2020-2022 Community Health Improvement Plan McLean County Illinois 2020 Progress Report











McLean County Community Health Improvement Plan

2020 Progress Report – Executive Summary

Carle BroMenn Medical Center, Chestnut Health Systems, McLean County Health Department and OSF St. Joseph Medical Center, with the guidance of the McLean County Community Health Council, continued to collaborate to conduct and adopt the 2019 McLean County Community Health Needs Assessment (CHNA). The four organizations also collaborated to develop and adopt the joint 2020-2022 McLean County Community Health Improvement Plan (CHIP). Previous efforts also resulted in a joint CHNA in 2016 and a joint CHIP for 2017 - 2019.

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 fostering systemic approaches that will improve the health and well-being of county residents and the community.

The development and implementation of the 2020 – 2022 McLean County Community Health Improvement Plan was due in large part to the three priority action teams, one team for each of the three health priorities identified in the 2019 CHNA: behavioral health, access to care, and healthy eating/active living (HEAL). Each priority action team has 24 to 64 members representing key stakeholders for the identified health priority.

2020 was a challenging year due to the COVID-19 pandemic, however, through the work of the priority action teams, considerable progress was made toward implementing the intervention strategies and achieving the targets as defined by the process and outcome indicators in 2020. Highlights during this first year of the 2020 – 2022 McLean County Community Health Improvement Plan include:

Behavioral Health:

- o A baseline was identified for the number of sites and people utilizing telepsychiatry.
- Despite COVID and the need for primarily remote learning in local schools throughout 2020, Ending the Silence and Too Good for Drugs continued to be offered.
- The FUSE pilot program documented that its intensive support approach resulted in a reduction in homelessness, emergency room visits, and justice contacts for its participants.
- o The number of participants increased in PEARLS, an evidenced-based program addressing late-life depression.

Access to Care:

- CAATCH, an emergency room navigation program to engage those without a primary care home, continued to show a reduction in emergency department visits post-involvement with CAATCH, with a cost-savings of \$2,119,500 in 2020.
- o The new Dental Clinic at the Community Health Care Clinic had 441 patients with 1,437 appointments.
- Over 2,200 unduplicated patients received virtual services through three local clinics.
- An inventory survey tool was prepared and reviewed by institutional review boards in preparation for identifying transportation-related committees in McLean County as part of an exploration of transportation barriers to healthcare.

• Healthy Eating/Active Living:

- An inventory of home food programs was completed in 2020, with five partnership opportunities identified between schools and the community which provided healthier food to the home food programs.
- Healthy food accessibility continued to be promoted through the efforts of Veggie Oasis, the Food Farmacy, OSF SmartMeals, Midwest Food Bank, soup kitchens, produce donated through community gardens, Double-Snap participation at the Farmer's Market, and three healthy food drives.
- The 5-2-1-0 Campaign to promote active living amongst school-aged children was promoted by five facilities, involving 800 children.
- The 46 participants in the Partners in Health program for individuals with development disabilities showed improvements in health in 2020: 26% had a decrease in blood pressure; 37% demonstrated improvements in waist circumference; and, 30% improved body mass index (BMI).

The 2020 progress report for the 2020 – 2022 McLean County Community Health Improvement Plan that follows, identifies the progress for the strategies and interventions outlined in the improvement plan for all three health priorities.

2020–2022 McLean County Community Health Improvement Plan Behavioral Health 2020 Progress Report

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	PROGRESS IN 2020
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 AWARENESS AND/OR IMPROVING MENTAL HEALTH STATUS.		

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

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 Carle 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

Intervention 1.1 Outcomes

- 2020: 0 courses
- restrictions; all hospital conference rooms were utilized as break rooms for staff to enable social distancing
- 2020: 2 courses
- 2020: 131 community members
- 2020: 1 new instructor and 4 current instructors certified to teach virtual and hybrid courses
- 2020: 100 % of course participants

• 2020: follow-up survey not conducted in 2020

any day in the 30 days prior to the survey (McLean County Community Health Survey, 2018)		who may be dealing with a mental health problem or crisis to seek professional help (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)	2020: follow-up survey not conducted in 2020
	Intervention 1.2: Offer National Alliance on	Intervention 1.2. Process Indicators	Intervention 1.3 Outcomes
	Mental Health (NAMI) Ending the Silence in McLean County Public Schools (evidence-based program)	 Intervention 1.2: Process Indicators # of public schools in McLean County where Ending the Silence is implemented (baseline: 17 public schools, Project Oz, 2018) 	 Intervention 1.2 Outcomes 2020: 20 public schools
	Evidence: https://www.countyhealthrankings.org/take -action-to-improve-health/what-works-for- health/policies/universal-school-based-	 # of students in McLean County public schools participating in Ending the Silence (baseline: 3,120 students, Project Oz, 2018) 	• 2020: 2,748 students
	suicide-awareness-education-programs	 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 warning 	• 2020: 94% of students
		signs" (baseline: 97% of students, Project Oz, 2018) • % of Ending the Silence student participants agreeing with the following statement, "I know the early warning	• 2020: 94% of students

