COMMUNITY HEALTH IMPROVEMENT PLAN

MCLEAN COUNTY/ILLINOIS
2020 - 2022











McLean County IL Community Health Improvement Plan 2020 – 2022

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I. Introduction from the McLean County Community Health Council's Executive Steering Committee

a) Philosophy and Development of the Collaborative Approach

The formation of the McLean County Community Health Council in April 2015 marked an important milestone for community health in McLean County. Prior to the development of the first joint 2016 McLean County Community Health Needs Assessment (CHNA) and the 2017-2019 McLean County Community Health Improvement Plan (CHIP), the two hospitals in McLean County and the McLean County Health Department each conducted their own needs assessment which resulted in three community health plans for McLean County. For the second cycle of the joint CHNA (2019) and joint CHIP (2020-2022), Chestnut Family Health Center of Chestnut Health Systems, the local Federally Qualified Health Center (FQHC), joined this collaborative effort since it too is required to complete a needs assessment every three years as part of its FQHC compliance requirements. All four organizations are dedicated to working with partners to improve the health of the community and strongly believe in the philosophy of collaboration.

The Executive Steering Committee of the McLean County Community Health Council, consisting of at least one member from each of the four organizations required to complete periodic community health needs assessments (Advocate BroMenn Medical Center, McLean County Health Department, OSF St. Joseph Medical Center, and Chestnut Health Systems), was identified to lead this collaborative process and worked together to produce the 2019 McLean County Community Health Needs Assessment. The CHNA was posted on each organization's website for public access on August 1, 2019. The McLean County Community Health Council met four times in 2019 to oversee the needs assessment and plan development as well as to monitor progress made through the three Priority Action Teams formed for each of the three significant health needs identified through the needs assessment and subsequent McLean County Community Health Council meetings: Behavioral Health, Access to Care, and Healthy Eating/Active Living. For the second cycle of this joint effort, the goals of the collaboration included:

- Renew and refresh membership in the Executive Steering Committee (completed summer 2018)
 and the McLean County Community Health Council (completed January 2019)
- Analyze primary and secondary data collectively (completed 2018 2019)
- Prioritize and select the top three significant health needs for McLean County (completed February 2019)
- Generate one joint community health needs assessment for McLean County (completed, approved and posted in August 2019)
- Work collaboratively on a county joint community health improvement plan, addressing each of the top three significant health needs selected as health priorities for the next three-year period 2020 – 2022 (completed, approved and posted in February 2020)

The result of the 2nd round of this collaborative process was the production of a joint community health needs assessment in 2019 followed by one joint community health improvement plan for McLean County for the calendar year 2020 - 2022 period.

b) Approval of the Community Health Improvement Plan

BroMenn Medical Center and St. Joseph Medical Center are utilizing this joint Community Health Improvement Plan to meet their 2017 – 2019 Community Health Needs Assessment and 2020 – 2022 Community Health Improvement/Implementation Plan requirements under 501(r) added to the Internal Revenue Code as part of the Patient Protection and Affordable Care Act. The McLean County Health Department will utilize the joint 2019 Community Health Needs Assessment and 2020 – 2022 Community Health Improvement Plan to meet Illinois Project for Local Assessment of Need requirements for local health department certification in 2022 by the Illinois Department of Public Health. Chestnut Health System will use these documents to meet their federal compliance requirement through the Health Resources Services Administration Bureau of Primary Care. Beyond meeting requirements, this collaborative approach will help many local organizations better serve the health needs of McLean County.

The McLean County Community Health Improvement Plan is a joint implementation plan developed in partnership with representatives from over 39 community social service, healthcare and faith-based agencies, government entities, academic facilities, and other organizations. The McLean County Community Health Council is comprised of 58 individuals representing 11 sectors (county and city government; public health; social services; transportation; housing; healthcare; education; business/economic development; faith community; law enforcement; and civic organizations/service clubs). The four entities represented in the Executive Steering Committee (BroMenn Medical Center, the McLean County Health Department, St. Joseph Medical Center and Chestnut Health Systems) are responsible for ensuring that the plan is implemented, and all are implied resources and partners for the plans addressing each significant health need.

The 2020 – 2022 McLean County Community Health Improvement Plan was approved by the McLean County Community Health Council on December 17, 2019; Chestnut Health System's Board of Directors on January 22, 2020; the McLean County Board of Health on January 8, 2020; OSF Healthcare System's Board of Directors on January 27, 2020; and, Advocate BroMenn Medical Center and Eureka Hospital's Governing Council on January 28, 2020.

The McLean County Community Health Council Executive Steering Committee reserves the right to amend this 2020-2022 Community Health Improvement Plan as needed to reflect each organization's role and responsibilities in executing the Plan as well as the resources each organization is committing. In addition, certain significant health needs may become even more significant and require amendments to the strategies developed to address the health need. Other entities or organizations in the community may develop programs to address the same health needs or joint programs may be adopted. Finally, in compliance with Internal Revenue Code Section 501(r) requirements for hospitals, Advocate BroMenn Medical Center or OSF St. Joseph Medical Center may refocus the limited resources the organization committed to the Plan to best serve the community.

II. Acknowledgements

a) McLean County Community Health Council Executive Steering Committee

Representatives from the four organizations listed below comprise the McLean County Community Health Council's Executive Steering Committee:

Advocate BroMenn Medical Center: Sally Gambacorta, MS, MA, Community Health Director

Advocate BroMenn Medical Center is one of 27 hospitals in the Advocate Aurora Health system. Advocate Aurora Health is one of the 10 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 70,000 employees, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly three million patients annually in Illinois and Wisconsin across more than 500 sites of care. Advocate Aurora is engaged in hundreds of clinical trials and research studies and is nationally recognized for its expertise in cardiology, neurosciences, oncology and pediatrics. The organization also contributed \$2.1 billion in charitable care and services to its communities in 2018. As an Advocate Aurora Health hospital, BroMenn Medical Center embraces the system purpose of "We Help People Live Well." BroMenn Medical Center is a 221-bed not-for-profit facility located in Bloomington-Normal, Illinois, and has been serving and caring for the people of central Illinois for nearly 125 years. BroMenn Medical Center is a healthcare leader for neuro, cardiac, orthopedic, obstetrics and behavioral health services. It is also a teaching facility, offering residency programs in Neurosurgery, Neurology, Family Medicine and Clinical Pastoral Education.

Sally Gambacorta is the Community Health Director at Advocate BroMenn Medical Center and Advocate Eureka Hospital. Both hospitals are in central Illinois. She has worked for Advocate Aurora Health for 25 years in Wellness and Community Health. Sally holds a Bachelor of Science degree in Business Administration from Augustana College, a Master of Science degree in Industrial/Organizational Science from Illinois State University and a Master of Arts degree in Leisure Studies with a concentration in Corporate Fitness and Health Promotion from the University of Iowa. In her community health role, Sally is responsible for the Community Health Needs Assessment and Community Benefits at both hospitals. She has extensive experience in collaborating with community partners to improve the health of the community. Sally is a member of the McLean County Community Health Council Executive Steering Committee and facilitates the McLean County Behavioral Health Priority Action Team. She is also a member of the McLean County Mental Health First Aid Collaborative and is on the Partnership for a Healthy Community Board for Woodford, Tazewell and Peoria Counties.

Chestnut Health Systems: Dietra Kulicke, BS, Vice President of Integrated Care, Chestnut Family Health Center

Chestnut Health Systems, Inc.₇ offers substance use disorder treatment for adults and adolescents, behavioral health services, primary healthcare and credit counseling, and is a leader in substance use-related research. In addition, Chestnut Health Systems provides services for veterans and their families, and operates housing sites in McLean, Madison and St. Clair Counties. Chestnut Health Systems was established in a house on West Chestnut Street in Bloomington in 1973. It started with two employees and offered a single healthcare service – addiction treatment for adults. In the years since, Chestnut Health Systems has added four service lines, eight locations in central and southern Illinois, and 670 employees.

Believing that the underinsured and uninsured deserve the same high quality primary and behavioral healthcare as those with greater access to resources, Chestnut Health Systems offers a valuable resource for those living at or below 200 percent of Federal Poverty Guidelines. Chestnut Family Health Center, Chestnut Health Systems' Federally Qualified Health Center (FQHC), provides quality primary care for patients by utilizing a comprehensive approach that fully integrates primary and behavioral health services.

Chestnut Health Systems' programs that provide care for persons with mental health, substance use, and other illnesses – as well as low-income residents needing primary healthcare – have earned The Joint Commission's (TJC) Gold Seal of Approval®, which reflects the organization's commitment to providing safe and effective care. Chestnut Health Systems has been continuously accredited by TJC since 1973.

Dietra Kulicke has over 28 years of experience in the healthcare industry. Ms. Kulicke has worked for Chestnut Health Systems since 1991 and has held a variety of clinical and non-clinical positions during her tenure. Ms. Kulicke is currently the Vice President of Integrated Care for Chestnut's central region and is responsible for planning and directing the provision of integrated medical, behavioral and psychiatric services across Chestnut's continuum of services including the 330 federally-funded health center site. Her valuable experience and her former responsibilities of identifying community need and developing new programs and service lines are key in the development and continued growth of Chestnut Family Health Center. Ms. Kulicke received her Bachelor of Science degree in Business Education from Bowling Green State University in Bowling Green, Ohio, in 1991. She completed the 11-month Community Health Center Executive Management Fellowship program through the University of Kansas Medical Center Department of Health Policy and Management in November 2012. Ms. Kulicke serves on the Board of the Illinois Primary Health Care Association as well as on the Illinois State University Mennonite College of Nursing CAUSE grant Advisory Committee.

McLean County Health Department: Cathy Coverston Anderson, RN, BSN, SM, Assistant Administrator

Since 1946, the McLean County Health Department has worked to protect and promote the health and wellness of McLean County citizens. The department serves the largest geographic county in Illinois, with more than 172,052 residents. Many people may never walk through the doors of the health department, but they all benefit from the various services offered as well as from the enforcement of

local and state regulations that protect individuals and communities through the control of infectious diseases, sewage management, assurance of drinkable water and provision of accurate health information. The mission of the McLean County Health Department is to protect and promote health. This is accomplished through the provision of public health leadership, convening and collaborating with community partners and assuring strong business practices to create healthy people and healthy places.

Cathy Coverston Anderson is a registered nurse and has been the Assistant Administrator for the McLean County Health Department since 2009. She has over 30 years of experience in public health and has served on various boards and councils at the local, regional and state level. Ms. Coverston Anderson has a Master of Science degree from Harvard University School of Public Health and a Bachelor of Science degree in Nursing, as well as a Bachelor of Arts degree in English from the University of Minnesota. She oversees the Community Health Needs Assessment and Community Health Improvement Plan processes, Occupational Health and Safety Administration (OSHA) activities and the department's emergency preparedness program. She has extensive experience collaborating with local, regional and state partners to protect and promote health for McLean County residents.

OSF St. Joseph Medical Center: Erin Kennedy, BS, MS, Center for Healthy Lifestyles Manager

OSF St. Joseph Medical Center is a 149-bed acute care facility. The medical center has been serving Bloomington-Normal and the surrounding communities since 1880. OSF HealthCare is a Catholic, 13-hospital health system serving Illinois and the Upper Peninsula of Michigan, driven by the mission to serve with the greatest care and love. OSF St. Joseph Medical Center is fully accredited by The Joint Commission - an independent organization established to set the standards for measuring healthcare quality. OSF St. Joseph Medical Center is a designated Magnet hospital and named a "Top U.S. Hospital" by The Leapfrog Group as one of only 63 hospitals across the nation to continuously earn an "A" rating for patient safety since Leapfrog began awarding letter grades in 2011. OSF St. Joseph Medical Center is part of OSF HealthCare System, an integrated health system owned and operated by The Sisters of the Third Order of St. Francis. In the spirit of Christ and the example of Francis of Assisi, the mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the gift of life.

Erin Kennedy is the Manager of the Center for Healthy Lifestyles at OSF St. Joseph Medical Center. With nearly 20 years of experience in the healthcare field, Erin's focus has been on improving the health and well-being of the community through education, prevention and chronic disease management. Erin's primary responsibilities include program development through the Center for Healthy Lifestyles, community health needs assessment and improvement planning, and community benefit reporting for OSF St. Joseph Medical Center. The favorite part of her job is her involvement with forming interagency collaborations to make an impact on the overall health of the community. Erin is the Co-Chair of the Workplace Wellness Committee, Chairperson for the American Heart Association Board of Directors, sits on the BN (Bloomington – Normal) Parents Coalition, Women Empowered, the Boys and Girls Club of the Bloomington - Normal Board of Directors, Leadership McLean County and Illinois State University Kinesiology and Recreation Advisory Board. Erin received her Bachelor and Masters degrees in Exercise Science and Exercise Physiology from Illinois State University.

Additional Assistance to the Executive Steering Committee

In addition to the previously listed individuals serving on the Executive Steering Committee, Dr. Laurence G. Weinzimmer was contracted by OSF HealthCare for assistance during the community health needs assessment to conduct the 2018 McLean County Community Health Survey of adults, a primary data source for the needs assessment. Larry has a Ph.D. and is the Caterpillar Inc. Professor of Strategic Management in the Foster College of Business at Bradley University in Peoria, Illinois. An internationally recognized thought-leader in organizational strategy and leadership, he is a sought-after consultant to numerous Fortune 100 companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national best sellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principle investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology.

b) 2019 McLean County Community Health Council Members

The Executive Steering Committee would like to acknowledge and thank the following individuals and organizations that contributed their time as members of the McLean County Community Health Council to complete the joint 2019 Community Health Needs Assessment and the joint 2020 – 2022 Community Health Improvement Plan for McLean County.

| Organization | Name | Stakeholder Role |
|---|------------------|---------------------------------|
| 100 Black Men | James Porter | Civic organization/service club |
| Advocate BroMenn Medical Center | Renee Donaldson | Healthcare/behavioral health |
| Advocate BroMenn Medical Center | Logan Frederick | Healthcare |
| Advocate BroMenn Medical Center | Sally Gambacorta | Healthcare |
| Advocate BroMenn Medical Center | Christine McNeal | Healthcare/faith |
| Baby Fold | Dianne Schultz | Social service |
| Bloomington Housing Authority | Jeremy Hayes | Housing |
| Bloomington Normal Boys & Girls Club | Tony Morstatter | Social service/youth |
| Bloomington Police | Clay Wheeler | Law enforcement |
| Bloomington Township | Deborah Skillrud | City government |
| Chestnut Health Systems | Joan Hartman | Healthcare/behavioral health |
| Chestnut Health Systems | Dietra Kulicke | Healthcare/underserved |
| Children's Home + Aid | Jeannie Higdon | Social service/youth |
| City of Bloomington | Katie Simpson | City government |
| Community Cancer Center | Joe Prosser | Healthcare |
| Community Health Care Clinic | Mike Romagnoli | Healthcare/underserved |
| Connect Transit | Isaac Thorne | Transportation |
| District 87 | Leslie Hanson | Education/schools |
| District 87 | Diane Wolf | Education/schools |

| Organization | Name | Stakeholder Role |
|--|--------------------------|--------------------------------------|
| East Central Illinois Area Agency on Aging | Mike O'Donnell | Social service/seniors |
| Economic Development Council | Mike O'Grady | Business development |
| Faith in Action | Doretta Herr | Transportation |
| Heartland Head Start | Michelle Sutter | Social services |
| Home Sweet Home Ministries | Mary Ann Pullin | Social service/homeless |
| Illinois Farm Bureau | Devon Flammang | Business |
| Illinois State University | Kerri Calvert | Education/schools |
| Illinois State University | Jackie Lanier | Education/schools |
| Illinois State University Mennonite College of Nursing | Judy Neubrander | Education/schools |
| Illinois State University School of Social Work | Karen Stipp | Education |
| Links | Elaine Hardy | Civic organization/service club |
| Marcfirst SPICE | Christy Kosharek | Social service/underserved |
| McLean County | Camille Rodriguez | Government |
| McLean County | Trisha Malott | Government |
| McLean County Center for Human Services | Sue Pirtle | Social service |
| McLean County Health Department | Kim Anderson | Public health; maternal/child health |
| McLean County Health Department | Cathy Coverston Anderson | Public health |
| McLean County Health Department | Maureen Sollars | Public health |
| McLean County Regional Planning Commission | Teresa Anderson | County government/planning |
| McLean County Regional Planning Commission | Vasu Gadhiraju | County government/planning |
| McLean County Sheriff | Jon Sandage | Law enforcement |
| Mid Central Community Action | Deb White | Social services |
| Not in Our Town | Rabbi Rebecca Dubowe | Faith |
| OSF HealthCare System | Dawn Tuley | Healthcare |
| OSF St. Joseph Medical Center | Erin Kennedy | Healthcare |
| Project Oz | Joanne Glancy | Social service/youth |
| Regional Office of Education | Victoria Padilla | Education/schools |
| State Farm | Sheri Gatto | Business |
| Town of Normal Parks & Recreation | Doug Damery | Government |
| Town of Normal Police Chief | Rick Bleichner | Law Enforcement |
| Unit 5 | Mark Daniel | Education/schools |
| United Way of McLean County | David Taylor | Social services |
| W. Bloomington Revitalization | Bevin Choban | Social services/civic |
| Project | Beviii Cilobaii | organization |
| YMCA | B.J. Wilkin | Social Service |
| YWCA | Dontae Latson | Social Service |

III. Executive Summary - McLean County Joint Community Health Improvement Plan (2020 - 2022)

a) Statement of Purpose

The purpose of the 2020 – 2022 McLean County Community Health Improvement Plan is to improve the health of McLean County residents by developing and maintaining partnerships to implement Community Health Improvement Plan interventions, working together to encourage health and healthcare access awareness, and to foster systemic approaches that will improve the health and well-being of county residents and the community.

