

COMMUNITY HEALTH IMPROVEMENT PLAN

MCLEAN COUNTY/ILLINOIS

2021
PROGRESS
REPORT



 **Carle**
BroMenn Medical Center



 **OSF HEALTHCARE**
St. Joseph
Medical Center

McLean County Community Health Improvement Plan (2020 – 2022)

2021 Progress Report – Executive Summary

Carle BroMenn Medical Center, Chestnut Health Systems, McLean County Health Department and OSF HealthCare St. Joseph Medical Center, with the guidance of the McLean County Community Health Council, continue to collaborate to conduct and adopt joint McLean County Community Health Needs Assessments (CHNA) as well as joint McLean County Community Health Improvement Plans (CHIP). Previous efforts have resulted in a joint CHNA in 2016 and 2019 and a joint CHIP for 2017 - 2019.

The purpose of the joint 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 wellbeing 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 (PATs), 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 54 members representing key stakeholders for the identified health priority.

The 2021 year was challenging 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 second year of the 2020 – 2022 McLean County Community Health Improvement Plan include:

- **Behavioral Health:**

- The utilization of telepsychiatry has increased with at least 2000 individuals participating this year.
- Despite the pandemic and the need for remote learning in local schools throughout much of 2021, Ending the Silence and Too Good for Drugs continued to be offered with success.
- The FUSE program, in its second year, documented that its intensive support approach resulted in a reduction in homelessness, emergency room visits, and justice contacts for its participants.
- The number of participants increased in PEARLS, an evidenced-based program addressing late-life depression.

- The Triage Center, a 24/7 walk-in option for individuals experiencing a behavioral health crisis, was successful in reducing length of time in office by 17 minutes.
- Mental Health First Aid evidence-based programs continued to train new instructors to assist with education demands.
- **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 \$1,116,000 in 2021.
 - The Dental Clinic at the Community Health Care Clinic provided 2,014 preventive visits and 580 acute visits. Likewise, the McLean County Health Department provided 1,859 preventive visits and 785 acute visits to those in our community.
 - Increased virtual services across our community allowed patients to see their providers in a safe and timely manner.
 - The Medical Home project through Chestnut Health increased the number of patients served, which offers integrated care services to their patients.
 - The medical community expanded cancer services, orthopedic services, and primary care services to those in our community.
- **Healthy Eating/Active Living:**
 - An inventory of home food programs was completed in 2021, with six 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.
 - Healthy Kids University continued throughout 2021, with 24 children completing the program. This program was developed to help improve the wellbeing of children who struggle with their weight. This exercise and education series was provided for both the child and family. Those graduated were provided a YMCA membership to continue the progress.
 - The 5-2-1-0 Campaign to promote active living amongst school-aged children was promoted by five facilities, involving nearly 700 children.
 - The 33 participants in the Partners in Health program for individuals with development disabilities showed improvements in health in 2021: 50% had a decrease in blood pressure; 47% demonstrated improvements in waist circumference; and, 59% improved body mass index (BMI).
 - OSF Peace Meal Senior Nutrition Program provided 112,846 meals to seniors living in McLean County. 90% of clients stated that because they receive home delivered meals, they can continue to live in their own house.

The 2021 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

2021 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 2021
<p>IMPACT OBJECTIVE #1:</p> <p>By 2023, increase the percent of McLean County residents reporting good mental health and feeling less sad, depressed, stressed or anxious.</p>	<p>STRATEGY 1: SUPPORT EDUCATIONAL PROGRAMS AND MEDIA CAMPAIGNS AIMED AT REDUCING BEHAVIORAL HEALTH STIGMA, INCREASING MENTAL HEALTH AWARENESS AND/OR IMPROVING MENTAL HEALTH STATUS.</p>		