	 signs of mental 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) 	• 2020: 10% of students
Intervention 1.3: Convene an Annual	Intervention 1.3: Process Indicators	Intervention 1.3 Outcomes
Behavioral Health Forum for the Community	# of community members attending the forum (baseline: 200 community members, McLean County Government, 2018)	 2020: 117 community members participated in 3 virtual sessions held in November and December 2020. Forum switched to virtual due to COVID-19. Sessions offered until
	Intervention 1.3: Outcome Indicators	April 2021.
	Not available	
Intervention 1.4: Develop a collaborative of	Intervention 1.4: Process Indicators	Intervention 1.4 Outcomes
organizations committed to creating a trauma informed community and taking steps towards becoming trauma informed	Form a trauma collaborative	 2020: Trauma Informed and Resilience Collaborative formed in December 2020.
Evidence:	 Identify a mechanism or process to track trauma informed efforts 	• TBD
https://www.countyhealthrankings.org/take -action-to-improve-health/what-works-for- health/policies/trauma-informed-schools	Intervention 1.4: Outcome Indicators Not available	

Intervention 1.5: Conduct a Behavioral Health Social Media Campaign

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

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.

BASELINE DATA

 50% of 12th grade students reported that they have used any type of substance in the past year (Illinois Youth Survey, 2018) STRATEGY 2: SUPPORT DRUG AND ALCOHOL EDUCATIONAL PROGRAMS and COLLABORATIVE COALITIONS TO INCREASE KNOWLEDGE AND DECREASE SUBTANCE USE

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

Evidence:

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

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 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 1.5 Outcomes

- 2020: 37,287 individuals; no posts in September and October
- 2020: 876 engagements
- 2020: 5,159 individuals; no posts in September and October
- 2020: 121 engagements

Intervention 2.1 Outcomes

- 2020: 7 public school districts; 1 district moved from fall to spring
- 2020: 2,363 students; 1 district had to drop a grade level due to logistical issues

- 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
 Institute, County Health
 Rankings, 2014-2016)

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) 2020: 2.2 improvement; 3 of 4 quarters were remote learning

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

Intervention 2.2: Process Indicators

• Formation of coalition

Intervention 2.2 Outcomes2020: Local subject matter

experts deemed that a coalition was not needed due to other coalitions already in place; Recovery Oriented Systems of Care Council, BN Parents, Recovery Starts Today Board and BN Community Campus Coalition

Intervention 2.2: Outcome Indicators

• Not applicable

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/take-action-to-improve-health/what-works-for-health/policies/behavioral-health-primary-care-integration

Intervention 3.2: Support Telepsychiatry

Evidence:

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

Intervention 3.1: Process Indicators

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

Intervention 3.1: Outcome Indicators

Not available

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 3.1 Outcomes

2020: 3 organizations, 8 sites;
 same as baseline

Intervention 3.2 Outcomes

- 2020: 7 sites; Carle BroMenn Medical Center, Carle BroMenn Behavioral Health – 2 locations, McLean County Center for Human Services, Chestnut Health Systems, Center for Youth and Family Solutions, OSF Behavioral Health at Fort Jesse
- 2020: Total of at least 2,634 individuals; 64 people – Center for Youth and Family Solutions, 619 people – McLean County Center for Human Services from

	Intervention 3.2: Outcome Indicator(s) Not available	3/16/20 – 12/31/20, 528 hours - Carle BroMenn Medical Center; # of patients not available, Carle BroMenn Behavioral Health – 1,535 individuals from 7/1/20 – 12/31/20, Chestnut Family Health Center - 406, OSF Behavioral Health at Fort Jesse – 10 individuals
Intervention 3.3: Support Frequent Users System Engagement (FUSE) 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	 Intervention 3.3: Process Indicators # of FUSE participants (baseline: 2 participants in 2019) Intervention 3.3: Outcome Indicators Decrease in emergency room usage 	 Intervention 3.3 Outcomes 2020: 8 participants; 6 active participants 2020: The 6 active participants had a combined total of 33 ER visits in the 18 months prior to becoming FUSE participants. Since joining FUSE, the 6 participants have a combined total of 2 ER visits.
	Reduction in jail bed days (At present time, justice contact for participants is being reported in terms of "number of justice contacts.")	2020: In the 18 months prior to joining FUSE, the 6 active FUSE participants had a combined total of 26 justice contacts. Since joining FUSE, the 6 active participants have a combined total of 6 justice contacts. It should be noted that most participants have had no justice

	Decrease in shelter bed days	contact since joining FUSE, 1 participant has had only 1 justice contact, and 1 participant has had 5 justice contacts. In the 18 months prior to joining FUSE, the 6 active participants had a combined total of 1,006 shelter bed days and an average of 167.66 days per participant. One FUSE participant became housed before becoming a FUSE
	 Improvement in The Daily Living Activities – 20 (DLA20) outcome 	participant and the other 5 active participants have all become housed since, resulting in all 6 no longer being homeless. Given the intervals in which the DLA20 is administered, only 4 of the 6 active participants have more than one DLA20 score for
		comparison. Three of the four with comparison scores have remained stable or improved; the fourth individual had a minimal decline in functioning, represented by a 0.2 reduction in average scores over a 7-month period.

