognizes the need and will promote the resources available through community partners, including the Logan County Department of Public Health, which offers dental services on-site.

Poverty/Ability to Afford Healthcare - Most Logan County residents have some type of health insurance. The U.S. Census Bureau reported that in 2021, 91.3% of adults ages 18-64 had some type of insurance. Most children under the age of 19 were also covered by insurance, with 97.2% reported in 2021. LMH does its best to provide care for those who cannot afford it, when possible, but recognizes that the need far exceeds our capacity and that there are many root causes that can only be addressed with collaboration.

The biggest concern is those who have insurance but still can't afford medications and out-of-pocket costs. This was mentioned throughout the focus groups and community survey. LMH acknowledges this concern but is unable to implement effective strategies to have a measurable impact on inability to pay for prescriptions, co-pays, high deductibles, etc.

Transportation - Transportation was a prominent concern in the surveys and focus groups. While LMH recognizes there are existing community resources, we also acknowledge that more work is needed and we will continue to support the agencies addressing this issue. LMH is not able to have a measurable impact on this need due to resource constraints and lack of expertise.

Domestic Violence - Secondary data and community health surveys reveal that domestic violence is a concern in Logan County. While LMH acknowledges this is a serious safety issue, the organization lacks the resources to address it directly. LMH will continue to direct community members to law enforcement and appropriate agencies until further support can be arranged. Addressing mental health is also thought to have a potential impact on domestic violence.

Access to Alcohol and Gambling - A common topic during focus groups and throughout surveys is the number of establishments selling alcohol and providing gambling in the county. This was not selected as a priority as LMH does not have the resources or appropriate interventions to address this concern.

OB/GYN Services - A common concern raised in surveys and focus groups is the lack of OB/GYN services in the community since LMH ceased providing these services. Although LMH does not have the resources to offer these services directly, the hospital will support and collaborate with the agencies in our community that provide comprehensive care during pregnancy and postpartum.

Safe Sidewalks and Bike Paths - Safe sidewalks and more bike paths were noted as important for creating a healthier Logan County. Although this was not selected as a priority, LMH will continue to collaborate with organizations that recognize this need and work together to address it where possible.

OVERSIGHT

The CHIP process for Lincoln Memorial Hospital was led by the LMH community health coordinator, Molly McCain. The process was also supported by the LMH president and CEO, Dolan Dalpoas, and Memorial Health director of community health, Angela Stoltzenburg.

2024 CHNA Report Approved by the Memorial Health Community Benefit Committee AND Internal Advisory Committees Reviews FY25-27 CHIP Strategies

SEPT. 2024

MH CHNA/CHIP Committee Review FY25-27 CHIP Strategies

OCT. 2024

LMH Hospital Board Approves FY25-27 CHIP AND MH Community Benefit Committee Approves FY25-27 CHIP

NOV. 2024

CHIP DEVELOPMENT

Once the CHNA priorities were finalized for each affiliate hospital, each affiliate hospital used the same process to identify and select the strategies for the FY25-27 CHIP. Evidence-based strategies for each priority were researched by the community health leaders using the following tools:

- "What Works for Health" – Robert Wood Johnson's County Health Rankings and Roadmaps
- Healthy People 2030 Evidence-Based Resources
- Promising Practices – Conduent Healthy Communities Institute

Final strategies were selected with the input of the community, internal Memorial Health stakeholders and additional strategic considerations.

COMMUNITY INPUT

The community health leaders met community partners and organizations working to address the final priority areas. Through these meetings, gaps were identified that could serve as potential projects or initiatives. Areas for collaboration were also discussed with local partners in addition to a review of focus group conversations and survey responses.

INTERNAL INPUT

Community health leaders spend much of their time in the community, working alongside those who have been engaged in work around the final priorities for years. The insight and expertise of community health leaders were relied on as the CHIP was developed. Members of the Internal Advisory Committees were also consulted throughout the process to identify hospital resources available to implement programs.

STRATEGIC PLANS AND COMMITMENTS

Memorial Health's strategic plan was reviewed and considered to be a guiding document as Memorial Health deepens its commitment to community health. Evolving work around equity, diversity and inclusion helped shape and prioritize strategies and potential projects. Organizations who are conducting their work in an anti-oppressive and inclusive way are prioritized for partnership. Existing strategies, programs and partnerships were reviewed for effectiveness and alignment with the 2024 CHNA priorities to determine their inclusion in the FY25-27 CHIP.