With substantial support from the community, this second cycle (2017-2019) of a joint Community Health Needs Assessment and Community Health Improvement Plan process builds upon the considerable progress made during the first cycle (2014-2016) of the joint process, this time facilitated by representatives from Advocate BroMenn Medical Center, Chestnut Health Systems, McLean County Health Department, and OSF St. Joseph Medical Center, which make up the Executive Steering Committee of the McLean County Community Health Council. The process receives input/oversight from the 50+ members of the McLean County Community Health Council, with representation from over 40 organizations from 11 sectors (civic organizations/service clubs; county and city government; business/economic development; education; faith community; healthcare; housing; law enforcement; public health; social service; transportation). The development and implementation of this 2020 – 2022 McLean County Community Health Improvement Plan is due in large part to the three Priority Action Teams, with one team assigned to each of the three health priorities: behavioral health, access to care, and healthy eating/active living. Each Priority Action Team has 24 to 64 members, with each a stakeholder in the significant health need area and eager to continue their mission and journey to improve the health and well-being of McLean County residents.

b) Development Process for the Community Health Improvement Plan

The completion and approval of the joint 2019 McLean County Community Health Needs Assessment in the summer of 2019 included a summary of 2017 – 2019 Community Health Improvement Plan key accomplishments for the first two years of the plan (found here on pages 22 through 26), and the identification of three health priorities. It provided the groundwork for the development, from September through December of 2019, of the 2020 – 2022 McLean County Community Health Improvement Plan. Approvals of the document were attained by the McLean County Community Health Council on December 17, 2019, and all four governing bodies represented in the Executive Steering Committee by the end of January 2020.

For the development of the 2019 McLean County Community Health Needs Assessment, at least one member from each of the four organizations made up the Executive Steering Committee of the McLean County Community Health Council, which the Executive Steering Committee analyzed an extensive quantity of both primary and secondary data from July 2018 to February 2019. The committee met every other week to analyze the primary and secondary data presented in the 2019 McLean County Community Health Needs Assessment. The Executive Steering Committee was able to analyze some additional hospital data at a more detailed level and through it was able to identify health disparities for gender, age, race/ethnicity, and ZIP code for a variety of health outcomes.

In January and February 2019, the Executive Steering Committee presented six health issues to the McLean County Community Health Council during a series of three two-hour meetings. The McLean County Community Health Council consists of over 50 individuals from more than 40 organizations in McLean County representing public entities, faith-based and private organizations, education, social service organizations, healthcare facilities and city and regional planning. Although a standard prioritization methodology was not utilized at this stage in the process, the following factors were taken into consideration in the decision-making process when analyzing the data:

- Size of the issue
- Worse rates than Illinois counties or state rates
- Disparities by race/ethnicity, age, gender or ZIP code
- Does not meet the Healthy People 2020 target

The six significant health needs that rose to the top for McLean County are listed below in alphabetical order and were presented to the McLean County Community Health Council for eventual prioritization at three meetings held on January 31, February 14, and February 28, 2019:

- Access to Appropriate Care
- Behavioral Health (mental health and substance use)
- Healthy Eating/Active Living (exercise, nutrition, obesity and food access/insecurity)
- Heart Disease
- Oral Health
- Respiratory Disease

The Executive Steering Committee facilitated the following three meetings of the McLean County Community Health Council to prioritize the six significant health needs derived from the data analysis.

January 31, 2019

The purpose of the first meeting was to explain the collaborative nature of the 2019 McLean County Community Health Needs Assessment with Advocate BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and Chestnut Health Systems, with the end goal of producing a joint community health improvement plan for McLean County. Highlights from 2017 and 2018 for the 2017 - 2019 McLean County Community Health Improvement Plan were also reviewed with the Council.

February 14, 2019

During the second meeting, the Executive Steering Committee presented detailed data on the six significant health needs identified for prioritization. Age, gender, race/ethnic and ZIP code disparities were shared when available. A group discussion was facilitated on the health issues presented.

February 28, 2019

During the final meeting, the Hanlon Method of prioritization was used to select the three significant health needs for the 2019 McLean County Community Health Needs Assessment and around which the 2020 - 2022 McLean County Community Health Improvement Plan was developed. For a complete description of the Hanlon Method, please refer to Appendix 6 and Appendix 7 of the 2019 McLean County Community Health Needs Assessment. Prioritization results are listed below in Exhibit 1.

Exhibit 1: Hanlon Method Prioritization Results, 2019

| | Α | В | С | D |
|-------------------------------|------|-------------|--------------------------------------|----------------------------|
| Health Concern | Size | Seriousness | Effectiveness of Interventions | Priority Score (A+2B)*C |
| Behavioral Health | 5.4 | 9.0 | 6.9 | 162.5 |
| Access to Appropriate Care | 7.1 | 8.3 | 6.8 | 160.3 |
| Healthy Eating /Active Living | 7.8 | 7.7 | 6.8 | 158.1 |
| Heart Disease | 4.4 | 6.5 | 6.4 | 111.0 |
| Oral Health | 4.6 | 6.2 | 6.3 | 107.7 |
| Respiratory Disease | 2.8 | 5.6 | 5.8 | 81.1 |

Source: McLean County Community Health Council Meeting, February 28, 2019.

Through the prioritization process and discussion of the results, the three significant health needs/health priorities for the McLean County 2019 Community Health Needs Assessment were determined to be:

- Access to Care
- Behavioral Health (mental health and substance use)
- Healthy Eating/Active Living (exercise, nutrition, obesity and food access/insecurity)

c) The Health Needs Not Selected

As illustrated in Exhibit 1 above, there was a clear divide in the scores between the top three health concerns and the bottom three health concerns. Documentation below reflects further discussion held by the McLean County Community Health Council on February 28, 2019, regarding the choice to not select heart disease, oral health or respiratory disease for inclusion in the top three health priorities.

Heart Disease

Heart disease will not be addressed because it was ranked fourth according to its priority score of 111.1 and the McLean County Community Health Council did not feel that there was a compelling reason to eliminate one of the health issues that ranked in the top three. The council did discuss that improving access to care may possibly also improve health outcomes for heart disease, particularly in areas of high socioeconomic needs.

Oral Health

Although oral health is deemed as an important issue in McLean County, the McLean County Community Health Council agreed to address the three needs that received the highest priority scores. Oral health was ranked fifth with a score of 107.7. The council did discuss that oral health is also an access issue and can fit under access to care. The Access to Care section for the 2020-2022 McLean County Community Health Improvement Plan includes an oral health intervention. The opening of a new dental clinic at the Community Health Care Clinic in early 2019, for individuals without health insurance, and the allocated space for dental expansion at Chestnut Family Health Center may also assist in improving oral health care access for underserved individuals.

Respiratory Disease

One of the reasons respiratory disease was not selected as a health need to be addressed was that it ranked sixth according to its priority score of 81.1 and the McLean County Community Health Council did not feel that there was a compelling reason to eliminate one of the health concerns that ranked in the top three. The council did discuss that improving access to care may possibly also improve health outcomes for respiratory disease, particularly in areas of high socioeconomic needs.

d) The Three Health Priorities Selected for McLean County

As previously illustrated in Exhibit 1, behavioral health, access to care and healthy eating/active living received the top three priority scores according to the Hanlon method calculations with scores of 162.5, 160.3 and 158.1 respectively. There was a clear divide in the scores between the top three issues and the bottom three: heart disease, oral health and respiratory disease. Following a group discussion, the McLean County Community Health Council agreed to select the top three health needs as the ones with the highest priority scores.

After identification of the top three health priorities, the next step in the process included pulling key stakeholders together to set high-level goals for each health priority. Separate meetings were held in April or May 2019 with each stakeholder group, re-named Priority Action Teams, one for each health

priority, to set a high-level goal. Meeting dates included: the Access to Care Priority Action Team (4/29/19), the Behavioral Health Priority Action Team (4/30/19), and the Healthy Eating/Active Living Priority Action Team (5/9/19). At each meeting, between 17 and 23 individuals participated in the goal setting process, representing more than 20 organizations in McLean County. The 2019 CHNA health priorities are listed below along with the high-level goal selected for each:

Health Priority #1: Behavioral Health (Mental Health and Substance Abuse)

Behavioral health was selected as a significant health need to be addressed by the McLean County Community Health Council for several reasons. Behavioral health received the highest priority score (162.5) clearly indicating the need for further improvements in this area in McLean County. In addition, there are numerous health disparities in Bloomington ZIP code 61701 for both mental health and substance abuse. There has also been a great deal of public support and momentum behind mental health in the county for the last several years. McLean County is well situated to continue to collaborate on mental health due to the on-going efforts of numerous organizations and the McLean County Government. Mental health was also previously selected as a key health priority for the 2016 McLean County Community Health Needs Assessment, giving further momentum to the efforts of improving mental health for county residents.

High-level Goal: Advance a systemic community approach to enhance behavioral health and well-being by 2023.

Health Priority #2: Access to Care

Access to care was selected as a significant health need to be addressed by the McLean County Community Health Council, not only because of its high priority score (160.3), but also due to its impact on individual health outcomes. Improving access in certain areas and for certain populations can have a widespread positive impact on a variety of health outcomes, such as chronic diseases and oral health. Data presented to the council also indicated that there are significant geographic and racial/ethnic disparities in McLean County that may be related to access to care. Research and subject matter expertise suggested that there are a variety of factors that can improve access to appropriate care, including increasing hours of operation for urgent care clinics and primary care offices, providing transportation, healthcare and insurance navigation services, and educating both consumers and providers. Access to Appropriate Care had also been selected as a health priority during the 2016 McLean County Community Health Needs Assessment and has cross-sector support for implementing interventions.

High-level Goal: Ensure appropriate access to care to improve the health and well-being of our residents, neighborhoods and county by 2023.

Health Priority #3: Healthy Eating/Active Living

Healthy eating/active living was selected as a significant health need to be addressed by the McLean County Community Health Council because it ranked as number three according to its priority score of 158.1. Additionally, the council felt that by focusing on healthy eating/active living, many other health outcomes such as heart disease, cancer and diabetes may also positively be impacted. It was also selected because obesity is a widespread issue affecting so many people and it does not discriminate.

Food insecurity and food access are also areas needing improvement in McLean County. Obesity was selected as a health priority for the 2016 McLean County Community Health Needs Assessment and there is widespread support for continuing to address this health concern through Healthy Eating/Active Living interventions.

High-level Goal: Promote healthy eating and active living to strengthen the health and well-being of our community by 2023.

For the top three health priorities, the joint 2020 – 2022 McLean County Community Health Improvement Plan was developed after the three Priority Action Teams continued to meet in September through November of 2019. The Priority Action Teams set specific objectives towards achieving the goals and to identify strategies and specific interventions to address the priorities. In addition, potential resources and partners, as well as related efforts in the community, were identified. The results of these meetings are documented in the "McLean County Community Health Improvement Plan Summary" for each of the three health priorities.

For the three-year period of 2020 – 2022, McLean County community partners will be working together to implement the McLean County Community Health Improvement Plan in order to positively impact the three health priorities:

- 1) Behavioral Health (including Mental Health and Substance Use)
- 2) Access to Care
- 3) Healthy Eating/Active Living (Exercise, Nutrition, Obesity and Food Access/Insecurity)

The following pages of this document provide additional information on the 2020 – 2022 McLean County Community Health Improvement Plan by taking each of the three health priorities and providing:

- Description of the Health Priority
- Chart of Health Problem Risk Factors and Direct/Indirect Contributing Factors
- Rationale for Choice as a Health Priority
- McLean County Community Health Improvement Plan Summary: this document includes the following components for each health priority:
 - Overall Goal
 - Outcome Objective (with baseline and State of Illinois Health Improvement Plan [SHIP] alignment)
 - Impact Objectives (with baseline and Healthy People 2020 alignment)
 - Strategies
 - Interventions (with emphasis on evidenced-based interventions whenever possible)
 - Evaluation Plan (with process and outcome indicators)
 - List of Potential Resources and Potential Community Partners
- Funding for Implementing Interventions
- Barriers to Achieving Health Improvements
- Evaluation and Monitoring Plan

e) Community Involvement

Community involvement was essential for the development of both the 2019 McLean County Community Health Needs Assessment and the 2020 – 2022 McLean County Community Health Improvement Plan.

The 2019 McLean County Community Health Needs Assessment began with the collection of primary data through a survey of McLean County adults in July – September 2018. The 2018 Community Health Survey (Appendix 4 of the 2019 McLean County Community Health Needs Assessment found here), conducted by a Bradley University researcher under contract with OSF Healthcare, consisted of 48 demographic and health-related questions that were administered from July through September of 2018 to adults age 18 and over, yielding a total usable sample of 695 respondents from McLean County residents. Of these, 102 respondents were persons with low incomes. The survey provided valuable information about healthcare utilization and obstacles to access, rationales for health choices, perceptions of health and health problems, and the health behaviors of county residents. Analysis of the survey responses, along with the assessment of the available secondary data, fueled the significant health needs prioritization process as well as the identification of interventions for the three priority health concerns identified in the 2020 – 2022 McLean County Community Health Improvement Plan. The 50-plus members of the McLean County Community Health Council, with substantial community representation from over 40 organizations from 11 sectors (civic organizations/service clubs; county and city government; business/economic development; education; faith community; healthcare; housing; law enforcement; public health; social service; transportation) lead the prioritization process in January - February 2019 for the 2019 McLean County Community Health Needs Assessment.

In April 2019, 24-64 individuals were invited to participate in one of three stakeholder meetings. Each group became a newly-formed Priority Action Team, one for each health priority. These teams developed the high-level goals for the 2020 – 2022 Community Health Improvement Plan.

Additional Priority Action Team meetings were convened in September – November 2019 to develop objectives and identify interventions for the plan. Over 60 agencies and civic organizations were represented by the invitees to the three Priority Action Teams, in addition to the four Executive Steering Committee organizations. The Priority Action Team participants had direct input into the 2020 – 2022 McLean County Community Health Improvement Plan, resulting in a strong plan with actionable interventions for McLean County. Their input is vital to the success of the plan and their knowledge of community resources and current efforts to improve health were invaluable. Their participation expanded community involvement in the plan, cultivated investment in it and improved the quality of it. These stakeholders are positioned for collaboration and ready to move forward with implementation in 2020 to help improve the health and well-being of McLean County residents.

IV. Health Priority #1: Behavioral Health (Mental Health and Substance Use)

a) Description of the Health Priority

Mental illnesses are one of the leading causes of disability in the United States. In any given year, approximately 13 million American adults have a seriously debilitating mental illness. Furthermore, unstable mental health can lead to suicide, which accounts for the death of approximately 30,000 Americans every year (Healthy Communities Institute, 2019).

Individuals with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder. When an individual is impacted by both, these are referred to as co-occurring disorders, and treatment is complicated since both disorders can have psychological, social, and biological components. The 2016 National Survey on Drug Use and Health by the Substance Abuse and Mental Health Services Administration reports that, of the 19 million adults in the United States with a substance use disorder in the past year, approximately 8.2 million of them (43.3 percent) also had a mental illness diagnosis. Individuals with these co-occurring disorders are at higher risk for other illnesses and early death, suicide, homelessness, and incarceration. Because these disorders often occur together, the McLean County Community Health Council chose to include both in one health priority category: Behavioral Health.

Health Perceptions in McLean County

The 2018 McLean County Community Health Survey asked 695 adult respondents to rate the three most important health issues in the community out of 10 choices provided in the survey. The health issue that rated highest was once again mental health. It was identified by 82 percent of respondents. In comparison, the 2015 survey result was 60 percent. See below Exhibit 2, Perception of Health Issues in McLean County, 2018.

Mental health 82% Obesity/Overweight 52% Aging Issues Cancer ■ Dental Health 20% ■ Heart disease 20% 20% Diabetes 9% ■ Chronic Pain ■ Early Sexual Activity 0% 20% 40% 60% 80% 100% ■ STIs

Exhibit 2: Perception of Health Issues in McLean County, 2018

Source: McLean County Community Health Survey, 2018.

Like the 2015 survey, the 2018 survey indicated that 10 percent of respondents reported that they do not have access to counseling services when needed. Of these, 36 percent (31 percent in 2015) "could not afford co-pay" and 22 percent (30 percent in 2015) noted that "embarrassment" were reasons they were not able to access counseling services. Besides emotional barriers to care, other responses regarding barriers included those in the areas of insurance, transportation and access.

Statistics Supporting Behavioral Health as a Health Priority

Like many illnesses, early detection and access to outpatient care as well as consistent ongoing treatment for those with mental health and substance use disorders can improve health outcomes as well as an individual's quality of life. Care received in the emergency room may indicate inadequacies in or the absence of the healthcare received outside of it. In McLean County, emergency room and hospitalization data from the two local hospitals (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015-2017) provides a snapshot of the consequences of delayed access to care, inadequate care or insufficient treatment for mental health and substance use disorders.

General:

 Psychiatric visits are the second most common reason for patient visits to BroMenn Medical Center's emergency room for 2012-2017.

Adolescents/Pediatrics:

The rate for age-adjusted emergency room visits due to adolescent suicide and intentional self-inflicted injury and harm, at 111.8/10,000 population 10 – 17 years of age, is in the worst fourth quartile range compared to other counties in Illinois. Higher rates are seen in females in this age group (156.1/10,000 population 10 – 17 years of age), individuals 15-17 years old (161.5/10,000 population 10 – 17 years of age), and for

- adolescents ages 10-17 living in the 61701 ZIP code (177.8 emergency room visits /10,000 population 10 17 years of age).
- The rate for age-adjusted emergency room visits due to pediatric mental health for McLean County is 80.1 emergency room visits per 10,000 ages 18 years and younger (Healthy Communities Institute, Illinois Hospital Association, 2015 2017). This is in the worst 50th-75th percentile range compared to other counties in Illinois. The rate for adolescents living in the 61701 ZIP code is higher (147 emergency room visits per 10,000 population ages 18 years and younger) and is in the worst 25th percentile compared to other ZIP codes in Illinois. The highest rates occur in individuals ages 15-17 years (204.2 emergency room visits per 10,000 population ages 18 years and younger) and Black or African American adolescents (150.5 emergency room visits per 10,000 population ages 18 years and younger).

