

2015-2018

Logan County Community Health Needs Assessment



A Memorial Health System Affiliate



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Logan County, Illinois 2015 COMMUNITY HEALTH NEED ASSESSMENT

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Executive Summary

In 2015, Abraham Lincoln Memorial Hospital completed a community health need assessment (CHNA) for Logan County, III., as required of nonprofit hospitals by the Affordable Care Act of 2010. The hospital completed a previous need assessment in 2012.

As an affiliate of Memorial Health System, Abraham Lincoln Memorial Hospital (ALMH) worked with other affiliate hospitals on the overall timeline and process steps for the CHNA, but completed the assessment independently in collaboration with its local community partners.

In order to help narrow down the multiple needs and issues facing the community to a set of final priorities the hospital would address, Memorial Health System (MHS) hospitals agreed to use the same defining criteria throughout the assessment process. These defining criteria are:

- 1. Institute of Medicine Triple Aim Impact:
 - Improve the Care of Individuals
 - Improve the Health of Populations
 - Reduce Waste, Variation and Cost
- 2. Magnitude of the Issue How wide an issue is this in the community?
- 3. Seriousness of the Issue How related is the issue to the mortality (deaths) of those affected?
- 4. Feasibility Considering available resources to address the issue, how likely are we to make a significant impact on the issue?

ALMH conducted the CHNA in collaboration with Logan County Department of Public Health, which used the process to identify its IPLAN priorities (Illinois Project for Local Assessment of Need), as required of public health departments by the Illinois Department of Public Health.

The CHNA included reviewing secondary data on health and socioeconomic indicators for Logan County, primarily through Healthy Communities Institute data on the hospital's website. Data review also included Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, National Cancer Institute, Illinois Hospital Association, Centers for Medicare & Medicaid Services, Illinois Youth Survey, County Health Rankings and Roadmaps and the Illinois Alliance to Prevent Obesity.

ALMH convened a community advisory committee to review data, offer additional insights in issues affecting the community, and rank the priorities using the defined criteria as well as the PEARL method.

Final selected priorities are:

- 1. Obesity
- 2. Chronic Disease Management (Diabetes and Cardiovascular Disease)
- 2. Access to Health Care
- 3. Mental Health

In addition, Memorial Health System convened an Internal Advisory Team to review common priorities identified in all four counties where MHS hospitals completed community health need assessments. Two goals from a system-wide perspective are included in the FY2016 implementation strategy.

Introduction to Memorial Health System

One of the leading healthcare organizations in Illinois, Memorial Health System of Springfield is a community-based, not-for-profit corporation dedicated to patient care, education and research.

Our more than 6,700 staff members, partnering physicians and hundreds of volunteers are dedicated to improving the health of the communities we have served since 1897. In a year, we serve an average of more than 40,000 inpatients, more than 667,000 outpatients and more than 125,000 patients in our four Emergency Departments. 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 System includes four hospitals: Abraham Lincoln Memorial Hospital in Logan County, Memorial Medical Center in Sangamon County, Taylorville Memorial Hospital in Christian County and Passavant Area Hospital in Morgan County. Memorial Health System also includes Mental Health Centers of Central Illinois, Memorial Physician Services and Memorial Home Services.

Community health need assessments (CHNAs) were completed in 2015 in each of the counties where the hospitals are located. These need assessments meet the federal health reform's Section 9007 of the Patient Protection and Affordable Care Act of March 2010 and requirements of the IRS 990 Schedule H report. Memorial Health System hospitals also completed need assessments in 2012.

Our Mission To improve the health of the people and communities we serve.

Our Vision To be a national leader for excellence in patient care.

Our Values

Service to Humanity To care for life's precious gift of health is a calling of the highest order. We recognize the vulnerability that accompanies fear and hope. We accept the responsibility, entrusted to us every day, to serve humanity.

Excellence in Performance By bringing together talented, dedicated people and advanced technology, we strive to provide quality healthcare. We take pride in ourselves, our colleagues and our workplace. We demonstrate that pride in the quality of service we deliver each day.

Respect for the Individual We treat all people with dignity, respect and compassion. We believe that every person is unique and has the right to participate in decisions that affect them.

Value of Employees More than buildings and equipment, people are Memorial Health System. Our success depends on an atmosphere of fairness and mutual respect. We are committed to provide equal opportunity for employment, growth and advancement. Furthermore, all employees are provided the opportunity to make a meaningful contribution to the fulfillment of our mission and are recognized for their accomplishments.

ntegrity in Relationships We are committed to fairness and honesty in all of our relationships. We recognize that our ability to sustain relationships based on mutual trust is the foundation of our success.

C ommunity **Responsibility** We hold our assets in public trust and recognize that continued financial viability is essential to fulfill our mission within the context of this statement of values. We believe that our community service obligation can best be met as a not-for-profit organization. Furthermore, we accept the responsibility to support research, education and public service programs that enrich the quality of life in our community.

qual Access We believe all people deserve equal access to care and services. In our pursuit of this belief, we are constrained by our financial resources. We must balance our commitment to provide equal access to care and services with our obligation to ensure the continuing availability of quality healthcare for the future.

Introduction to Abraham Lincoln Memorial Hospital

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, III., 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 315 people and is one of the major employers in Logan County. These jobs directly impact our local economy.

In addition to providing job opportunities for the local community, ALMH makes an overall economic impact by increasing access to healthcare for local residents. Decisions for industrial and business locations are significantly influenced by the availability local healthcare. Additionally, the recruitment and retention of retirement-aged residents are impacted by quality health care systems. ALMH enhances Logan County's opportunity to attract new business and industry and has the potential to further create new jobs and new families moving into the county.

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.

In FY2014, ALMH provided the following care to the community:

Patient Days of Care: 3,597 Discharges: 1,092 Outpatient Visits: 48,632

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

Outpatient Mental Health Services are provided through Mental Health Centers of Central Illinois.

The Emergency Department is staffed by a qualified physician 24 hours/day. Community physicians provide back-up coverage on a rotating basis. Criteria and guidelines for evaluating emergency patients relative to appropriate care setting have been established and appropriate transfer agreements are in place. Emergency transportation, including air transport when required, is immediately available. ALMH operates 24 hours/day, 365 days/year. All clinical and support departments maintain appropriate staffing plans to support this coverage including call schedules. A nurse manager, an administrative representative, and appropriate physicians are always available on call.

ALMH is accredited by the Joint Commission and is a member of the American Hospital Association, the Illinois Hospital Association and VHA.

Recent Awards and Recognitions

- 50 Critical Access Hospitals to Know, Becker's Hospital Review 2015: A list published for the first time in 2015 to highlight the top 50 critical access hospitals in the United States that have demonstrated excellence in caring for their communities. Hospitals were selected based on iVantage Health Analytics' list of Top 100 Critical Access Hospitals, the National Rural Health Association's list of Top 20 Critical Access Hospitals, patient satisfaction scores from CMS' Hospital Compare and various Healthgrades awards.
- 50 Critical Access Hospital CEOs to Know, Becker's Hospital Review 2015: A list published for the first time in 2015 to highlight the top 50 critical access hospitals CEOs in the United States. Under their leadership and guidance, their hospitals have achieved success and earned recognitions from multiple reputable organizations.
- Health Care's Most Wired 2013, 2014, 2015: The Most Wired[™] survey and benchmarking study is a leading industry barometer measuring information technology (IT) use and adoption among hospitals nationwide. The survey is published annually by Health & Hospitals Network.
- 100 Top Critical Access Hospital 2013 and 2014: ALMH scored in the top 100 of Critical Access Hospitals on the iVantage Hospital Strength INDEX[™]. The INDEX is the industry's most comprehensive rating of US acute care hospitals, and the only one to include the country's 1,300 CAHs. The results recognize that the Top 100 Critical Access Hospitals provide a safety net to communities across rural America – measuring them across 62 different performance metrics, including quality, outcomes, patient perspective, affordability, population risk and efficiency.
- Healthgrades Quality Ratings 2015: Healthgrades, a for-profit external rating agency, ranked Abraham Lincoln Memorial Hospital among the "Top 15% for Outstanding Patient Experience."

Community Benefit

As a nonprofit community hospital, Abraham Lincoln Memorial Hospital provides millions of dollars in community support each year, both for its patients in and support for community partnerships. For the past three years, ALMH's community benefits have totaled \$20.2 million. (FY15 totals were not available at the time of this report's completion.) This includes \$5 million in charity care, \$14.8 million in unpaid Medicaid, and \$486,000 in community health programs. Additionally, the hospital foundation, Abraham Lincoln Healthcare Foundation, provides significant support of community health initiatives. Those dollars are not reflected in the hospital community benefit totals.

Introduction to Logan County, Illinois

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 618 square miles, with a population of 30,305 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 14,284), where ALMH is located, is the county seat. Lincoln contains almost of half 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.

Lincoln is home to a private liberal arts junior college, a Christian university and graduate seminary. A community college based 38 miles away in Normal, Illinois, also offers classes locally.

Logan County has an aging population: 19.4% of residents are under the age of 18, which is lower than the state average and 16.8% of residents are over the age of 65 which is higher than the state average. Men compose 50.6% of the population. Its residents are 89.5% white; 8% black, 3.3% Hispanic/Latino and .7% Asian. The median household income is \$47,133 well below the state average of \$56,797, and 13.8% of persons live below poverty level. High school graduates make up 85.8% of residents. Only 16.2% have earned a bachelor's degree or higher in comparison to the state average of 31.4%

Existing healthcare providers in Logan County include Logan County Department of Public Health, Memorial Physician Services primary care practice, Springfield Clinic primary care practice and Mental Health Centers of Central Illinois. There is one Medically Underserved Area in Logan County.

Logan County Healthy Communities Partnership



The Logan County Healthy Communities Partnership (HCP), established in 1996, is an open, collaborative group that offers information sharing and networking among a variety of community service providers in Logan County. HCP addresses the needs

of our community through partnership. Thirty different health and social service agencies, education organizations and others participate (a list of member organizations is included in Appendix A.)