<p>BASELINE DATA</p> <ul style="list-style-type: none"> • 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 	<p><u>Intervention 1.1: Offer Mental Health First Aid (MHFA) Courses to the Community (evidence- based program)</u></p> <p><i>Evidence:</i> https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mental-health-first-aid</p>	<p><u>Intervention 1.1: Process Indicators</u></p> <ul style="list-style-type: none"> • # 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 <p><u>Intervention 1.1: Outcome Indicators</u></p> <ul style="list-style-type: none"> • % 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- 	<p><u>Intervention 1.1 Outcomes</u></p> <ul style="list-style-type: none"> • 2020: 0 courses 2021: 1 course • 2020: 0 courses due COVID-19 restrictions; all hospital conference rooms were utilized as break rooms for staff to enable social distancing 2021: 3 course • 2020: 2 courses 2021: 3 courses • 2020: 131 community members 2021: 327 community members • 2020: 1 new instructor and 4 current instructors certified to teach virtual and hybrid courses 2021: 16 instructors (8 youth instructors and 8 adult instructors) • 2020: 100 % of course participants 2021: 98.6% of course participants
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<p>any day in the 30 days prior to the survey (McLean County Community Health Survey, 2018)</p>	<p><u>Intervention 1.2: Offer National Alliance on Mental Health (NAMI) Ending the Silence in McLean County Public Schools (evidence-based program)</u></p> <p><i>Evidence:</i> https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/universal-school-based-suicide-awareness-education-programs</p>	<p>McLean County MHFA Collaborative, 2018)</p> <ul style="list-style-type: none"> • % 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 (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) <p><u>Intervention 1.2: Process Indicators</u></p> <ul style="list-style-type: none"> • # 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) <p><u>Intervention 1.2: Outcome Indicators</u></p> <ul style="list-style-type: none"> • % 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 signs” (baseline: 97% of students, Project Oz, 2018) 	<ul style="list-style-type: none"> • 2020: follow-up survey not conducted in 2020 2021: follow-up survey not conducted in 2021 • 2020: follow-up survey not conducted in 2020 2021: follow-up survey not conducted in 2021 <p><u>Intervention 1.2 Outcomes</u></p> <ul style="list-style-type: none"> • 2020: 20 public schools 2021: 20 public schools • 2020: 2,748 students 2021: 3,317 students • 2020: 94% of students 2021: 89% of students
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	<p>Evidence:</p> <p>https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/trauma-informed-schools</p> <p><u>Intervention 1.5: Conduct a Behavioral Health Social Media Campaign</u></p> <p>Bi-monthly social media messages will be posted with collaborating agencies being tagged to share the same message.</p>	<ul style="list-style-type: none"> Identify a mechanism or process to track trauma informed efforts <p><u>Intervention 1.4: Outcome Indicators</u> Not available</p> <p><u>Intervention 1.5: Process Indicators</u></p> <ul style="list-style-type: none"> # 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) 	<p>wide Trauma Informed & Resilience Oriented Initiative. Subcommittees worked on developing goals, timelines and metrics.</p> <ul style="list-style-type: none"> 2020: TBD 2021: TBD <p><u>Intervention 1.5 Outcomes</u></p> <ul style="list-style-type: none"> 2020: 37,287 individuals; no posts in September and October 2021: 2,689 individuals (data is for January and October – December 2021 due to staffing changes at posting organization) 2020: 876 engagements 2021: 1,000 engagements 2020: 5,159 individuals; no posts in September and October 2021: 2,533 individuals 2020: 121 engagements 2021: 58 engagements LinkedIn messages were added for October – December <ul style="list-style-type: none"> 1,057 individuals reached 59 engagements
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<p>IMPACT OBJECTIVE #2:</p> <p>By 2023, decrease the percent of McLean County residents reporting heavy or binge drinking and the use of any type of substance.</p> <p>BASELINE DATA</p> <ul style="list-style-type: none"> • 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 	<p>STRATEGY 2: SUPPORT DRUG AND ALCOHOL EDUCATIONAL PROGRAMS and COLLABORATIVE COALITIONS TO INCREASE KNOWLEDGE AND DECREASE SUBSTANCE USE</p> <p><u>Intervention 2.1: Offer Too Good for Drugs in McLean County Public Schools (evidence-based program)</u></p> <p><i>Evidence:</i></p> <p>http://www.toogoodprograms.org/too-good/evidence-base/</p> <p><u>Intervention 2.2: Form a Substance Use Coalition for McLean County and Support Community Groups Focused on Decreasing Substance Use</u></p>	<p><u>Intervention 1.5: Outcome Indicators</u></p> <ul style="list-style-type: none"> • Not available <p><u>Intervention 2.1: Process Indicators</u></p> <ul style="list-style-type: none"> • # 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) <p><u>Intervention 2.1: Outcome Indicator(s)</u></p> <ul style="list-style-type: none"> • Average improvement in student pre and post–test scores for Too Good for Drugs (baseline: +2.55, Project Oz, 2018) <p><u>Intervention 2.2: Process Indicators</u></p> <ul style="list-style-type: none"> • Formation of coalition 	<p><u>Intervention 2.1 Outcomes</u></p> <ul style="list-style-type: none"> • 2020: 7 public school districts; 1 district moved from fall to spring 2021: 7 public school districts (one district did not participate due to COVID-19 restrictions as well as a temporary decrease in program funding.) • 2020: 2,363 students; 1 district had to drop a grade level due to logistical issues 2021: 2,473 students • 2020: 2.2 improvement; 3 of 4 quarters were remote learning 2021: +2.67 improvement <p><u>Intervention 2.2 Outcomes</u></p> <ul style="list-style-type: none"> • 2020: Local subject matter experts deemed that a coalition was not needed due to other coalitions already in place; Recovery Oriented Systems of
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<p>in the past 30 days (Illinois Youth Survey, 2018)</p> <ul style="list-style-type: none"> • 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) <p><u>IMPACT OBJECTIVE #3</u></p> <p>By 2023, increase access to behavioral health services in McLean County.</p> <p>BASELINE DATA</p> <ul style="list-style-type: none"> • 10% of McLean County residents reported that they needed counseling and were not able to get it (McLean County Community Health Survey, 2018) 	<p>STRATEGY 3: INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES AT VARIOUS SITES WITHIN THE COMMUNITY</p> <p><u>Intervention 3.1: Support on-site or integrated behavioral health at primary care offices</u></p> <p><i>Evidence:</i></p> <p>https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/behavioral-health-primary-care-integration</p>	<p><u>Intervention 2.2: Outcome Indicators</u></p> <ul style="list-style-type: none"> • Not applicable <p><u>Intervention 3.1: Process Indicators</u></p> <ul style="list-style-type: none"> • # 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) <p><u>Intervention 3.1: Outcome Indicators</u></p> <ul style="list-style-type: none"> • Not available 	<p>Care Council, BN Parents, Recovery Starts Today Board and BN Community Campus Coalition</p> <ul style="list-style-type: none"> • 2021: 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 <p><u>Intervention 3.1 Outcomes</u></p> <ul style="list-style-type: none"> • 2020: 3 organizations, 8 sites; same as baseline 2021: 3 organizations, 8 sites; same as baseline
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	<p><u>Intervention 3.2: Support Telepsychiatry</u></p> <p><i>Evidence:</i></p> <p>https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/telemental-health-services</p>	<p><u>Intervention 3.2: Process Indicators</u></p> <ul style="list-style-type: none"> • Establish a baseline for the # of sites where telepsychiatry is available • Establish a baseline of the # of people receiving services via telepsychiatry 	<p><u>Intervention 3.2 Outcomes</u></p> <ul style="list-style-type: none"> • 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 • 2021: 6 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 HealthCare St. Joseph Medical Center • 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 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
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		<p><u>Intervention 3.2: Outcome Indicator(s)</u></p> <ul style="list-style-type: none"> • Not available 	<p>2021: Total of at least 1,979 individuals;</p> <ul style="list-style-type: none"> ○ 56 people – Center for Youth and Family Solutions ○ 578 people and 1,322 services – McLean County Center for Human Services ○ 128 hours - Carle BroMenn Medical Center; # of patients not available (In 2021, services were provided in-person with the exception of COVID + patients) ○ 892 unique patients with 2,992 visits Carle BroMenn Behavioral Health ○ 439 patients received 1,108 remote/virtual psychiatry – Chestnut Family Health Center 2,877 remote visits – OSF Medical Group Behavioral Health.
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	<p><u>Intervention 3.3: Support Frequent Users System Engagement (FUSE)</u></p> <p>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.</p> <p><i>Evidence:</i> Innovative Pilot Program for McLean County</p>	<p><u>Intervention 3.3: Process Indicators</u></p> <ul style="list-style-type: none"> • # of FUSE participants (baseline: 2 participants in 2019) <p><u>Intervention 3.3: Outcome Indicators</u></p> <ul style="list-style-type: none"> • Decrease in emergency room usage • Reduction in jail bed days (At present time, justice contact for participants is being reported in terms of “number of justice contacts.”) 	<p><u>Intervention 3.3 Outcomes</u></p> <ul style="list-style-type: none"> • 2020: 8 participants; 6 active Participants 2021: Average of 10 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. 2021: 60 mental health ED visits pre-FUSE (18 months prior to joining FUSE) versus 13 mental health ED visits post-FUSE • 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 contact since joining FUSE, 1 participant has had only 1 justice contact, and 1 participant has had 5 justice contacts. 2021: 46 justice contacts pre-FUSE (18 months prior to joining
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		<ul style="list-style-type: none"> • Decrease in shelter bed days • Improvement in The Daily Living Activities – 20 (DLA20) outcome 	<p>FUSE) versus 8 justice contacts post-FUSE</p> <ul style="list-style-type: none"> • 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 participant and the other 5 active participants have all become housed since, resulting in all 6 no longer being homeless. 2021: 2,502 shelter bed days pre-FUSE (18 months prior to joining FUSE) versus 662 shelter bed days post-FUSE • 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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		<ul style="list-style-type: none"> • Law enforcement transportation to Triage Center • Usage per day/time 	<p>2021: 67% of individuals had 1 visit; 17% had 2 visits; 16% 3+ visits</p> <ul style="list-style-type: none"> • 2020: 10 individuals transported by Law Enforcement; <ul style="list-style-type: none"> 80% Bloomington Police, 20% Normal Police 2021: 24 individuals transported by Law Enforcement; <ul style="list-style-type: none"> 67% Bloomington Police, 17% Normal Police 17% McLean County Sheriff • 2020: Percent of Individuals visiting: <ul style="list-style-type: none"> Monday – 14% Tuesday – 18% Wednesday – 14% Thursday – 18% Friday – 16% Saturday – 11% Sunday – 9% Percent of individuals visiting from: <ul style="list-style-type: none"> 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 % 2021: Percent of Individuals visiting: <ul style="list-style-type: none"> Monday – 15% Tuesday –14% Wednesday –16%
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	<p><u>Intervention 3.5: Conduct a Community Behavioral Health Gap in Services Assessment for McLean County</u></p> <p>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.</p>	<p><u>Intervention 3.4: Outcome Indicator(s)</u></p> <ul style="list-style-type: none"> TBD <p><u>Intervention 3.5: Process Indicators</u></p> <ul style="list-style-type: none"> # 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 <p><u>Intervention 3.5: Outcome Indicator(s)</u></p> <ul style="list-style-type: none"> Not applicable 	<p>Thursday – 17% Friday – 17% Saturday – 10% Sunday – 11% Percent of individuals visiting from: 7:30 am – 11:30 am – 36% 11:30 am – 3:30 pm – 39% 3:30 pm – 7:30 pm – 18% 7:30 pm – 11:30 pm – 6% 11:30 pm – 3:30 am – 0.02%</p> <p><u>Intervention 3.5 Outcomes</u></p> <ul style="list-style-type: none"> 2020: 253 community members 2021: Completed in 2020 2020: 6 interviews with providers were conducted 2021: Completed in 2020 2020: School based clinicians from 5 different Unit 5 schools completed the questionnaire. 2021: Completed in 2020 2020: Focus groups were not conducted due to COVID 2021: Completed in 2020
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	<p><u>Intervention 3.6: Offer PEARLS to McLean County Older Adults in the home</u> 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.</p> <p><i>Evidence:</i></p> <p>https://depts.washington.edu/hprc/evidence-based-programs/pearls-program/pearls-evidence/</p> <p><u>Intervention 3.7: Support Embedded Behavioral Health in Schools</u> Defined as a community agency providing services through a school setting in McLean County. Community agency can bill Medicaid or Medicare.</p>	<p><u>Intervention 3.6: Process Indicators</u></p> <ul style="list-style-type: none"> • # 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.) <p><u>Intervention 3.6: Outcome Indicator(s)</u></p> <ul style="list-style-type: none"> • TBD <p><u>Intervention 3.7: Process Indicators</u></p> <ul style="list-style-type: none"> • Number of school districts with embedded behavioral health in schools (baseline: 4 school districts, Center for Human Services and Chestnut Health Systems, 2019) 	<p><u>Intervention 3.6: Outcomes</u></p> <ul style="list-style-type: none"> • 2020: 37 persons 2021: 54 persons • 2020: 424 units/hours 2021: 654 units/hours <p><u>Intervention 3.7 Outcomes</u></p> <ul style="list-style-type: none"> • 2020: 5 school districts (<i>Chestnut Health Systems</i>- Unit 5, Ridgeview CUSD #19, Olympia CUSD #16, Tri Valley CUSD #3; 2 schools - Regional Alternative School and YouthBuild <i>McLean County Center for Human Services</i> – Unit 5, Olympia CUSD #16, Bloomington District 87 2021: 5 school districts (<i>Chestnut Health Systems</i>- Unit 5, Ridgeview CUSD #19, Olympia CUSD #16, Tri Valley CUSD and Regional Alternative School) (<i>McLean County Center for Human Services</i> – Unit 5: Parkside Junior High/Fox Creek
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		<ul style="list-style-type: none"> • Number of students receiving counseling services in school setting through Embedded Behavioral Health in Schools (baseline: 406 students, 2019) <p><u>Intervention 3.7 Outcome Indicator</u></p> <ul style="list-style-type: none"> • Not available 	<p>Elementary and Kingsley Junior High/Oakdale Elementary continued from previous year. Programs were initiated at Evans Junior High School, Chiddix Junior High School, and Normal West School during the summer. (Olympia CUSD #16, Bloomington District 87: Bloomington High School, Bloomington Junior High, Irving Elementary School, and Sheridan Elementary School continued through all of 2021. Programs at all other elementary schools in the district were reinstated during the summer.)</p> <ul style="list-style-type: none"> • 2020: 521 students total (<i>Chestnut Health Systems</i>– 180 students, <i>McLean County Center for Human Services</i> – 341 students) 2021: 928 students total (<i>Chestnut Health Systems</i>– 227 students, <i>McLean County Center for Human Services</i> – 701 students)
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RELATED 2021 IMPROVEMENT PLAN ACCOMPLISHMENTS