Adults:

- The overall age-adjusted emergency room visit rate due to mental health in adults in McLean County, at 92.1 visits per 10,000 population ages 18 years and older, is in the best 0-50th percentile compared to other counties in Illinois; however, for individuals living in either of two ZIP codes, Bloomington 61701 and Bellflower 61724, their rates are both in the worst 25th percentile range. The highest rate was for Blacks or African Americans (190.7 emergency room visits per 10,000 population 18+ years).
- The highest rates for age-adjusted emergency room visits due to suicide and intentional self-inflicted injury occur in 18 24 years, and Blacks or African Americans.
- The rate for age-adjusted emergency room visits for adults due to suicide and intentional self-inflicted injury in McLean County is in the worst 25th percentile range for individuals living in Bloomington ZIP code 61701 and Chenoa ZIP code 61726.
- The age-adjusted emergency room rate due to adult alcohol abuse is 56.7 visits per 10,000 population for McLean County. This rate is in the worst 25th percentile range when compared to other Illinois counties. Higher rates were seen in individuals ages 25-34, individuals ages 45-64, males, and Blacks or African Americans. The highest rate was for those living in Bloomington ZIP code 61701 (136.8 emergency room visits per 10,000 population 18+ years).
- The highest age-adjusted hospitalization rates due to alcohol use are seen in adults ages 45-64 (18.6 hospitalizations per 10,000 population 18+), males (20.4 hospitalizations per 10,000 population 18+), and those living in Bloomington ZIP code 61701 (22.2 hospitalizations per 10,000 population 18+).

The age-adjusted death rate due to suicide in McLean County is 12.5 deaths per 100,000 population (Healthy Communities Institute, Center for Disease Control and Prevention, 2015–2017). This is higher than the Healthy People 2020 goal to reduce the suicide rate to 10.2 deaths per 100,000 population (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016).

There were 16 suicides in McLean County in 2018 (McLean County Coroner, 2018). As show below in Exhibit 3, this has decreased from a high of 25 deaths in 2016, during the 2015-2018 period.

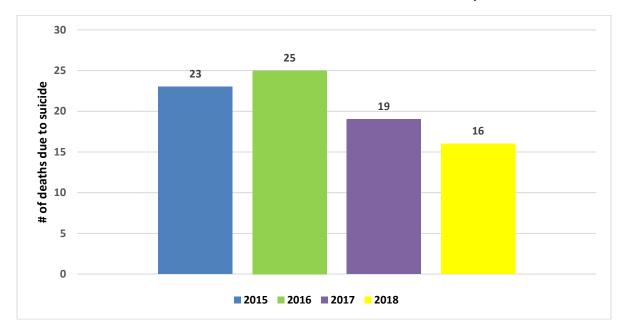


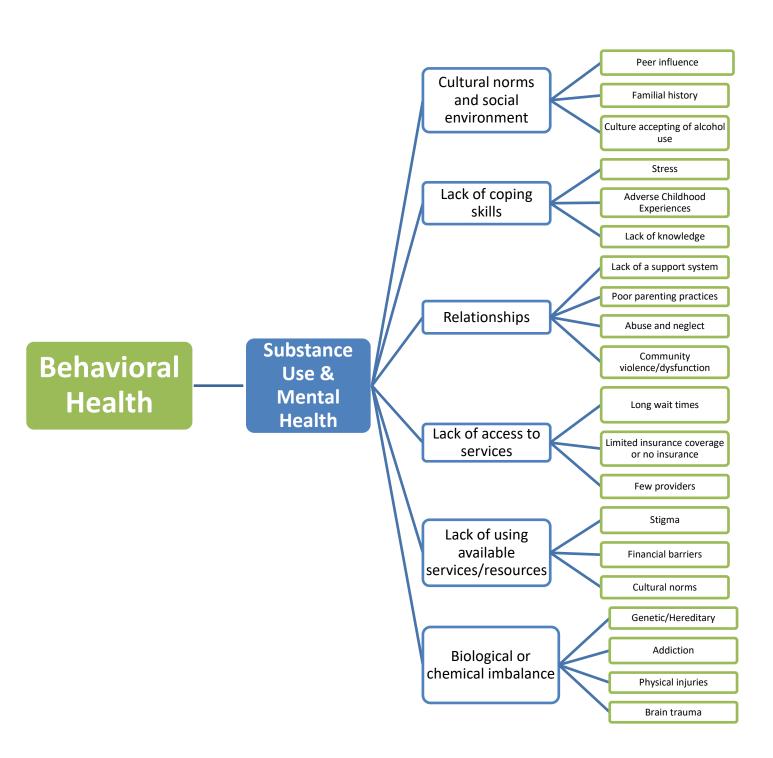
Exhibit 3: Number of Deaths Due to Suicide in McLean County, 2015 - 2018

Source: McLean County Coroner, 2015 - 2018.

Since BroMenn Medical Center has the only hospital-based in-patient mental health unit in McLean County, the need to promote and encourage early access to the available mental health and substance abuse care and treatment services outside of the hospital is essential and would improve quality of life. Providing more resources and evidenced-based programs to reduce behavioral health stigma and improve coping skills may assist McLean County residents to access care and treatment earlier and decrease substance abuse, which may reduce self-inflicted injuries as well as deaths due to suicide.

b) Chart of Health Priority Risk Factors and Direct/Indirect Contributing Factors

Both the Center for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration acknowledge that mental health and substance use disorders can have social, psychological and biological components. Intervention strategies could target the modifiable factors. Refer to the chart on the following page for a list of risk factors as well as direct and indirect contributing factors for the development of behavioral health concerns.



c) Rationale for Choice as a Health Priority

Behavioral health was selected as a health priority by the McLean County Community Health Council for several reasons. It received the highest Hanlon priority score (162.5), clearly indicating the need for further improvements despite intensive work in this area in McLean County for a number of years. In the 2018 Community Health Survey, county residents also indicated that mental health was an important health concern. It ranked as the number one health issue, with 82 percent of adult survey respondents choosing it, compared to 60 percent in the 2015 survey. Obesity/overweight came in a distant second at 52 percent of responses (39 percent in the 2015 survey).

Another area of concern that assisted in bringing behavioral health issues to the forefront were the numerous health disparities in several county ZIP codes (Bloomington 61701; Bellflower 61724 and Chenoa 61726) for both mental health and substance abuse. There is, and also has been, a great deal of public support and momentum behind mental health in McLean County since at least 2012, when mental health was added to the county's Community Health Improvement Plan for the first time. The 2020 – 2022 McLean County Community Health Improvement Plan will seek to build on this momentum.

In 2020, the county is well-situated to collaborate on mental health and substance use due to the ongoing efforts of numerous organizations, committees, the Behavioral Health Priority Action Team, the Mental Health Advisory Board and the Behavioral Health Coordinating Council, which together reflect the community's commitment at the local, non-profit level as well as the government level. With various plans in place across individual organizations, programs and county government, it is important that information is shared at meetings so that a systemic approach to addressing mental health and substance use needs is pursued and that the 2020 – 2022 McLean County Community Health Improvement Plan works alongside and supports these plans, including the 2015 McLean County Government Comprehensive Mental Health Action Plan.

d) McLean County Community Health Improvement Plan Summary: Behavioral Health

Behavioral Health has been identified as a priority health issue in community health plans in McLean County since at least 2012. In addition, in 2015 a Comprehensive Mental Health Action Plan was developed along with the formation of the Behavioral Health Coordinating Council by the McLean County Government. From 2012 to 2019, many new programs and services were implemented to address needs, but much remains to be done.

Significant needs have been noted in both the prevention and treatment areas. The McLean County Community Health Improvement Plan of 2012 – 2017, as well as the joint plans from 2017 – 2019 and 2020 – 2022, took a preventive approach to addressing mental health and substance use, rather than treatment, and endeavored to unite local efforts through the use of coalitions and committees in order to strengthen the impact of interventions. The newest plan supports movement toward a systemic community approach to addressing behavioral health needs.

The Behavioral Health Priority Action Team, consisting of 59 individuals representing 28 entities, held a goal-setting meeting on April 30, 2019, in preparation for the development of the 2020 – 2022

Community Health Implementation Plan. This was followed by two additional meetings on September 26 and October 24, 2019, to formulate the Behavioral Health Community Health Improvement Plan Summary, which is included on pages 26 through 37. Representatives attending these meetings reflected many sectors impacted by and/or addressing behavioral health needs: law enforcement, schools, service providers, city and county government, the criminal justice system, and healthcare.

From these three discussions, several broad themes were repeated: 1) the need to continue support for school-based and community-wide stigma reduction and behavioral health awareness efforts; 2) the need to explore the establishment of several local coalitions that would foster a systemic, coordinated community approach to addressing behavioral health concerns; and 3) the need to continue to identify gaps in behavioral health services so that strategic planning to fill those gaps can occur in a coordinated manner. A new collaborative effort, the 2019 – 2020 McLean County Behavioral Health Gaps in Services Assessment (GISA), will assist with identifying gaps.

The Behavioral Health Community Health Improvement Plan for 2020 – 2022 focuses on three key strategies:

- **Strategy 1:** Support educational programs and media campaigns aimed at reducing behavioral health stigma, increasing mental health awareness and/or improving mental health status.
 - Efforts may include the use of evidence-based programs (e.g., Ending the Silence), evidence-informed programs (e.g., Mental Health First Aid), community education and discussions (e.g., annual Behavioral Health Forum; social media campaigns), and a community-wide commitment towards becoming trauma-informed.
- **Strategy 2:** Support drug and alcohol educational programs and collaborative coalitions to increase knowledge and decrease substance use.
 - Efforts may include the use of evidence-based programs (e.g., Too Good for Drugs) and the creation of a substance use coalition to consolidate efforts and minimize the risk of duplication of effort and services.
- Strategy 3: Increase access to behavioral health services at various sites within the community.
 - Efforts may include: a) investigating the use of tele-psychiatry to address the insufficient number of local providers supplying psychiatric services; b) providing additional services to those who frequently use the justice system or emergency room (e.g., Frequent Users System Engagement [FUSE]); c) offering non-emergency immediate access to care (e.g., Triage); and d) providing evidence-based programming to address later-life depression (e.g., PEARLS).

An overview of the goals and objectives to address Behavioral Health are listed below.

High-Level Goal for Behavioral Health: Advance a systemic community approach to enhance behavioral health and well-being by 2023.

- Outcome Objective #1: By 2023, reduce the number of deaths due to suicide.
 - o Impact Objective #1: By 2023, increase the percent of McLean County residents reporting good mental health and feeling less sad, depressed, stressed or anxious.
- Outcome Objective #2: By 2023, reduce the death rate due to drug poisoning.
 - o Impact Objective #2: By 2023, decrease the percent of McLean County residents reporting heavy or binge drinking and the use of any type of substance.
 - Impact Objective #3: By 2023, increase access to behavioral health services in McLean County.

The following twelve pages (26 to 37) contain the McLean County Community Health Improvement Plan Summary for Behavioral Health.

McLean County

Community Health Improvement Plan Summary: Behavioral Health January 1, 2020 - December 31, 2022

HEALTH PRIORITY: BEHAVIORAL HEALTH

GOAL: Advance a systemic community approach to enhance behavioral health and well-being by 2023.

Related Social Determinants of Health: Access to Care; Housing Instability/Quality of Housing

OUTCOME OBJECTIVES: By 2023, reduce the number of deaths due to suicide.

By 2023, reduce the death rate due to drug poisoning.

Baseline

- 16 deaths due to suicide, McLean County Coroner's Office, 2018.
- 13.3 deaths/100,000 population, Conduent Healthy Communities Institute, County Health Rankings, 2014-2016

State Health Improvement Plan (SHIP) 2021 Alignment

- Build upon and improve local system integration.
- Improve the opportunity for people to be treated in the community rather than in institutions.
- Increase behavioral health literacy and decrease stigma.

| THREE YEAR MEASURES | STRATEGIES and INTERVENTIONS | ANNUAL EVALUATION MEASURES | POTENTIAL RESOURCES/PARTNERS* |
|---|---|----------------------------|----------------------------------|
| IMPACT OBJECTIVE #1: By 2023, increase the percent of McLean County residents reporting good mental health and feeling less sad, depressed, stressed or anxious. | STRATEGY 1: SUPPORT EDUCATIONAL PROGRAMS AND MEDIA CAMPAIGNS AIMED AT REDUCING BEHAVIORAL HEALTH STIGMA, INCREASING MENTAL HEALTH | | |

BASELINE DATA

- 31% of 8th, 10th and 12th grader students reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (Illinois Youth Survey, 2018)
- Residents reported that their mental health was not good 3.6 days in the past 30 days (County Health Rankings, 2016)
- 28% of survey respondents reported their overall mental health as good (McLean County Community Health Survey, 2018)
- 21% of survey respondents reported feeling depressed for 3 or more days in the 30 days prior to the survey (McLean County Community Health Survey, 2018)
- 60% of survey respondents reported that they did not feel stressed or anxious on any day in the 30 days prior to the survey (McLean County Community Health Survey, 2018)

AWARENESS AND/OR IMPROVING MENTAL HEALTH STATUS.

Intervention 1.1: Offer Mental Health First
Aid (MHFA) Courses to the Community
(evidence- based program)

Evidence:

https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mental-health-first-aid

Intervention 1.1: Process Indicators

- # of MHFA for Older Adults courses offered (baseline: 0, 2018)
- # of MHFA courses sponsored by Advocate BroMenn Medical Center (baseline: 3 courses –McLean County MHFA Collaborative, 2018)
- # of MHFA courses sponsored by OSF St.
 Joseph Medical Center (baseline: 3 courses
 for the community and 4 for employees –
 McLean County MHFA Collaborative, 2018)
- # of McLean County community members trained in MHFA per year (baseline: 736 community members, McLean County MHFA Collaborative, 2018)
- # of instructors trained to teach MHFA

Intervention 1.1: Outcome Indicators

- % of MHFA course participants that "Agree" or "Strongly Agree" that they are More Confident About Being Aware of Their Own Views & Feelings About Mental Health Problems & Disorders (baseline: 96% of survey respondents-McLean County MHFA Collaborative, 2018)
- % of MHFA follow-up survey participants that still feel prepared to assist a person who may be dealing with a mental health problem or crisis to seek professional help

Intervention 1.1: Resources/Partners

- McLean County Mental Health First Aid Collaborative:
 - Advocate BroMenn
 Medical Center
 - Central Illinois Area Health Education Center
 - McLean County
 Center for Human
 Services
 - McLean CountyHealth Department
 - OSF St. Joseph
 Medical Center
 - Chestnut Health
 Systems
 - McLean County
 Emergency Medical
 Services
 - Tri-County Special Education
 Association
- Bloomington Housing Authority
- Community Care Systems, Inc.
- District 87

(baseline: 72.6%, McLean County MHFA Collaborative, 2018)

 % of MHFA follow-up survey participants that feel prepared to ask a person whether s/he is considering killing her/himself (baseline: 72.6%, McLean County MHFA Collaborative, 2018) Education #17

- First Responders
- Heartland Head Start
- Illinois State University
- Illinois Wesleyan University
- McLean County employers
- McLean County faith community
- McLean County schools
- Mid Central Community Action/Mayors Manor
- Regional Office of
- State Farm
- Unit 5

Intervention 1.2: Offer National Alliance on Mental Health (NAMI) Ending the Silence in McLean County Public Schools (evidence-based program)

Evidence:

https://www.countyhealthrankings.org/takeaction-to-improve-health/what-works-forhealth/policies/universal-school-basedsuicide-awareness-education-programs

Intervention 1.2: Process Indicators

- # of public schools in McLean County where Ending the Silence is implemented (baseline: 17 public schools, Project Oz, 2018)
- # of students in McLean County public schools participating in Ending the Silence (baseline: 3,120 students, Project Oz, 2018)

Intervention 1.2: Outcome Indicators

 % of Ending the Silence student participants agreeing with the following statement, "As a result of this presentation, I know how to help myself or a friend if I notice any of the

Intervention 1.2: Potential Resources/Partners

Initial Ending the Silence Partners/Resources

- Advocate BroMenn Medical Center
- Illinois Prairie
 Community Foundation
- Project Oz
- Regional Office of Education #17

<u>Current Ending the Silence</u> <u>Partners/Resources</u>

| Intervention 1.3: Convene an Annual Behavioral Health Forum for the Community | illness" (baseline: 96% of students, Project Oz, 2018) % of students reaching out for help as a direct result of Ending the Silence presentations (baseline: 13% of 2,179 students, Project Oz, Fall semester, 2018) Intervention 1.3: Process Indicators # of community members attending the forum (baseline: 200 community members, McLean County Government, 2018) Intervention 1.3: Outcome Indicators | Design Association McLean County Health Department McLean County Public School districts National Alliance on Mental Illness (NAMI) NAMI Mid Central Illinois Project Oz Intervention 1.3: Presenting Partners City of Bloomington McLean County Government Town of Normal |
|---|---|--|
| | Not available | Sponsors Advocate BroMenn Medical Center Chestnut Health |

Intervention 1.4: Develop a collaborative of organizations committed to creating a trauma informed community and taking steps towards becoming trauma informed

Evidence:

https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/trauma-informed-schools

Intervention 1.4: Process Indicators

- Form a trauma collaborative
- Identify a mechanism or process to track trauma informed efforts

Intervention 1.4: Outcome Indicators

Not available

Intervention 1.4: Potential Partners/Resources

- Advocate BroMenn
 Medical Center
- Behavioral Health Coordinating Council
- Center for Youth and Family Solutions
- Chestnut Health Systems
- Children's Home and Aid
- District 87
- Faith Community
- Heartland Head Start
- McLean County Center for Human Services
- McLean County Employers
- McLean County Government
- McLean County Health Department
- McLean County public and private schools
- Mid Central Community Action
- OSF St. Joseph Medical Center
- The Baby Fold
- Unit 5

<u>Intervention 1.5: Conduct a Behavioral</u> <u>Health Social Media Campaign</u>

Bi-monthly social media messages will be posted with collaborating agencies being tagged to share the same message.