The HCP is funded by the Abraham Lincoln Healthcare Foundation and is overseen by a steering committee including representatives from Abraham Lincoln Memorial Hospital, the Logan County Department of Public Health, Memorial Physician Services in Lincoln and Mental Health Centers of Central Illinois. The Healthy Communities Partnership Manager leads the partnership and helps facilitate collaboration, oversees daily operations and implements activities on behalf of the partnership. The work done by HCP is a result of its members and task forces. Whether it is an individual project or a long-term issue, critical players are brought to the table to efficiently use resources and take action on important issues affecting Logan County residents. The full HCP meets approximately five times per year. Task Forces meet and are created according to community need.

There are currently five task forces addressing the following areas:

- 1. Alcohol, Tobacco and Other Destructive Behaviors
- 2. Breastfeeding
- 3. Cardio-diabesity (addressing obesity, diabetes and cardiovascular disease)
- 4. Healthy Families/Education
- 5. Senior Issues

Outcomes of the 2012 Community Health Need Assessment

During the 2012 CHNA process, Abraham Lincoln Memorial Hospital collaborated with closely two other Memorial Health System hospitals. Memorial Medical Center is located in Sangamon County, adjacent to Logan County. Taylorville Memorial Hospital, also a rural critical access hospital, is in Christian County. All three hospitals selected the following four priorities:

- 1. Access to Care
- 2. Cardiovascular Disease
- 3. Diabetes
- 4. Obesity.

Over the past three years, Abraham Lincoln Memorial Hospital has addressed these issues through a variety of activities. ALMH has successfully offered access to a 24/7 Emergency Department. Additionally, ALMH served as a clinical site for students from affiliated healthcare programs. The HOPE mobile, a mobile health unit, provided services directly to patients throughout rural Logan County until July 2014. ALMH provided financial support to the Girls on the Run program and a successful 5K was offered to the community to promote physical activity. Over 800 blood pressure screenings and 12 diabetes support group meetings were provided each year. Educational opportunities for residents have been provided to promote healthy behaviors and inspire a culture of health.

Outcomes of 2012 Community Health Need Assessment Plan MHS STRATEGIC PLAN: GREAT FINANCIAL STEWARDSHIP Achieve 100% of approved Community Benefit targets

| PRIORITY: ACCESS TO CARE | | |
|---|---|--|
| MHS affiliates will provide care to people regard- less of ability to pay in accordance with Memo- rial's charity care policy(s). | Goal met. ALMH provide \$5 million dollars in charity care assistance in FY12-FY14. | |
| ALMH will offer all people access to 24/7 emer- gency care services | Goal met.ALMH provided Emergency Department services 24/7. | |

| PRIORITY: ACCESS TO CARE | | | | |
|--|--|--|--|--|
| ALMH will serve as a clinical site for students from affiliated healthcare programs | Goal met. ALMH served as a clinical site for radiology, pharmacy and laboratory medicine students. | | | |
| ALMH will provide pharmaceutical assistance to Emergency Department patients to encourage better disease and illness management. | Goal met. ALMH has provided over \$25,000 in prescription assistance over the past three years for indigent patients. | | | |
| ALMH will partner with local schools and organi- zations to offer free baseline concussion Im- PACT tests to athletes ages 10 and up who live in the ALMH service area. | Goal met. ALMH has offered baseline testing to all children and ath- letes in Logan County and a no-cost retest for those with suspected concussions to assess their condition and determine safe "back-to- sport" return. | | | |
| Free weekly blood pressure screenings will be offered to the public. | Goal met. ALMH has provided 136 blood pressure screening events. | | | |
| ALMH will host a community education event to increase community awareness and understand- ing of cardiovascular disease. | In FY14 and FY15, two events were held at ALMH targeting younger moms to promote healthy eating and activity to encourage a healthy weight. Over 70 participants attended in FY 14 and over 110 attended in FY15. | | | |
| PRI | ORITY: DIABETES | | | |
| ALMH used HRSA grant funding to improve dia- betic measures. | Goal met. The program tracked data from Oct. 2011-July 2013 to improve overall diabetic outcomes. Result reflects the participation of a 12-month rolling cohort of patients management/results of over a two-year period. A1c <8: 32% at start; 66% at end of program; LDL ≤ 100: Program participants. 38% at start; 40% at end of program. | | | |
| Offer free Diabetes Support Group classes. | Goal met. 34 diabetes support group sessions held in three years. | | | |
| PR | | | | |
| ALMH will sponsor Girls On the Run and en- courage additional host sites in Logan County. | Goal met: Girls On the Run has successfully been implemented in more than four Logan County host sites since 2013. | | | |
| ALMH will evaluate the development of a tar- geted weight loss program for the community. | Goal met. The Moving Forward Weight Loss program was success- fully implemented at ALMH and has been offered to the public in multiple sessions annually. | | | |
| ALMH will host a community education event to promote healthy behaviors related to the heart. | • Goal met. In FY 2012 "You are the HEART of your family, take care of it" was held for community members; 70 people participated. | | | |
| ALMH will host 5K Run/Walk to promote the benefits of exercise. | Goal met. 3 Moving Forward 5K events have been held in Logan County at Edward Madigan State Park. In 2014, the race was held on a course certified by the USTA. Collaboration with park officials re- sulted in permanent signage to mark the path. The race was ex- panded with a 200 yard kid dash and 10K option. | | | |
| ALMH will implement Coordinated Approach to Child Health, an evidence based obesity preven- tion program, with local schools. | • Two pilot schools implemented the program in FY14. In FY 15, seven more schools joined CATCH. Training, curriculum and physical education equipment was provided to the participating schools. | | | |
| ALMH will explore an on-campus trail for patient and community use in addition to advocating for local trail efforts in Logan County. | • Engineering has been completed for an on-campus trail at ALMH. Advocacy efforts continue with the Logan County trail efforts including collaboration with the Logan County Regional Planning Commission. | | | |

Memorial Health System Leadership of Community Benefit and Community Health Need Assessment

Memorial Health System has an appointed board committee that oversees the health system's community benefits as well as the community health need assessment. This committee, made up of board members, community representatives and senior leadership, approves and oversees all aspects of Memorial's community benefit programs and community health need assessments.

Community benefit and outcomes of the hospital community health need assessments are included in the Memorial Health System Strategic Plan, which contains five goals:

- 1. Great Patient Outcomes
- 2. Great Place to Work
- 3. Great Partner for Physicians
- 4. Great Regional Presence
- 5. Great Financial Stewardship
 - Under the final goal of Great Financial Stewardship, all MHS affiliates are responsible to "Achieve 100% of approved Community Benefit targets."



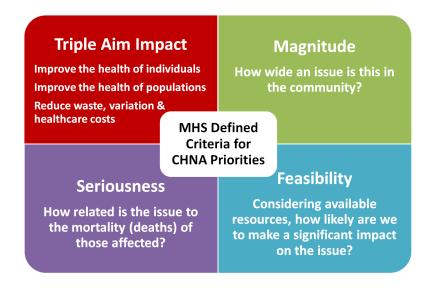
The MHS Board's Community Benefit Committee oversight includes:

- MHS charity care policies
- Tri-annual community health need assessment processes for the four MHS hospitals
- Annual review and approval of CHNA strategies/community benefit plans for the four MHS hospitals
- Annual review of measures of success in meeting the goals of the CHNA strategies.

In addition, following completion of its 2015 CHNA, ALMH submitted its implementation strategy to the board of Abraham Lincoln Memorial Hospital, which approved it on August 19, 2015. Memorial Health System hospitals established the following timeline to complete their 2015 community health need assessments.



Because hospitals cannot address every identified community health need, Memorial Health System hospitals also discussed criteria to use when narrowing down the priorities during the CHNA process. They determined to use four criteria for selection of priorities: whether the priority would demonstrate an impact on the Institute of Medicine's Triple Aim; the magnitude of the issues; the seriousness of the issue; and the feasibility of addressing the issue.



Logan County 2015 CHNA Process

Abraham Lincoln Memorial Hospital approached the Logan County Department of Public Health (LCDPH) to discuss collaboration on the community health need assessment. Once it was determined that the 2015 CHNA was falling in line with the required IPLAN (Illinois Project for Local Assessment of Needs) for LCDPH, the organizations collaborated on data collection. IPLAN is required every five years of public health departments by the Illinois Department of Public Health. The LCDPH was highly involved in data collection, implementation of the timeline to review the data and they were included in the CHNA Internal Advisory Board. Two reports were created in order to meet differing criteria for the actual reports; however, the same priorities would be identified across both plans and implementation strate-

gies were developed according to resources and capacity available at each entity.

In addition to the Memorial Health System defined criteria for identifying priorities (Triple Aim, Magnitude, Seriousness and Feasibility), the health department and ALMH also decided to use the "PEARL" criteria (see Appendix B). This was a factor when scoring feasibility to address an issue.

PEARL

- P Propriety: Is a program for the health problem suitable?
- E Economics: Does it make economic sense to address the problem? Are there economic consequences if a program is not carried out?
- A Acceptability: Will the community accept a program? Is it wanted?
- R Resources: Is funding available or potentially available for a program?
- L Legality: Do current laws allow program activities to be implemented?

Timeline

The following timeline was established for completion of the community health need assessment.

Fall 2014 – Review data using comparisons of national, state, and county level

Fall 2014 - Convene Internal Advisory Committee to review data

Winter 2014 - Convene External Advisory Group to review data and identify top 10 needs

Spring 2015 - Reconvene Internal Advisory Committee to score needs and establish top 4 needs

Summer 2015 – Establish implementation strategy

Summer 2015 – Full Community Health Needs Assessment implementation strategy finalized for approval

Summer 2015 – Internal Advisory Committee approve plan

Summer 2015 – Gain ALMH board approval of FY2016 implementation strategy

September 2015 - Post CHNA report and implementation strategy on hospital website

Data Collection

We obtained county-specific secondary data from a variety of sources. Since 2011, Memorial Health System has contracted with Healthy Communities Institute in Berkeley, Calif., to obtain community health and social determinant indicators specific to Logan County, as well as the three other counties where that are home to MHS hospitals. The data is available on the hospital's website for all in the community to use. It includes information from national resources, including Healthy People 2020, state resources, and local hospital utilization data. The Healthy Communities Institute data played a major role in examining and narrowing down significant health issues affecting Logan County during the 2015 CHNA process.