- On November 3, 2021, the McLean County Mental Health First Aid Collaborative, led by the McLean County Health Department, conducted the first Older Adult Mental Health First Aid Class in McLean County. The class was hosted by Carle BroMenn Medical Center and held at the Carle Health and Fitness Center.
- District 87 had 105 staff trained in Youth Mental Health First Aid in 2021 through the McLean County MHFA Collaborative.
- The McLean County MHFA Collaborative hosted 21 courses in 2021.
- In 2021, District 87 added a Family Facilitator to two schools. One facilitator was added at Bloomington Junior High School and two were added at Bloomington High School. The facilitators work to encourage and educate students and families on the importance of attendance with incentives and direct support.
- In 2021, District 87 implemented a wraparound team in each of the buildings in the district. This approach has ensured that every student who has a social, emotional or mental health need is serviced in a quick, systematic and intentional way.
- In 2021, Heartland Head Start organized a Trauma Informed Practices (TIP) Team as a step in becoming a Trauma Informed/Responsive and Resilient agency. Heartland Head Start's TIP Team is comprised of representatives from all of the agency's program options as well as community representatives. Staff is trained on trauma/mental health at every Professional Development meeting that is conducted. Heartland Head Start has facilitated their own training and have had trainers from the community as well as nation-wide. The agency's Mental Health Consultants also offer (monthly or 9-10 times a year) training to staff and families.
- 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. In 2021, Heartland Head Start sponsored a Mental Health First Aid training for family staff and community members.
- McLean County Health Department's Behavioral Health Program partnered with Heartland Head Start and participated in the 2021 Behavioral Health Training Institute (BHTI) through the National Council for Mental Wellbeing from January through July 2021. The BHTI allowed participants to attend webinars and discussions and gained access to resources surrounding topics at the intersection of public health and behavioral health.
- McLean County Health Department's Behavioral Health Program started the Intellectual and Developmental Disability (IDD) Collaborative in July 2021. The goal of this collaborative is to bring those impacted by IDD (e.g., agencies, stakeholders, family members, caregivers, supports and those with lived experience) together to help develop a collaborative system of supports and services. Behavioral health has already been a topic of interest to focus on in this collaborative as there is an intersection with Intellectual and developmental disabilities and behavioral health.
- McLean County Health Department's Behavioral Health Program has noticed a need to expand efforts externally with a focus on mental health, substance use, trauma-informed care, and intellectual and developmental disability topics. Expansion on macro-level work involving these topics has already begun and will continue to be expanded in 2022.
- In 2021, Children's Home & Aid received a Family Violence Prevention and Services/ Specialized Services for Abused Parents and their Children Demonstration grant allowing expansion of clinical services for children impacted by violence. The program was formerly only able to serve Bloomington/Normal residents, but can now provide therapy services for children and families in McLean, Ford, Livingston, Logan, and Woodford counties.

- In 2021, Carle BroMenn Medical Center Addiction Recovery began offering Partial Hospitalization Programming (PHP) again in conjunction with Intensive Outpatient Programming (IOP) and After Care Programming. This is a group-based outpatient treatment that meets Monday through Friday for five hours per day. While programming is individualized, typical length of stay is 10 to 15 days. Patients learn core recovery principles, relapse prevention strategies and coping skills to implement into a recovery lifestyle. Family members can attend a scheduled session to assist in the recovery journey as a part of this program. Licensed therapists, dietitians, chaplains and members of the recovery community are available to assist patients with their recovery plans following partial hospitalization treatment.
- In August 2021, Carle BroMenn Medical Center's behavioral health therapists began hosting a weekly stroke support group at the Carle Health and Fitness Center. One support person is also permitted to participate. Curriculum is created around a holistic approach; with the addition of hosting medical and community experts on a scheduled basis. Direct referrals will be made for all patients with a stroke diagnosis discharged from Carle BroMenn Medical Center's Acute Rehab Unit or other area.
- On June 21, Carle BroMenn Medical Center and Eureka Hospital Delegate Church Association hosted a virtual meeting for the community. A presentation on mental health and resilience was given by a staff member at the McLean County Center for Human Resources. Carle BroMenn Medical Center donated eight registrations to Mental Health First Aid classes hosted by Carle BroMenn Medical Center and the Carle Health and Fitness Center in June and July 2021.
- In July 2021, Carle BroMenn Medical Center Behavioral Health began offering counseling services for patients of the Carle Cancer Institute and in May 2021 for hospital patients in Acute Rehab. Carle BroMenn Medical Center Acute Rehab Services treats patients who require inpatient rehabilitation services resulting from a variety of conditions including stroke, traumatic and non-traumatic brain and spinal cord injury, neurological disorders, hip fracture, amputation, burns, arthritis, joint replacement and other conditions.
- In 2021, OSF HealthCare employed a behavioral health navigator who assists patients with referrals to primary care providers and other services in the community.
- In 2021, OSF HealthCare provided SilverCloud, a secure, immediate access to on-line supported cognitive behavioral therapy programs for the community. SilverCloud focuses on improving depression and anxiety levels among adult individuals.
- In 2021, OSF HealthCare provided 2,479 adult behavioral health telemedicine visits and 408 pediatric behavioral health telemedicine visits.
- In 2021, YWCA of McLean County Prevention Educators provided both virtual and in-person trainings, teaching Erin's Law and Healthy Relationship curriculums (K-12) along with sexual harassment trainings for adults in the community.
- In September, the Regional Office of Education (ROE) #17 created an introductory mental health training video for paraprofessionals in regional school districts.
- In November 2021, ROE #17 started an educator support group to support teachers' emotional well-being.
- In October 2021, ROE #17 assisted 7+ regional districts (4 within McLean County) to apply for Illinois State Board of Education (ISBE) funding to support social-emotional initiatives within their districts.
- In December 2021, ROE #17 began a monthly behavioral health professional development series.
- Project Oz:
 - Youth Empowered Schools Program
 - Received funds through a state R3 grant to expand restorative schools partnership with District 87, placing full-time, embedded restorative schools counselors in two elementary schools and one junior high school, bringing the total to six counselors between District 87 and Unit 5.
 - Services for Homeless Youth