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Intervention 3.4: Support the 24/7 Triage Center The Triage Center is a 24/7 walk-in option for individuals experiencing a behavioral health crisis.	Intervention 3.4: Process IndicatorsReferral source	Intervention 3.4 Outcomes • 2020: 31% self, 16% law enforcement, 16% mobile crisis, 13% other, 11% friends/family, 5% PATH, 4% Chestnut, 4% bus ads
Evidence:	Length of time in Triage Center	• 2020: 115 minutes
Innovative Pilot Program for McLean County	 Disposition – # sent home # sent to ER # sent to shelter # sent to Crisis Stabilization Unit # referred to outpatient options 	 2020 Disposition: 25 individuals 11 individuals 8 individuals 2 individuals Data not available
	 Demographics of population utilizing Triage Center 	• 41% 30-39 years; 36% 20-29 years, 13% 50-59 years, 10% 40-49 years
	Frequency of use by individuals	 74% of individuals – 1 visit; 14% 2 visits; 12% 3+ visits
	 Law enforcement transportation to Triage Center 	10 individuals transported by Law Enforcement; 80% Bloomington Police, 20% Normal Police
	Usage per day/time	 Percent of Individuals visiting: Monday – 14% Tuesday – 18% Wednesday – 14%

Thursday – 18% Friday – 16% Saturday – 11% Sunday – 9% Percent of individuals visiting from: 7:30 am - 12:30 pm - 38% 12:30 - 5:30 pm - 34% 5:30 - 10:30 pm - 21%10:30 pm - 3:30 am - 7 % Intervention 3.4: Outcome Indicator(s) TBD **Intervention 3.5 Outcomes Intervention 3.5: Process Indicators Intervention 3.5: Conduct a Community** • # of community members completing • 2020: 253 community members **Behavioral Health Gap in Services** the survey **Assessment for McLean County** # of providers completing the survey 2020: 6 interviews with providers were conducted The purpose of the behavioral health gap in # of school individuals in the school • 2020: School based clinicians services assessment is to determine current from 5 different Unit 5 schools system completing the survey strengths, needs and service gaps in McLean completed the questionnaire. County, specifically related to mental health • 2020: Focus groups were not # of focus groups conducted and substance use services. conducted due to COVID Intervention 3.5: Outcome Indicator(s) Not applicable

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/evidenc e-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 3.7: 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: 406 students, 2019)

Intervention 3.6: Outcomes

- 2020: 37 persons
- 2020: 424 units/hours

Intervention 3.7 Outcomes

- 2020: 5 school districts
 (Chestnut Health Systems- Unit
 5, Ridgeview CUSD #19, Olympia
 CUSD #16, Tri Valley CUSD #3; 2
 schools Regional Alternative
 School and YouthBuild
 McLean County Center for
 Human Services Unit 5,
 Olympia CUSD #16, Bloomington
 District 87
- 2020: 521 students total (Chestnut Health Systems— 180 students, McLean County Center for Human Services — 341 students)

Intervention 3.7 Outcome Indicator	
Not available	

RELATED 2020 IMPROVEMENT PLAN ACCOMPLISHMENTS

- In December 2020, Bloomington District 87 was awarded a five-year Illinois Aware \$1.5 million grant. The grant will enable the district to expand on embedding mental health counselors in schools and provide training to teachers and staff in Mental Health First Aid.
- In October 2020, Carle BroMenn Medical Center opened a \$4.8 million newly renovated space for inpatient behavioral health. The hospital contributed \$4.35 million towards the renovation with the rest coming from private and corporate donations. With the new space configuration, capacity in the mental health area increased from 13 to 19 beds, providing greater access to services as the only inpatient mental health unit in McLean County. The Addiction Recovery service line provides inpatient medical detox as well as outpatient levels of treatment. The outpatient levels available include in person partial hospitalization, intensive outpatient and continuing care services. Additionally, an onsite Psychiatrist and Addictionologist provide consultation to the medical team for inpatient dual treatment needs.
- Project Oz received a Healing Illinois grant. Healing Illinois is a statewide initiative of the Illinois Department of Human Services in partnership with The Chicago Community Trust. Funds build on our existing Youth Empowered Schools (YES) program to expand the use of restorative practices and bring racial healing circles to students in McLean County.
- Project Oz partnered with the Federal Family and Youth Services Bureau (FYSB), the Illinois Department of Human Services, and the John M. Scott Health Care Commission to expand services for homeless and runaway youth in response to increased demand due to the COVID-19 pandemic. This included temporarily increasing capacity in the transitional living program by 50%, serving additional youth in the emergency shelter which ran at approximately double capacity for much of the year, providing emergency rent and utility assistance to help stabilize young people facing housing insecurity, and increasing outreach to ensure young people have the supplies needed to stay safe, including masks, hand sanitizer, and basic needs items (such as food, water, clothes, etc.).
- In January 2020 Project Oz's youth services staff participated in a 6-day Child and Youth Care Certification training provided by the federal Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC). All staff who participated in this intensive training passed the exam, submitted required documentation, and are now "Certified Child and Youth Care Professionals". This training addressed the six core competencies for youth workers identified by the Federal Youth Services Bureau and builds on the individual experiences of those who work with children and youth to strengthen their knowledge and skills.
- In November and December 2020, United Way held a three-part behavioral health series at their Town Hall meeting focused on coping with COVID-19.
- The Recovery Oriented Systems of Care (ROSC) Council had several accomplishments 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 accomplishments included launching three new community support groups for SUD, mental and behavioral health; 1) BRIDGES family and new to treatment focus, 2) SMART cognitive behavioral therapy focus and 3) LGBTQ+ for those that identify as LGBTQ+. The ROSC Council also offered three

behavioral health webinars to eradicate stigma; 1) Intimate Partner Violence, 2) Caregiver to Child Dynamics and 3) Relationships and Recovery as well as hosting a spirituality panel to introduce people to different spiritual pathways and how to get involved locally and nationally.