Secondary data was reviewed from the following sources:

- Healthy Communities Institute, data for Logan County, III.
- Illinois Department of Public Health
- Illinois Behavioral Risk Factor Surveillance System
- National Cancer Institute
- Illinois Hospital Association
- Centers for Medicare & Medicaid Services
- Illinois Youth Survey
- County Health Rankings and Roadmaps
- Illinois Alliance to Prevent Obesity

Primary data was gathered from the findings and observations of local community organizations who are members of the Healthy Communities Partnership. ALMH did not face any information gaps that limited our ability to identify community health issues.

Internal Advisory Committee

Members of the Internal Advisory Committee included were selected in an effort to best represent a variety of "touch points" with patients and health needs throughout the community.

Internal Advisory Committee Charter: The Logan County Community Health Need Assessment Internal Advisory Committee will gather and review primary and secondary data in order to identify high priority health needs in Logan County. Using the criteria identified by Memorial Health System including the Institute of Medicine's Triple Aim, the top priorities will be identified and we will work to address those needs and collaborate with the community to coordinate local resources and efforts.

Logan County Department of Public Health

- Don Cavi, Administrator Logan County Department of Public Health 109 Third Street, P.O. Box 508 Lincoln, IL 62656 www.lcdph.org
- Kara Davis, RN, BSN Logan County Department of Public Health 109 Third Street, P.O. Box 508 Lincoln, IL 62656 www.lcdph.org
- Emily Hauter, BS, CHES Logan County Department of Public Health 109 Third Street, P.O. Box 508 Lincoln, IL 62656 www.lcdph.org

Logan County Department of Public Health (LCDPH) provides health education, information, home health care, and public health services to the 29,776 residents of Logan County. LCDPH offers a variety of programs that include: personal and adult health offering immunizations, physicals, WIC, early intervention, breast and cervical cancer screenings, testing and treatment for sexually transmitted diseases. Health education programs provide school health programs, smoking cessation, oral health and HIV prevention. Environmental health performs food service establishment inspections, building permits, and landfill inspections. A Home Health Care program is also available. These programs support the LCDPH mission, assuring the health and safety of Logan County and Central Illinois residents through education, information, and services.

Mental Health Centers of Central Illinois

 Peggy Ross-Jones, BA, MA, Administrator, Logan-Mason Rehabilitation Mental Health Centers of Central Illinois 760 S. Postville Drive Lincoln, IL 62656 www.mhcci.org

Mental Health Centers of Central Illinois is a private, not-for-profit organization providing high-quality, comprehensive behavioral health and rehabilitation services. An affiliate of Memorial Health System, Mental Health Centers of Central Illinois is one of the largest providers of behavioral health services in central Illinois, serving more than 9,000 individuals each year in Logan, Mason, Menard, Morgan, Sangamon and Scott counties. Established in 1947, MHCCI has more than 62 years of experience caring for children, adolescents, and adults.

Memorial Physician Services – Family Medical Center of Lincoln

 Susan Shull, RN, CMPE, Regional Administrator Memorial Physician Services 515 N. College Lincoln, IL 62656 www.memorialmd.com

As one of six affiliates of Memorial Health System, MPS's mission is to improve the health of the people and communities we serve. Founded in 1994 as HealthCare Network Associates, Memorial Physician Services is dedicated to providing high-quality, patient-centered care. MPS is one of the largest primary care physician networks in central Illinois. Their network comprises more than 300 employees, who provide more than 250,000 patient visits each year.

Abraham Lincoln Healthcare Foundation

- Sarah Helm, MPA, Executive Director Abraham Lincoln Healthcare Foundation, 200 Stahlhut Drive Lincoln, IL 62656 www.almh.org
- Angela Stoltzenburg, MBA, Manager of Healthy Communities Partnership, Abraham Lincoln Healthcare Foundation 200 Stahlhut Drive Lincoln, IL 62656 www.almh.org

The Abraham Lincoln Healthcare Foundation (ALHF) raises funds to support the Abraham Lincoln Memorial Hospital's (ALMH) mission to maintain, restore and improve the health of the people and communities we serve. Through fundraising and grant making, ALHF perpetuates ALMH's continued success in providing unsurpassed levels of care and service.

Abraham Lincoln Memorial Hospital

 Dolan Dalpoas, MPH, FACHE, President and CEO 200 Stahlhut Drive Lincoln, IL 62656 www.almh.org

External Advisory Committee

External Advisory Committee Charter: The Logan County Community Health Need Assessment External Advisory Group will review primary and secondary data in order to assist in identifying high priority health needs in Logan County. The External Advisory Group consisted of membership from the Healthy Communities Partnership (see appendix for membership listing).

In order to develop a comprehensive understanding of health needs in our service area, community involvement was critical. In addition to encouraging involvement from all of the members of the Healthy Communities Partnership, it was critical to ensure that the vulnerable and underserved members of our community were represented in an equal and fair manner. We accomplished this by involving the following entities in our process.

| ORGANIZATION | ORGANIZATION DESCRIPTION | SERVES |
|---|---|--|
| Logan County Department of Pub- lic Health | The LCDPH provides the underserved access to primary medical and dental care. General dentistry, immunizations, education and home care is available to the Medicaid community. | Underserved and low- income residents |
| Mental Health Cen- ters of Central Illinois | Mental Health Centers of Central Illinois is a private, not-for-profit or- ganization providing high-quality, comprehensive behavioral health and rehabilitation services. An affiliate of Memorial Health System, MHCCI is one of the largest providers of behavioral health services in central Illinois, serving more than 9,000 individuals each year in six counties. Behavioral services include crisis intervention, psychiatric and medical services, screening and assessment, outpatient therapy, case manage- ment, group education and support, employment services, as well as residential care. Mission: To improve the health of the people and com- munities we serve. | Residents with mental health needs; particu- larly assistance for low- income, vulnerable and homeless individuals |
| Community Action | CAP of Central Illinois has a mission to alleviate the causes and effects | Low-income and senior |
| Partnership of | of poverty. They work with individual who are no more than 150% of the | residents of Logan and |
| Central Illinois | federal poverty guideline and primarily those who are well below the | Mason County in addi- |
| | FPG. They provide a variety of assistance: utility assistance, rental, | tion to 4 other counties |
| | food pantry assistance, public transportation and Head Start services. | in their service area |

Identification of Priorities

After comprehensive review of the primary and secondary data, members of the external and internal advisory groups individually met to choose the areas of concern in Logan County. The original listing included 26 areas of need for Logan County based on alarming increases in occurrence and timeline trending. This listing was intended to serve as a baseline for the future discussions as we narrowed the list down to those areas that most met our criteria for action planning. The original list included the following areas:

- 1. Access to care (# of providers to population/ lack of doctors for Medicaid patients)
- 2. Adult Asthma
- 3. Affordable Housing
- 4. A-Fib
- 5. Bullying/depression among kids
- 6. Cancer rates (lung, colorectal)
- 7. Child Abuse
- 8. Chronic Diseases (diabetes)
- 9. Coronary Heart Disease
- 10. Daily PE for public schools
- 11. Depression in Medicare population
- 12. Drug addiction/treatment options
- 13. Hepatitis
- 14. High School graduation Rates

- 15. Increasing use of alcohol among teens
- 16. Increasing use of marijuana among teens
- 17. Infant mortality
- 18. Lack of employment opportunities
- 19. Large increase in toxin releases to environment
- 20. Mental Health for adults/ serious requiring hospitalization
- 21. Obesity
- 22. Pneumonia
- 23. Pregnant women who smoke
- 24. STDs (gonorrhea and Chlamydia)
- 25. Suicide
- 26. Teen birth rate

Diabetes, obesity, depression in seniors and cardiovascular disease were identified as the primary and chronic disease needs of uninsured persons, low-income persons and minority groups.

Once the data was reviewed, the 26 identified issues were considered and discussed by the external advisory group at a second meeting. Each need was placed on a piece of paper around the room and each member was given 10 stickers to vote for the top 10 issues they felt were the most important.

They were asked to make those decisions based on the following defined criteria

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

Once the members of the external advisory group voted, the highest needs were identified. In some situations, the needs were combined into a more general category. For example, concern over drug use while driving in teenagers were combined into an overall concern over increased drug use in teens. Once the priorities were appropriately combined, 10 final priorities were identified and agreed upon by the External Advisory Group. The top 10 needs were then presented to the Internal Advisory Committee.

Top 10 Identified Priorities

- 1. Chronic Disease Management
- 2. Obesity
- 3. Increase in Drug Use Among Teens
- 4. Pregnant Women Smoking
- 5. Access to Healthcare
- 6. Increasing Child Abuse Rate
- 7. Mental Health
- 8. Drug Addiction/Heroin Use
- 9. Bullying
- 10. Increasing Teen Birth Rate

Narrowing the Priorities

At a meeting of the Internal Advisory Committee, consisting of the Healthy Communities Partnership Manager, Administrator of the hospitals' foundation, the Hospital CEO/President, the Administrator and Director of Nursing of the Logan County Department of Public Health, the Administrator of Memorial Physician Services and the Administrator of the Logan Mason Rehab Center, the 10 priorities were reviewed in detail.