Intervention 1.5: Process Indicators

- # of individuals reached on Facebook (baseline: 40,692 individuals, McLean County Health Department, 2018)
- # of Facebook engagements (baseline: 1,153 engagements, McLean County Health Department, 2018)
- # of individuals reached on Twitter (baseline: 9,489 individuals, McLean County Health Department, 2018)
- # of Twitter engagements (124 engagements, McLean County Health Department, 2018)

Intervention 1.5: Outcome Indicators

Not available

Intervention 1.5: Resources/Partners

- Advocate BroMenn
 Medical Center
- Behavioral Health Coordinating Council
- Center for Youth and Family Solutions
- Chestnut HealthSystems (lead)
- Children's Home and Aid
- District 87
- Heartland Head Start
- MarcFirst
- McLean County Center for Human Services
- McLean County Health Department
- Mid Central Community Action
- OSF St. Joseph Medical Center
- Project Oz
- Regional Office of Education
- The Baby Fold
- Town of Normal Police
- Unit 5
- West Bloomington Revitalization Project

IMPACT OBJECTIVE #2:

By 2023, decrease the percent of McLean County residents reporting heavy or binge drinking and the use of any type of substance.

STRATEGY 2: SUPPORT DRUG AND ALCOHOL EDUCATIONAL PROGRAMS and COLLABORATIVE COALITIONS TO INCREASE KNOWLEDGE AND DECREASE SUBTANCE USE

BASELINE DATA

- 50% of 12th grade students reported that they have used any type of substance in the past year (Illinois Youth Survey, 2018)
- 22.6% of adults reported heavy or binge drinking (County Health Rankings, 2016)
- 15% of survey respondents reported using a substance one or more times/day (McLean County Community Health Survey, 2018)
- 26% of 12th grader students reported using electronic cigarettes 1 or more times in the past 30 days (Illinois Youth Survey, 2018)
- 18% of 12th grade students reported using marijuana 1 or more times in the past 30 days (Illinois Youth Survey, 2018)
- 13.3 deaths/100,000 population are due to drug poisoning (Conduent Healthy Communities

<u>Intervention 2.1: Offer Too Good for Drugs</u> <u>in McLean County Public Schools (evidence-based program)</u>

Evidence:

http://www.toogoodprograms.org/toogood/evidence-base/

Intervention 2.2: Form a Substance Use
Coalition for McLean County and Support
Community Groups Focused on Decreasing
Substance Use

Intervention 2.1: Process Indicators

- # of public-school districts in McLean County where Too Good for Drugs is implemented (baseline: 8 public school districts, Project Oz, 2018)
- # of students in McLean County public schools participating in Too Good for Drugs (baseline: 2,743 Project Oz, 2018)

Intervention 2.1: Outcome Indicator(s)

 Average improvement in student pre and post–test scores for Too Good for Drugs (baseline: +2.55, Project Oz, 2018)

- Formation of coalition
- TBD

Intervention 2.2: Outcome Indicators

Intervention 2.2: Process Indicators

Not applicable

Intervention 2.1: Resources/Partners

- Illinois Department of Human Services
- McLean County Board of Health
- McLean County Health Department
- McLean County public school districts
- Project Oz

Intervention 2.2: Resources/Partners

- Advocate BroMenn
 Medical Center
- Bloomington/Normal Community Campus Coalition
- BN Parents
- Chestnut Health
 Systems
- Children's Home and Aid
- City of Bloomington
- District 87
- First responders
- Heartland Community College

Institute, County Health Rankings, 2014-2016)

IMPACT OBJECTIVE #3

By 2023, increase access to behavioral health services in McLean County.

BASELINE DATA

 10% of McLean County residents reported that they needed counseling and were not able to get it (McLean County Community Health Survey, 2018) STRATEGY 3: INCREASE ACCESS TO
BEHAVIORAL HEALTH SERVICES AT VARIOUS
SITES WITHIN THE COMMUNITY

Intervention 3.1: Support on-site or integrated behavioral health at primary care offices

Evidence:

https://www.countyhealthrankings.org/takeaction-to-improve-health/what-works-forhealth/policies/behavioral-health-primarycare-integration

Intervention 3.1: Process Indicators

 # of organizations that have integrated or co-located behavioral health services at primary care locations (baseline: 3 organizations; Advocate Medical Group Behavioral Health – 1 site at Advocate BroMenn Outpatient Center, Chestnut Family Health Center, 6 sites OSF Medical Group Primary Care Offices, 2019)

- Illinois State University
- Illinois Wesleyan University
- McLean County Coroner
- McLean County Health Department
- McLean County Public libraries
- OSF St. Joseph Medical Center
- Prevention First Alcohol Policy Resource Center
- Project Oz
- The Normalite
- Town of Normal
- Unit 5

Intervention 3.1: Resources/Partners

- Advocate Medical Group Behavioral Health
- Chestnut Family Health Center
- Illinois State University
 Psychological Services
- OSF Medical Group Primary Care Offices

Intervention 3.1: Outcome Indicators

Not available

Intervention 3.2: Support Telepsychiatry

Evidence:

https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/telemental-health-services

Intervention 3.3: Process Indicators

• TBD

Intervention 3.3: Outcome Indicators

- Decrease in emergency room usage
- Reduction in jail bed days
- Decrease in shelter bed days
- Improvement in The Daily Living Activities 20 (DLA20) outcome

Intervention 3.2: Process Indicators

- Establish a baseline for the # of sites where telepsychiatry is available
- Establish a baseline of the # of people receiving services via telepsychiatry

Intervention 3.2: Outcome Indicator(s)

Not available

Intervention 3.2: Resources/Partners

- Advocate BroMenn
 Medical Center
- Advocate Christ Hospital
- Center for Youth and Family Solutions
- Chestnut Health Systems
- McLean County Government
- McLean County Jail

Intervention 3.3: Resources/Partners

- Advocate BroMenn Medical Center
- Bridgeway
- Chestnut Health Systems
- McLean County Center for Human Services
- McLean County Government
- McLean County Jail
- OSF St. Joseph Medical Center

<u>Intervention 3.3: Support Frequent Users</u> <u>System Engagement (FUSE)</u>

FUSE is a program designed to break the cycle of homelessness and crisis among individuals with complex medical and behavioral health challenges who are intersecting the justice, homeless or emergency systems of care frequently.

Evidence:

Innovative Pilot Program for McLean County

<u>Intervention 3.4: Support the 24/7 Triage</u> <u>Center</u>

The Triage Center is a 24/7 walk-in option for individuals experiencing a behavioral health crisis.

Evidence:

Innovative Pilot Program for McLean County

Intervention 3.5: Conduct a Community Behavioral Health Gap in Services Assessment for McLean County

The purpose of the behavioral health gap in services assessment is to determine current strengths, needs and service gaps in McLean County, specifically related to mental health and substance use services.

Intervention 3.4: Process Indicators

- Referral source
- Length of time in Triage Center
- Disposition
 - o # sent to ER
 - # sent to Crisis Stabilization Unit
 - \circ # referred to outpatient options
- Demographics of population utilizing Triage Center
- Frequency of use by individuals
- Law enforcement transportation to Triage Center
- Usage per day/time

Intervention 3.4: Outcome Indicator(s)

• TBD

Intervention 3.5: Process Indicators

- # of community members completing the survey
- # of providers completing the survey
- # of school individuals in the school system completing the survey
- # of focus groups conducted

Intervention 3.5: Outcome Indicator(s)

• Not applicable

Intervention 3.4: Resources/Partners

- Chestnut Health
 Systems
- McLean County Government
- McLean County Law Enforcement

Intervention 3.5: Resources/Partners

- Advocate BroMenn
 Medical Center
- Chestnut Health Systems
- Illinois State University
- McLean County
 Government
- McLean County Health Department
- OSF St. Joseph Medical Center
- PATH

Intervention 3.6: Offer PEARLS to McLean **County Older Adults in the home**

The Program to Encourage Active, Rewarding Lives (PEARLS) is a national evidence-based program for late-life depression. PEARLS brings high quality mental health care into community-based settings that reach vulnerable older adults.

Evidence:

https://depts.washington.edu/hprc/evidence -based-programs/pearls-program/pearlsevidence/

Intervention 3.7: Support Embedded Behavioral Health in Schools

Defined as a community agency providing services through a school setting in McLean County. Community agency can bill Medicaid or Medicare.

Intervention 3.6: Process Indicators

- # of persons served (baseline: 17 older adults, FY2018, Community Care Systems, Inc.)
- # of units/hours for individuals in PEARLS (71 hours, FY2018, Community Care Systems, Inc.)

Intervention 3.6: Outcome Indicator(s)

• TBD

Intervention 3.6: Resources/Partners

- Community Care Systems, Inc.
- East Central Illinois Area Agency on Aging

Intervention 3.7: Process Indicators

- Number of school districts with embedded behavioral health in schools (baseline: 4 school districts, Center for Human Services and Chestnut Health Systems, 2019)
- Number of students receiving counseling services in school setting through **Embedded Behavioral Health in Schools** (baseline: TBD for 2019)

Intervention 3.7 Outcome Indicator

Not available

Intervention 3.7: **Resources/Partners**

- Bloomington School District 87
- Chestnut Health **Systems**
- McLean County Center for Human Services
- McLean County Unit District #5
- Olympia CUSD #16
- Ridgeview CUSD #19

RELATED IMPROVEMENT PLAN EFFORTS

The following organizations received grants for implementation in 2020 from the John M. Scott Health Commission. The grants are tied to the health priorities selected for the 2019 McLean County Community Health Needs Assessment.

- The McLean County Center for Human Services received a grant for the continuation of psychiatric services.
- Integrity Counseling received a grant to expand access to general mental health services in high SocioNeeds ZIP Codes.
- Mid Central Community Action received a grant for housing interventions, specifically radon testing and mitigation in Bloomington ZIP Code 61701, that supports health. That grant is a collaborative effort with the Bloomington Robert Wood Johnson Invest Health team. Invest Health team members represent the following organizations:
 - Advocate BroMenn Medical Center
 - Chestnut Health Systems
 - City of Bloomington
 - o McLean County Health Department
 - Mid Central Community Action
 - o OSF St. Joseph Medical Center
- Project Oz received a grant for adolescent well-being including housing and crisis stabilization.
- Youthbuild of McLean County received a grant for adolescent well-being through mental health wrap-around services, including on-site care.
- The Center for Youth and Family Solutions received a grant for child, adolescent and family behavioral health services, including telepsychiatry and a sliding fee for counseling.
- Children's Home & Aid received a grant for a therapist to work with Doula participants through pregnancy and up to one year postpartum.

Other:

• The Recovery Oriented Systems of Care (ROSC) Council will continue in 2020. The council is made up of individuals representing a cross sector of McLean County including social service agencies, individuals with lived experience with substance use (SUD) or mental health (MH) disorders, health care, and local businesses. The ROSC Council is working to design and implement post treatment community supports for individuals in recovery from SUD or MH.

^{*}The Four Organizations comprising the McLean County Executive Steering Committee—Advocate BroMenn Medical Center, Chestnut Health Systems, the McLean County Health Department and OSF St. Joseph Medical Center—are all implied resources/partners for Behavioral Health.

e) Funding for Implementing Interventions

After approval of the 2020 – 2022 McLean County Community Health Improvement Plan, the Behavioral Health Priority Action Team will further address funding options, including grant opportunities as they become available, to address behavioral health interventions. For several activities listed in the plan, initial funding has been secured, but ongoing funding may be tenuous and sustainability issues will need to be considered.

Many of these stakeholders have worked together throughout the needs assessment and health plan development process, making the community better-positioned for collaborative efforts, with or without grants or other funding. In addition, since many of the intervention strategies for this health priority fall within the mission of some of the Priority Action Team agencies, underpinning efforts through collaborative programs, activities with other community partners, and/or generating letters of support for grant proposal submissions, will be encouraged.

As of 2019, a new source of local funding was announced by the John M. Scott Commission Trust, with the Trust now able to provide grants from one to three years for health-related projects that demonstrate a connection to the health priorities identified in the 2019 McLean County Community Health Needs Assessment. Subsequent grant proposals may also consider the concerns and interventions identified in the 2020 - 2022 McLean County Community Health Improvement Plan. In late 2019, six behavioral health-related projects were funded at both the one-year and three-year level, ranging in awards from \$7,350 in year one to \$100,000 per year. The partners involved in the Executive Steering Committee, along with the Community Development Division of the City of Bloomington, Illinois, applied for and received an Invest Health Grant in 2016 funded by the Robert Wood Johnson Foundation and the Reinvestment Fund for 50 mid-sized cities in the United States. Through this small, 18-month planning grant, the Invest Health team has brought together disparate sectors of the community to identify and consider built environment changes in Bloomington to potentially increase access to healthcare, housing and healthy foods. Although the grant period has ended, this collaboration has served to widen avenues of participation beyond Bloomington and supported the incorporation of health and healthy lifestyles concepts in municipal planning efforts, which has continued to provide additional funding opportunities for the community.

f) Barriers to Achieving Health Improvements

Multiple barriers exist for individuals and families seeking behavioral health services. Although mental health and substance abuse services are available in McLean County, the largest geographic county in Illinois, they are located primarily in the twin cities of Bloomington and Normal; few services exist in rural areas, transportation options to get to services anywhere are limited, and throughout the county, service capacity is limited. Additional barriers were identified in the responses to the 2018 Community Health Survey of adult county residents. The survey identified that 10 percent of respondents did not have access to needed counseling services within the past year. When asked, "Why weren't you able to get counseling?" responses fell into three general categories of barriers (see Exhibit 4 below).

• Financial barriers: 66 percent (36 percent could not afford co-pay; 21 percent had no insurance; 9 percent doctor refused insurance); this is a decrease from the 2015 survey, which identified

71% had financial barriers to counseling (31 percent could not afford co-pay; 26 percent had no insurance; 14 percent doctor refused insurance).

- Access barriers: 12 percent (12 percent no way to get to a doctor).
- Emotional barriers: 22 percent (22 percent embarrassment); this is an increase from the 2015 survey which identified that 16 percent were too embarrassed to access counseling.

Could Not Afford Co-Pay

Embarrassment

No Insurance

No Way to Get to Doctor

Doctor Refused Insurance

Exhibit 4: Causes of Inability to Access Counseling for McLean County Survey Respondents, 2018

Source: McLean County Community Health Survey, 2018.

In addition to the above barriers, the number of behavioral health providers, particularly psychiatrists, in the community is limited and often there are eligibility requirements for services, which at times restricts the ability of the provider to offer services in a timely manner. Stigma/embarrassment continues to influence care-seeking behaviors; and even if reduced so that behavioral health care is sought out early, county residents may still not be able to access local services quickly due to the lack of providers, transportation issues and financial barriers.

g) Evaluation and Monitoring Plan

Within the McLean County Community Health Improvement Plan Summary: Behavioral Health, there is an "Annual Evaluation Measures" column that contains both process indicators and outcome indicators. Each year, with the assistance of the Behavioral Health Priority Action Team, these indicators will be tracked throughout the three-year cycle ending in 2022. The Executive Steering Committee will be responsible for assuring that the indicator data is being tracked and that it is shared on at least an annual basis with the McLean County Community Health Council and the Priority Action Team for each health priority. Early in 2023, data received from subsequent Illinois Behavioral Risk Factor Surveillance surveys, the Illinois Youth Survey or the next McLean County Community Health Survey, conducted in preparation for the 2022 Community Health Needs Assessment, will be compared to the outcome objectives and impact objectives listed in the 2020 – 2022 McLean County Community Health Improvement Plan Summary: Behavioral Health, in order to evaluate and measure progress toward meeting objectives. Through evaluation, accountability will be increased, modifications to the plan considered and a stronger commitment to improving the health of McLean County citizens will be communicated to its residents.

The McLean County Community Health Executive Steering Committee reserves the right to amend this 2020 – 2022 McLean County Community Health Improvement Plan as needed to reflect each organization's role and responsibilities in executing the Plan, as well as the resources each organization is committing. In addition, certain significant health needs may become a community priority during this three-year plan period and require amendments to the strategies developed to address the emerging significant health need. Other entities or organizations in the community may develop programs to address the same health needs or joint programs may be adopted. Finally, in compliance with Internal Revenue Code Section 501(r) requirements for hospitals, Advocate BroMenn Medical Center or OSF St. Joseph Medical Center may refocus the limited resources the organization committed to the Plan to best serve the community.

V. Health Priority #2: Access to Care

a) Description of the Health Priority

Access to care is of vital importance in order to maintain optimal health, increase life expectancy and improve quality of life. With access to ambulatory care and an established medical home, individuals are more likely to accept preventive care, promptly treat and control acute episodes of illness, and control chronic diseases to prevent further morbidity or even mortality from them.

Health Perceptions in McLean County

McLean County residents agree about the importance of healthcare access. In the 2018 McLean County Community Health Survey of adults as performed as a component of the 2019 Community Health Needs Assessment process, 695 county residents were asked their perception regarding the three most important factors impacting their well-being in this community. Access to healthcare was rated first, at 59 percent of responses, out of a total of 11 choices. See Exhibit 5 below.

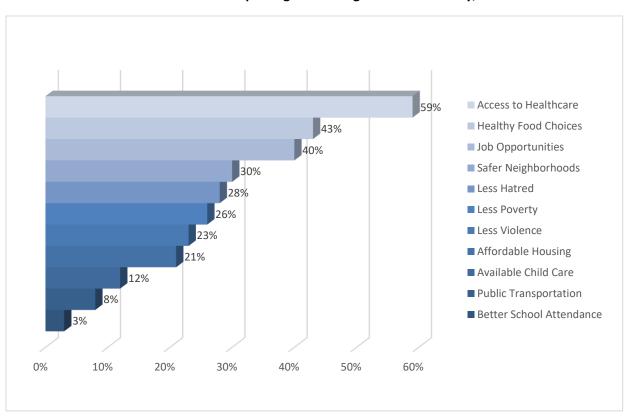


Exhibit 5: Issues Impacting Well-Being in McLean County, 2018

Source: McLean County Community Health Survey, 2018.