• In October 2020, the US Department of Housing and Urban Development awarded the City of Bloomington a \$2.3 million grant to remove lead paint and other hazardous materials in lead homes in Bloomington with a focus on ZIP Code 61701. Numerous organizations will work in collaboration with the city.

The following organizations received grants for implementation in 2020 from the John M. Scott Health Care Commission. The grants are tied to the health priorities selected for the 2019 McLean County Community Health Needs Assessment. The data below is for June 1, 2020 – December 31, 2020.

- The McLean County Center for Human Services received a grant for the continuation of psychiatric services; 649 individuals received psychiatric services during the above timeframe and 3,222 individuals received counseling or psychiatric services.
- Integrity Counseling received a grant to expand access to general mental health services in high SocioNeeds ZIP Codes; 218 individuals received counseling services during the above timeframe.
- Mid Central Community Action (MCCA) received a grant for housing interventions, specifically radon testing and mitigation in Bloomington ZIP Code 61701, that supports health. Due to COVID restrictions, it was no longer a safe option to conduct home visits for the testing and follow-up. At the same time, MCCA was seeing the effects of COVID on the tenants of Mayors Manor. Stability in their daily routines is important, and they had to learn coping skills to maneuver new health and safety protocols inside Mayors Manor and out in the community. This new focus of the grant is on increased staff presence for additional supportive services, combined with the option for telehealth therapy sessions for tenants. Twenty-six individuals were served during the above timeframe.
- Project Oz received a grant for adolescent well-being including housing and crisis stabilization; 18 individuals were served during the above timeframe.
- Youthbuild of McLean County received a grant for adolescent well-being through mental health wrap-around services, including on-site care; 25 individuals were served during the above timeframe.
- 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; 37 individuals were served during the above timeframe.
- Children's Home & Aid received a grant for a therapist to work with Doula participants through pregnancy and up to one year postpartum; 43 individuals were served during the above timeframe.

^{*}The Four Organizations comprising the McLean County Executive Steering Committee—Carle 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.

2020-2022 McLean County Community Health Improvement Plan Access to Care 2020 Progress Report

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	PROGRESS IN 2020
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 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 Outcomes

• 2020: 353 patients

 2020: Zero 30-day hospital readmission

rate

- 2020: 80% reduction in emergency department visits post involvement in CAATCH
- 2020: \$2,119,500

Intervention 1.2 Outcomes

• 2020: 34 patients

Intervention 1.2 Outcomes

 2020: In progress of determining outcome indicators.

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 full-time 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/takeaction-to-improve-health/what-works-forhealth/policies/allied-dental-professional-scopeof-practice

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)

Intervention 2.1 Outcomes

- 2020: Scheduled for 2021
- 2020: Scheduled for 2021

baseline of 0.6 FTE paid hygienists, 0.5 FTE volunteer hygienists and 0.5 FTE volunteer dentist working at the Community Health Care Clinic.
2020: Established baseline of 1.0 FTE dentists (0.8 pediatric and 0.2 adult) and 1.0 FTE hygienist (0.8 pediatric and 0.2 adult) working at the McLean

	 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 	County Health Department 2020: 0.0 FTE dentists and hygienists working at the Chestnut Family Health Center 2020: 441 patients with 1,437 appointments 2020: 1,869 preventative visits and 785 acute visits 2020: 0 patients
Intervention 2.2: Solicit increased funding to support organizations providing dental services to low income McLean County residents receiving dental services Evidence: http://www.healthycommunityalliance.org/promisepractice/index/view?pid=391 http://www.healthycommunityalliance.org/promisepractice/index/view?pid=226	 Intervention 2.2: Process Indicators # of grants received. # of dental or types of dental services added 	 Intervention 2.2 Outcomes 2020: 1 grant received (CHCC) 2020: The CHCC received a grant from the John M. Scott Health Care Commission focused on integration of primary and oral health care services. 211 individuals were served

		during the reporting ti	_
	 Intervention 2.2: Outcome Indicators Identify # of dental patients served at Community Health Care Clinic. Identify # of patients served at McLean County Health Department Dental Clinic (baseline: 4,277 children; 321 adults, 2018) Establish baseline # of patients served at Chestnut Family Health Center (baseline: None) 	 2020: 441 g 1,437 appo 2020: 2,420 243 adults 2020: 0 pat) children;
Intervention 2.3: Expand performance of Fluoride application in Pediatric and Primary Care Settings serving low-income pediatric McLean County residents Evidence:	 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 	 2020: 0 pat 2020: 1 pec 	
https://pediatrics.aappublications.org/content/1 15/1/e69	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)	practice (Ca Physician G Pediatrics) • 2020: 75 pa	arle iroup - atients ician Group- 7/1 –
	Intervention 2.3: Outcome Indicators Not Applicable		

IMPACT OBJECTIVE #3:

By 2023, decrease the number of McLean county residents indicating that transportation was a barrier to accessing healthcare.