Using a scoring system, each priority was assigned a value for each criteria area (triple aim, magnitude, reach and feasibility). The group discussed the concerns and oftentimes revisited the original data collected and discussed points from the External Advisory group meeting. The Internal Advisory Group assigned an agreed-upon score to each of the 10 remaining priorities. The feasibility score was assigned using the PEARL system. The PEARL "test" weighed the priorities based on the following feasibility factors:

PEARL

P – Propriety – Is a program for the health problem suitable?

E –Economics – Does it make economic sense to address the problem? Are there economic consequences if a program is not carried out?

A – Acceptability – Will the community accept a program? Is it wanted?

- R Resources Is funding available or potentially available for a program?
- L Legality Do current laws allow program activities to be implemented?

Based on the final score, the top four needs for ALMH were identified as areas to develop in the implementation strategy. The Logan County Department of Public Health also used the final rankings to determine the healthy priorities they would address in IPLAN goals and objectives for the short- to long-term future. Each entity has unique resources and ability to address the issues identified. The collaborative effort resulted in a much more informed and efficient use of resources that would hopefully make the most impact for the communities we serve.

ALMH Final CHNA Priorities

- 1. Obesity
- 2. Chronic Disease Management (Cardiovascular Disease/Diabetes)
- 3. Access to Healthcare
- 4. Mental Health

Logan County Department of Public Health IPLAN Priorities

- 1. Pregnant Women Smoking
- 2. Drug and Alcohol Use in Teens
- 3. Obesity

Priorities Not Selected by ALMH

Increase in Drug Use Among Teens and Drug Addiction/Heroin Use

Increased drug use are of great concern for our communities, but as a hospital, ALMH is not best equipped to provide prevention activities. However, our local health coalition Healthy Communities Partnership will be supporting efforts of our partner organizations, including the promotion of substance-free lifestyles. Also, these issues are being addressed by the Logan County Department of Public Health.

Pregnant Women Smoking and Increasing Child Abuse Rate

High rates of pregnant women smoking and child abuse are concerns for our communities, but as a a hospital, ALMH is not best equipped to provide prevention activities. However, our local health coalition Healthy Communities Partnership will be supporting efforts of our partner organizations, including the promotion of substance-free lifestyles. Pregnant women smoking has been identified as a priority in the Logan County Department of Public Health IPLAN.

Bullying and Increasing Teen Birth Rate

The items above were eliminated from further consideration because it was determined that they do not have as great of an overall impact on population health as some of the other needs.

The CHNA also identified community assets and gaps.

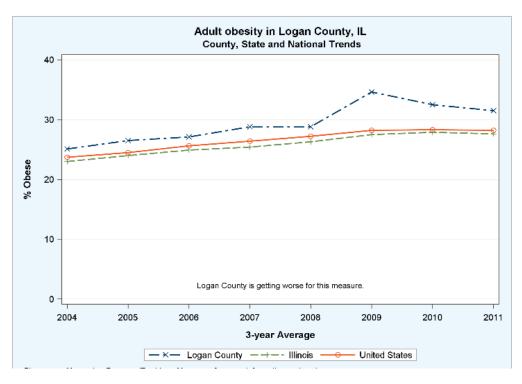
Existing Assets:

- Healthy Communities Partnership. The coalition promotes networking among service providers and the best use of local resources.
- Local parks and green space we have in our county are an asset.
- The Logan County Department of Public Health is a great asset to the community that provides much needed care to residents.

Gaps:

- Existing activities for local children were recognized but there is a gap in 6th grade and 8th grade to promote healthy behaviors through a coordinated community effort.
- Gaps were identified in the area of mental health and drug addiction services.
- State funding cuts continue to make funding activities of the local health department very difficult.

OBESITY INDICATORS



Source: County Health Rankings and Roadmaps, http://www.countyhealthrankings.org/app/illinois/2015/rankings/logan/county/ outcomes/overall/snapshot, retrieved September 2015.

Images in the following section of the report are from Healthy Communities Institute data on Memorial Health System's website: <u>www.choosememorial.org/healthycommunities</u>, Community Dashboard for Logan County, retrieved September 8, 2015. Retrieved from http://www.choosememorial.org/MHS-Community-Need-Assessment/default

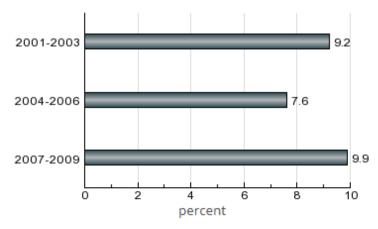
Adults who are Obese : Time Series

Adults who are Obese

This indicator shows the percentage of adults aged 18 and older who are obese according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units (BMI = Weight (Kg)/ [Height (m) 2]). A BMI >=30 is considered obese.

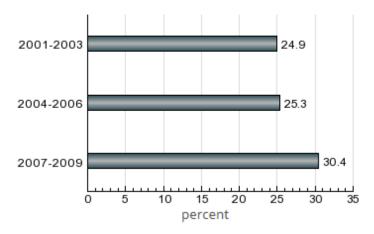


Chronic Disease Management (Cardiovascular Disease/Diabetes) Indicators

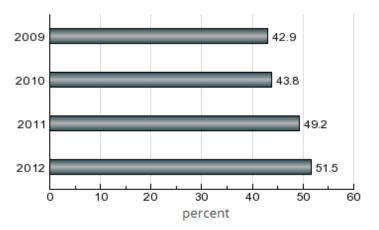


Adults with Diabetes : Time Series

High Blood Pressure Prevalence : Time Series







Access to Care Indicator

Non-Physician Primary Care Provider Rate

This indicator shows the non-physician primary care provider rate per 100,000 population. Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists.

County: Logan

View Every County

County Time Period



Measurement Period: 2014 Data Source: County Health Rankings C Categories: Health / Access to Health Services Technical Note: The distribution is based on data from 3,093 U.S. counties and county equivalents. Maintained By: Healthy Communities Institute Last Updated: April 2015

Mental Health Indicators

Age-Adjusted ER Rate due to Mental Health

This indicator shows the average annual age-adjusted emergency room visit rate due to mental health per 10,000 population aged 18 years and older.



County: Logan

View Every County
Data Source: Illinois Hospital Association 🗭

Categories: Health / Mental Health & Mental Disorders Technical Note: The distribution is based on data from 102 Illinois counties.

Rates were calculated using population figures from the 2010 U.S. Census. Rates based on fewer than 10 hospitalizations are unstable and are not reported. **Maintained By:** Healthy Communities Institute **Last Updated**: May 2014

Depression: Medicare Population

This indicator shows the percentage of Medicare beneficiaries who were treated for depression.



Memorial Health System Internal Advisory Committee

On Jan. 30, 2015, the four hospitals of Memorial Health System (ALHH, Memorial Medical Center, Taylorville Memorial Hospital, and Passavant Area Hospital) met to consider the results of each hospital's CHNA process. The purpose of the meeting was to identify whether there were any shared priorities among the hospitals.

Even though the CHNAs were completed in four different counties with different community advisory groups, mental health and obesity were final priorities in Christian, Sangamon, Logan and Morgan counties. There was discussion about various ways the four hospitals might address the priorities as a health system. Because additional input was needed from content experts from all Memorial Health System affiliates, MHS convened an Obesity Task Force and Mental Health Task Force.

The MHS Obesity Task Force

This group met on March 24, 2015, and included representatives from all four hospitals as well as Memorial Physician Services, Mental Health Centers of Central Illinois and Memorial Home Services. Charter: Obesity has been selected by all four Memorial Health System hospitals as a priority during the 2015 community health need assessments. The Memorial Health System Obesity Task Force Group will offer perspective on community obesity issues being addressed by their affiliate organizations. They will identify opportunities to address gaps in services, both as a health system and as individual affiliates, for the communities they serve.

Following assessment of assets and gaps within Memorial Health System to address obesity within each community, and exploration of various opportunities to impact obesity for people living in Logan, Sangamon, Christian and Morgan counties, the decision was made to expand Memorial Medical Center's Weight Loss and Wellness Center program to TMH and the other MHS affiliate hospitals. This program 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. ALMH's 2016 Implementation Strategy reflects this joint priority.

The MHS Mental Health Task Force

The Mental Health Task Force met on April 13, 2015, and included representatives from all four hospitals as well as Memorial Physician Services, Mental Health Centers of Central Illinois and Memorial Home Services.

Charter: Mental Health has been selected by all four Memorial Health System hospitals as a priority during the 2015 community health need assessments. The Memorial Health System Mental Health Task Force Group will offer perspective on community obesity issues being addressed by their affiliate organizations. They will identify opportunities to address gaps in services, both as a health system and as individual affiliates, for the communities they serve.

The Task Force discussed a wide variety of mental health issues affecting people living in Logan, Christian, Sangamon and Morgan counties. Community assets and gaps for mental health services were not identical in each county. One program that could benefit all counties is Mental Health First Aid. This national evidence-based program gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Evidence shows that it builds mental health literacy by helping the public identify, understand, and respond to signs of mental illness. ALMH's 2016 Implementation Strategy reflects this joint priority.

Community Health Need Assessment Implementation Strategy

The Abraham Lincoln Memorial Hospital board approved the community health need assessment implementation strategy on Aug. 19, 2015. This Implementation Strategy will be updated for fiscal years 2017 and 2018. The strategy is Appendix D in this document.

APPENDICES

Appendix A



Logan County Healthy Communities Partnership

Healthy Communities Partnership, established in 1996, is an open, collaborative group that offer information sharing and networking among a variety of community service providers in Logan County. HCP addresses the needs of our community through partnership.

The HCP is funded by the Abraham Lincoln Healthcare Foundation and is overseen by a steering committee including representatives from Abraham Lincoln Memorial Hospital, the Logan County Department of Public Health, Memorial Physician Services in Lincoln and Mental Health Centers of Central Illinois. The Healthy Communities Partnership Manager leads the partnership and helps facilitate collaboration, oversees daily operations and implements activities on behalf of the partnership.