FY25–27 STRATEGIES

The following strategies are planned to take place FY25-27. Each strategy below contains the following details:

Targeted Priorities

The specific identified priorities that will be addressed by the strategy.

Anticipated Impact

The short- and/or long-term outcome(s) resulting from the strategy.

Social Determinants of Health Areas of Impact

Any social determinants of health that will be addressed by the strategy.

Hospital Resources

The resources that LMH plans to commit to address the health need.

Community Partners

Any local organizations and agencies that are taking the lead or collaborating with LMH to implement the strategy.

Equity/Disparities

Any identified disparities that will be addressed by the strategy and if the strategy will support low-income, disadvantaged communities.

Measures of Success

The outcome measures that will be tracked to prove that the strategy accomplished its goal(s).

LINCOLN MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Cancer, Healthy Weight

STRATEGY	Cancer Coalition
TARGETED PRIORITY(IES)	❒ MENTAL HEALTH ■ CANCER ❒ HEALTHY WEIGHT
ANTICIPATED IMPACT	To decrease cancer incidence rates. To decrease cancer death rates.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ❒ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ❒ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ❒ PRINTING/SUPPLIES
COMMUNITY PARTNERS	To be determined in strategy work.
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO Comprised of key stakeholders with significant professional expertise in cancer, coalition could address disparities in cancer rates by providing a deeper analysis beyond existing data, focusing on high-risk populations based on gender, race, occupation, and environmental factors. By leveraging expert insights alongside data collection, advocacy, and community engagement, the coalition would aim to reduce cancer risks and improve outcomes in under-served areas.
MEASURES OF SUCCESS	FY25-27: Explore the creation of a Logan County cancer coalition and action plan.

LINCOLN MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Cancer, Healthy Weight

STRATEGY	Free Community Nutrition and Wellness Courses
TARGETED PRIORITY(IES)	❒ MENTAL HEALTH ■ CANCER ■ HEALTHY WEIGHT
ANTICIPATED IMPACT	To increase knowledge of healthy eating habits, leading to better dietary choices and reduced risk of chronic diseases such as obesity, diabetes and heart disease. To empower individuals to make informed decisions about their nutrition, enhance food security by teaching budget-friendly meal planning and foster long-term wellness in the community by promoting healthier lifestyles.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Lincoln Park District Memorial Care Lincoln
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO By offering the course for free, it will directly address income barriers, ensuring that all individuals, especially those in under-served populations, can access essential nutrition education. By tailoring the material to meet the needs of diverse populations and providing budget-friendly solutions, the course can empower participants to overcome obstacles to healthy eating, promote sustainable dietary changes and ultimately improve health equity in the community.
MEASURES OF SUCCESS	FY25: Develop, coordinate and promote the courses. FY26-27: Host at least one course in FY26 and FY27. # of classes provided to the community # of people who attended % self-reported increase of nutrition and wellness information by participants % self reported improvement in dietary habits

LINCOLN MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Cancer, Healthy Weight

STRATEGY	Free Cancer Screenings
TARGETED PRIORITY(IES)	❒ MENTAL HEALTH ■ CANCER ❒ HEALTHY WEIGHT
ANTICIPATED IMPACT	To increase access to screenings. To promote early cancer detection. To decrease cancer death rates. To improve access to care for under-served populations.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ❒ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ❒ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Regional Cancer Partnership of Illinois
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO By providing services for free, it removes financial barriers to screenings that will support low-income or disadvantaged communities. It also encourages regular check-ups and closes the gap in health equity.
MEASURES OF SUCCESS	FY25-27: # of colorectal screening kits distributed # of colorectal screening kits returned # of colorectal screening kits with positive results # of free mammograms provided

LINCOLN MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Cancer, Healthy Weight

STRATEGY	Promote Memorial Health Cancer Support Groups
TARGETED PRIORITY(IES)	■ MENTAL HEALTH ■ CANCER ❒ HEALTHY WEIGHT
ANTICIPATED IMPACT	To enhance access to vital emotional and educational resources. To improve mental health for individuals impacted by cancer. To reduce loneliness and isolation by fostering connections. To decrease cancer death rates. To increase attendance and participation in support groups.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ❒ MARKETING ❒ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ❒ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Memorial Health Community Cancer Education
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	❒ YES ■ NO
MEASURES OF SUCCESS	# of participants in the breast cancer support group # of participants in the prostate cancer support group # of participants in the Finding Hope cancer support group

LINCOLN MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Cancer, Healthy Weight