- Temporarily increased transitional living beds by 50%, and increased placements in emergency shelter by approximately 30%.
- Participated in a national study conducted by the Family and Youth Services Bureau, which analyzed outcomes and helped identify best practices for providing transitional housing and related services to young people.
- Worked with other providers across the country and the national Runaway and Homeless Youth Training and Technical Assistance Center to create a virtual training for youth workers covering best practices for youth who have experienced or are at-risk for trafficking and commercial sexual exploitation.
- Ending the Silence
 - Created and shared a 10-minute video called “COVID-19: Navigating Quarantine and High School,” featuring student interviews, educational content, the importance of healthy coping skills, and available resources.
- Along with other providers, Chestnut behavioral health programs quickly implemented telehealth services during the onset of the COVID-19 pandemic. Chestnut continues to offer services via telehealth along with in-person services with no plans to discontinue telehealth as it has been of great assistance to individuals in rural areas with limited access to care.
- In 2021, Chestnut Health Systems received a two-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant to support community mental health services. This grant enables Chestnut Health Systems to continue to provide mental health and substance use disorder treatment and recovery support programs for children and adults that have experienced economic setbacks as a result of the pandemic.
- As part of the SAMHSA grant above, Chestnut Health Systems is partnering with University of Colorado to provide supportive programming for staff around the 8 Dimensions of wellness. The goal is to increase the mental wellbeing of the staff. The programming began in 2021 and will continue until 2023.
- In 2021, Chestnut Health Systems received several grants to providing financial support for individuals who are at risk of homelessness. The first grant was provided by Molina (managed care) at the beginning of the pandemic. That grant also provided financial support to Home Sweet Home Ministries and the Boys and Girls Club. Additional funding is provided annually by the Department of Mental Health through our Continuum of Care.
- In 2021, Chestnut Health Systems partnered with Heartland Community College to develop a work ready program to train peer recovery support staff to work with individuals with mental health and/or substance use disorders. The program provides both the training hours (CEUs) and an opportunity for a yearlong apprenticeship so participants can then qualify for their certification as a recovery support specialist. The program admitted its first cohort of students in the fall semester of the 2021-22 academic year.
- The McLean County Recovery-Oriented System of Care (ROSC) participated in the Racial Diversity in Recovery panel discussion and co-launched the Re-entry Council, which includes the Illinois State University department of Criminal Justice, YWCA Labyrinth Outreach Services to Women, Treatment Alternatives for Safe Communities (TASC), Prairie State Legal Services, and the Bloomington Public Library.

The following organizations received grants for implementation in 2021 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 May 1 – October 31, 2021.

- The Boys and Girls Club received a grant to provide mental health services to children of lower socioeconomic status; 107 people were served during the above timeframe.

- YouthBuild McLean County received a grant to support adolescent well-being through mental health wrap-around services, including on-site care; 20 people were served during the above timeframe.
- INtegRity Counseling received a grant to expand access to general mental health services, especially in high-need ZIP codes; 44 people were served during the above timeframe.
- Project Oz received a grant to support adolescent well-being including housing and crisis stabilization; 36 people were served during the above timeframe.
- The Center for Youth and Family Solutions received a grant for child, adolescent, & family behavioral health services, including telepsychiatry and sliding fee counseling; 264 people 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 2021 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 2021
<p>IMPACT OBJECTIVE #1:</p> <p>By 2023, decrease the number of McLean County residents identifying the emergency department as choice of medical care.</p>	<p>STRATEGY 1: SUPPORT ASSERTIVE LINKAGE NAVIGATION/ENGAGEMENT PROGRAMS WHICH LINK LOWER INCOME COMMUNITY MEMBERS WITH A MEDICAL HOME.</p>		

<p>BASELINE DATA</p> <ul style="list-style-type: none"> • 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) 	<p>Intervention 1.1: Community Health Care Clinic’s Coordinating Appropriate Access to Comprehensive Care (CAATCH) Program</p> <p>The CAATCH program is an emergency room navigation program for navigators and/or care coordinators to engage those without a primary care home.</p> <p>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</p> <p>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.</p>	<p>Intervention 1.1: Process Indicators</p> <ul style="list-style-type: none"> • # of patients served through the CHCC CATCH Program (baseline: 146 patients in 2018, 109 patients in 2017 – 2018, Community Health Improvement Plan Progress Report) <p>Intervention 1.1: Outcome Indicators</p> <ul style="list-style-type: none"> • 30-day hospital readmission rate for CAATCH patients • CAATCH patient emergency department use • Yearly estimated cost savings from CAATCH <p>Intervention 1.2: Process Indicators</p> <ul style="list-style-type: none"> • # of patients connected with a medical home through Chestnut Health Systems’ Cohesion Project (baseline: establish) <p>Intervention 1.2: Outcome Indicators</p> <ul style="list-style-type: none"> • TBD 	<p>Intervention 1.1 Outcomes</p> <ul style="list-style-type: none"> • 2020: 353 patients 2021: 248 patients • 2020: Zero 30-day hospital readmission rate 2021: Zero 30-day hospital readmission rate • 2020: 80% reduction in visits 2021: 89% reduction in visits • 2020: \$2,119,500 2021: \$1,116,000 <p>Intervention 1.2 Outcomes</p> <ul style="list-style-type: none"> • 2020: 34 patients 2021: 56 patients <p>Intervention 1.2 Outcomes</p> <ul style="list-style-type: none"> • 2020: In progress of determining outcome indicators.
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	<p>Evidence: http://farleyhealthpolicycenter.org/wp-content/uploads/2017/03/Balasubramanian-et-al-2017-Outcomes-of-Integrated-BH-with-PC.pdf</p>		<ul style="list-style-type: none"> 2021: In progress of determining outcome indicators
<p>IMPACT OBJECTIVE #2:</p> <p>By 2023, increase the number of McLean county residents indicating they have access to a dentist.</p> <p>BASELINE DATA</p> <ul style="list-style-type: none"> 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) 	<p>STRATEGY 2: INCREASE THE CAPACITY OF ORGANIZATIONS PROVIDING DENTAL SERVICES TO LOW-INCOME RESIDENTS OF MCLEAN COUNTY.</p> <p>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.</p> <p>Evidence: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/allied-dental-professional-scope-of-practice</p>	<p>Intervention 2.1: Process Indicators</p> <ul style="list-style-type: none"> 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 <p>Intervention 2.1: Outcome Indicators</p> <ul style="list-style-type: none"> # of clinical full-time equivalent (FTE) dentists and hygienists working with lower income McLean 	<p>Intervention 2.1 Outcomes</p> <ul style="list-style-type: none"> 2020: Scheduled 2021: Analysis conducted in 2020 and baseline established of 1.5 dentists and 1.6 hygienists. 2020: Scheduled 2021: Analysis of unmet community need for dental included in 2022 CHNA data collection/analysis project. 2020: Established baseline of 0.6 FTE paid hygienists, 0.5 FTE volunteer hygienists