The work done by HCP is a result of its members and task forces. Whether it is an individual project or a long-term issue, critical players are brought to the table to efficiently use resources and take action on important issues affecting Logan County residents. The full HCP meets approximately 5 times per year. Task Forces meet and are created according to community need.

There are currently five task forces addressing the following areas:

- 1. Alcohol, Tobacco and Other Destructive Behaviors
- 2. Breastfeeding
- 3. Cardio-diabesity (addressing obesity, diabetes and cardiovascular disease)
- 4. Healthy Families/Education,
- 5. Senior Issues

33 MEMBER ORGANIZATIONS

- 1. Logan County Department of Public Health
- 2. Chestnut Health Systems
- 3. Illinois Institute for Addiction and Recovery
- 4. University of Illinois Extension
- 5. Lincoln Park District
- 6. Memorial Physician Services
- 7. Community Action Partnership of Central Illinois
- 8. Sangamon County Department of Public Health

Healthy Communities Partnership Members (continued)

- 9. Community Child Care Connection
- 10. SIU School of Medicine
- 11. Abraham Lincoln Memorial Hospital
- 12. Women's Infants and Child Program
- 13. Lincoln College
- 14. Center for Youth and Family Solutions
- 15. District 27
- 16. YMCA of Lincoln
- 17. Parish Nurses
- 18. Logan County Probation Office
- 19. Heartland Community College
- 20. Christian Child Care
- 21. Pregnancy Resource Center
- 22. Mental Health Centers of Central Illinois
- 23. Logan County Emergency Management Association
- 24. Lincoln Daily News
- 25. Alzheimer's Association
- 26. American Cancer Association- Relay for Life
- 27. Memorial Home Services/Hospice
- 28. Christian Homes
- 29. Hospital Sisters Health System
- 30. Department of Human Services
- 31. Save Haven Hospice
- 32. Symphony of Lincoln
- 33. Oasis Senior Center

Appendix B

2015 CHNA/IPLAN Ranking Criteria

 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

 Least serious
 Most Serious

Magnitude of the Issue – how wide an issue is this in the community?

Seriousness of the Issue – how related is the issue to the mortality of those affected (morbidity, hospitalization, economic loss and community)?

Feasibility – considering available resources to address the issue, how likely are we to make a significant impact on the issue? Using the PEARL philosophy:

PEARL

P – Propriety – Is a program for the health problem suitable?

E –Economics – Does it make economic sense to address the problem? Are there economic consequences if a program is not carried out?

- A Acceptability Will the community accept a program? Is it wanted?
- R Resources Is funding available or potentially available for a program?
- L Legality Do current laws allow program activities to be implemented?

Institute of Medicine's Triple Aim

- Improve the health of individuals
- Improve the health of populations
- Reduce waste, variation & healthcare costs





Appendix C

Logan County Community Health Need Assessment Process Abraham Lincoln Memorial Hospital, Logan County Department of Public Health, Memorial Physician Services and Mental Health Centers of Central Illinois

| <u>Defined Criteria</u> 1. Triple Aim Impact 2. Magnitude of the Issue – how wide an issue is this in the community? 3. Seriousness of the Issue – how related is the issue to the mortality of those affected? 4. Feasibility – Considering available resources to address the issue, how likely are we to make a significant impact on the issue? | Final priorities in with the Institution Medicine's Trip Improve the here individuals Improve the here populations Reduce waste, healthcare cost | ute of ole Aim: ealth of ealth of variation & |
|---|---|---|
| Identify CHNA Process Identify available secondary data Select internal advisory group & external advisory group; review secondary of | · · · · · | tember/October 2014 |
| •Review secondary data •Gather primary data from this group •Help narrow priorities to top 8-10 issues | Nover | mber/December 2014 |
| •Present preliminary 8-10 priorities and supporting data •Gather primary data/community input; information on assets & gaps •Provide input regarding community health needs priorities | | December 2014 |
| •Help prioritize top needs •Help identify assets & gaps | | January 2015 |
| Complete asset/gaps survey Identify collaborative priority for LCDPH and ALMH plus community member ALMH finalizes priorities for its individual CHNA Health Dept. works on IPLAN | ers affected by issue | Spring 2015 |
| •Potentially hold focus groups around the collaborative priority issue •Identify ways to further focus to increase likelihood of having meaningfully in •Identify additional potential partners for collaborative priority •LCDPH submits IPLAN | npact on collaborativ | May/June 2015 |
| •Work on collaborative priority implementation plan •ALMH completes its individual implementation plans/gains board approval A | Nugust 19, 201 | July/August 2015 |
| •Community forum to present hospital CHNA implementation plans and IPLAN •Explain other priority issues from CHNA process that did not rank as highly o •Encourage additional community partnerships to address other priority issue •Post plan on ALMH.org for public view | n our defined criteria | September 2015 |

Appendix D

ABRAHAM LINCOLN MEMORIAL HOSPITAL Community Health Need Assessment Implementation Strategy FY16 October 1, 2015 – Sept. 30, 2016

Introduction

Memorial Health System is a not-for-profit healthcare organization located in central Illinois. It includes four hospitals: Memorial Medical Center in Sangamon County, Abraham Lincoln Memorial Hospital in Logan County, Taylorville Memorial Hospital in Christian County, and Passavant Area Hospital in Morgan County. Memorial Health System also includes Mental Health Centers of Central Illinois, Memorial Physician Services and Memorial Home Services.

Community health need assessments were completed in 2015 in each of the counties where the hospitals are located. These needs assessments meet the federal health reform's Section 9007 of the Patient Protection and Affordable Care Act of March 2010 and requirements of the IRS 990 Schedule H report.

Abraham Lincoln Memorial Hospital – Logan County, Illinois

Abraham Lincoln Memorial Hospital (ALMH) is a 25-bed rural critical access hospital 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 and is largely rural, agricultural area. ALMH is the only hospital in the primary service area of Logan County (pop. 30,013). 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. There is one Medically Underserved Area (MUA) in Logan County.

Healthy Communities Partnership (HCP) is a community health coalition that was established in 1996. HCP is one of ALMH's initiatives to encourage a broad-based, community approach to addressing a variety of health needs throughout the ALMH service area. Over 30 organizations, churches, private individuals, and businesses are represented in the partnership. The ALMH Foundation employs a manager to lead and oversee HCP efforts. ALMH also funds activities carried out by HCP task forces that have been created to address specific community needs. HCP agency members include: Logan County Department of Public Health, Lincoln Park District, Department of Human Services, Logan County Housing Authority, Parish Nurses, Logan County Emergency Management Association, Community Action, and the University of Illinois Extension office. Additionally, healthcare providers including Memorial Physician Services, Springfield Clinic, Mental Health Centers of Central Illinois, Safe Haven Hospice, Chestnut Health System, and Illinois Institute for Addiction and Recovery are part of the Healthy Communities Partnership.

Identified Priority Health Needs: Logan County

The community health need assessment was carried out in conjunction with Logan County Health Department's IPLAN (Illinois Project for Local Assessment of Needs). IPLAN is required of public health departments by the Illinois Department of Public Health. During the 2015 community health need assessment process, the community identified the following priority health needs:

1. Chronic Disease Management (Diabetes/Cardiovascular Disease)

- 2. Obesity
- 3. Increased Drug Use in Teens
- 4. Pregnant Women Smoking
- 5. Access to Healthcare
- 6. Increasing Child Abuse Rate
- 7. Mental Health
- 8. Drug Addiction/Heroin Use
- 9. Teen Birth Rate

Memorial Health System hospitals used the following defined criteria to select final CHNA priorities:

- 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

The PEARL "test" was used when scoring feasibility to screen out health problems based on the following feasibility factors:

PEARL

P – Propriety – Is a program for the health problem suitable?

E –Economics – Does it make economic sense to address the problem? Are there economic consequences if a program is not carried out?

A – Acceptability – Will the community accept a program? Is it wanted?

- R Resources Is funding available or potentially available for a program?
- L Legality Do current laws allow program activities to be implemented?

Priorities Not Selected: Logan County

- Teen Birth Rate was eliminated from further consideration because it does not have as great an overall impact on population health as some of the other needs.
- Increased drug use and increasing child abuse rates are great concerns for our communities, but as a
 hospital, ALMH is not best equipped to meet that need. However, our local health coalition, Healthy
 Communities Partnership, will be supporting efforts of our partner organizations, including the
 promotion of substance-free lifestyles and child abuse awareness.
- The high rate of Logan County women who smoke during pregnancy is alarming. The issue is being addressed by the Logan County Department of Public Health. ALMH will support its efforts through the Healthy Communities Partnership.

Final Selected Priorities: Logan County

The external advisory group, including representatives from public health, social services organizations and those offering care to underserved populations, as well as recommendations from the Memorial Health System Internal Advisory Team, four final priorities were selected:

- 1. Obesity
- 2. Chronic Disease Management (Cardiovascular Disease/Diabetes)
- 3. Access to Healthcare
- 4. Mental Health

| PRIORITY: | OBESITY |
|-----------------------------------|---|
| Reasons for priority selection | Abraham Lincoln Memorial Hospital's 2015 community health need assessment identified obesity as a top priority through its data collection and analysis, and community advisory group. |
| | 30.4 percent of Logan County adults are obese. Source: Illinois Behavioral Risk Factor Surveillance System. The percentage has increased from 19.5 percent in 2001. |
| | Healthy People 2020 reports a current percentage of 33.9 percent of persons aged 20 years and older were obese in 2005-2008. The Healthy People 2020 target is 30.5%. Low-income preschool children are also increasingly becoming obese from 13.4 percent in 2008 to 15.4 percent in 2011. |

FY2016 IMPLEMENTATION STRATEGY

| Goal 1: Expand access to the Memorial Weight Loss and Wellness Center (MWLWC) program | | | | | | |
|--|---|--|--|--|--|--|
| in Logan County and eastern Mason County | | | | | | |
| Target Population | rget Population Adults who are overweight who live in Logan 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 Logar | | | | | |
| County. | | | | | | |
| Stratogy Calastady | | | | | | |

Strategy Selected:

Healthy People 2020 objectives highlight the need for increased intervention by physicians with patients in the areas of nutrition and weight status (NWS).