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)

STRATEGY 3: INCREASE ACCESS AND AVAILABILTIY OF TRANSPORTATION TO/FROM HEALTHCARE SERVICES FOR LOW-INCOME MCLEAN COUNTY RESIDENTS

<u>Intervention 3.1:</u> Conduct an inventory of the different transportation-related committees and boards in McLean County including committee/board and membership composition

Evidence: N/A

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

Evidence:

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

Intervention 3.1: Process Indicators

• 80% participation in the inventory by the Resource/Partners listed.

Intervention 3.1: Outcome Indicators

Not Applicable

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 healthcare-related destinations

Intervention 3.1 - 3.3 Outcomes

- 2020: Inventory survey tool prepared and reviewed by ISU and Chestnut IRB boards
- 2020: Survey to obtain baseline data on schedule to deploy Q1 CY 2021.

	Intervention 3:3: Increase representation of healthcare community on transportation-related committees/boards identified in Intervention 3.1 activity Evidence: N/A	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 Intervention 3.2: Outcome Indicators Completion of inventory Intervention 3.3: Process Indicators wo 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: By 2023, Decrease the number of McLean County Residents indicating that they do not seek care.	STRATEGY 4: INCREASE ACCESS AND AVAILABILTIY OF COMMUNITY-BASED SERVICES FOR LOW INCOME MCLEAN COUNTY RESIDENTS.	

BASELINE DATA

3% of survey respondents indicated that the they do not seek care when asked to choose the type of healthcare they use when they are sick <u>Intervention 4.1</u>: Increase use of telemedicine/virtual services

Evidence:

http://www.healthycommunityalliance.org/promisepractice/index/view?pid=3230

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
- Seek funding to provide telemedicine services

Intervention 4.1: Outcome Indicators

 Establish a baseline of number of providers of telemedicine, the type and population served

Intervention 4.1 Outcomes

- 2020: Due to the COVID-19 Pandemic, many providers transitioned services from in-person to virtual. For the 2020 progress report process and outcome indicators, the focus was on establishing a baseline of the number of patients served through a virtual visit and the number of virtual visits.
- 2020: 1,410

 unduplicated patients
 received 4,805 virtual
 services through
 Chestnut Family Health
 Center
- 2020: 878 unduplicated patients received 2,260 virtual visits through the Community Health Care Clinic
- 2020: Approximately 75% of the 4,351 visits at the Carle BroMenn Family Health Clinic were provided virtually

2020 RELATED IMPROVEMENT PLAN ACCOMPLISHMENTS

- Carle BroMenn Medical Center and OSF HealthCare St. Joseph Medical Center 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 Carle BroMenn Medical Center and OSF HealthCare St. Joseph Medical Center. Carle BroMenn Medical Center also owns the building where the clinic is located and provides maintenance for the clinic at no charge. OSF HealthCare provides human resources support for the clinic.
- The Community Health Care Clinic received a \$30,000 grant from the Institute for Healthcare Improvement (IHI) to participate in its Pursuing Equity Initiative. The 18-month program will help CCHC examine their current practices and develop policies and procedures in line with IHI's Pursuing Equity five-component framework.
- Chestnut Health Systems' Chestnut Family Health Center added 1.0 FTE family practice Physician and 1.0 FTE Mental Health Advanced Practice Registered Nurse in 2020 to expand access to integrated primary care/behavioral health care services.
- Chestnut Health Systems received \$224,436 in Health Resources & Services Administration COVID Cares Grant funding to purchase personal protective equipment, maintain access to services during the COVID-19 pandemic and add COVID-19 testing capacity at the Chestnut Family Health Center Bloomington site with a focus on services for persons living at or below 200% of Federal Poverty Guidelines.
- Chestnut Health Systems utilized Health Resources & Services Administration COVID-19 Cares Grant funding to purchase a mobile unit for use by Chestnut Family Health Center staff to expand access to services. Initial focus was placed on COVID-19 testing.
- In 2020, Advocate BroMenn Medical Center (Carle BroMenn Medical Center as of July 1, 2020) lead the monthly LGBTQ+ Advisory Council meetings which began in December 2019. The council fosters increased access to care by giving a voice to the LGBTQ+ community and allies in order to provide sensitive and respectful care.
- Take Cover was launched by The Illinois Heart and Lung Foundation (IHLF) and the McLean County Health Department. Advocate BroMenn Medical Center (Carle BroMenn Medical Center as of July 1, 2020), Normal Fire Department, Normal Police Department, Bloomington Fire Department, Bloomington Police Department, the McLean County Medical Reserve Corps, and Starcrest Cleaners along with several other community partners collaborated to collect and distribute cloth face coverings and non-medical masks to individuals and families in underserved and vulnerable communities.
- With increased visitor restrictions due to COVID-19 in 2020, Advocate BroMenn Medical Center (Carle BroMenn Medical Center as of July 1, 2020) initiated the use of IPADs for virtual visits with loved one's of dying patients.

The following organizations received grants for implementation in 2020 from the John M. Scott Health Care Commission. The grants are tied to the health priorities selected for the 2019 McLean County Community Health Needs Assessment. The data below is for June 1, 2020 – December 31, 2020.

• The Center for Human Services received a grant for integration of behavioral and primary health care services, with a housing component; 946 individuals were served.