		<p>County residents (baseline: need to establish)</p>	<p>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 County Health Department 2020: 0.0 FTE dentists and hygienists working at the Chestnut Family Health Center 2021: Maintained 0.6 FTE paid hygienists and 0.5 FTE volunteer hygienists (baseline for CY 2020) and increased from 0.5 FTE to 1.0 FTE volunteer dentists working at the Community Health Care Clinic. 2021: McLean County Health Department's Dental Program dropped to 1.6 total FTEs available in CY 2021 (baseline of 2.0 established in CY 2020)</p>
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	<p><u>Intervention 2.2:</u> Solicit increased funding to support organizations providing dental services to low income McLean County residents receiving dental services</p>	<ul style="list-style-type: none"> • 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 <p><u>Intervention 2.2: Process Indicators</u></p> <ul style="list-style-type: none"> • # of grants received. 	<ul style="list-style-type: none"> • 2020: 441 patients with 1,437 appointments 2021: 604 patients (increase of 37% over CY 2020) Community Health Care Clinic patients received 1,466 oral health visits (increase of 2% over CY 2020) in CY 2021 • 2020: 1,869 preventative visits and 785 acute visits 2021: 2,397 children’s services provided • 2020: 0 patients 2021: No baseline established for Chestnut Family Health Center since not providing dental services. <p><u>Intervention 2.2 Outcomes</u></p> <ul style="list-style-type: none"> • 2020: 1 grant received (CHCC) 2021: 4 grants received for Chestnut (2 for infrastructure and 2 for staffing for 2022). The
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	<p>Evidence: http://www.healthycommunityalliance.org/promisepractice/index/view?pid=391 http://www.healthycommunityalliance.org/promisepractice/index/view?pid=226</p>	<ul style="list-style-type: none"> • # of dental or types of dental services added <p><u>Intervention 2.2: Outcome Indicators</u></p> <ul style="list-style-type: none"> • Identify # of dental patients served at Community Health Care Clinic. 	<p>Community Health Care Clinic secured funding to support an additional day a week of dental services for 2022; 1 grant received for the McLean County Health Department Dental Clinic</p> <ul style="list-style-type: none"> • 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 grant reporting timeframe; McLean County Health Department added telehealth in dental to triage emergency cases (March 2020 – May 2020). 2021: No funding available this year. • 2020: 441 patients with 1,437 appointments
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	<p>Intervention 2.3: Expand performance of Fluoride application in Pediatric and Primary Care Settings serving low-income pediatric McLean County residents</p> <p>Evidence: https://pediatrics.aappublications.org/content/115/1/e69</p>	<ul style="list-style-type: none"> 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) <p>Intervention 2.3: Process Indicators</p> <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> Establish baseline # of pediatric patients receiving fluoride applications in the primary care/pediatric settings (baseline: none) 	<p>2021: 2014 preventive visits; 580 acute visits</p> <ul style="list-style-type: none"> 2020: 2,420 children; 243 adults 2021: 1869 preventive visits; 785 acute visits 2020: 0 patients 2021: 0 patients 2020: 0 patients 2021: No baseline established 2020: 2 pediatric practices (Carle West Pediatrics and OSF Medical Group Pediatrics) 2021: 3 practices (Carle West Pediatrics and Family Medicine, and OSF Medical Group Pediatrics) 2020: 298 patients: 75 Carle West Pediatrics, 7/1 – 12/31/2020; 223 OSF Medical Group Pediatric patients
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<p>IMPACT OBJECTIVE #3:</p> <p>By 2023, decrease the number of McLean county residents indicating that transportation was a barrier to accessing healthcare.</p> <p>BASELINE DATA</p> <ul style="list-style-type: none"> • 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” 	<p>STRATEGY 3: INCREASE ACCESS AND AVAILABILITY OF TRANSPORTATION TO/FROM HEALTHCARE SERVICES FOR LOW-INCOME MCLEAN COUNTY RESIDENTS</p> <p><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</p> <p><i>Evidence: N/A</i></p> <p><u>Intervention 3.2:</u> Perform a transportation gap in services/existing conditions analysis</p> <p><i>Evidence:</i> http://www.healthycommunityalliance.org/promisepractice/index/view?pid=213</p>	<p><u>Intervention 3.1: Process Indicators</u></p> <ul style="list-style-type: none"> • 80% participation in the inventory by the Resource/Partners listed. <p><u>Intervention 3.1: Outcome Indicators</u></p> <ul style="list-style-type: none"> • Not Applicable <p><u>Intervention 3.2: Process Indicators</u></p> <ul style="list-style-type: none"> • 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 	<p><u>Intervention 3.1 - 3.3 Outcomes</u></p> <ul style="list-style-type: none"> • 2020: Inventory survey tool prepared and reviewed by ISU and Chestnut IRB boards 2021: Survey delayed • 2020: Survey to obtain baseline data on schedule to deploy Q1 CY 2021. 2021: Survey deployed in Q1 CY 2021. Response rate low. Decision to redeploy survey in CY 2022 with

<p>(McLean County Community Health Survey, 2018)</p> <ul style="list-style-type: none"> • 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) 	<p><u>Intervention 3:3:</u> Increase representation of healthcare community on transportation-related committees/boards identified in Intervention 3.1 activity</p> <p><i>Evidence:</i> N/A</p>	<p>assigned to helping remove transportation as a barrier</p> <ul style="list-style-type: none"> • 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/transport to/from healthcare-related destinations • Establish baseline of # of rides/transport 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 <p><u>Intervention 3.2: Outcome Indicators</u></p> <ul style="list-style-type: none"> • Completion of inventory <p><u>Intervention 3.3: Process Indicators</u></p> <ul style="list-style-type: none"> • % of inventoried transportation-related committees and boards including representation from the healthcare sector (baseline: None) <p><u>Intervention 3.3: Outcome Indicators</u></p>	<p>hopes demands on healthcare providers during pandemic lessens.</p>
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		<ul style="list-style-type: none"> • Establish baseline of number of committees and boards related to transportation • Establish baseline of number of these groups with representation from the Healthcare sector 	
<p>IMPACT OBJECTIVE #4:</p> <p>By 2023, Decrease the number of McLean County Residents indicating that they do not seek care.</p> <p>BASELINE DATA</p> <ul style="list-style-type: none"> • 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 	<p>STRATEGY 4: INCREASE ACCESS AND AVAILABILTIY OF COMMUNITY-BASED SERVICES FOR LOW INCOME MCLEAN COUNTY RESIDENTS.</p> <p>Intervention 4.1: Increase use of telemedicine/virtual services</p> <p>Evidence:</p> <p>http://www.healthycommunityalliance.org/promisepractice/index/view?pid=3230</p>	<p>Intervention 4.1: Process Indicators</p> <ul style="list-style-type: none"> • Research cost effective models. 	<p>Intervention 4.1 Outcomes</p> <ul style="list-style-type: none"> • 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. 2021: The onset of the pandemic caused a rapid and fluid transition by most