- NWS-6.1: Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet and nutrition. (Baseline: 20.8 percent of physician visits in 2007; Target = 22.9 percent/10 percent improvement)
- NWS-6.2: Increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition or physical activity. (Baseline: 28.9 percent of physician visits in 2007; Target = 31.8 percent/10 percent improvement)

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.

Programs/resources hospital will commit

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, Healthy Communities Partnership.

| | Activity | Timeline | Anticipated Results |
|-------------------------------|--|---|--|
| 1. | ALMH will collaborate with MWLWC to establish staffing and space requirements for program expansion to ALMH and complete staff training and implementation of protocols and processes. | Sept 2016 | Staffing and space will be secured for implementation of MWLWC at ALMH. ALMH staff will be trained to implement MWLWC programming at affiliate location. |
| 2. | ALMH will collaborate with MWLWC to implement communication and marketing plan and launch program | Sept 2016 | Referring physicians in the Lincoln area will refer patients to the MWLWC at ALMH. Increase awareness of the new service to residents of Logan County. |
| Sh | ort term indicators & source | Program implemented and begins seeing patients. | |
| Long term indicators & source | | MWLWC (FY17) ar Medical program Bariatric | at ALMH will achieve 40 physician referrals in year 2 ad 50 in year 3 (FY18). weight loss patients who complete at least 6 months of ming, on average, will achieve 5% weight loss. surgical patients will achieve, on average, 45% excess oss at one year post-op. |

Goal 2: Provide every school in Logan County the opportunity to become a CATCH school (Coordinated Approach to Child Health)

School-aged children (K-8) in Logan and eastern Mason County. Target Population

Create a healthy school environment where the healthy choice is the easy choice. OBJECTIVE

Strategy Selected:

The CATCH program is an evidence-based program to prevent childhood obesity and launch kids and communities toward healthier lifestyles. CATCH impacts a child's nutrition, level of physical activity and classroom environment and community. CATCH has the largest evidence base of any obesity prevention program. CATCH is based on the Center for Disease Control's Whole Child model in which health education, school environment, and family/community involvement work together to support youth in a healthy lifestyle.

Programs/resources hospital will commit:

Abraham Lincoln Memorial Hospital will provide leadership through the management of Healthy Communities Partnership to recruit and implement the program with participating schools. ALMH will also purchase the necessary curriculum, including physical education equipment, to all schools willing to implement CATCH.

Collaborative partners:

Local schools and members of Healthy Communities Partnership, a local community coalition that includes the Logan County Department of Public Health.

| | Activity | Timeline | Anticipated Results |
|----|-----------------------------|----------|--|
| 1. | ALMH will collaborate with | Sept | Staffing and space will be secured to provide |
| | local schools to expand the | 2016 | adequate support for schools. |
| | program including school | | Curriculum/equipment will be purchased for all |

| | nughout the mplete the Index tool to eas for in creating a conment. listricts and rganizations will | Sept 2016 Sept 2016 | schools participating in CATCH program. School wellness policies will be reviewed, updated and enforced. School Health Index will be completed and individual objectives will be selected by the school to continue its work toward making the healthy choice the easy choice for its students. |
|--------------------------------|--|--|---|
| Short term indicators & source | | CATCH proposition contract con | gram implemented in at least three new Logan County |
| Long term indicators & source | | implemer environm | eight schools in Logan County will be successfully nting the CATCH program to create a healthy school nent. vill continue CATCH program into the future. |

| Goal 3: Implement an aggressive 5210 educational marketing campaign for community | | | | | |
|---|---|--|--|--|--|
| Target Population | arget Population Logan County residents who are overweight or obese. | | | | |
| OBJECTIVE | Inspire a culture of health through health education around healthy behaviors as promoted through the nationally recognized childhood obesity prevention program. | | | | |

Strategy Selected:

Over 66 percent of residents in Logan County are either overweight or obese. To address this issue the 5210 campaign promotes physical activity and healthy eating specifically promoting 5 fruits and vegetables, no more than 2 hours of screen time, 1 hour of physical activity and 0 sugar sweetened beverages daily. The 5210 program is used to bring awareness to the issue through settings where our families live, learn, work and play. Consistent 5210 messaging reinforces the importance of healthy eating and physical activity. 5210 is based on the Let's Go! program of The Barbara Bush Children's Hospital at Maine Medical Center, implemented with MaineHealth.

Programs/resources hospital will commit:

Abraham Lincoln Memorial Hospital will provide leadership through the management of the Healthy Communities Partnership to develop an aggressive marketing strategy and financially support the marketing activities. Memorial Health System graphics will also support marketing efforts by creating materials as needed.

Collaborative partners:

Members of the Healthy Communities Partnership (Logan County Department of Public Health, YMCA, Community Action, etc.), local schools and churches.

| Activity | | Timeline | Anticipated Results | |
|----------|----|--------------------------------|---------------------|--|
| | 1. | Provide consistent messaging | Sept | Posters will be displayed in Logan County schools. |
| | t | to media via billboard, radio, | 2016 | |

| social media, maintaining the 5210 website, print ads, and posters. | 5210 will be incorporated into community events. Increased awareness of healthy habits and the obesity epidemic in Logan County. | |
|---|--|--|
| Short term indicators & source | Campaign implemented. | |
| Long term indicators & source | Implementation at 90% of Logan County and eastern Mason County schools to promote awareness. Community education events incorporate the program and the 5210 philosophy as reported by community partners. Increase awareness of 5210 among Logan County residents via survey of engaged sites. As measured by the Illinois Youth Survey: (1) Overweight and obesity prevalence among children will not increase and (2) intake of fruits/vegetables will increase. | |

| breastfeed their i | he number of mothers in Logan and eastern Mason Counties who nfants | | | |
|---|--|--|--|--|
| Target Population Newborns in Logan and eastern Mason County. | | | | |
| OBJECTIVE To encourage new mothers to breastfeed children exclusively until th | | | | |
| recommended 6 months of life. | | | | |
| Strategy Selected: Breastfeeding Promotion Program: | | | | |
| A mounting body of evidence suggests that breastfeeding may also play a role in programming | | | | |
| noncommunicable disease risk later in life including protection against overweight and obesity in | | | | |
| childhood. | | | | |

Programs/resources hospital will commit:

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. ALMH will also provide management staff for Healthy Communities Partnership and funding to support breastfeeding promotion in Logan County.

Collaborative partners:

Members of the Healthy Communities Partnership (Logan County Department of Public Health (Women, Infants and Children program, YMCA, Community Action, and others), Springfield Clinic and Memorial Physician Services.

| | Activity | Timeline | Anticipated Results | |
|-----|---|--|---|--|
| 1. | Maintain certified lactation consultants on staff to facilitate the support group. Market the program to the | Sept 2016 | Support from healthcare providers in Logan County via referrals and education. Increased breastfeeding rates. Marketing campaign to promote | |
| | community. | | breastfeeding/normalize breastfeeding. | |
| Sh | ort term indicators & source | At least 5 mothers and their babies will attend the weekly support groups. | | |
| | | Partners will refer new mothers to the group. | | |
| Loi | Long term indicators & source | | Increase in breastfeeding rates, as measured by community partners' participation data. | |

| Goal 5: Improve access to outdoor trails for physical activity | | | | |
|--|--|--|--|--|
| Target PopulationResidents of Logan County. | | | | |
| OBJECTIVE To support establishment of an outdoor trail system for non-motorized activity. | | | | |
| Objective To support establishment of an outdoor trail system for non-motorized activity. Strategy Selected: Enhance access to places for physical activity through a change in our built environment through the establishment of walking trails and safe bike routes. Continue to provide support to local officials in order to encourage a county wide trail system for active transportation and safe recreational opportunities. | | | | |

Programs/resources hospital will commit:

Abraham Lincoln Memorial Hospital will provide the staff, supplies and space via Healthy Communities Partnership to help lead the project and advocate within the community.

Collaborative partners:

Members of the Healthy Communities Partnership (Logan County Department of Public Health, YMCA, Community Action, Lincoln Park District), and local government leadership (Logan County Regional Planning Commission).

| Activity | Timeline | Anticipated Results |
|---|--|---|
| Establish a trail on the campus of Abraham Lincoln Memorial Hospital. Promote the campus trail to the community. | Sept 2016 | Increased physical activity. Serve as a benchmark for future trail initiatives throughout the county and act as a trailhead/ landmark. |
| Short term indicators & source | • Observation of public use of the trail conducted by ALMH staff with the anticipation that the general public will use the trail. Counts will be taken quarterly. | |
| Long term indicators & source | Increased physical activity level reported in Illinois Youth Survey. Increases in the number of people using the trail. | |

| Goal 6: Support Girls on the Run of Central Illinois | | |
|--|--|--|
| Target Population Girls in grades 3-8 and their families in Logan County | | |
| OBJECTIVE The goal of the program is to unleash confidence through accomplishment while | | |
| establishing a lifetime appreciation of health and fitness. | | |
| Stratogy Salastady | | |

Strategy Selected:

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. Childhood obesity has more than tripled in the past thirty years. Healthy eating and regular physical activity can lower the risk of becoming obese.

Abraham Lincoln Memorial Hospital will support the Girls on the Run program, a transformational, physical activity based youth development program for girls in grades 3-8. The goal of the program is to unleash confidence through accomplishment while establishing a lifetime appreciation of health and fitness.

Programs/resources hospital will commit:

Abraham Lincoln Memorial Hospital will provide staff, education of staff, community promotion of the program, and financial support.