- The Community Health Care Clinic received a grant for integration of primary and oral health care services; 211 individuals were served during the above timeframe.
- The Children's Home & Aid Home received a grant for home & community-based services outside in rural areas, including perinatal, maternal, and child services; 43 individuals were served during the above timeframe.
- Faith in Action received a grant for senior well-being, including social connection & transportation; 94 individuals were served during the above timeframe.
- 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; 350 individuals were served during the above timeframe.
- McLean County Health Department received a grant for emergent needs: oral health care for children and adults; 2,420 children and 243 adults were served from January 1 through December 31, 2020.
- Marcfirst received a grant for restoring sleep to children and families "Healthy Sleeping, Healthy Community"; 10 individuals were served during the above timeframe.
- Mid-Central Community Action Inc. received a grant for Mayors Manor: Access to Supportive and Therapeutic Service; 26 individuals were served, and an additional 0.59 FTE were hired during the above timeframe.
- Project Oz received a grant for its Transitional Living Program; 18 individuals were served during the above timeframe.
- Sarah Bush Lincoln Peace Meal received a grant to support provision of congregate meals, home delivered meals and in-home assessments; 830 individuals were served during the above timeframe.

^{*}The Four Organizations comprising the McLean County Executive Steering Committee—Carle 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.

2020-2022 McLean County Community Health Improvement Plan Healthy Eating/Active Living 2020 Progress Report

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. Social Determinants of Health Areas of Focus: Food Insecurity, Workforce Development

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)

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

THREE YEAR MEASURES	STRATEGIES and INTERVENTIONS	ANNUAL EVALUATION MEASURES	PROGRESS in 2020
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.		
Food Environment Index: 7.6 (out of 10) (IL: 8.7) (Conduent Healthy Communities Institute County Health Rankings, 2018).	Intervention 1.1: Develop and/or promote education tools to help assist in educating our community about healthier food choices. Share appropriately.	 Intervention 1.1: Process Indicators Track # of free programs that help identify how healthy foods are prepared. 	 Intervention 1.1 Outcomes 2020: 33 free programs

Food insecurity rate: 12.1% (Conduent Healthy Communities Institute, Feeding America, 2016) (IL: 11%).

MCCA 2018 Client Survey: 16.9% could use help getting food from food pantries/banks; 12% could use help with having enough food at home.

Fruit/Vegetable Consumption:

Adults: "On a typical day, how many servings of fruits/vegetables do you eat?"

None: **5%**; 1-2: **50%** 3-5: **39%**; over 5: **6%** (McLean County Community Health Survey, 2018).

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

 Track # of participants who attend free programs on preparing healthy foods.
 Track the # of paid program

- Track the # of paid programs that help identify how healthy foods are prepared.
- Track the # of participants who attend programs (with a fee) preparing healthy foods.

Intervention 1.2: Process Indicators

- Track # of free apps promoted to the community.
- Track # of avenues where applications are promoted.

Intervention 1.3: Process Indicators

 Track # of collaborations/partnerships between schools and the community to provide healthier foods for the Home Food Program.

- 2020: 1,023 participants
- 2020: 3 paid programs
- 2020: 19 participants

Intervention 1.2 Outcomes:

- 2020: 25 free apps focused on nutrition, exercise, sleep, and stress reduction
- 2020: 7 avenues in which apps were promoted (businesses, emails, schools, newsletters, hospitals, organizations, and community agencies)

Intervention 1.3 Outcomes

 2020: 5 partnership opportunities between schools and community (United Way of McLean County, OSF HealthCare, Midwest Food Bank, churches, restaurants)

tracking apps.

Normal.

Intervention 1.2: Promote free nutrition

Intervention 1.3: Complete an inventory of

Home Food Programs in Bloomington-

STRATEGY #2: Increase access to healthy foods.		
Intervention 2.1: Promote healthy food accessibility.	Intervention 2.1: Process Indicators Veggie Oasis:	Intervention 2.1 Outcomes
Evidence: https://www.countyhealthrankings.org/tak https://www.countyhealthrankings.org/tak https://www.countyhealthrankings.org/tak https://www.countyhealthrankings.org/tak https://www.countyhealthrankings.org/tak https://www.countyhealth/what-works-for-health/policies/community-gardens	 Track # of pounds of produce donated to community (Baseline: 5200 pounds, 2018) 	• 2020: 1,500 pounds of produce
https://www.countyhealthrankings.org/tak e-action-to-improve-health/what-works-	Track # of people reached	• 2020: 7,800 people reached (150/week)
for-health/policies/healthy-food-initiatives- in-food-banks	 Food Farmacy: Track # of people reached Track # of referrals Track # of locations offered (Baseline: 1, 2018) 	 2020: 14 participants 2020: No referrals due to COVID-19 2020: 1 location
	OSF SmartMeals: • Track # of meals given (Baseline: 1054, 2019)	• 2020: 1,807 SmartMeals
	 Midwest Food Bank: Track # of cases of healthier foods donated Track # of organizations reached 	 2020: 222.529 cases donated, with 25% of it being healthier options 2020: 88 organizations reached
	Soup Kitchens: (HSHM) Track # of participants who consume a salad	• 2020: 8,830 participants (35%)

		Track % of healthier foods offered	•	2020: 75% healthier foods offered
		Community Gardens: • Track pounds of produce donated	•	2020: 3,160.1 pounds of produce donated (Carle, BroMenn Medical Center, OSF, St. Joseph Medical Center, West Bloomington Revitalization Project, Sunnyside Garden)
		 Grocery Stores Track # of partnerships who increased access to healthy foods 	•	2020: 0 partnerships
		 Community Food Drives Track # of healthy food drives coordinated Track # of partnerships 	•	2020: 3 healthy food drives (District 87, Unit 5, United Way) 2020: no less than 10 community wide partnerships (restaurants, United Way, Tinervan Foundation, schools, hospitals, churches, and organizations)
		Farmer's Market Track # of Double Snap Participants	•	2020: 160 WIC participants, 85 Senior participants = 245 total participants Did not partner with West Bloomington Revitalization Project (WBPR) due to COVID-19.
		Track # of pounds of produce donated	•	2020: Did not measure due to COVID-19
IMPACT OBJECTIVE #2: By 2023, increase opportunities for active living.	STRATEGY #1: Promote active living in the workplace and community.			