STRATEGY	Mental Health Text Message Campaign
TARGETED PRIORITY(IES)	■ MENTAL HEALTH ❒ CANCER ■ HEALTHY WEIGHT
ANTICIPATED IMPACT	To increase awareness and use of mental health, substance use and community resources. To increase healthy behaviors and preventive actions. To improve youth mental and physical health outcomes. To improve high school graduation rates.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ■ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ❒ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ■ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Brightpoint, Chestnut Health Systems and Youth Mental Health Coalition members Local school districts
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO By delivering free messages to all subscribers, we bridge information gaps for teens and promote early intervention, regardless of socioeconomic status.
MEASURES OF SUCCESS	# of subscribers # of click-throughs representing engagement in texts % of participants that report satisfaction with messages % of participants that report an increase in available resources

LINCOLN MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Cancer, Healthy Weight

STRATEGY	The LMH Market
TARGETED PRIORITY(IES)	❒ MENTAL HEALTH ■ CANCER ■ HEALTHY WEIGHT
ANTICIPATED IMPACT	To provide access to fresh, locally grown produce. To promote healthier eating and physical activity. To promote and encourage a local food system and support local farmers. and small businesses.
SOCIAL DETERMINANTS OF HEALTH IMPACT	■ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ■ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ❒ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO Accepting SNAP dollars enables low-income families to purchase healthy, locally grown produce, improving access to nutritious food. Providing free health screenings, flu shots and educational resources at the market helps bridge healthcare gaps, promoting preventive care and wellness in communities that may face barriers to traditional healthcare services.
MEASURES OF SUCCESS	FY25-FY27: # of visitors # Power of Produce club attendance (youth program) # Know Your Numbers free screening participants $ SNAP match $ produce sales

LINCOLN MEMORIAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

IDENTIFIED PRIORITIES: Mental Health, Cancer, Healthy Weight

STRATEGY	Trailblazers Walking Program
TARGETED PRIORITY(IES)	■ MENTAL HEALTH ■ CANCER ■ HEALTHY WEIGHT
ANTICIPATED IMPACT	To increase physical activity. To improve mental health by offering an accessible and inclusive exercise option. To decrease the percentage of people who self-report unhealthy weight.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ❒ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ❒ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO As a free program, this removes financial barriers to fitness activities, making them accessible to individuals of all income levels. By fostering an inclusive environment, it encourages participation from people of all ages, abilities and backgrounds, promoting a sense of belonging and community. As a low-impact activity, it accommodates a wider range of individuals, including those with physical limitations. By ensuring accessibility regardless of income, age or ability, the program addresses health inequities, particularly among marginalized groups with limited access to structured physical activities. The trail is also accessible to individuals using wheelchairs or mobility aids.
MEASURES OF SUCCESS	FY25-FY27: Host 2 walking challenges each year (October and May). # walkers signed up for walking challenges # of walkers that complete the challenges % improvement in health metrics from the pre- and post-surveys

REGIONAL STRATEGIES

The MH CHNA/CHIP Review Committee identified the shared priority of mental health. The following four collaborative strategies will be implemented to address mental health across the service areas of all five Memorial Health hospitals.

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

STRATEGY	Free Community Anti-Racism Training
TARGETED PRIORITY(IES)	■ MENTAL HEALTH
ANTICIPATED IMPACT	To create an inclusive community culture of belonging. To create awareness of how marginalized groups are affected by racism in their community. To cultivate anti-racist communities that actively identify and oppose racism. To actively influence communities to change policies, behaviors and beliefs that perpetuate racist ideas and actions. To bring awareness to the trauma caused by racism and its contribution to mental health.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ❒ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Springfield Immigrant and Advocacy Network Springfield Coalition On Dismantling Racism
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO People of color and all those whose lives have been marginalized by those in power experience life differently from those whose lives have not been devalued. They experience overt racism and bigotry far too often, which leads to a mental health burden that is deeper than what others may face. Discrimination is a challenge that can't be controlled and can have a negative impact on health and safety throughout life.
MEASURES OF SUCCESS	FY25: Identify trainers, curriculum and training locations. Explore ability to award CEUs to participants. Develop marketing campaign to encourage attendance. FY26 and FY27: One in-person training held in each county each fiscal year. At least two virtual trainings held for the Memorial service area each fiscal year. # of participants at each training

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

STRATEGY	"Wellness on the Go" Health Literacy Kits at Public Libraries
TARGETED PRIORITY(IES)	■ MENTAL HEALTH
ANTICIPATED IMPACT	To improve mental health awareness and knowledge of free, local mental health resources. To increase usage of mental health services. To empower individuals to address the mental health of themselves, their family and friends.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ❒ SOCIAL AND COMMUNITY CONTEXT ■ HEATLH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ❒ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ❒ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Memorial Behavioral Health Public Libraries Heritage Behavioral Health Center
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO Libraries are embedded in their communities and provide free access to resources for everyone. They have access to and serve diverse sectors of the population regardless of age, income, race, gender, religion, sexual orientation and housing status.
MEASURES OF SUCCESS	# of library partners # of kits distributed to libraries # of times the wellness kits are checked out by patrons Self-reported feedback from patrons who check out the health literacy kits including: Increased knowledge of local mental health resources. Motivation to seek help from 988 and 211 to assist themselves or others when in need.