Collaborative Partners:

Girls on the Run, Northwest School, Chester East Lincoln, Central Elementary School and other participating schools.

| Activity | Timeline | Anticipated Results |
|--|--|--|
| 1. Monetary Donation | FY 2016 | ALMH support will assist growth of Girls on the Run in |
| | | Logan County. |
| 2. Outreach to potential school | FY 2016 | Maintain participation of at least four Logan County |
| and host sites in collaboration | | schools during 2015-2016 school year. |
| with Girls on the Run program | | |
| representatives to identify | | |
| new sites. | | |
| MEASURES: What will we measure to know the program is making a difference? | | e program is making a difference? |
| Short term indicators & source | As a result of the Girls on the Run program season and 5k race | |
| | event, 75% | 5 or more of GOTR participants and their families will |
| | report that | the program positively impacted their attitude toward |
| | exercise. N | leasurement: Girls on the Run survey of participants and |
| | their families. | |
| Long term indicators & source | Growth of the Girls on the Run program in Logan County to | |
| | additional schools, as measured by Girls on the Run. | |

| PRIORITY: | MENTAL HEALTH |
|--------------------------------|---|
| Reasons for priority selection | Mental Health was identified by the community as a top priority in the community health need assessment. Community data shows very high rates of emergency department utilization and hospitalization for both adult and pediatric populations. |
| | According to the Illinois Department of Public Health, suicides in Logan County have increased from 1 in 2008 to 5 in 2011. |
| | Healthy People 2020 objectives for Mental Health & Mental Disorders (MHMD) MDHD-6 Increase the proportion of children with mental health problems who receive treatment |
| | MDHD-9 Increase the proportion of adults with mental health disorders who receive treatment |
| | MDHD-10 Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders |

| Goal 1: Implement Mental Health First Aid training in Logan County. | | |
|--|---|--|
| Target Population Community at large | | |
| OBJECTIVE Step in early to stop the trajectory of issues that lead to mental health issue | | |
| | 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:

Memorial Medical Center will commit funding to bring a trainer from the national program to Springfield to train up to 30 local community members. Memorial will provide the conference center, promotion of the event, and provide funding for an ongoing program coordinator and tracking of results.

Collaboration:

Memorial will collaborate with Mental Health Centers of Central Illinois, Abraham Lincoln Memorial Hospital, Passavant Area Hospital, Taylorville Memorial Hospital, SIU School of Medicine, local school districts, area social service providers and the University of Illinois Springfield

| Activity | Timeline | Anticipated Results |
|--|--|--|
| 1. Reserve date and facility for | 12/2015 | Date for Mental Health First Aid instructor training |
| Mental Health First Aid program. | | identified. Trainer and facility reserved. |
| 2. Provide promotional materials | Ву | Partners will be aware of opportunity to receive MHFA |
| to partners for potential | 6/2016 | instructor training. |
| individuals to become certified | | |
| MHFA trainers. | | |
| 3 Hold MHFA instructor training | Ву | Complete training of up to 30 individuals in central |
| | 9/2016 | Illinois to become certified MHFA instructors. |
| 4. Promote the program to | 9/2016 | Local school districts and community organizations will |
| communities in Sangamon, | | be aware of the availability of MHFA training events for |
| Logan, Morgan and Christian | | the community by certified MHFA trainers. |
| counties and begin to schedule | | |
| communication education events. | | |
| 5. Hold at minimum 1 MHFA | 9/2016 | Increase number of individuals in each community |
| community trainings by certified | | trained as mental health first aiders. |
| MHFA instructors in each of the | | |
| communities. | | |
| MEASURES: What will we measure to know the program is making a difference? | | |
| Short term indicators & source | Number of individuals becoming certified trainers from MHS | |
| | sponso | red certification training |

| | Number of MHS sponsored community training events Number of community members trained as mental health first aiders | | |
|-------------------------------|---|--|--|
| | Source: MHFA data collection tool | | |
| Long term indicators & source | • Among instructors and first aiders, increases in: mental health literacy, awareness of available resources, and confidence in assisting individuals in distress | | |
| | Source: Survey of community members trained as instructors and first aiders. | | |

| PRIORITY: | ACCESS TO HEALTHCARE | |
|-----------------------------------|---|--|
| Reasons for priority selection | Abraham Lincoln Memorial Hospital's 2015 community health need assessment identified access to healthcare as a top priority through its data collection and analysis, and community advisory group. | |

| Goal 1: Provide access to pharmaceutical assistance | | | | |
|---|--|--|--|--|
| Target Population | Low-income patients of the ALMH Emergency Department or Inpatient Care who | | | |
| | cannot afford medications causing chronic problems. | | | |
| OBJECTIVE Provide up to \$10,000 in prescription assistance in order to prevent patients fro | | | | |
| | needing to return to the hospital or doctor. | | | |
| Strategy Selected: | | | | |

strategy selected:

To reduce the number of ER visits directly related to lack of medication, assistance will be provided to patients as deemed appropriate by ER staff.

Program/Resources hospital will commit:

Staff to assess the patient's needs and work with local pharmacy to pay for medications.

Collaborative Partners:

Local pharmacy.

| Activity | Timeline | Anticipated Results | |
|---|---|--|--|
| 1. Upon discharge, ALMH staff | Sept | Fewer return visits to the Emergency | |
| will provide approval for | 2016 | Department/Acute Care Department. | |
| medication renewal at a local | | | |
| pharmacy. | | | |
| MEASURES: What will we measure to know the program is making a difference? | | | |
| Short term indicators & source Fewer repeat visits by patients receiving assistance. Source: | | eat visits by patients receiving assistance. Source: | |
| | Electronic Health Record | | |
| Long term indicators & source | Fewer repeat visits by patients receiving assistance. Source: | | |
| | Electronic Health Record | | |

| Goal 2: ALMH will serve as a clinical site for affiliated healthcare education programs as | | | |
|--|------------|--|--|
| requested. | requested. | | |
| Target PopulationFuture healthcare providers. | | | |
| OBJECTIVE Host students requiring clinical experience for their educational requirements. | | | |

Strategy Selected:

Provide clinical education for nursing and allied health students in order to support completion of their degrees and increase the supply of healthcare professionals to provide care in the community.

Programs/resources hospital will commit:

Staff to oversee and facility to provide clinical experience to students.

Collaborating partners:

Heartland Community College

| Activity | Timeline Anticipated Results | | | |
|--|--|--|--|--|
| 1. Serve as a clinical site. | Sept. | Students will observe and complete clinicals in areas of | | |
| | 2016 | Radiology, Acute Care and Rehabilitation. | | |
| MEASURES: What will we measure to know the program is making a difference? | | | | |
| Short term indicators & source | Hours completed. Source: Department Managers | | | |
| Long term indicators & source | Hours completed. Source: Department Managers | | | |

Goal 3: Provide free baseline neurological testing to athletes in order to better treat concussions if one should occur while participating in a sport.

| Target Population | Athletes aged 10 and up. | |
|---|--------------------------|--|
| OBJECTIVE Provide better knowledge for physicians when making a decision to return | | |
| concussed player to his/her sport. | | |
| | | |

Strategy Selected:

Head injuries are on the rise for athletes at all levels of play. An estimated 4 to 5 million concussions occur annually, with increases emerging among middle school athletes. Logan County is a very sportsdriven community with several youth programs and school sports. The ImPACT test was developed by clinical experts who pioneered the field, ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is the most-widely used and most scientifically validated computerized concussion evaluation system. ImPACT provides trained clinicians with neurocognitive assessment tools and services that have been medically accepted as state-of-the-art best practices -- as part of determining safe return to play decisions.

Programs/resources hospital will commit:

ALMH will provide staff and equipment to conduct the testing. ALMH will also offer education to increase awareness of concussion issues, and promote this free service to the community.

Collaborative Partners:

All Logan County and eastern Mason County schools serving children aged 10 and up, youth sports organizations, YMCA, local universities/colleges and Lincoln Park District. MHS graphics team to develop promotional materials.

| Activity | Timeline | Anticipated Results | |
|---------------------------------------|----------|---|--|
| 1. Secure latest testing materials | Sept. | ALMH will have the ability to professionally administer | |
| and certified staff to facilitate the | 2016 | the tests. | |
| testing. | | | |
| 2. Contact schools, teams and | Sept. | Promote the program offering directly to the students | |
| organizations providing activity | 2016 | and parents. | |
| opportunities. | | | |

| 3. ALMH Marketing to develop | Sept. | Provide educational information to students/parents | |
|--|---|---|--|
| promotional materials and use | 2016 | about concussions and the ImPACT test. | |
| media channels to promote the | | | |
| service. | | | |
| MEASURES: What will we measure to know the program is making a difference? | | | |
| Short term indicators & source | Number of athletes who have been screened; goal is 100 athletes | | |
| | screened. | | |
| | SOURCE: ALMH Athletic Trainers | | |
| Long term indicators & source | Number of athletes who have been screened. Long term goal will be | | |
| | 30% of all students participating in athletic programs at local | | |
| | schools and colleges. SOURCE: ALMH Trainers | | |

| PRIORITY: | CHRONIC DISEASE MANAGEMENT (DIABETES AND | | |
|--------------------|--|--|--|
| | CARDIOVASCULAR DISEASE) | | |
| Reasons for | Abraham Lincoln Memorial Hospital's 2015 community health need assessment | | |
| priority selection | identified chronic disease management as a top priority through its data collection and analysis and community advisory groups. In 2009, 9.9 percent of adults have been diagnosed with diabetes in Logan County, an increase of 2.3% since 2006. Logan County has eight new cases of diabetes per 1,000 population aged 18 to 84 years old in the past 12 months as reported in 2006-2008 (age adjusted to the year 2000 standard population). Healthy People 2020 has a target of 7.2 new cases per 1,000 population aged 18 to 84 years old. Hyperlipidemia leads to atherosclerosis, heart disease and acute pancreatitis. Since 2009, individuals receiving Medicare in Logan County have had an 8.6 percent increase in those being treated for hyperlipidemia. Also, since 2001, there has been a 5.5% increase in the percentage of Logan County adults who have been told they have high blood pressure. The number of Logan County Medicare individuals being treated for atrial fibrillation | | |
| | represents a higher rate than 75% of counties in the United States. | | |

| Goal 1: Provide diabetes education and support | | | | | |
|--|--|--|--|--|--|
| Target Population | arget Population People with diabetes and caregivers. | | | | |
| OBJECTIVE | Improve access to education for better control of diabetes through a support group | | | | |
| | that encourages diabetic lifestyle choices. | | | | |
| Strategy Selected: | | | | | |
| weight and maintain conditions. Accordi have diabetes, inclu on most of the orga traumatic lower-ext | Diabetes is a leading cause of death in the United States. Obesity increases the risk of diabetes. Losing weight and maintaining a healthy weight helps to prevent and control diabetes and other health conditions. According to the Centers for Disease Control and Prevention, more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. | | | | |

Programs/resources hospital will commit

Abraham Lincoln Memorial Hospital will provide the funding of the facilitator, space and supplies to hold the support group meetings. Additionally, ALMH will promote the meetings to the public.

