

COMMUNITY HEALTH

IMPROVEMENT PLAN

MCLEAN COUNTY/ILLINOIS

2017 - 2019



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McLean County IL Community Health Improvement Plan 2017 – 2019

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

a) Philosophy and Development of the Collaborative Approach

The formation of the McLean County Community Health Council in April 2015 marked an important milestone for community health in McLean County. Prior to the development of the joint 2014-2016 Community Health Needs Assessment and 2017-2019 Community Health Improvement Plan, the two hospitals in McLean County and the McLean County Health Department each conducted their own needs assessment which resulted in three community health plans for McLean County. During the same time, United Way of McLean County conducted a broad-based community needs assessment, which included a health component. All four organizations are dedicated to improving the health of the community and strongly believe in the philosophy of collaboration.

In 2015, collaborating together in a more effective manner was identified as the primary learning opportunity from the previous development of the community health needs assessments and health improvement plans. An Executive Steering Committee, consisting of at least one member from each of the four organizations required to complete periodic needs assessments (Advocate BroMenn Medical Center, McLean County Health Department, OSF St. Joseph Medical Center, and the United Way of McLean County), was identified to lead a collaborative process for the 2014-2016 assessment and 2017-2019 improvement plan period. The new McLean County Community Health Council met several times in 2015 to oversee progress made through this collaborative effort. The goals of the collaborative are as follows:

- Establish the Executive Steering Committee and McLean County Community Health Council (completed April 2015)
- Analyze primary and secondary data collectively (completed 2015-2016)
- Prioritize and select the top three health needs for McLean County (completed February 2016)
- Generate one joint community health needs assessment for McLean County (completed, approved and posted in August 2016)
- Work collaboratively on a county joint community health improvement plan, addressing each of the top three health priorities (completed, approved and posted in February 2017)

The result of the collaborative process was the production of a joint community health needs assessment in 2016 followed by one joint community health improvement plan, instead of three, for McLean County for 2017-2019.

b) Approval of the Community Health Improvement Plan

BroMenn Medical Center and St. Joseph Medical Center are utilizing this joint Community Health Improvement Plan, in conjunction with the McLean County Health Department and United Way of McLean County, to meet their 2014-2016 Community Health Needs Assessment and 2017-2019 Community Health Improvement/Implementation Plan requirements reportable to the Internal Revenue Service as outlined by the Patient Protection and Affordable Care Act. The McLean County Health Department will also utilize the joint Community Health Needs Assessment and resulting community health improvement plan to meet Illinois Project for Local Assessment of Need requirements for local health department certification in 2017 by the Illinois Department of Public Health. United Way of McLean County is not required to perform a community health needs assessment nor to develop an implementation plan; however, it is collaborating with the above organizations and adopting this collaborative approach and the resulting documents in order to better serve the health needs of McLean County.

The McLean County Community Health Improvement Plan is a joint implementation plan developed in partnership with representatives from over 45 community social service, healthcare and faith-based agencies, government entities, academic facilities, and other organizations. The four entities represented in the Executive Steering Committee (BroMenn Medical Center, the McLean County Health Department, St. Joseph Medical Center and United Way of McLean County) are responsible for ensuring that the plan is implemented and are all implied resources and partners for each health priority plan.

The 2017-2019 McLean County Community Health Improvement Plan was approved by the McLean County Community Health Council on December 8, 2016; the United Way of McLean County's Board of Directors on January 13, 2017; the McLean County Board of Health on January 18, 2017; OSF Healthcare System's Board of Directors on January 23, 2017; and, Advocate BroMenn Medical Center and Eureka Hospital's Governing Council on January 24, 2017.