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

STRATEGY	Free Community Trauma Informed Care Trainings
TARGETED PRIORITY(IES)	■ MENTAL HEALTH
ANTICIPATED IMPACT	To increase understanding of trauma. To increase use of trauma-informed practices. To reduce the possibility of re-traumatization. To create a safe physical and emotional environment for community members served by participants.
SOCIAL DETERMINANTS OF HEALTH IMPACT	❒ ECONOMIC STABILITY ❒ EDUCATION ACCESS AND QUALITY ❒ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ❒ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ❒ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	Heritage Behavioral Health Center Memorial Behavioral Health
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	❒ YES ■ NO
MEASURES OF SUCCESS	FY25-27: One in-person training held in each county each fiscal year. At least two virtual trainings held for the Memorial service area each fiscal year. # of participants who complete the training # of participants earning CEUs Participant will self report an increase in the following after completing the training: - "Agree" or "Strongly Agree" they understand the effect of trauma on a person's thoughts, feelings and behaviors. - "Agree" or "Strongly Agree" that they have learned things they did not know previously about trauma. - "Agree" or "Strongly Agree" that the training met a need in their community. - "Agree" or "Strongly Agree" that the training helped destigmatize trauma.

MEMORIAL HEALTH COMMUNITY HEALTH IMPLEMENTATION PLAN

FY25-27

SHARED PRIORITY: Mental Health

STRATEGY	MH Mental Health Commission
TARGETED PRIORITY(IES)	■ MENTAL HEALTH
ANTICIPATED IMPACT	To increase understanding of mental health landscape in Memorial Health service area. To identify opportunities to improve mental health outcomes in Memorial Health service area.
SOCIAL DETERMINANTS OF HEALTH IMPACT	■ ECONOMIC STABILITY ■ EDUCATION ACCESS AND QUALITY ■ NEIGHBORHOOD AND BUILT ENVIRONMENT ■ SOCIAL AND COMMUNITY CONTEXT ■ HEALTH CARE ACCESS AND QUALITY
HOSPITAL RESOURCES	■ COLLEAGUE TIME ■ MEETING SPACE/VIRTUAL PLATFORM ■ MARKETING ■ CONSULTANT/EXPERT ■ FINANCIAL SUPPORT ■ OTHER SUPPORT ■ PRINTING/SUPPLIES
COMMUNITY PARTNERS	
EQUITY/DISPARITIES Does this strategy address any identified disparities and/or support low-income and disadvantaged communities?	■ YES ❒ NO The commission will seek to identify disparities in root causes, service delivery and outcomes related to mental health.
MEASURES OF SUCCESS	FY25: Explore the creation of an MH Mental Health Commission.

ADOPTION OF THE CHIP

The LMH Board of Directors approved the FY25-27 CHIP on Nov. 6, 2024. The Memorial Health Community Benefit Committee approved the FY25-27 CHIP on Nov. 18, 2024.

PUBLIC AVAILABILITY AND CONTACT

The 2024 Lincoln Memorial Hospital Community Health Needs Assessment and FY25-27 Community Health Implementation Plan are publicly available online at https://memorial.health/about-us/community-health/community-health-needs-assessment/ and hard copies are also available. For additional questions or to request a hard copy, please contact the director of community health, Angela Stoltzenburg, at stoltzenburg.angela@mhsil.com

FUTURE STEPS

Over the next three years, the strategies will be implemented to create the anticipated impact described above. The measures of success identified in this plan will be formally reviewed at least twice annually by the Memorial Health Community Benefit Committee. Over this three-year period, needs may become less pressing, new community resources or programs may become available, barriers may challenge implementation, a strategy may be found ineffective, or a new need may present itself. If we must significantly shift our strategies or identified priorities, those changes will be reviewed and approved by the MH Community Benefit Committee and the LMH Board of Directors.

Lincoln
Memorial
Hospital

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