Collaborative partners

Memorial Physician Services for referrals, Healthy Communities Partnership members for awareness and referrals.

| | Activity | Timeline | | Anticipated Results |
|--|--|---------------|-----|---|
| 1. | ALMH will collaborate with Memorial Physician Services and to discuss referrals to the support group and training | Sept. 2016 | • | Referring physicians in Logan County will refer patients to the support group. |
| 2. | ALMH will develop marketing campaign to promote the services. | Sept. 2016 | • | Marketing Department at ALMH will develop and execute a marketing campaign. |
| 3. | ALMH will offer a day long trailing for diabetics and their caregivers | July 2016 | • | At least 30 individuals will attend an educational event to promote better control of diabetes, aimed toward caregivers including family members, teachers, and coaches. |
| 4. | CDE will determine schedule and topics. | Sept. 2016 | • | Relevant topics will be developed for support groups. |
| 5. | ALMH will host monthly support groups | Sept. 2016 | • | Participants will learn important skills to assist their control blood glucose levels. |
| MEASURES: What will we measure to know the program is making a difference? | | | | |
| She | Short term indicators & sourceSupport groups will be held monthly. Participation will increasethrough improved promotion, referrals. | | | |
| Long term indicators & source Support gr Sheets | | | oup | s attendance will increase by 25%. Source: Sign-in |

Goal 2: Women's Education Event Target Population Women living in Logan County OBJECTIVE Increase awareness of chronic disease prevention.

Strategy Selected:

- Provide education to women on nutrition, physical activity and other preventative behaviors to be healthy role models and advocates for their families' health.
- Increase awareness of chronic disease including cardiovascular disease and diabetes that are increasing at higher rates due to the obesity epidemic.

Programs/resources hospital will commit:

Abraham Lincoln Memorial Hospital will provide staff, space, and supplies to host women for community education. ALMH will also provide staff and funding to promote the event to the community.

Collaborative Partners:

This event will take place in partnership with the ALMH Auxiliary.

| | Activity | Timeline | Anticipated Results |
|-----|------------------------------|--------------|---|
| 1. | Reserve date and room for | Sept. | Date established, facility reserved. |
| | event. | 2016 | |
| 2. | Obtain speakers and | | Speakers and activities identified. |
| | materials for event. | | |
| 3. | Create promotional materials | | Marketing materials created and distributed. |
| | and execute a marketing | | |
| | campaign. | | Increase awareness of healthy behaviors for women. |
| 4. | Hold the event. | | |
| ME | ASURES: What will we measure | to know the | program is making a difference? |
| Sho | ort term indicators & source | Number of | individuals who attended the event, with a goal of 65. A |
| | | pre- and -p | ost survey will be conducted at the event to measure |
| | | awareness | of resources available in the community to assist them |
| | | and their fa | amilies and attitudes toward making a change. |
| Lor | ng term indicators & source | Participant | s will incorporate what they learned into their lifestyle – |
| | | follow-up p | participant survey administered by ALMH staff. |

| Goal 3: Wellness Expo Including Free Cholesterol and Pulse Oximeter Screenings | | | | |
|--|---|--|--|--|
| Target Population | Public in Logan County | | | |
| OBJECTIVE | Increase awareness of chronic disease prevention. | | | |
| Strategy Selected | | | | |

strategy selected:

- Provide health education to participants through community education by promoting and inspiring a culture of health in Logan County.
- Provide free cholesterol screenings to event attendees.

Programs/resources hospital will commit:

Abraham Lincoln Memorial Hospital will provide staff, meeting space, and supplies to coordinate the event. ALMH will also provide staff and funding to promote the event to the community. At the event, ALMH staff will provide expert advice regarding diabetes, cardiovascular health and obesity along with the supplies and staff to conduct free screenings.

Collaborative Partners:

Logan County Department of Public Health and the Lincoln Park District

| | Activity | Timeline | | Anticipated Results |
|----|--|-------------------|---|---|
| 1. | Reserve date and location for event. | October 2015 | • | Date established, facility reserved. |
| 2. | Obtain vendors, screeners and volunteers for event. | January 2016 | • | Vendors confirmed. |
| 3. | Create promotional materials and execute a marketing | Novemb er 2015 | • | Marketing materials created and distributed. |
| 4. | campaign. Hold the event. | March 2016 | • | Increase awareness of healthy behaviors for women. |
| | | | • | At least 400 individual will attend the event. |
| | | | • | At least 50 individuals will have a cholesterol screening and receive diabetes education. |

MEASURES: What will we measure to know the program is making a difference? Count of participants will be taken at the event. A survey will be taken at the event to identify the information gained by participants.

| Short term indicators & source | Number of individuals who attended the event, goal 400. | | |
|--------------------------------|--|--|--|
| Long term indicators & source | Participants will follow up with attendance at diabetes support group or DSME classes. | | |

| Goal 4: Offer free blo | od pressur | e screening | gs to increase awareness of blood pressure results. | | | |
|--|--|---|--|--|--|--|
| Target Population Log | gan County | and eastern | Mason County residents | | | |
| OBJECTIVE Inc | crease awar | eness of blood pressure in residents and identify potential | | | | |
| ор | opportunities for early intervention. | | | | | |
| Strategy Selected: | | | | | | |
| Provide free community | y blood pres | sure screen | ings at ALMH on a weekly basis so that individuals can | | | |
| easily monitor this impo | easily monitor this important health indicator. Patients are educated about results and encouraged to | | | | | |
| provide monitored bloo | provide monitored blood pressure results to their primary care physician when a need arises or as part | | | | | |
| of monitoring their health status. | | | | | | |
| | | | | | | |
| Programs/resources the hospital will commit: | | | | | | |
| _ | The screening takes place at ALMH and is promoted and conducted by ALMH staff and volunteers. | | | | | |
| _ | ce at ALMH | and is prom | oted and conducted by ALMH staff and volunteers. | | | |
| The screening takes place | | | | | | |
| The screening takes place Collaborative partners: | | nizations tha | t promote the service including Kiwanis and Rotary Clubs. | | | |
| The screening takes place | | | | | | |
| The screening takes place Collaborative partners: | Local orgar | nizations tha | t promote the service including Kiwanis and Rotary Clubs. | | | |
| The screening takes place Collaborative partners: Activity | Local organ | nizations tha Timeline | t promote the service including Kiwanis and Rotary Clubs. Anticipated Results | | | |
| The screening takes place Collaborative partners: Activity 1. Reserve the room an | Local organ nd secure reenings | nizations tha Timeline October | t promote the service including Kiwanis and Rotary Clubs. Anticipated Results | | | |
| The screening takes place Collaborative partners: Activity 1. Reserve the room and the volunteer for the screening to the screening takes place Activity | Local organ nd secure reenings | nizations tha Timeline October 1, 2015 | t promote the service including Kiwanis and Rotary Clubs. Anticipated Results Secure the room and screening staff. | | | |
| The screening takes place Collaborative partners: Activity 1. Reserve the room and the volunteer for the screening through local media | Local organ nd secure reenings ngs | Timeline October 1, 2015 Sept. 2016 | t promote the service including Kiwanis and Rotary Clubs. Anticipated Results Secure the room and screening staff. | | | |
| The screening takes place Collaborative partners: Activity 1. Reserve the room and the volunteer for the screening through local media | Local organ d secure reenings ngs we measure | Timeline October 1, 2015 Sept. 2016 to know the | t promote the service including Kiwanis and Rotary Clubs. Anticipated Results Secure the room and screening staff. Community awareness of the free service. | | | |
| The screening takes place Collaborative partners: Activity 1. Reserve the room and the volunteer for the screening through local media MEASURES: What will we | Local organ d secure reenings ngs we measure | Timeline October 1, 2015 Sept. 2016 to know the Attendance (700 scree | t promote the service including Kiwanis and Rotary Clubs. Anticipated Results Secure the room and screening staff. Community awareness of the free service. e program is making a difference? e at the screenings of at least 15 individuals per week nings per year). | | | |
| The screening takes place Collaborative partners: Activity 1. Reserve the room and the volunteer for the screening through local media MEASURES: What will we | Local organ d secure reenings ngs we measure | Timeline October 1, 2015 Sept. 2016 to know the Attendance (700 scree | t promote the service including Kiwanis and Rotary Clubs. Anticipated Results Secure the room and screening staff. Community awareness of the free service. e program is making a difference? e at the screenings of at least 15 individuals per week | | | |
| The screening takes place Collaborative partners: Activity 1. Reserve the room and the volunteer for the screening through local media MEASURES: What will we | t Local organ ad secure creenings ngs we measure & source | Timeline October 1, 2015 Sept. 2016 to know the Attendance (700 screet Source: Vo | t promote the service including Kiwanis and Rotary Clubs. Anticipated Results Secure the room and screening staff. Community awareness of the free service. e program is making a difference? e at the screenings of at least 15 individuals per week nings per year). | | | |

Approved by Abraham Lincoln Memorial Hospital Board on Aug. 19, 2015.