BASELINE DATA

Access to exercise opportunities: Adults: 83.6% have access (IL: 91.3%) (Conduent Healthy Communities Institute, County Health Rankings, 2018).

Physical Activity: Adults: 23.5% did not participate in any leisure-time physical activities in the past month (Conduent Healthy Communities Institute, County Health Rankings, 2015).

Adolescents (ave. 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 1.1:</u> Develop or promote a tool kit for Workplace Wellness Best Practices and share with businesses.

Evidence:

https://www.thecommunityguide.org/findings/obesity-worksite-programs

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

Evidence:

https://www.countyhealthrankings.org/tak e-action-to-improve-health/what-worksfor-health/policies/community-fitnessprograms

Intervention 1.1: Process Indicators

- Track the number of free programs promoting physical activity in the workplace
- Track the number of employees participating in free programs promoting physical activity in the workplace
- Track the number of paid programs promoting physical activity in the workplace
- Track the number of employees participating in programs (with a fee) promoting physical activity in the workplace

Intervention 1.2: Process Indicators

- Track # of free programs/events promoting physical activity in the community.
- Track # of community members participating in free programs/events promoting physical activity

Intervention 1.1 Outcomes

- 2020: 26 free programs
- 2020: 1,197 of employees
- 2020: 0 paid programs
- 2020: 0 employees

Intervention 1.2 Outcomes

- 2020: 45 free programs (ARC, YMCA, OSF)
- 2020: 427 community members

	 Track # of paid programs/events promoting physical activity in the community Track # of community members participating in programs/events (with a fee) promoting physical activity 	 2020: 7 paid programs/events 2020: 1,206 community members
Intervention 1.3: Offer A Matter of Balance to Older Adults	Intervention 1.3: Process Indicators	Intervention 1.3 Outcomes
Evidence: https://ijbnpa.biomedcentral.com/articles/	 Track # of people participating in the A Matter of Balance to Older Adults course. 	 2020: 58 participants; 20 completed the program prior to COVID-19.
10.1186/s12966-017-0509-8	 Track # of Matter of Balance Courses offered 	• 2020: 1 course
	Intervention 1.3: Outcome Indicators	
	 % of participants reported "feeling a reduction in a fear of falling" 	2020: 94% of participants
	% of participants reported "feeling improved strength"	2020: 55% of participants
Intervention 1.4: Offer Partners in Health to those who have developmental disabilities and support staff through MarcFirst.	 Intervention 1.4: Process Indicators Track # of people participating in the Partners in Health program 	Intervention 1.4 Outcomes2020: 46 people

Evidence: https://ijbnpa.biomedcentral.com/articles/ 10.1186/1479-5868-10-18	Intervention 1.4: Outcomes Indicators • % of participants who decreased their blood pressure • % of participants who improved waist circumference • % of participants who improved BMI	 2020: 26% (12 participants) 2020: 37% (17 participants) 2020: 30% (14 participants)
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://www.countyhealthrankings.org/take-action-to-improve-health/what-worksfor-health/policies/community-wide-physical-activity-campaigns https://www.countyhealthrankings.org/take-action-to-improve-health/what-worksfor-health/policies/screen-time-interventions-for-children	Intervention 2.1: Process Indicators Track # of facilities who promote the 5-2-1-0 campaign Track # of children educated on the 5-2-1-0 Campaign amongst school-aged kids	 Intervention 2.1 Outcomes 2020: 5 facilities (District 87, OSF Pediatrics, Boys and Girls Club, YMCA, Heartland Head Start) 2020: 995 children

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

Evidence:

https://www.countyhealthrankings.org/tak e-action-to-improve-health/what-worksfor-health/policies/multi-componentobesity-prevention-interventions

<u>Intervention 2.3:</u> Promote and implement Girls on the Run program in McLean County.

Intervention 2.2: Process Indicators

- Track # of free programs offered to promote physical activity to kids
- Track # of kids who participated in free physical activity programs
- Track # of paid programs offered to promote physical activity to kids
- Track # of kids who participated in physical activity programs (with a fee)
- Track # of paid programs promoting physical activity for parent/child.
- Track # parent/child people participating in a program with a fee).