This is an increase from the 2015 McLean County Community Health Survey when "access to healthcare" was the second choice, at 40 percent of the responses.

Statistics Supporting Access to Care as a Health Priority

With access to healthcare as the top factor impacting well-being in McLean County, it is important to examine the factors that assist with gaining access to healthcare as well as the barriers to access. A comparison of the results from the three McLean County Community Health Surveys of adults from 2013 – 2018 assists with this analysis. See Exhibit 6 below.

Exhibit 6: Comparison of Types of Insurance Coverage and Choice of Care (Responses to "When You Get Sick, Where do You Go?") for McLean County Adults Completing the McLean County Community Health Survey, 2013 - 2018

| INDICATOR | 2013 SURVEY | 2015 SURVEY | 2018 SURVEY |
|---|----------------|----------------|----------------|
| Have Private Insurance | 43% | 66% | 74% |
| No Insurance | 21% | 8% | 10% |
| Have Personal Physician | 73% | 80% | 89% |
| Does Not Seek Care: General Population | 8% | 8% | 3% |
| Does Not Seek Care: AT-RISK Population | 16% | 10% | 0% |
| Use Clinic/Physician Office: General Population | 59% | 69% | 73% |
| Use Clinic/Physician Office: At-RISK Population | 53% | 64% | 53% |
| Use Urgent Care Center: General Population | 9% | 18% | 21% |
| Use Urgent Care Center: AT-RISK Population | 5% | 16% | 27% |
| Use the Emergency Department: General Population | 11% | 4% | 3% |
| Use the Emergency Department: AT-RISK Population | 24% | 10% | 19% |

Sources: McLean County Community Health Survey of Adults, 2013, 2015, 2018; Conducted by Laurence G. Weinzimmer, PhD, Bradley University, Peoria, IL; under contract with OSF HealthCare.

The above comparison of survey data from 2013 – 2018 suggests that some improvements in healthcare access have been seen in McLean County:

- An increase in those with private insurance from 43 percent (2013) to 74 percent (2018). This is an increase from the 66 percent reported by 2015 survey respondents.
- A decrease in those individuals reporting no insurance, from 21 percent (2013) to ten percent (2018). This is a gain compared to the 2013 survey, but an increase from the 2015 survey.
- An increase in those that indicated they had a personal physician, from 73 percent (2013) to 89 percent (2018).
- A steady increase is seen since 2013 in the general population in the use of a clinic/physician's office instead of the emergency department, from 59 percent (2013) to 73 percent (2018).
- A significant increase in urgent care usage, from 9 percent (2013) to 21 percent (2018) in the general population and from 5 percent (2013) to 27 percent (2018) in the at-risk population, may have resulted in lower use of emergency departments for both the general and at-risk population, from 11 percent (2013) to three percent (2018) in the general population, and from 24 percent (2013) to 19 percent (2018) in the at-risk population.
- 100 percent of the at-risk population survey respondents chose to "seek care", an increase from 84 percent (2013).

Although improvements in access have been documented in the surveys, comparing the McLean County Community Health Survey data from 2013 – 2018 (Exhibit 6 above), also reveals some areas of concern regarding access to care:

- Emergency department data indicates that although only three percent of the general population selected the emergency department as their choice of medical care, 19 percent of the at-risk population chose it. This is an increase from the 2015 survey result of ten percent for the at-risk population.
- At-risk survey respondents' choice of medical care in 2018 was lower than that of the general population for the clinic or doctor's office, at 53 percent compared to 73 percent.
- Visits to urgent care were higher for at-risk survey respondents than the general population, at 27 percent, compared to 21 percent.

Disparities

In McLean County, Blacks or African Americans visit the emergency room at higher rates than McLean County residents overall for numerous age-adjusted emergency room visit rates, including dental concerns, Chronic Obstructive Pulmonary Disease (COPD), pediatric and adult asthma, hypertension, heart failure, Type 2 diabetes, alcohol use, substance use, mental health, adult suicide and self-inflicted injury, and pediatric mental health. See Exhibit 7 below. Data for Hispanics is not available for all the indicators listed in Exhibit 7; however, their rate exceeded the overall McLean County rate for Type 2 diabetes, adult asthma and hypertension.

Exhibit 7: Age-Adjusted Emergency Room Visits per 10,000 Population by Race and Ethnicity in McLean County, 2015 - 2017

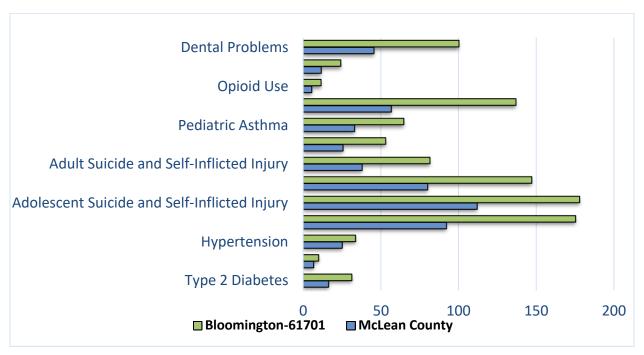
Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

Many of these chronic conditions could be addressed in a primary care setting; with regular monitoring by a healthcare provider, some emergency room visits may be avoided and healthcare costs are reduced. Identifying barriers to accessing a medical home for these populations would be a step towards improving health and well-being.

McLean County has several communities that have greater socioeconomic needs compared to other communities in the county. These areas are given a SocioNeeds ranking, which ranges from 1 (low socioeconomic need) to 5 (high socioeconomic need). The county has one ZIP code with a ranking of five, Bloomington 61701, followed by seven ZIP codes with a ranking of four (Normal – 61761; Colfax – 61726; Funks Grove/McLean – 61754; Saybrook – 61770; Stanford – 61774; Bellflower – 61724; and Cooksville – 61730).

During the analysis of secondary data for the 2019 Community Health Needs Assessment, some geographic disparities became clear, particularly when analyzing the emergency room data. Individuals living in specific geographic areas of McLean County experience worse health outcomes than individuals living in other geographic areas. The most significant geographic disparity is evident in Bloomington – 61701, compared to McLean County. Exhibit 8 below shows that emergency room visit rates due to many chronic conditions are higher for Bloomington – 61701 than the rates for McLean County overall. Hospitalization rates for diabetes, adult asthma, chronic obstructive pulmonary disease and heart failure are also higher for Bloomington – 61701 than McLean County overall.

Exhibit 8: Age-Adjusted Emergency Room Visit Rates per 10,000 Population (various age categories) in McLean County vs. Bloomington ZIP Code 61701, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

In addition to the above disparities, below are the age-adjusted emergency room rates as compared to the overall rate for McLean County.

- 71 percent higher in Bellflower ZIP code 61724 for mental health (18 years and older)
- 60 percent higher in Chenoa 61726 for suicide and intentional self-inflicted injury (18 years and older)
- 68 percent higher in Chenoa ZIP code 61726 for dental problems
- 53 percent higher in Stanford ZIP code 61774 for dental problems
- 73 percent higher in Saybrook ZIP code 61770 for dental problems
- 136 percent higher in Saybrook ZIP code 61770 for COPD (18 years and older)

Additional barriers to accessing care were identified through responses to the 2018 McLean County Community Health Survey of adults, with financial concerns ("could not afford to pay my co-pay or deductible" or "did not have insurance") chosen most frequently across all care access points listed. See Exhibit 9 below.

Exhibit 9: Barriers to Access Care (Responses to "Why Weren't You Able to Access...?") for McLean County Adults Completing the McLean County Community Health Survey, 2018

| BARRIERS TO ACCESSING CARE: | COULD NOT AFFORD CO-PAY | NO INSUR- ANCE | DOCTOR REFUSED INSURANCE | NO WAY TO GET TO CARE | TOO LONG TO WAIT FOR APPT. DATE | EMBARRASS- MENT |
|-----------------------------------|----------------------------------|----------------------|--------------------------------|-----------------------------|---------------------------------------|--------------------|
| Medical Care | 41% | 29% | NA | 7% | 23% | NA |
| Prescriptions | 62% | 24% | 9% | 5% | NA | NA |
| Dental Care | 35% | 46% | 15% | 5% | NA | NA |
| Counseling | 36% | 21% | 9% | 12% | NA | 22% |

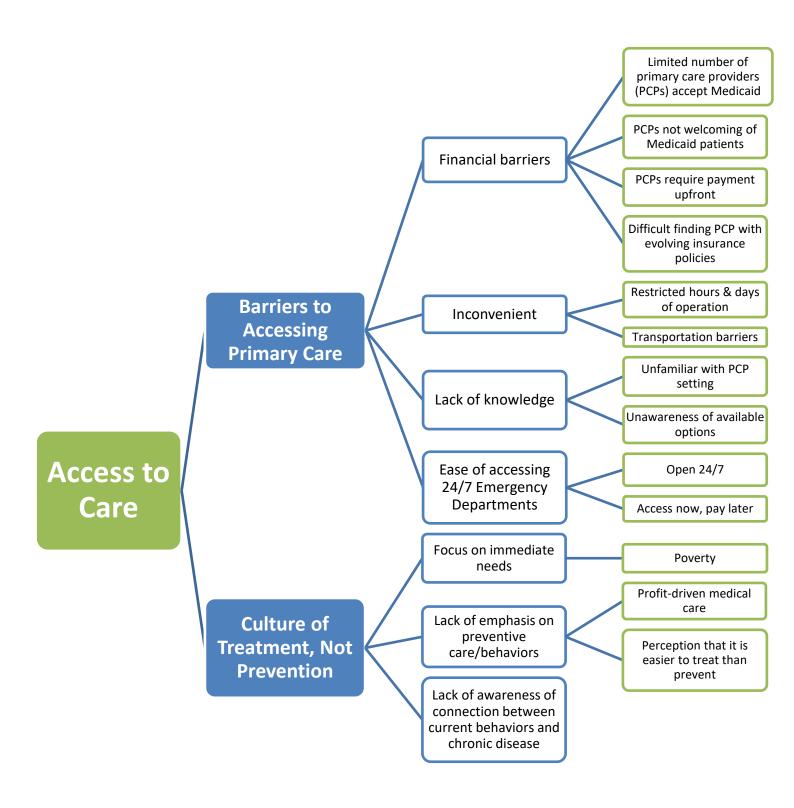
NA: This response was not provided as an answer for the respondent.

Source: McLean County Community Health Survey of Adults, 2018; Conducted by Laurence G. Weinzimmer, PhD, Bradley University, Peoria, IL; under contract with OSF HealthCare.

Dental insurance is not consistently offered as an employee benefit, and public insurance options provide limited coverage for adults in Illinois, resulting in additional access barriers for those needing not only preventive dental health care, but also a dental home to address acute and chronic needs. Lack of a dental home may result in emergency department visits for untreated dental issues. In 2017, 85 individuals visited an emergency department for oral health-related disorders (Advocate BroMenn Medical Center and OSF St. Joseph Medical Center data, obtained 2019).

b) Chart of Health Priority Risk Factors and Direct/Indirect Contributing Factors

Refer to the chart on the following page for a list of risk factors as well as direct and indirect contributing factors for the development of access to appropriate health care issues.



c) Rationale for Choice as a Health Priority

Access to care was selected as a health priority by the McLean County Community Health Council not only because of its high Hanlon priority score (160.3) and its rating as the primary influencer of well-being according to 59 percent of the adult respondents to the 2018 McLean County Community Health Survey; but also because data presented to the council indicated that there are significant geographic, racial and ethnic disparities in McLean County regarding access to care and the identification of a medical home for individuals with chronic conditions. In addition, ten percent of McLean County residents report having no health insurance (McLean County Community Health Survey, 2018), which may indicate the need for additional healthcare navigation services to assist residents with obtaining and maintaining public or private insurance coverage.

Access to appropriate care is an important issue that affects many health outcomes. Improving access in certain areas and for specific populations may have a widespread impact on a variety of physical and behavioral health outcomes. Many factors contribute to improving healthcare access, including increased hours of operation for urgent care clinics and primary care offices, identifying transportation options, providing healthcare navigation services and expanding the opportunities for education of consumers on how to obtain and use health insurance, providing more mobile healthcare opportunities, and using community health workers and case managers in a variety of settings to encourage and link individuals to a medical home.

d) McLean County Community Health Improvement Plan Summary: Access to Care

The Access to Care high-level goal-setting meeting, held on April 29th, 2019, was comprised of 17 individuals representing healthcare, special populations, city and regional planning, social service organizations, Coroner's Office, behavioral health and the faith-based community. Each brought unique insights on healthcare access issues in McLean County, particularly related to special populations and residents living in the high SocioNeeds area of Bloomington – 61701. This group of stakeholders became the Access to Care Priority Action Team.

The Access to Care Priority Action Team reconvened on September 17th, 2019 and November 14th, 2019 to identify objectives and interventions to formulate the Access to Care Community Health Improvement Plan Summary, included on pages 50 to 56 to impact this health priority. The importance of addressing some of the barriers to access were discussed and led to the development of strategies that had the potential to impact the social determinants of health as well as capacity and availability issues in our community.

The Access to Care Community Health Improvement Plan for 2020 – 2022 focuses on four key strategies:

- **Strategy 1:** Support assertive linkage navigation/engagement programs which link lower income community members with a medical home.
- **Strategy 2:** Increase the capacity of organizations providing dental services to low-income residents of McLean County.
- **Strategy 3:** Increase access and availability of transportation to/from healthcare services for low-income McLean County residents.
- **Strategy 4:** Increase access and availability of community-based services for low-income McLean County residents.

An overview of the goal and objectives to address Access to Care are listed below:

High-Level Goal for Access to Care: Ensure appropriate access to care to improve the health and well-being of our residents, neighborhoods and county by 2023.

- Outcome Objective: By 2023, reduce the percentage of individuals utilizing McLean County hospital emergency rooms for non-emergent conditions.
 - o Impact Objective #1: By 2023, decrease the number of Mclean County residents identifying the emergency department as their choice of medical care.
 - o Impact Objective #2: By 2023, increase the number of McLean County residents indicating they have access to a dentist.
 - o Impact Objective #3: By 2023, decrease the number of McLean County residents indicating that transportation was a barrier to accessing healthcare.
 - Impact Objective #4: By 2023, decrease the number of McLean County residents indicating that they do not seek care.

The following seven pages (50 to 56) contain the 2020 – 2022 McLean County Community Health Improvement Plan Summary for Access to Care.

McLean County Community Health Improvement Plan Summary: Access to Care January 1, 2020- December 31, 2022

HEALTH PRIORITY: ACCESS TO CARE

GOAL: Ensure appropriate access to care to improve the health and well-being of our residents, neighborhoods and county by 2023.

Related Social Determinants of Health: Access to Care; Housing Instability/Quality of Housing

OUTCOME OBJECTIVE: By 2023, reduce the percentage of individuals utilizing McLean County hospital emergency rooms for non-emergent conditions.

Baseline

• 19% of McLean County residents identified as "at risk" (Medicaid Population) reported the emergency department as their choice of medical care (2018 McLean County Health Survey).

State Health Improvement Plan (SHIP) 2021 Alignment

- Build upon and improve local system integration.
- Improve the opportunity for people to be treated in the community rather than in institutions.
- Assure accessibility, availability, and quality of preventive and primary care for all women, adolescents, and children, including children with special health care needs, with a focus on integration, linkage, and continuity of services through patient-centered medical homes.

| THREE YEAR MEASURES | STRATEGIES and INTERVENTIONS | ANNUAL EVALUATION MEASURES | POTENTIAL RESOURCES/PARTNERS |
|---|---|----------------------------|---------------------------------|
| IMPACT OBJECTIVE #1: By 2023, decrease the number of McLean County residents identifying the emergency department as choice of medical care. | STRATEGY 1: SUPPORT ASSERTIVE LINKAGE NAVIGATION/ENGAGEMENT PROGRAMS WHICH LINK LOWER INCOME COMMUNITY MEMBERS WITH A MEDICAL HOME. | | |

BASELINE DATA

- 19% of the at-risk population Identified the emergency room as their primary choice of medical care (McLean County Community Health Survey, 2018)
- 3% of the general population identified the emergency room as their primary choice of medical care (McLean County Community Health Survey, 2018)

<u>Intervention 1.1:</u> Community Health Care Clinic's Coordinating Appropriate Access to Comprehensive Care (CAATCH) Program

The CAATCH program is an emergency room navigation program for navigators and/or care coordinators to engage those without a primary care home.

Evidence:

http://www.healthycommunityalliance.org/promisepractice/index/view?pid=30259

https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/medical-homes

Intervention 1.2: Chestnut Health Systems'
Cohesion Project. Cohesion is a program
designed to promote and offer integrated care
services related to screening, diagnosis,
prevention and treatment of mental and
substance use disorders, and co-occurring
physical health conditions and chronic diseases.

Evidence:

http://farleyhealthpolicycenter.org/wp-content/uploads/2017/03/Balasubramanian-et-al-2017-Outcomes-of-Integrated-BH-with-PC.pdf

Intervention 1.1: Process Indicators

 # of patients served through the CHCC CATCH Program (baseline: 146 patients in 2018, 109 patients in 2017 – 2018 Community Health Improvement Plan (CHIP) Progress Report

Intervention 1.1: Outcome Indicators

- 30-day hospital readmission rate for CAATCH patients
- CAATCH patient emergency department use
- Yearly estimated cost savings from CAATCH

Intervention 1.2: Process Indicators

 # of patients connected with a medical home through Chestnut Health Systems' Cohesion Project (baseline: establish)

Intervention 1.2: Outcome Indicators

• TBD

Intervention 1.1: Resources/Partners

- Advocate BroMenn Medical Center
- Chestnut Family Health Center / Chestnut Health Systems
- Community Health Care Clinic
- OSF St. Joseph Medical Center

Intervention 1.2: Resources/Partners

- Chestnut Family Health Center / Chestnut Health Systems
- Community Health Care Clinic

IMPACT OBJECTIVE #2:

By 2023, increase the number of McLean county residents indicating they have access to a dentist.