		<ul style="list-style-type: none"> • Design a plan for telemedicine utilizing community partners • Explore low-income access to telemedicine and barriers to access 	<p>providers to virtual services in 2020, transitioning as many services and patients as appropriate to virtual care.</p> <ul style="list-style-type: none"> • 2021: Providers worked quickly to identify and solidify cost effective models for providing telehealth. Providers have also put quality measures in place for the provision of care via telehealth over the past two years. • 2021: This widespread move to telehealth was supported by Executive Order 2020-9 which mandated "all health insurers regulated by the Department of Insurance are required to cover telehealth services and reimburse providers at the same rate as in-person visits are prohibited from imposing any cost sharing for in-network providers." This executive order also expanded telehealth
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		<ul style="list-style-type: none"> • Seek funding to provide telemedicine services <p><u>Intervention 4.1: Outcome Indicators</u></p> <ul style="list-style-type: none"> • Establish a baseline of number of providers of telemedicine, the type and population served 	<p>for individuals covered by Medicaid.</p> <ul style="list-style-type: none"> • 2021: During 2021 many providers started transitioning back to in-person visit while still maintaining virtual visits. Providers, in collaboration with their trade associations and legislators focused on maintaining funding mandates requiring reimbursement for virtual services. • 2021: In July, 2021 HB 3308 was signed into law extending these coverages through 2027. • 2020: 1,410 unduplicated patients received 4,805 virtual services through Chestnut Family Health Center 2021: 714 unduplicated patients received 1036 virtual primary care services through Chestnut Family Health Center.
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			<p>439 unduplicated patients received 1108 virtual psychiatry services through Chestnut Family Health Center.</p> <ul style="list-style-type: none"> • 2020: 878 unduplicated patients received 2,260 virtual visits through the Community Health Care Clinic. 2021: 647 unduplicated patients received 1627 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 2021: Data not available. • 2020: Data not available. 2021: 14,808 total visits provided through OSF HealthCare. 14,038 adult visits and 770 pediatric visits.
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2021 RELATED IMPROVEMENT PLAN ACCOMPLISHMENTS

- In August 2021, Carle BroMenn Medical Center Behavioral Health Therapists began hosting a weekly Stroke Support group at the Carle Health and Fitness Center. The curriculum is created around a holistic approach, with the addition of hosting medical and community experts on a scheduled basis. Direct referrals will be made for all patients with a stroke diagnosis discharged from the hospital's Acute Rehab Unit or other area.
- Carle BroMenn Medical Center Addiction Recovery is once again offering Partial Hospitalization Programming (PHP) at the hospital in conjunction with Intensive Outpatient Programming (IOP) and After Care Programming. This is a group-based outpatient treatment that meets Monday through Friday for five hours per day. While programming is individualized, typical length of stay is 10 to 15 days. Patients will learn core recovery principles, relapse prevention strategies and coping skills to implement into a recovery lifestyle. Family can attend a scheduled session to assist in the recovery journey, but family involvement is not mandatory. Licensed therapists, dietitians, chaplains and members of the recovery community are available to assist patients with their recovery plans following partial hospitalization treatment.
- Beginning on June 7, 2021, Carle BroMenn Medical Center staff began meeting with community members, the American Cancer Society, and Carle Cancer Institute staff for a Commission on Cancer standard with a focus on increasing mammograms in the African American and Black community.
- In 2021, Carle BroMenn Medical Center, UnityPoint Health and Prairie Pride Coalition helped bring Central Illinois Friends to the Community Health Care Clinic, expanding access to HIV and sexual health services.
- McLean County Orthopedics joined Carle Health on August 29, 2021. This expanded access to care to orthopedics, pain and sports medicine care for Medicaid patients.
- From April to December 2021, Carle BroMenn Medical Center partnered with Carle Foundation Hospital's Community Health Initiatives department to bring the Carle Mobile Health Clinic to Bloomington once a month. The clinic was held in the parking lot of Woodhill Towers. A total of 148 patients received services at the clinic. Collaborative partners also joined the clinic. OSF HealthCare St. Joseph Medical Center provided nutrition information and distributed 166 Smart Meals. The McLean County Health Department provided Diabetes Prevention Program information and The Tinervin Foundation distributed food boxes. The Carle Mobile Health Clinic also provided school physicals at Normal West High School for 89 students and at Bloomington Junior High School for 108 students.
- In 2021, the Carle Cancer Institute created a multidisciplinary clinic and tumor board. This allowed patients to see a breast surgeon, medical oncologist, radiation oncologist and nurse navigator on the same day at Carle Cancer Institute Normal. Patients also receive tumor board recommendations for treatment within a week of their appointment. This clinic shortened the wait time for patients newly diagnosed with breast cancer to begin treatment.
- Community Health Care Clinic received funding through the ISU Mennonite College of Nursing CAUSE project to add a second CAUSE nurse (bi-lingual) in 2021 which increased their care management capacity.
- Chestnut received an FCC grant to fund technology infrastructure and equipment to support the provision of telehealth primary care and behavioral health services along with home monitoring equipment.
- OSF Healthcare and Chestnut Health Systems will bring community health workers to Bloomington-Normal to assist individuals with chronic health conditions to improve their overall health and wellness. Through this project Chestnut will also receive funding to support dental services for adults and youth.
- Chestnut Family Health Center received a grant from the John Scott M. Scott Health Care Commission to purchase dental equipment for their new dental clinic set to open in 2022.

- The Health Resources Services Administration awarded Chestnut Health Systems \$250,000 in American Recovery Act Funds to support the purchase of medical equipment at Chestnut Family Health Center.
- Chestnut Family Health Center in partnership with the Illinois Primary Health Care Association provided a pandemic health navigator to assist in engaging individuals in care, obtaining vaccines and tracking COVID-19 cases.
- Chestnut Family Health Center received a grant from Delta Dental to provide access to dental services.
- OSF St. Joseph Medical Center opened the OSF Cancer Center to provide services from diagnosis through treatment to survivorship. Monthly support group sessions are offered by an interdisciplinary team.
- OSF HealthCare expanded orthopedic providers to the Bloomington-Normal office through OSF Orthopedics in 2021.
- OSF St. Joseph Medical Center provided free, 3 series, 6-week education sessions to their patients who struggled with chronic diseases/illnesses. Education was provided by a registered dietitian, exercise physiologist, and physician assistant. Program was based on lifestyle medicine.
- OSF HealthCare sponsored the Peace Meal Senior Nutrition Program and delivered 112,846 meals to seniors living in McLean County. Annual assessments were completed in which referrals were made for those who needed additional social services.

The following organizations received grants for implementation in 2021 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 May 1 – October 31, 2021.

- Chestnut Health Systems received a grant to support capital improvements for development of a dental clinic.
- The Children's Home and Aid received a grant to support provision of home and community-based services outside in rural areas, including perinatal, maternal, and child services; 12 people were served during the above timeframe.
- Faith in Action received a grant to support senior well-being, including social connection & transportation; 132 seniors were served during the above timeframe.
- Heartland Head Start received a grant to support 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; 92 people were served during the above timeframe.
- Marcfirst received a grant to support early childhood well-being, including services that support healthy child development and partnerships with school districts; 122 people 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 2021 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 2021
<p>IMPACT OBJECTIVE #1: By 2023, increase opportunities for healthy eating</p> <p>BASELINE DATA</p> <p>Food Environment Index: 7.6 (out of 10) (IL: 8.7) (Conduent Healthy Communities Institute County Health Rankings, 2018).</p>	<p>STRATEGY #1: Support, promote, and educate the community about the availability and accessibility of fruits and vegetables in McLean County.</p> <p>Intervention 1.1: Develop and/or promote education tools to help assist in educating our community about healthier food choices. Share appropriately.</p>	<p>Intervention 1.1: Process Indicators</p> <ul style="list-style-type: none"> • Track # of free programs that help identify how healthy foods are prepared. 	<p>Intervention 1.1 Outcomes</p> <ul style="list-style-type: none"> • 2020: 33 free programs • 2021: 83 free programs