<u>Intervention 2.3: Process</u> Indicators

- Track # of participants in the program.
- Track # of programs offered in McLean County

<u>Intervention 2.3: Outcome</u> <u>Indicators</u>

Intervention 2.2 Outcomes

- 2020: 2 free programs (Healthy Kids U at YMCA and OSF)
- 2020: 28 kids
- 2020: 6 paid programs (YMCA)
- 2020: 1,200 kids
- 2020: 1 paid programs (YMCA)
- 2020: 15 parent/child participating

Intervention 2.3: Outcomes

- 2020: 10 of participants
- 2020: 1 program offered

inc • % im	 of participants who ncreased physical activity of participants who mproved confidence and connection. 2020: did not complete due to COVID-19 2020: did not complete due to COVID-19 	
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2020 RELATED IMPROVEMENT PLAN ACCOMPLISHMENTS

- United Way of McLean County donated 150,000 meals. These were distributed to families experiencing hunger, through "Feeding BN and Beyond", an initiative in partnership with other local entities. Also, 2,500 holiday food boxes were distributed to families in December, in partnership with the Tinervin Family Foundation.
- In 2020, Carle Health collaborated with Central Illinois Produce to provide free produce and/or dairy boxes to Carle employees. Starting in August, Carle BroMenn Medical Center received 50 boxes available to Carle BroMenn Medical Center employees at no cost. Twenty-five of the boxes were produce boxes containing 20 pounds of fruits and vegetables and 25 were dairy boxes containing seven pounds of dairy products.
- In October 2020, Carle BroMenn Medical Center collected \$295 in grocery store gift cards from employees and volunteers to donate to the Center for Hope and Temba Food pantries. Staff at the pantries used the gift cards to purchase fresh produce and other fresh food for clients during the winter months. The hospital supplemented the gift cards with a \$1000 in-kind donation.
- District 87 donated 246,854 meals (breakfast and lunch) for students April through December 2020 and they donated 35,414 leftover meals to Midwest Food Bank for distribution.
- OSF HealthCare donated 264 pounds of produce to Home Sweet Home Ministries due to an employee fresh food drive in October 2020.
- Heartland Head Start donated 12,325 free meals (breakfast, lunch, snack) to children under age 18 from 3/17-6/30/2020.
- PNC Bank sponsored a \$18.500 grant to Heartland Head Start to donate family meal boxes for COVID-19 relief.
- OSF HealthCare sponsored 'Girls on the Run' program for District 87 for \$2,500 in Spring 2020.
- HEAL Priority Action Team partnered with the Illinois Extension Office to form a Food Pantry Committee that consisted of five local food pantries, local hospitals, and dietitians to provide guidance and education to promote healthier food choices at their food pantries.
- OSF HealthCare sponsored weekly Student Health 101 emails to all student homes attending Normal Community West and Normal Community High Schools. These weekly emails promoted overall health and wellbeing education and resources to parents and students.
- OSF HealthCare donated 300 water bottles to BN Parents to distribute to junior high school students in Unit 5 to promote drinking water to stay healthy. Five hundred educational handouts were donated.
- In 2020, Carle BroMenn Medical Center Mission and Spiritual Care gave 16 food boxes to food insecure patients. The food boxes were donated by Eastview Christian Church.

• In 2020, Chestnut Family Health Center offered a 6-month virtual diabetes MESSAGES program to five adult patients. Wellness coach provided support and accountability to assist clients with making physical activity and healthy eating behavior changes.

The following organizations received grants for implementation in 2020 from the John M. Scott Health Care Commission. The grants are tied to the health priorities selected for the 2019 McLean County Community Health Needs Assessment. The data below is for June 1, 2020 – December 31, 2020.

- 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. With John M. Scott grant funds, a professional grade double door refrigerator and a professional grade freezer were purchased. John M. Scott grant funds were also used to purchase protein products in bulk (meat/vegetarian items). During the summer the pantry averaged 80 students a week; during the school year numbers fluctuated between 90 and 105 students each week. The pantry posts recipes and nutrition information on our social media sites on a weekly basis as well as notifications about upcoming food mobiles.
- In 2020, Sarah Bush Lincoln provided 191,714 meals for 1,193 persons through Peace Meal, and 629 emergency boxes were provided. OSF HealthCare became the sponsor of Peace Meal on December 1, 2020.

West Bloomington Revitalization Project (WBRP)

- The WBRP Bike Co-op gives "Pedal Prescriptions" to youth-serving organizations. The designated leader gives away a "prescription" to a youth they think would get more exercise if they had a bike. For example, a school nurse might identify a child who would enjoy biking and who needs a new bike that fits her/his height. Families take a baseline data "application" then get a gift card for a free bike from the co-op. WBRP then follows up with the youth to see if they used the bike for more exercise. In 2020, 70 bikes were given away.
- In 2020, 40 Westside families received free grocery delivery for one year. The goal of this is to see if having groceries delivered makes an impact on the shopping and eating habits of families. Follow up surveys and focus groups have been conducted.
- In 2020, 40 Westside families received free Community Supported Agriculture shares from PrairiErth Farms. John M. Scott grand funds paid for these shares. PrairiErth delivered the boxes to WBRP for pick up so it was convenient for families.

The following organizations received grants for implementation from Invest Health in 2020. The grants are tied to the health priorities selected for the 2019 McLean County Community Health Needs Assessment. The data below is for April – December 2020.

- 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. Twenty families received 26 weeks of fruits and vegetables, and have groceries home
 delivered. These families consumed healthier meals, cooked at home, and increased the servings of fruits and vegetables
- Sunnyside Gardens donated 2,134 pounds of produce in 2020.

^{*}The Four Organizations comprising the McLean County Executive Steering Committee—Carle 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.