BASELINE DATA

- 46% of respondents reported "no insurance" as their reason for inability to access dental care (McLean County Community Health Survey, 2018)
- 35% of respondents reported "could not afford co-pay" as their reason for inability to access dental care (McLean County Community Health Survey, 2018)
- 85 individuals visited an emergency department in McLean County for oral health disorders. (Advocate BroMenn Medical Center and OSF St. Joseph Medical Center, 2017)

STRATEGY 2: INCREASE THE CAPACITY OF ORGANIZATIONS PROVIDING DENTAL SERVICES TO LOW-INCOME RESIDENTS OF MCLEAN COUNTY.

Intervention 2.1: Increase the number of fulltime equivalents (FTE) dentists and hygienists available to serve low income McLean County residents. Note FTE includes volunteer dentists and hygienists.

Evidence:

https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/allied-dental-professional-scope-of-practice

<u>Intervention 2.2:</u> Solicit increased funding to support organizations providing dental services to low income McLean County residents receiving dental services

Intervention 2.1: Process Indicators

- Conduct an analysis of the current number of FTE dentists and hygienists available to serve low income McLean County Residents
- Conduct an analysis of unmet community need for dental services and the number of dentists and hygienists needed to fill unmet need

Intervention 2.1: Outcome Indicators

- # of clinical full-time equivalent (FTE) dentists and hygienists working with lower income McLean County residents (baseline: need to establish)
- Establish baseline data for # of patients served (pediatric and adult) by service type (acute or preventive) at the Community Health Care Clinic
- Establish baseline data for # of patients served (pediatric and adult) by service type (acute or preventive) at the McLean County Health Department
- Establish baseline data for # of patients served (pediatric and adult) by service type (acute or preventive) at Chestnut Family Health Center

Intervention 2.2: Process Indicators

- # of grants received.
- # of Dental or Types of dental services added

Intervention 2.1: Resources/Partners

- Chestnut Family Health Center
- Community Health Care Clinic
- John M. Scott
- McLean County Health Department

Intervention 2.2: Resources/Partners

- Chestnut Family Health Center
- Community Health Care Clinic

| | Evidence: http://www.healthycommunityalliance.org/promisepractice/index/view?pid=391 http://www.healthycommunityalliance.org/promisepractice/index/view?pid=226 | Intervention 2.2: Outcome Indicators Identify # of patients served at McLean County Health Department Dental Clinic (baseline: 4277 children; 321 adults, 2018) Establish baseline # of patients served at Chestnut Family Health Center (baseline: None) | John M. Scott McLean County Health Department |
|---|---|---|---|
| | Intervention 2.3: Expand performance of Fluoride application in Pediatric and Primary Care Settings serving low-income pediatric McLean County residents Evidence: https://pediatrics.aappublications.org/content/1 15/1/e69 | Intervention 2.3: Process Indicators Establish baseline # of pediatric patients receiving fluoride applications in the primary care setting at Chestnut Family Health Center (baseline: None) Establish baseline # of primary care/pediatric practices performing fluoride applications in the primary care/pediatric settings (baseline: None) Establish baseline # of pediatric patients receiving fluoride applications in the primary care/pediatric settings (baseline: None) Intervention 2.3: Outcome Measures Not Applicable | Intervention 2.3: Resources/Partners Advocate Medical Group; Pediatrics Bloomington Chestnut Family Health Center Family Health Clinic at Advocate BroMenn Medical Center OSF Medical Group Primary Care and Pediatrics - Bloomington |
| IMPACT OBJECTIVE #3: By 2023, decrease the number of McLean county residents indicating that transportation was a barrier to accessing healthcare. | STRATEGY 3: INCREASE ACCESS AND AVAILABILTIY OF TRANSPORTATION TO/FROM HEALTHCARE SERVICES FOR LOW-INCOME MCLEAN COUNTY RESIDENTS | Intervention 3.1: Process Indicators 80% participation in the inventory by the Resource/Partners listed. Intervention 3.1: Outcome Indicators Not Applicable | Intervention 3.1-3.3: Resources/Partners Advanced Medical Transport Advocate BroMenn Medical Center |
| | Intervention 3.1: Conduct an inventory of the different transportation-related committees and | | American Cancer Society: ACS Road to |

BASELINE DATA

- 7% of survey respondents indicated that they had no way to get to a doctor (McLean County Community Health Survey, 2018)
- 5% of survey respondents indicated that the cause of their inability to access prescription medication was "no way to get to doctor" (McLean County Community Health Survey, 2018)
- 5% of survey respondents indicated that the cause of their inability to access dental care in McLean County was "no way to get to the dentist" (McLean County Community Health Survey, 2018)
- 12% of survey respondents indicated that the cause of their inability to access counseling in McLean County was "no way to get to service" (McLean County Community Health Survey, 2018)

boards in McLean County including committee/board and membership composition

Evidence:

<u>Intervention 3:2:</u> Perform a transportation gap in services/existing conditions analysis

Evidence:

http://www.healthycommunityalliance.org/promisepractice/index/view?pid=213

Intervention 3.2: Process Indicators

- Establish a baseline of # of healthcare providers querying and tracking transportation
- Establish baseline of # of healthcare providers with accessible public transit bus stop
- Establish baseline of # of healthcare providers with staff assigned to helping remove transportation as a barrier
- Establish baseline of # of staff full time equivalents (FTE) allocated to removing transportation as a barrier
- Establish a baseline of # of McLean County organizations who offer rides/transports to/from healthcarerelated destinations
- Establish baseline of # of rides/transports provided to healthcare-related destinations
- # of community members completing the survey
- # of providers completing the survey
- # of school individuals in the school system completing the survey
- # of focus groups conducted

- Recovery Transportation Program
- Bloomington City Township
- Chestnut Health
 Systems
- City of Bloomington
- Community Health Care Clinic
- Connect Transit
- E-Z Go Transportation
- Faith In Action
 Bloomington-Normal
- First Transit
- McLean County Center for Human Services
- McLean County Health Department
- Medicaid Vendors
- Medicare Vendors
- Normal Township
- OSF St. Joseph Medical Center
- Regional Planning Commission
- Scott Health Resources
- SHOW Bus
- Town of Normal
- Veterans Assistance Commission
- Veterans Transpiration Services

| | | Intervention 3.2: Outcome Indicators | |
|--|--|--|--|
| | | Completion of inventory | |
| | | | |
| | Intervention 3:3: Increase representation of healthcare community on transportation-related committees/boards identified in Intervention 3.1 activity Evidence: N/A | Intervention 3.3: Process Indicators % of inventoried transportation-related committees and boards including representation from the healthcare sector (baseline: None) Intervention 3.3: Outcome Indicators Establish baseline of number of committees and boards related to transportation Establish baseline of number of these groups with representation from the | |
| | | Healthcare sector | |
| IMPACT OBJECTIVE #4: | STRATEGY 4: INCREASE ACCESS AND | | |
| | AVAILABILTIY OF COMMUNITY-BASED SERVICES | | |
| By 2023, Decrease the number of | FOR LOW INCOME MCLEAN COUNTY RESIDENTS. | | |
| McLean County Residents indicating | TOR LOW INCOME MICEENIA COOKET RESIDENTS. | | |
| 3% of survey respondents indicated that the they do not seek care when asked to choose the type of healthcare they use | Intervention 4.1: Increase use of telemedicine/virtual services Evidence: | Intervention 4.1: Process Indicators Research cost effective models. Design a plan for telemedicine utilizing community partners Explore low income access to telemedicine and barriers to access | Intervention 4.1: Partners/Resources Advocate BroMenn Medical Center Chestnut Health Systems |
| when they are sick | http://www.healthycommunityalliance.org/promisepractice/index/view?pid=3230 | Seek funding to provide telemedicine services | Home Sweet Home Ministries |
| | | | OSF St. Joseph Medical CenterPATH |

| Intervention 4.1: Outcome Indicators |
|---|
| Establish a baseline of number of |
| providers of telemedicine, the type and |
| population served |

RELATED IMPROVEMENT PLAN EFFORTS

The following organizations received grants for implementation in 2020 from the John M. Scott Health Commission. The grants are tied to the health priorities selected for the 2019 McLean County Community Health Needs Assessment.

- The Center for Human Services received a grant for integration of behavioral and primary health care services, with a housing component.
- The Community Health Care Clinic received a grant for integration of primary and oral health care services.
- The Children's Home & Aid Home received a grant for home & community-based services outside in rural areas, including perinatal, maternal, and child services.
- Faith in Action received a grant for senior well-being, including social connection & transportation
- Heartland Head Start received a grant for early childhood well-being, including services for the whole-child and family that support physical, mental and oral health and school readiness, and partnerships with other providers and local universities.
- McLean County Health Department received a grant for emergent needs: oral health care for children and adults.

Other:

- Advocate BroMenn Medical Center and OSF HealthCare St. Joseph Medical Center will continue to provide support for the Community Health Care Clinic (CHCC)
 The CHCC is a free clinic which provides services to the medically underserved population of McLean County to ensure that all populations in the community have
 access to healthcare. All emergency room visits, diagnostic testing and hospital services are provided free of charge by Advocate BroMenn Medical Center and
 OSF HealthCare St. Joseph Medical Center. Advocate BroMenn Medical Center also owns the building where the clinic is located and provides maintenance for the
 clinic at no charge. OSF provides human resources support for the clinic.
- The Advocate BroMenn/Advocate Eureka LGBTQ+ Community Advisory Council fosters increased access to care by giving voice to the LGTBQ+ community and allies in order to provide more sensitive and respectful care. The local council is part of AdvocateAurora's systemwide efforts as measured by the Health Equality Index and focuses on education initiatives, review of policies and procedures, and consultation about concerns raised by the LGTBQ+ community.

^{*}The Four Organizations comprising the McLean County Executive Steering Committee—Advocate BroMenn Medical Center, Chestnut Health Systems, the McLean County Health Department and OSF St. Joseph Medical Center—are all implied resources/partners for Access to Care.

e) Funding for Implementing Interventions

After approval of the 2020 – 2022 McLean County Community Health Improvement Plan, the Access to Care Priority Action Team will further address funding options, including grant opportunities as they become available, to address interventions impacting access to care. For several of the activities listed in the plan, initial funding has been secured, but ongoing funding may be tenuous and sustainability issues will need to be considered.

Many of these stakeholders have worked together throughout the needs assessment and health plan development process, making the community better-positioned for collaborative efforts, with or without grants or other funding. In addition, since many of the intervention strategies for this health priority fall within the mission of some of the Priority Action Team agencies, underpinning efforts through collaborative programs, activities with other community partners and/or generating letters of support for grant proposal submissions, will be encouraged.

As of 2019, a new source of local funding was announced by the John M. Scott Commission Trust, with the Trust now able to provide one- to three-year grants for health-related projects that demonstrate a connection to the health priorities identified in the 2019 McLean County Community Health Needs Assessment. Subsequent grant proposals may also consider the concerns and interventions identified in the 2020 – 2022 Community Health Improvement Plan. In late 2019, at least seven access to care-related projects were funded for one to three years, ranging in awards from a low of \$10,500 in year one to a high of \$125,000 per year for three years.

The partners involved in the Executive Steering Committee, along with the Community Development Division of the City of Bloomington, Illinois, applied for and received an Invest Health Grant in 2016 funded by the Robert Wood Johnson Foundation and the Reinvestment Fund for 50 mid-sized cities in the United States. Through this small, 18-month planning grant, the Invest Health team has brought together disparate sectors of the community to identify and consider built environment changes in Bloomington to potentially increase access to healthcare, housing and healthy foods. Although the grant period has ended, this collaboration has served to widen avenues of participation beyond Bloomington and supported the incorporation of health and healthy lifestyles concepts in municipal planning efforts, which has continued to provide additional funding opportunities for the community.

f) Barriers to Achieving Health Improvements

A list of barriers to achieving health improvements was created during the development of the previous Community Health Improvement Plan (2017 – 2019). In 2019, discussions during the Access to Care Priority Action Team meetings identified additional barriers that were added to the list, such as recent transit system changes that have moved bus stops several blocks away from key health care facilities for the underserved. A list of potential barriers is included below in Exhibit 10.

Exhibit 10: Potential Barriers to Accessing Care in McLean County

| | Barriers to Care | | | |
|-------------|---|--|--|--|
| Insurance & | Clients with insurance may not be able to cover the co-pay costs of care or | | | |
| Payment | prescriptions | | | |
| | No insurance or insurance that does not cover needed care | | | |
| | Some providers do not welcome Medicaid clients | | | |
| | Some providers do not accept Medicaid | | | |
| | Require payment upfront: full payment or co-payment | | | |
| | Difficulty knowing who primary care provider is when insurance is restrictive or | | | |
| | constantly changing | | | |
| Convenience | Typically not open on nights and weekends | | | |
| | Recent transit decisions have moved bus stops several blocks away from | | | |
| | healthcare facilities for the under-served | | | |
| | Public transportation to healthcare care facilities may be lacking, unreliable or | | | |
| | inconvenient | | | |
| Staffing | Only two facilities have navigators available for clients | | | |
| Knowledge & | Patients not always aware of options outside of primary care; urgent care | | | |
| Awareness | Cultural differences or language gaps may limit understanding | | | |
| | Not familiar with primary care provider or primary care setting | | | |
| Health | Low income population may have a greater focus on meeting immediate needs | | | |
| Behaviors | rather than preventing health issues from occurring down the road; therefore, | | | |
| | making and keeping healthcare-related appointments may be a lower priority | | | |
| | Lack of emphasis on prevention (versus treatment) by patients, providers and | | | |
| | the community overall | | | |
| | Lack of awareness of the connection between current behaviors and chronic | | | |
| | disease | | | |

According to the 2018 McLean County Community Health Survey of adults, 11 percent of McLean County residents do not have health insurance, and three percent report not seeking medical care. Adults responding to the 2018 survey also indicated the causes of their inability to access medical care, prescriptions, dental care and counseling: could not afford the co-pay (36 to 62 percent), no insurance (21 to 35 percent), insurance was refused by the provider (nine to 15 percent) and no way to get to the provider (five to 12 percent).

Systems barriers are also present. As healthcare organizations and other entities seek to control costs and gain efficiencies, the ability to add programs or staff, such as navigators or to adjust service lines, is problematic and creates challenges that are difficult to overcome despite a willingness to change.

g) Evaluation and Monitoring Plan

Within the McLean County Community Health Improvement Plan Summary: Access to Care, there is an "Annual Evaluation Measures" column that contains both process indicators and outcome indicators. Each year, with the assistance of the Access to Care Priority Action Team, these indicators will be tracked throughout the three-year cycle ending in 2022. The Executive Steering Committee will be

responsible for assuring that the indicator data is being tracked and that it is shared on at least an annual basis with the McLean County Community Health Council and the Priority Action Team for each health priority. Early in 2023, data received from subsequent Illinois Behavioral Risk Factor Surveillance surveys, the Illinois Youth Survey or the next McLean County Community Health Survey, conducted in preparation for the 2022 Community Health Needs Assessment, will be compared to the outcome objectives and impact objectives listed in the 2020 – 2022 Community Health Improvement Plan Summary: Access to Care, in order to evaluate and measure progress toward meeting objectives. Through evaluation, accountability will be increased, modifications to the plan considered, and a stronger commitment to improving the health of McLean County citizens will be communicated to its residents.

The McLean County Community Health Executive Steering Committee reserves the right to amend this 2020 – 2022 McLean County Community Health Improvement Plan as needed to reflect each organization's particular role and responsibilities in executing the Plan as well as the resources each organization is committing. In addition, certain significant health needs may become a community priority during this three-year plan period and require amendments to the strategies developed to address the emerging significant health need. Other entities or organizations in the community may develop programs to address the same health needs or joint programs may be adopted. Finally, in compliance with Internal Revenue Code Section 501(r) requirements for hospitals, Advocate BroMenn Medical Center or OSF St. Joseph Medical Center may refocus the limited resources the organization committed to the Plan to best serve the community.

VI. Health Priority #3: Healthy Eating/Active Living (HEAL)

a) Description of the Health Priority

By focusing on improving healthy eating and active living in McLean County, many other health outcomes may also be positively impacted. In addition, it will address an issue of concern to McLean County residents, that of obesity.

Health Perceptions in McLean County

The 2018 McLean County Community Health Survey of 695 adults asked respondents to rate the three most important health issues in the community out of 10 choices. See Exhibit 11 below. The health issue that rated 2nd highest was obesity. It was identified 52 percent of the time, an increase from the 2015 survey result of 39 percent.

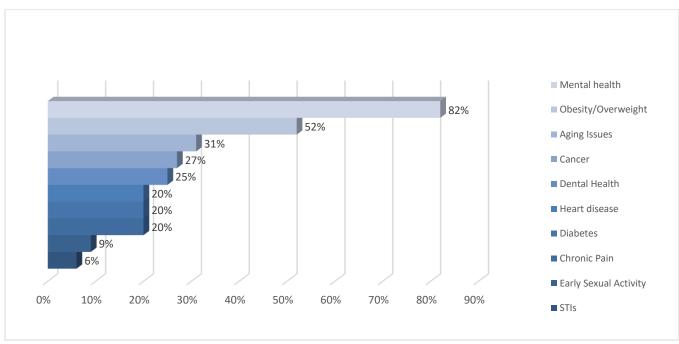


Exhibit 11: Perception of Health Issues in McLean County, 2018

Source: McLean County Community Health Survey, 2018.

In the same 2018 survey, 38 percent of adults responding to the survey chose "Poor Eating Habits" as the third out of ten "Unhealthy Behaviors that Impact Health Perception in McLean County, 2018."