<p>Food insecurity rate: 12.1% (Conduent Healthy Communities Institute, Feeding America, 2016) (IL: 11%).</p> <p>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.</p> <p>Fruit/Vegetable Consumption: <i>Adults:</i> “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).</p> <p><i>Adolescents (ave. of 8th, 10th, 12th graders):</i> Eat 4 or more fruits/day: 9%; Eat 4 or more vegetables/day: 7% (IL Youth Survey, 2018).</p>	<p><u>Intervention 1.2:</u> Promote free nutrition tracking apps.</p> <p><u>Intervention 1.3:</u> Complete an inventory of Home Food Programs in Bloomington-Normal.</p>	<ul style="list-style-type: none"> Track # of participants who attend free programs on preparing healthy foods. 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. <p><u>Intervention 1.2: Process Indicators</u></p> <ul style="list-style-type: none"> Track # of free apps promoted to the community. Track # of avenues where applications are promoted. <p><u>Intervention 1.3: Process Indicators</u></p> <ul style="list-style-type: none"> Track # of collaborations/partnerships between schools and the community to provide 	<ul style="list-style-type: none"> 2020: 1,023 participants 2021: 967 participants 2020: 3 paid programs 2021: 3 paid programs 2020: 19 participants 2021: 166 participants <p><u>Intervention 1.2 Outcomes:</u></p> <ul style="list-style-type: none"> 2020: 25 free apps focused on nutrition, exercise, sleep, and stress reduction 2021: 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) 2021: 7 avenues in which apps were promoted (businesses, emails, schools, newsletters, hospitals, organizations, and community agencies) <p><u>Intervention 1.3 Outcomes</u></p> <ul style="list-style-type: none"> 2020: 5 partnership opportunities between schools and community (United Way of McLean County, OSF HealthCare, Midwest Food Bank, restaurants, community)
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	<p>STRATEGY #2: Increase access to healthy foods.</p> <p>Intervention 2.1: Promote healthy food accessibility.</p> <p>Evidence: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/community-gardens https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/healthy-food-initiatives-in-food-banks</p>	<p>healthier foods for the Home Food Program.</p> <p>Intervention 2.1: Process Indicators</p> <p>Veggie Oasis:</p> <ul style="list-style-type: none"> Track # of pounds of produce donated to community (Baseline: 5200 pounds, 2018) Track # of people reached <p>Food Farmacy:</p> <ul style="list-style-type: none"> Track # of people reached Track # of referrals Track # of locations offered (Baseline: 1, 2018) <p>OSF SmartMeals:</p> <ul style="list-style-type: none"> Track # of meals given (Baseline: 1054, 2019) <p>Midwest Food Bank:</p> <ul style="list-style-type: none"> Track # of cases of healthier foods donated 	<p>2021: 6 partnership opportunities between schools and community (United Way of McLean County, OSF HealthCare, Midwest Food Bank, restaurants, community)</p> <p>Intervention 2.1 Outcomes</p> <ul style="list-style-type: none"> 2020: 1,500 pounds of produce 2021: 2,400 pounds of produce 2020: 7,800 people reached 2021: 600 people reached 2020: 14 participants 2021: 0 participants 2020: No referrals due to COVID-19 2021: No referrals due to COVID-19 2020: 1 location 2021: 1 location 2020: 1,807 SmartMeals 2021: 1,637 SmartMeals 2020: 222,529 cases donated, with 25% of it being healthier options 2021: 200,784 cases donated, with 25% of it being healthier options
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		<ul style="list-style-type: none"> • Track # of organizations reached <p>Soup Kitchens: (HSHM)</p> <ul style="list-style-type: none"> • Track # of participants who consume a salad • Track % of healthier foods offered <p>Community Gardens:</p> <ul style="list-style-type: none"> • Track pounds of produce donated <p>Grocery Stores</p> <ul style="list-style-type: none"> • Track # of partnerships who increased access to healthy foods <p>Community Food Drives</p> <ul style="list-style-type: none"> • Track # of healthy food drives coordinated • Track # of partnerships <p>Farmer's Market</p> <ul style="list-style-type: none"> • Track # of Double Snap Participants 	<ul style="list-style-type: none"> • 2020: 88 organizations reached 2021: 74 organizations reached <ul style="list-style-type: none"> • 2020: 8,830 participants 2021:7,986 participants • 2020: 75% healthier foods offered 2021: 75% healthier foods offered <ul style="list-style-type: none"> • 2020: 3,160.1 pounds of produce donated (Carle BroMenn Medical Center, OSF St. Joseph Medical Center, West Bloomington Revitalization Project, Sunnyside Garden) 2021: 2,722 pounds of produce donated (OSF St. Joseph Medical Center, Sunnyside Garden) <ul style="list-style-type: none"> • 2020: 0 partnerships 2021: 0 partnerships <ul style="list-style-type: none"> • 2020: 3 healthy food drives 2021: 2 healthy food drives • 2020: no less than 10 community wide partnerships 2021: no less than 10 community wide partnerships <ul style="list-style-type: none"> • 2020: 160 WIC participants, 85 Senior participants = 245 total participants
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		<ul style="list-style-type: none"> Track # of pounds of produce donated 	<p>Did not partner with West Bloomington Revitalization Project (WBPR) due to COVID-19.</p> <p>2021: 282 unique SNAP participants</p> <ul style="list-style-type: none"> 2020: Did not measure due to COVID-19 2021: See Veggie Oasis for produce donated
<p>IMPACT OBJECTIVE #2: By 2023, increase opportunities for active living.</p> <p>BASELINE DATA</p> <p>Access to exercise opportunities: <i>Adults: 83.6%</i> have access (IL: 91.3%) (Conduent Healthy Communities Institute, County Health Rankings, 2018).</p> <p>Physical Activity: <i>Adults: 23.5%</i> did not participate in any leisure-time physical activities in the past month (Conduent Healthy Communities Institute, County Health Rankings, 2015).</p>	<p>STRATEGY #1: Promote active living in the workplace and community.</p> <p>Intervention 1.1: Develop or promote a tool kit for Workplace Wellness Best Practices and share with businesses.</p> <p>Evidence: https://www.thecommunityguide.org/findings/obesity-worksite-programs</p>	<p>Intervention 1.1: Process Indicators</p> <ul style="list-style-type: none"> 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 	<p>Intervention 1.1 Outcomes</p> <ul style="list-style-type: none"> 2020: 26 free programs 2021: 152 free programs 2020: 1,197 of employees 2021: 1,059 of employees 2020: 0 paid programs 2021: 1 paid program 2020: 0 employees 2021: 55 paid programs