Obesity

The Centers for Disease Control and Prevention reports that the obesity prevalence rate among adults (2015-2016) in the United States is 39.8 percent, and impacts approximately 93.3 million adults (www.cdc.gov/obesity, December 1, 2019). Obesity continues to be one of the most challenging health issues in the United States, Illinois and McLean County. The Center for Disease Control and Prevention notes that obesity is associated with many of the leading causes of death in the United States, such as Type 2 diabetes, stroke, heart disease and some cancers (e.g., endometrial, breast, colon, kidney, gallbladder and liver). It also increases the risk for flu complications. Compared to individuals at a healthy weight, obese individuals are at increased risk for high blood pressure and high cholesterol, osteoarthritis, gallbladder disease and sleep apnea. Many of these are preventable conditions that can lead to premature death or disability. Obesity is also associated with poorer mental health outcomes and reduced quality of life. The annual cost of obesity, in terms of medical care in the United States, is estimated to be \$147 billion (in 2008 US dollars), with the medical costs per year at \$1,429 higher for people with obesity compared to those at a healthy weight (www.cdc.gov/obesity, December 1, 2019).

Approximately 32 percent of McLean County residents are classified as obese. McLean County's obesity rate is higher than the state at 31.6 percent and the national rate at 29.9 percent. It also does not meet the Healthy People 2020 target of 30.5 percent. As shown in Exhibit 12, the obesity rate in McLean County has increased by 11.4 percent from 2004 - 2006 to 2010 - 2014 (Conduent Healthy Communities, Illinois Behavioral Risk Factor Surveillance System, 2010 - 2014).

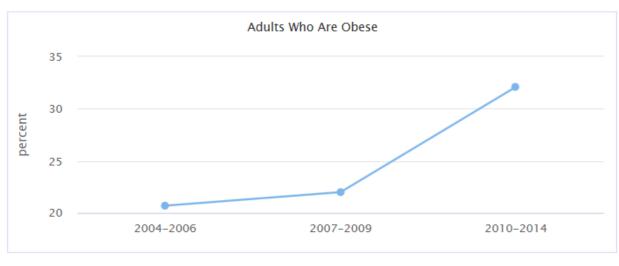


Exhibit 12: McLean County's Obesity Trend, 2014 - 2014

Source: Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2004 - 2014.

Childhood obesity also continues to be a serious problem in the United States. Between 1971 and 1974, just five percent of all children were considered obese. According to the Centers for Disease Control and Prevention, 18.5 percent of children (ages two to 19 years) are obese, with 13.9 percent at ages two to

five, 18.4 percent for ages six to 11, and 20.6 percent for ages 12 to 19. The Healthy People 2020 Target is 14.5 percent for children ages two to 19 years. In McLean County, the 2018 Illinois Youth Survey data indicated that the obesity rate for county eighth graders was nine percent, and the rate for both tenth and twelfth graders was ten percent. County obesity rates are lower than the Illinois rate of 14.2 percent for youth ages ten to 17 years (Illinois Youth Survey, 2018). Although McLean County children are currently at rates that are better than the state and national obesity rates, as well as the Healthy People 2020 target, prevention activities need to include children to decrease the risk for obesity in adulthood.

Healthy Eating

The 2018 McLean County Community Health Survey data show that 55 percent of McLean County adult residents report no consumption or low consumption (one to two servings per day) of fruits and vegetables (see Exhibit 13). Frequency of fruit and vegetable consumption tends to be higher by Whites and those with higher education and income.

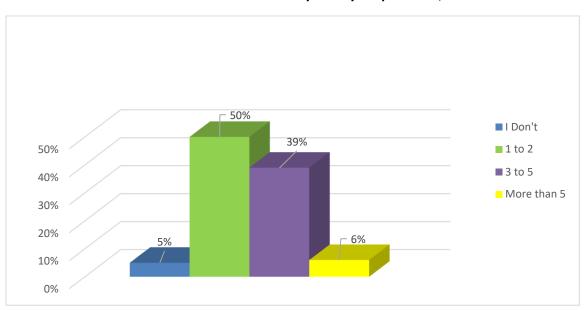


Exhibit 13: Responses for "On a typical day, how many servings of fruits and/or vegetables do you eat?" for McLean County Survey Respondents, 2018

Source: McLean County Community Health Survey, 2018.

For the 2018 McLean County Community Health Survey respondents who indicated not eating fruits or vegetables, the inability to afford fruits and vegetables and not liking them were the two most frequently cited reasons for failing to consume fruits and vegetables.

Although the 2018 McLean County Community Health Survey of adults shows an improvement in adult consumption of three or more servings of fruits and vegetables per day from 40 percent in 2015 to 45 percent in 2018, there is considerable room for improvement when 55 percent of adults (2018 survey) eat two servings or less per day. The 2020 – 2022 McLean County Community Health Improvement Plan interventions address some of the reasons for not consuming fruits and vegetables.

McLean County children are also not consistently consuming the recommended number of fruits and vegetables per day. Only an average of nine percent of eighth, tenth and twelfth graders eat four or more fruits per day and seven percent eat four or more vegetables per day; therefore, approximately 91 to 93 percent eat three or fewer servings of fruits and/or vegetables per day (Illinois Youth Survey, 2018).

The access to healthy food as well as food insecurity also play roles in how many fruits and vegetables McLean County residents are consuming. The following data points were areas of concern:

- Food Environment Index: The County Health Rankings and Roadmaps provides a food environment index which combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures. The food environment index for McLean County is 7.6, which is in the worst 50th 75th percentile range compared to other counties in Illinois. It is worse than the Illinois index of 8.7 but better than the prior value for McLean County in 2017 of 7.5. The index for McLean County is trending unfavorably but is not statistically significant (Conduent Healthy Communities Institute, County Health Rankings, 2018).
- Food Insecurity: The U.S. Department of Agriculture defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The percentage of the population that experienced food insecurity in McLean County at some point during 2016 is 12.1 percent (Conduent Healthy Communities Institute, Feeding America, 2016). This rate is in the worst 50th 75th percentile range compared to other counties in Illinois and higher than the Illinois rate of 11 percent.
- Food insecure children: Although the percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during 2016 is 14.1 percent (Conduent Healthy Communities Institute, Feeding America, 2016), which is in the best 0 50th percentile range compared to other counties in Illinois, the percent of food insecure children in households with incomes above 185 percent of the federal poverty level—who are likely not income-eligible for federal nutrition assistance in McLean County—is 37 percent. This is in the worst 25th percentile range in comparison to other counties in Illinois and higher than the state value of 32 percent (Conduent Healthy Communities Institute, Feeding America, 2016).
- Local social service data: According to the Mid Central Community Action's Fiscal Year 2018 Community Needs Assessment results for McLean County residents, 16.9 percent of survey respondents (n = 1,711) responded that they could use help with getting food from food

pantries or food banks. Approximately 12 percent of survey respondents indicated that they could use help with having enough food at home.

Access to grocery stores:

- The percentage of low-income adults who do not have adequate access to a grocery store or supermarket in McLean County is 9.8 percent. McLean County is in the worst 25th percentile range for this measure when compared to other counties in Illinois (Conduent Healthy Communities Institute, U.S. Department of Agriculture Food Environment Atlas, 2015).
- The percentage of the general population living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area in McLean County is 27.4 percent. This is in the worst 25th percentile range compared to other counties in Illinois (Conduent Healthy Communities, U.S. Department of Agriculture Food Environment Atlas, 2015).
- The area located west of Main Street in Bloomington (ZIP code 61701) was designated by the U.S. Department of Agriculture as a food desert (City of Bloomington Existing Conditions Report, 2014).

Active Living

Physical activity as well as healthy eating are actions that can reduce obesity, help manage chronic diseases and assist with maintaining a healthy weight. Some of the recommendations in the *Physical Activity Guidelines for Americans: 2nd Edition* (U.S. Department of Health and Human Services, 2018) include:

- For adults: at least 150 minutes to 300 minutes of moderate to vigorous activity or 75 minutes to 150 minutes of vigorous activity, or a combination of both, plus two days or more of musclestrengthening activity per week; and
- For children (ages six through 17): 60 minutes or more of moderate to vigorous activity daily.

The 2018 McLean County Community Health Survey revealed that 20 percent of McLean County adults do not exercise and 31 percent reported exercising one to two times per week. See Exhibit 14 on the following page.

35%
30%
20%
31%

1 to 2 days per week
3 to 5 days per week
20%
15%
10%
5%
0%

Exhibit 14: Exercise Frequency for McLean County Residents, 2018

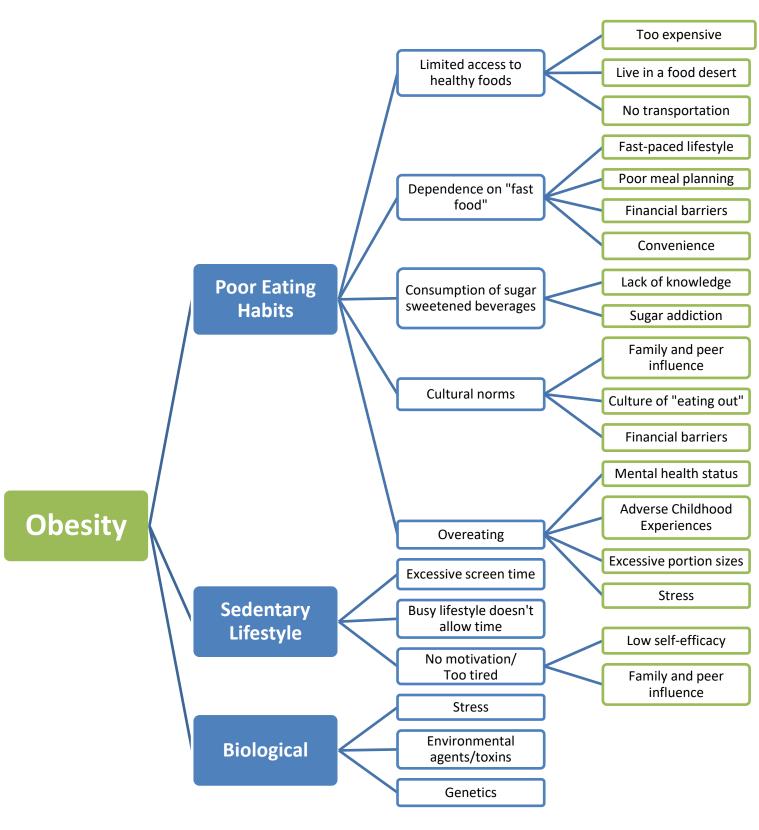
Source: McLean County Community Health Survey, 2018.

In comparison to the 2015 McLean County Community Health Survey of adults, the percentage of adults not participating in any physical activity decreased from 27 percent in 2015 to 20 percent in 2018. Respondents who indicated that they do not exercise were asked to cite their reasons for not exercising. The most common reasons were: being too tired, not liking exercise and not enough time to exercise.

Identifying the barriers to achieving greater levels of physical activity and to eating a healthier diet, and identifying strategies to overcome these barriers, will be key tasks in the 2020 – 2022 McLean County Community Health Improvement Plan. Stakeholders in the plan will seek to create policy, system and environmental changes that make it easier for residents to participate in physical activity and eat a healthier diet.

b) Chart of Health Priority Risk Factors and Direct/Indirect Contributing Factors

The Center for Disease Control and Prevention notes that obesity, often a result of experiencing barriers to healthy eating and active living, can be the result of multiple causes and contributing factors, including behaviors, medications (e.g., steroids, some antidepressants), certain diseases (e.g., Cushing's Disease; polycystic ovary syndrome), and genetics. Behaviors, such as those governing a person's physical activity level and dietary patterns, can impact weight and are modifiable. Refer to the chart on the next page for a list of risk factors as well as direct contributing factors and indirect contributing factors for the development of obesity, which can be impacted positively through healthy eating and active living.



c) Rationale for Choice as a Health Priority

Healthy eating/active living was selected as a significant health need to be addressed by the McLean County Community Health Council in part because it ranked as number three according to its priority score of 158.1. Additionally, the council felt that by focusing on healthy eating/active living, many other health outcomes such as heart disease, cancer, obesity and diabetes may also benefit from interventions that improve healthy eating and active living. In addition, food insecurity and access to healthy foods are also areas needing improvement in McLean County; and with a collaborative effort utilizing current community momentum in this area, progress may be made towards alleviating these concerns.

Obesity was selected as a health priority during the 2016 McLean County Community Health Needs Assessment. The shift in focus to healthy eating and active living, rather than obesity, for the 2020 – 2022 Community Health Improvement Plan was a decision to address, from a positive approach, those modifiable risk factors that can be influenced through a variety of interventions, some of which are low cost and easily implemented.

d) McLean County Community Health Improvement Plan Summary: Healthy Eating and Active Living (HEAL)

The Healthy Eating/Active Living Priority Action Team, consisting of 64 individuals representing over 40 entities, held a goal-setting meeting in preparation for the development of the 2020 – 2022 McLean County Community Health Improvement Plan on May 9th, 2019. This was followed by two additional meetings on September 6th, 2019, and October 22nd, 2019, to formulate the Healthy Eating/Active Living Community Health Improvement Plan Summary, included on pages 69 through 77. The Leadership Committee of the McLean County Wellness Coalition had agreed to merge with this new Priority Action Team since the two groups had similar goals. In addition, the merger would help to avoid duplication, consolidate and strengthen intervention efforts, and benefit from the structure already in place through the Executive Steering Committee and the McLean County Community Health Council. With this merger, representatives attending these meetings reflected many sectors impacted by and/or actively addressing healthy eating/active living needs, including civic organizations, schools and universities, service providers, law enforcement, city and county government, private businesses, recreational centers, faith-based entities, planning offices and healthcare.

From these three discussions, two broad themes were repeated: 1) the need to not only promote access to healthy food, but also to educate individuals regarding how to read food labels and prepare fruits and vegetables using simple, low-cost recipes; and 2) the need to promote and support programs and services that provide physical activity for all age groups, from children to older adults.

The Healthy Eating/Active Living Community Health Improvement Plan for 2020 – 2022 focuses on four key strategies.

- **Strategy 1:** Support, promote and educate the community about the availability of fruits and vegetables in McLean County.
- **Strategy 2:** Increase access to healthy foods.
- **Strategy 3:** Promote active living in the workplace and community.
- Strategy 4: Promote active living within the pediatric population.

An overview of the goal and objectives to address Healthy Eating/Active Living are listed below:

High-Level Goal for Healthy Eating/Active Living: Promote healthy eating and active living to strengthen the health and well-being of our community by 2023.

- Outcome Objective: By 2023, maintain or increase the percentage of people living at a healthy body weight in McLean County.
 - o Impact Objective #1: By 2023, increase opportunities for healthy eating.
 - o Impact Objective #2: By 2023, increase opportunities for active living.

The following eight pages (69 to 77) contain the 2020 – 2022 McLean County Community Health Improvement Plan Summary for Healthy Eating/Active Living.

McLean County

Community Health Improvement Plan Summary: Healthy Eating/Active Living (HEAL) January 1, 2020 – December 31, 2022

HEALTH PRIORITY: HEALTHY EATING/ACTIVE LIVING (HEAL)

GOAL: Promote healthy eating and active living to strengthen the health and well-being of our community by 2023.

Related Social Determinants of Health: Built Environment; Food Insecurity

OUTCOME OBJECTIVE: By 2023, maintain or increase the percentage of people living at a healthy body weight in McLean County. Baseline

- Adults: 32% of McLean County adults are classified as obese (IBRFSS, 2010-2014); (IL: 31.6%; U.S.: 29.9%; Healthy People 2020 target: 30.5%).
- Adolescents: 9% of 8th graders, 10% of 10th graders, 10% of 12th graders in McLean County are obese (Illinois Youth Survey, 2018)

State Health Improvement Plan (SHIP) 2021 Alignment

- Increase opportunities for healthy eating.
- Increase opportunities for active living.

| THREE YEAR | STRATEGIES and INTERVENTIONS | ANNUAL EVALUATION MEASURES | POTENTIAL |
|--|---|---|-------------------------------------|
| MEASURES | | | RESOURCES/PARTNERS* |
| IMPACT OBJECTIVE #1: By 2023, increase opportunities for healthy eating. | STRATEGY #1: SUPPORT, PROMOTE AND EDUCATE THE COMMUNITY ABOUT THE AVAILABILITY AND ACCESSIBILITY OF FRUITS AND VEGETABLES IN MCLEAN COUNTY. | | |
| | | | Intervention 1.1: |
| BASELINE DATA: | Intervention 1.1: Develop and/or promote | Intervention 1.1: Process Indicators | Resources and Partners |
| | education tools to help assist in educating our | # of free programs that help identify how healthy | Chestnut Health |
| Food Environment | community about healthier food choices. | foods are prepared | Systems |
| Index: 7.6 (out of | Share appropriately | # of participants who attend free programs on | Community Health |
| 10) (IL: 8.7) | | preparing healthy foods | Care Clinic |
| (Conduent Healthy | | | |

| Communities Institute, County Health Rankings, 2018) • Food insecurity rate: 12.1% (Conduent Healthy Communities | | # of programs (with a fee) that help identify how healthy foods are prepared # of participants who attend programs (with a fee) preparing healthy foods | Illinois State University McLean County Extension Office McLean County Health Department OSF St. Joseph Medical Center Project Oz |
|---|--|---|---|
| Institute, Feeding America, 2016) (IL: 11%) • 16.9% could use help getting food from food pantries/banks; 12% could use help | Intervention 1.2: Promote free nutrition tracking apps | Intervention 1.2: Process Indicators # of free apps promoted to the community # of avenues where applications are promoted | YWCA Intervention 1.2: Resources and Partners Employers/ Organizations |
| with having enough food at home (2018 Client Survey) • Fruit/Vegetable Consumption: Adults: "On a typical day, how many | Intervention 1.3: Complete an inventory of Home Food Programs (backpack programs coordinated through churches and schools) in Bloomington-Normal | Intervention 1.3: Process Indicators # of collaborations/partnerships between schools and the community to provide healthier foods for the Home Food Program | Intervention 1.3: Resources and Partners District 87 Faith Community Feeding the Cities Midwest Food Bank |
| servings of fruits/vegetables do you eat?" None: 5%; 1-2: 50% 3-5: 39%; over 5: 6% (McLean County Community Health Survey, 2018) | STRATEGY #2: INCREASE ACCESS TO HEALTHY FOODS. Intervention 2.1: Promote healthy food accessibility | Intervention 2.1: Process Indicators Veggie Oasis: | Intervention 2.1: Resources and Partners Activity Recreation Center |

Adolescents (average of 8th, 10th, 12th graders): Eat 4 or more fruits/day: 9%; Eat 4 or more vegetables/day: 7% (IL Youth Survey, 2018)

- # of pounds of produce donated to low income community members through Vegie Oasis (Baseline: 5200 pounds, 2018)
- # of people reached through Vegie Oasis

Food Farmacy:

- # of food farmacy prescriptions written
- # of Bread-for-Life shoppers utilizing food farmacy prescriptions
- # of locations participating in a food farmacy prescription program (Baseline: 1.0, 2018)

SmartMeals:

of meals given

(Baseline: 1054 meals, 2019)

Midwest Food Bank:

- # of pounds of healthier foods donated within Bloomington-Normal
- # of organizations receiving food bank healthier food

Home Sweet Home Ministry:

% of participants who consume a salad during meals

Community Gardens:

pounds of produce donated to Home Sweet
Home Ministries and the Community Health Care
Clinic by community gardens sponsored by OSF St.
Joseph Medical Center and Advocate BroMenn
Medical Center

- Advocate BroMenn Medical Center
- Bloomington
 Farmer's Market
- Bloomington Township
- Chestnut Health
 Systems
- Community Health Care Clinic
- Faith Community
- Feeding the Cities
- Green Top Grocery
- Home Sweet Home Ministries
- Illinois State University
- Local Food Pantries
- Midwest Food Bank
- Normal Township
- OSF St. Joseph Medical Center
- West Bloomington Revitalization Project

| | | Grocery Store Partnerships # of partnerships focusing on increasing access to healthy foods for low income individuals and/or those residing in a food desert. Community Food Drives # of healthy food drives coordinated Farmer's Market # or percent of Double Snap Participants utilizing the Farmer's Market for healthier food | |
|--|---|--|--|
| IMPACT OBJECTIVE #2: By 2023, increase | STRATEGY #1: PROMOTE ACTIVE LIVING IN THE WORKPLACE AND COMMUNITY. | | |
| opportunities for | | | |
| active living. | Evidence | | |
| BASELINE DATA: Access to exercise opportunities: Adults: 83.6% have access (IL: 91.3%) | https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/worksite-obesity-prevention-interventions | | |
| (Conduent Healthy | | | Intervention 1.1 and 1.2: |
| Communities Institute, | Intervention 1.1: Develop or promote a tool | Intervention 1.1: Process Indicators | Resources and Partners |
| County Health Rankings, 2018) | kit for Workplace Wellness Best Practices and share with businesses | # of free programs promoting physical activity in the workplace | Advocate BroMenn Health and Fitness Center |
| Physical Activity: Adults: 23.5% did not participate in any leisure-time physical | | # of employees participating in free programs promoting physical activity in the workplace | Boys and Girls Club of Bloomington- Normal |

activities in the past month (Conduent Healthy Communities Institute, County Health Rankings, 2015)

Adolescents (average of 8th, 10th, 12th graders): 22% were physically active for at least 60-minutes for 5 days, during the past 7 days. (IL Youth Survey, 2018)

<u>Intervention 1.2:</u> Promote access to physical activity for the community

Evidence

https://www.countyhealthrankings.org/takeaction-to-improve-health/what-works-forhealth/policies/community-based-socialsupport-for-physical-activity

<u>Intervention 1.</u>3: Offer A Matter of Balance to Older Adults

- # programs (with a fee) promoting physical activity in the workplace
- # of employees participating in programs (with a fee) promoting physical activity in the workplace

Intervention 1.2: Process Indicators

- # of free programs/events promoting physical activity in the community
- # of community members participating in free programs/events promoting physical activity
- # of programs/events (with a fee) promoting physical activity in the community
- # of community members participating in programs/events (with a fee) promoting physical activity

- Chestnut Health Systems
- City of Bloomington
- City of Bloomington Parks and Recreation
- Community Care Systems
- Country Financial
- Eastern Illinois Area on Aging
- Faith Community
- Fleet Feet
- Four Seasons Health Club
- Heartland Head Start
- McLean County
 Health Department
- Mid Central Community Action
- OSF St. Joseph Medical Center
- Project Oz
- State Farm
- Town of Normal
- Town of Normal Parks and Recreation
- YMCA

Intervention 1.3: Process Indicators

• # of people participating in the A Matter of Balance to Older Adults course

Intervention 1.3: Resources and Partners

Advocate BroMenn
Medical Center

| Evidence https://d2mkcg26uvg1cz.cloudfront.net/wp-content/uploads/Matter-of-Balance-6-30-2011.pdf | # of Matter of Balance Courses offered Intervention 1.3: Outcome Indicators % of participants feeling more satisfied with life % of participants feeling more comfortable increasing activity | Community Care Systems |
|--|---|---|
| Intervention 1.4: Offer Partnership in Health to those who have developmental disabilities | Intervention 1.4: Process Indicators # of people participating in the Partnership in Health program Intervention 1.4: Outcomes Indicators % of participants who decreased their blood pressure % of participants who improved waist circumference % of participants who improved BMI | Intervention 1.4: Resources and Partners Advocate BroMenn Charitable Foundation Advocate BroMenn Health and Fitness Center Marcfirst McLean County Board for the Care and treatment of Persons with a Developmental Disability McLean County Health Department |
| Intervention 1.5: Offer Health-E Program to Bloomington City Township community. | Intervention 1.5: Process Indicators # of people enrolled | Intervention 1.5: Resources and Partners Bloomington City |

Township

Health-E program serves Bloomington City Township general assistance recipients and fellow community members with an ongoing wellness lifestyle educational class and workshop training to promote a culture of health through enhancements in nutrition, exercise, strength, movement, spinal health, and balance.

Intervention 1.5: Outcomes Indicators

- % of people who reduced chronic disease risk such as blood pressure, cholesterol, and blood glucose levels.
- % of people who improve overall weight
- % of people who improve physical activity/mobility
- % of people who improve nutrition

STRATEGY #2: PROMOTE ACTIVE LIVING WITHIN OUR PEDIATRIC POPULATION.

Intervention 2.1:

Promote the 5-2-1-0 Campaign amongst school-aged kids

Evidence

https://academic.oup.com/jpepsy/article/38/9/1010/958053

<u>Intervention 2.2</u>: Increase physical activity access to the pediatric population

Intervention 2.1: Process Indicators

- # of facilities who promote the 5-2-1-0 campaign
- # of children educated on the 5-2-1-0 Campaign amongst school-aged children at school-related functions

Intervention 2.1: Resources and Partners

- Children's Hospital of Illinois
- District 87 Schools
- Family Medicine Medical Group Offices
- Pediatric Medical Group Offices

Intervention 2.2: Process Indicators

- # of free programs offered to promote physical activity to kids
- # of kids who participated in free physical activity programs

Intervention 2.2: Resources and Partners

- Bloomington Township
- City of Bloomington Parks and Recreation
- Faith Community

| | # of paid programs offered to promote physical activity to kids # of kids who participated in physical activity programs (with a fee) # of programs (with a fee) promoting physical activity for parent/child # parent/child people participating in a program (with a fee) | McLean County Schools Normal Township Town of Normal Parks and Recreation YMCA |
|---|---|---|
| Intervention 2.3: Promote and implement Girls on the Run program in McLean County | Intervention 2.3: Process Indicators # of participants in the program # of programs offered in McLean County Intervention 2.3: Outcome Indicators % of participants who increased physical activity % of participants who improved confidence and connection | Intervention 2.3: Resources and Partners Boys and Girls Club District 87 Girls on the Run YMCA |

RELATED IMPROVEMENT PLAN ACCOMPLISHMENTS

The following organizations received grants for implementation in 2020 from the John M. Scott Health Commission. The grants are tied to the health priorities selected for the 2019 McLean County Community Health Needs Assessment.

- Normal First United Methodist Church: Capital equipment and operations for School Street Food Pantry, plus related efforts to improve food security among all local college students.
- Sarah Bush Lincoln: Senior well-being and allow people to age in place, including social connections, food stability (i.e., PeaceMeals) and partnerships with other senior-focused organizations.
- West Bloomington Revitalization Project: Programs in west Bloomington that support healthy eating and active living, shrink the surrounding USDA food desert and improve the built environment to promote exercise.
- YWCA McLean County: Early childhood well-being in east Bloomington through social-emotional learning curriculum and training, and the promotion of healthy eating through the preparation of healthy foods, cooking classes and related personnel on site.
- Chestnut Family Health Center's addition of teaching kitchen and adjacent group rooms available to community resource partners to promote healthy living healthy lifestyles.

Other:

- Illinois State University is collaborating with District 87 Schools to increase physical activity awareness and opportunities for students and staff via community G-Mapping.
- Mid Central Community Action/Mayors Manor has developed a community garden in West Bloomington. They are Identifying ways to track the produce grown for the neighborhoods.
- Mid Central Community Action began a Hoops for Health program.

*The Four Organizations comprising the McLean County Executive Steering Committee—Advocate BroMenn Medical Center, Chestnut Health Systems, the McLean County Health Department and OSF St. Joseph Medical Center—are all implied resources/partners for Healthy Eating/Active Living.

e) Funding for Implementing Interventions

After approval of the 2020 – 2022 McLean County Community Health Improvement Plan, the Healthy Eating/Active Living Priority Action Team will further address funding options, including grant opportunities as they become available, to address healthy eating/active living interventions. Initial funding has been secured for several activities listed in the plan, but ongoing funding may be tenuous and sustainability issues will need to be considered.

Many of these stakeholders have worked together throughout the community health needs assessment and health plan development process, making the community better-positioned for collaborative efforts either with or without grants or other funding. In addition, since many of the intervention strategies for this health priority fall within the mission of some of the Priority Action Team agencies, underpinning efforts through collaborative programs, activities with other community partners and/or generating letters of support for grant proposal submissions will be encouraged.

As of 2019, a new source of local funding was announced by the John M. Scott Commission Trust, with the Trust now able to provide one- to three-year grants for health-related projects that demonstrate a connection to the health priorities identified in the 2019 McLean County Community Health Needs Assessment. Subsequent grant proposals may also consider the concerns and interventions identified in the 2020 – 2022 McLean County Community Health Improvement Plan. In late 2019, at least five healthy eating/active living-related projects were funded for one to two years, ranging in award from a low of \$7,000 in year one to a high of \$32,500 in the second year.

The partners involved in the Executive Steering Committee, along with the Community Development Division of the City of Bloomington, Illinois, applied for and received an Invest Health Grant in 2016 funded by the Robert Wood Johnson Foundation and the Reinvestment Fund for 50 mid-sized cities in the United States. Through this small, 18-month planning grant, the Invest Health team has brought together disparate sectors of the community to identify and consider built environment changes in Bloomington to potentially increase access to healthcare, housing and healthy foods. Although the grant period has ended, this collaboration has served to widen avenues of participation beyond Bloomington and supported the incorporation of health and healthy lifestyles concepts in municipal planning efforts, which has continued to provide additional funding opportunities for the community.

f) Barriers to Achieving Health Improvements

The 2018 McLean County Community Health Survey of 695 McLean County adults provided insight into many of the barriers that may reduce the likelihood of increasing the percentage of people living at a healthy body weight. In the survey, respondents who indicated that they do not exercise (20 percent) were asked to cite their reasons for not exercising. The most common reasons were being too tired, not liking exercise and not enough time to exercise. In comparison to 2015, when 32 percent of respondents reported that they were "too tired" to exercise, more adults (35 percent) reported this reason in 2018. Gains were made, however, in finding time to exercise. In 2015, 32 percent of adults did not exercise due to time constraints; in 2018, the rate had dropped to 20 percent. See Exhibit 15 below.

35% ■ Too tired 40% Don't like 35% No time 22% 30% Connot afford 20% 25% Access 20% 11% ■ Child care 15% 10% 5%

Exhibit 15: Responses for "In the last week, why didn't you exercise?" for McLean County Survey Respondents, 2018

Source: McLean County Community Health Survey, 2018.

Opportunities for promoting active living may need to focus on incorporating increased levels of activity at locations where adults already spend time working or socializing.

Healthy eating and reduced consumption of sugar-sweetened beverages are actions that can reduce weight or maintain a healthy weight. Responses to the 2018 McLean County Community Health Survey indicated that only six percent of adults had more than five servings of fruits and/or vegetables per day; 39 percent had three to five; 50 percent have one to two; and five percent do not eat them. When asked why they do not eat fruits and/or vegetables, the response "I cannot afford them" showed improvement from the 2015 survey, with 11 percent in 2018 stating this was the reason, while 33 percent in 2015 gave that response. Exhibit 16 below displays the reasons for not eating fruits and/or vegetables.

Cannot afford

I I don't like

Not important

Transportation

No refridgerator/stove

Cannot prepare

Don't know where to buy

Exhibit 16: Responses for "On a typical day, why don't you eat fruits and/or vegetables?" for McLean County Survey Respondents, 2018

Source: McLean County Community Health Survey, 2018.

Improving access to healthy foods, as well as increasing knowledge about how to prepare a healthy meal, may assist with increasing the number of fruits and vegetables consumed per day.

Other barriers to healthy eating and active living are also in place and must be evaluated in order to identify ways to remove or minimize the barriers. These barriers include:

- the built environment: no sidewalks or poorly maintained sidewalks remain in many areas; additional bike lanes are needed; a food desert remains in the 61701 ZIP code area;
- limited access to healthy options in some areas regarding healthy food, parks and play areas;
- finances: healthy food often costs more than less nutritious food;
- school-based weekend backpack programs focus on easily prepared foods that are often high calorie, high in carbohydrates and less nutritious;
- fast-paced lifestyle;
- adults working more than one job have additional time constraints;
- lack of motivation or time to exercise or to prepare a healthy meal or snack;
- lack of support system for making healthy changes; and
- lack of knowledge of the health impacts of obesity and how to maintain a healthy weight.

g) Evaluation and Monitoring Plan

Within the McLean County Community Health Improvement Plan Summary: Healthy Eating/Active Living, there is an "Annual Evaluation Measures" column that contains both process indicators and outcome indicators. Each year, with the assistance of the Healthy Eating/Active Living Priority Action Team, these indicators will be tracked throughout the three-year cycle ending in 2022. The Executive Steering Committee will be responsible for assuring that the indicator data is being tracked and that it is shared on at least an annual basis with the McLean County Community Health Council and the Priority Action Team for each health priority. Early in 2023, data received from subsequent Illinois Behavioral Risk Factor Surveillance surveys, the Illinois Youth Survey or the next McLean County Community Health Survey conducted in preparation for the 2022 Community Health Needs Assessment, will be compared to the outcome objectives and impact objectives listed in the 2020 – 2023 Community Health Improvement Plan Summary for Healthy Eating/Active Living, in order to evaluate and measure progress toward meeting objectives. Through evaluation, accountability will be increased, plan modifications will be considered and a stronger commitment to improving the health of McLean County citizens will be communicated to its residents.

The McLean County Community Health Executive Steering Committee reserves the right to amend this 2020 – 2022 McLean County Community Health Improvement Plan as needed to reflect each organization's particular role and responsibilities in executing the Plan as well as the resources each organization is committing. In addition, certain significant health needs may become a community priority during this three-year plan period and require amendments to the strategies developed to address the emerging significant health need. Other entities or organizations in the community may develop programs to address the same health needs or joint programs may be adopted. Finally, in compliance with Internal Revenue Code Section 501(r) requirements for hospitals, Advocate BroMenn Medical Center or OSF St. Joseph Medical Center may refocus the limited resources the organization committed to the Plan to best serve the community.

VII. Vehicle for Community Feedback

Thank you for reading the 2020 – 2022 McLean County Community Health Improvement Plan. If you would like to provide comments to us related to the contents of this report, please click on the link below.

<u>2019 Community Health Needs Assessment and 2020 – 2022 Community Health Improvement Plan</u> Feedback Form

If you experience any issues with the link to our feedback form or have any questions, please click below to send an email to us at:

health@mcleancountyil.gov

If you would like to review a summary of the key accomplishments from the first two years of the 2017 – 2019 McLean County Community Health Improvement Plan, please click here. The summary can be found on pages 22 through 26 of the 2019 McLean County Community Health Needs Assessment. This link will also take you to the 2017 and 2018 annual reports for the 2017 – 2019 McLean County Community Health Improvement Plan.

A paper copy of this report may be requested by contacting the public affairs and marketing departments within Advocate BroMenn Medical Center, Chestnut Health Systems, McLean County Health Department, or OSF St. Joseph Medical Center.

VIII. Appendices

Appendix 1: 2020 – 2022 McLean County Community Health Improvement Plan Data Sources

Appendix 1 - 2020 – 2022 McLean County Community Health Improvement Plan Data Sources

Advocate BroMenn Medical Center and OSF St. Joseph Medical Center. Emergency Department Visits for Oral Health-related Disorders. 2017.

Centers for Disease Control and Prevention. Overweight and Obesity. https://www.cdc.gov/obesity/ Accessed December 1, 2019.

City of Bloomington Existing Conditions Report. 2014.

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County Health Rankings. 2010-2018.

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Feeding America. 2016. http://www.feedingamerica.org

Illinois Behavioral Risk Factor Surveillance System. McLean County Illinois. Round 5. County Level Prevalence Data. 2010 – 2014. http://www.idph.state.il.us/brfss/countydata.asp.

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Illinois Youth Survey. 2018. https://iys.cprd.illinois.edu/results/county.

McLean County Community Health Survey. 2013.

McLean County Community Health Survey. 2015.

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McLean County Coroner. Deaths Due to Suicide. 2015-2018.

Substance Abuse and Mental Health Services Administration. The National Survey on Drug Use and Health. Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Co-Occurring Mental Health Issues and Substance Use Disorders Among Adults. Page 45. September. 2017.

https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf. Accessed November 24, 2019.

United States Department of Health and Human Services. Physical Activity Guidelines for Americans: 2nd Edition. Washington DC., 2018.

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