<p>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).</p>	<p>Intervention 1.2: Promote access to physical activity for the community.</p> <p>Evidence: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/community-fitness-programs</p> <p>Intervention 1.3: Offer A Matter of Balance to Older Adults</p> <p>Evidence: https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-017-0509-8</p>	<p>Intervention 1.2: Process Indicators</p> <ul style="list-style-type: none"> Track # of free programs/events promoting physical activity in the community. Track # of community members participating in free programs/events promoting physical activity 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 <p>Intervention 1.3: Process Indicators</p> <ul style="list-style-type: none"> Track # of people participating in the A Matter of Balance to Older Adults course. Track # of Matter of Balance Courses offered <p>Intervention 1.3: Outcome Indicators</p>	<p>Intervention 1.2 Outcomes</p> <ul style="list-style-type: none"> 2020: 45 free programs (ARC, YMCA, OSF) 2021: 11 free programs (OSF, ARC, YMCA) 2020: 427 community members 2021: 40,383 community members 2020: 7 paid programs/events 2021: 18 paid programs 2020: 1,206 community members 2021: 2312 community members <p>Intervention 1.3 Outcomes</p> <ul style="list-style-type: none"> 2020: 58 participants; 20 completed the program prior to COVID-19. 2021: 19 participants 2020: 1 course 2021: 2 courses
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	<p>Intervention 1.4: Offer Partnership in Health to those who have developmental disabilities and support staff through MarcFirst.</p> <p>Evidence: https://ijbnpa.biomedcentral.com/articles/10.1186/1479-5868-10-18</p> <p>STRATEGY #2: Promote active living within our pediatric population.</p> <p>Intervention 2.1: Promote the 5-2-1-0 Campaign amongst school-aged kids.</p> <p>Evidence: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-</p>	<ul style="list-style-type: none"> • % of participants reported “feeling a reduction in a fear of falling” • % of participants reported “feeling improved strength” <p>Intervention 1.4: Process Indicators</p> <ul style="list-style-type: none"> • Track # of people participating in the Partners in Health program <p>Intervention 1.4: Outcomes Indicators</p> <ul style="list-style-type: none"> • % of participants who decreased their blood pressure • % of participants who improved waist circumference • % of participants who improved BMI <p>Intervention 2.1: Process Indicators</p> <ul style="list-style-type: none"> • Track # of facilities who promote the 5-2-1-0 campaign 	<ul style="list-style-type: none"> • 2020: 94% of participants 2021: 94% of participants • 2020: 55% of participants 2021: 55% of participants <p>Intervention 1.4 Outcomes</p> <ul style="list-style-type: none"> • 2020: 46 people 2021: 33 people • 2020: 26% (12 participants) 2021: 50% (17 participants) • 2020: 37% (17 participants) 2021: 47% improved or maintained (16 participants) • 2020: 30% (14 participants) 2021: 59% (20 participants) <p>Intervention 2.1 Outcomes</p> <ul style="list-style-type: none"> • 2020: 5 facilities 2021: 3 facilities
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	<p>for-health/policies/community-wide-physical-activity-campaigns</p> <p>https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/screen-time-interventions-for-children</p> <p>Intervention 2.2: Increase physical activity access to the pediatric population.</p> <p>Evidence: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/multi-component-obesity-prevention-interventions</p>	<ul style="list-style-type: none"> Track # of children educated on the 5-2-1-0 Campaign amongst school-aged kids <p>Intervention 2.2: Process Indicators</p> <ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> 2020: 995 children 2021: 675 children <p>Intervention 2.2 Outcomes</p> <ul style="list-style-type: none"> 2020: 2 free programs (Healthy Kids U at YMCA and OSF) 2021: 2 free programs (Healthy Kids U at YMCA and OSF) 2020: 28 kids 2021: 24 kids 2020: 6 paid programs (YMCA) 2021: 6 paid programs 2020: 1,200 kids 2021: 1,450 kids 2020: 1 paid programs (YMCA) 2021: 1 paid program 2020: 15 parent/child participating 2021: 30 parent/child participating
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	<p>Intervention 2.3: Promote and implement Girls on the Run program in McLean County.</p>	<p>Intervention 2.3: Process Indicators</p> <ul style="list-style-type: none"> • Track # of participants in the program. • Track # of programs offered in McLean County <p>Intervention 2.3: Outcome Indicators</p> <ul style="list-style-type: none"> • % of participants who increased physical activity • % of participants who improved confidence and connection. 	<p>Intervention 2.3: Outcomes</p> <ul style="list-style-type: none"> • 2020: 50 participants 2021: 30 “At Home” participants • 2020: 3 programs offered 2021: 1 program offered • 2020: did not complete survey due to COVID -19 2021: did not complete survey due to COVID -19 • 2020: did not complete survey due to COVID -19 2021: did not complete survey due to COVID -19
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2021 RELATED IMPROVEMENT PLAN ACCOMPLISHMENTS

- In September 2021, Carle Health embedded a two-question food insecurity screening in EPIC for home health and hospice patients in all of its regions, including McLean County. Food insecure patients are referred to local food pantries.
- In 2021, for the outdoor SNAP/LINK/EBT card, they distributed 2.6 times more LINK Match coupons than 2020; Redeemed 2.2 times more coupons than 2020; Redeemed 973 more Green Top Grocery coupons; Sold 2.5 times more LINK token than 2020. Average purchase was \$25 per transaction.
- In 2021, Mid Central Community Action provided \$10,000 for distribution of healthy snacks to the children at the Boys and Girls Club.
- In 2021, Mid Central Community Action provided \$10,000 for grocery distribution to non- English speaking community members at Western Avenue Community Center.
- In 2021, Mid Central Community Action revamped the food pantry, ensured healthier options are available for tenants and offered menus and education materials at Mayors Manor.
- In 2021, Chestnut partnered with OSF HealthCare on a Department of Healthcare and Family Services Transformation Project which will provide (among other things):
 - A Coordinator position focused on creation of mobile health services and development of programming to address healthy eating and other social determinants of health.

- Funding for a partnership between Home Sweet Home Ministries and Chestnut Family Health Center for the expansion of Food Farmacy benefits to Chestnut primary care patients.
- In 2021, United Way of McLean County donated 3700 food boxes (100,000+ meals) to the community. United Way coordinated community efforts to raise \$60,000 to go toward these efforts.
- In 2021, Illinois Extension Office distributed 286 garden bags to McLean County residents as part of the Garden in a Bag program. Garden in a Bag targeted audiences with low food access and limited gardening space who were interested in the benefits of gardening and learning how to prepare homegrown foods.
- In 2021, District 87 donated 572,933 meals to kids and their families in the community.
- In 2021, OSF HealthCare sponsored Girls on the Run for \$2500 to local programming. 30 kits were provided to Cedar Ridge Elementary school to promote physical activity.
- In 2021, OSF St. Joseph Medical Center provided fitness center membership access to 37 adults for free.
- OSF HealthCare sponsored 7 healthy eating/active living commercials through PBS that aired in McLean County in 2021. The Center for Healthy Lifestyles team developed the content and was featured on the commercials.
- In 2020 and 2021, the Center for Healthy Lifestyles partnered with The Links Inc to provide recorded nutrition education for their website specific to health concerns associated with the African American/Black population.
- In 2021, Homes of Hope developed a PILOT Program during the pandemic shut down called the TECH Program. It was used for Zoom calls to remain connected to loved ones. Residents could look up healthy recipes and help prepare them. The CALM app was purchased for each laptop, which was an immense help. Residents were able to enjoy the things they love such as: watching car racing on the laptop, dancing (which they participate in), all the Frozen videos you can imagine, movies and more. Funding for another year of this program was received.
- In 2021, forty low-income, Westside families participated in the second summer of the Healthy Eating program. Every week for 26 weeks families received a Community Supported Agriculture share from PrairiErth Farm (Atlanta, IL) along with a newsletter with recipes and other health-related information. We conducted surveys and focus groups with these participants. The program was generously funded by the John M. Scott Health Commission.
- In 2021 OSF HealthCare asked a series of social determinants of health (SDoH) questions to their patients annually. Two questions are related to food security. SmartMeals and/or local food pantry information is provided if patients state they are food insecure.
- In 2021 OSF HealthCare employees donated \$145 to Home Sweet Home Ministries to use toward the wellbeing of their residents.
- In 2021 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.
- In 2021 OSF HealthCare provided 112,846 meals to the senior population in McLean County to help reduce food insecurity and malnutrition. Survey results from the clients state the following: The person who delivers the meals is friendly and respectful: 99.18%; I eat a healthier variety of foods because I receive Peace Meal: 88.9%; As a result of receiving home delivered meals, I believe my health has improved and I feel better: 73.45%; Because I receive home delivered meals, I can continue to live in my own house: 89.63%; Because I receive home delivered meals, I feel I am better prepared to make healthful and nutritious choices: 94.63%.
- In 2021 Food Access/Food Pantry Committee partnered with the local food pantries to provide education to their clients.

- In 2021 HEAL Committee started an Eating Disorders Committee and met twice.

The following organizations received grants for implementation in 2022 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, 2021 – December 31, 2021.

- OSF HealthCare became sponsor of the Peace Meal Senior Nutrition Program in December 2020 and continued to offer the program through December 2021.

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. This program ended in 2020, but in 2021 the Bike Co-Op through WBRP continued to provide low-cost bikes to the community.
- In 2021, 40 Westside families received free Community Supported Agriculture shares from PrairiErth Farms. John M. Scott Health Care Commission grant funds paid for these shares. PrairiErth delivered the boxes to WBRP for pick-up so it was convenient for families.

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