The McLean County Community Health Executive Steering Committee reserves the right to amend this 2017-2019 Community Health Improvement Plan as needed to reflect each organization's particular role and responsibilities in executing the Plan as well as the resources each organization is committing. In addition, certain significant health needs may become even more significant and require amendments to the strategies developed to address the health need. Other entities or organizations in the community may develop programs to address the same health needs or joint programs may be adopted. Finally, in compliance with Internal Revenue Code Section 501(r) requirements for hospitals, Advocate BroMenn Medical Center or OSF St. Joseph Medical Center may refocus the limited resources the organization committed to the Plan to best serve the community.

II. Acknowledgements

a) McLean County Community Health Council Executive Steering Committee

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

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

BroMenn Medical Center has been serving and caring for the people of Central Illinois for nearly 120 years. A 221-bed not-for-profit facility located in Bloomington-Normal, IL, BroMenn Medical Center and its employees are part of faith-based Advocate Health Care, the largest fully integrated healthcare delivery system in Illinois. Advocate's mission is to serve the health needs of individuals, families and communities through a holistic approach to healthcare that provides quality care and service, and treats each patient with respect, integrity and dignity.

Sally Gambacorta is the Community Health Manager at Advocate BroMenn Medical Center in Normal, Illinois. She has worked for Advocate Health Care for 22 years in Wellness and Community Health. Sally holds a Bachelor's of Science degree in Business Administration from Augustana College, a Master's of Science degree in Industrial/Organizational Science from Illinois State University and a Master's of Arts degree in Leisure Studies with a concentration in Corporate Fitness and Health Promotion from the University of Iowa. Sally is the Community Health site leader for both BroMenn Medical Center as well as Advocate Eureka Hospital in Eureka, Illinois. She is responsible for the Community Health Needs Assessment and Community Benefits at both hospitals. She has extensive experience in collaborating with community partners to improve the health of the community. Sally serves on the leadership committee for the McLean County Wellness Coalition, is a member of the McLean County Mental Health First Aid Collaborative and the Behavioral Health in Schools committee and serves on the United Way Collective Impact Strategic Council.

McLean County Health Department: Cathy Coverston Anderson, RN, BSN, BA, SM, Assistant Administrator and Nicole Aune, MPH, Health Promotion Manager

Since 1946, the McLean County Health Department has worked to protect the health and wellness of McLean County residents. The department serves the largest geographic county in Illinois, with more than 174,000 residents. Many residents may never walk through the doors of the health department, but they will benefit in some way from the various programs and services offered. The purpose of the McLean County Health Department is to fulfill the public interest in assuring conditions conducive to good health and providing leadership in promoting and protecting the health of county residents.

Cathy Coverston Anderson is a registered nurse and has been the Assistant Administrator for the McLean County Health Department since 2009. She also currently serves as a member of BroMenn Medical Center's and Eureka Hospital's Governing Council. Cathy has a graduate degree in public health from Harvard University School of Public Health and a Bachelor's of Science degree in Nursing as well as

a Bachelor of Arts degree from the University of Minnesota. She oversees the community health needs assessment process, Occupational Safety and Health Administration efforts, the emergency preparedness program, and the functions of many of the health department clinics, including dental, sexually transmitted infections/Human Immunodeficiency Virus, tuberculosis, flu outreach, and immunizations.

Nicole Aune was the Health Promotion Program Manager at the McLean County Health Department until October of 2016. She received her Master's degree in Public Health from the Colorado School of Public Health and has a background in community needs assessments, program planning and implementation, and development and coordination of collaborative efforts. Her responsibilities at the health department included overseeing six grant programs, the County Government Employee Wellness Program, and delivery of health education in McLean County. Nicole also served as the Chair of the McLean County Wellness Coalition, a coalition of over 60 partners working together to prevent obesity through policy, system and environmental change.

OSF St. Joseph Medical Center: Meridith Nelson, MHA, MBA, Director of Strategic Planning

OSF St. Joseph Medical Center is a 149-licensed bed, not-for-profit, acute care, and Level II Trauma Center facility, fully accredited by the Joint Commission and designated a Magnet Hospital, most recently in 2014. St. Joseph Medical Center is part of the OSF Healthcare System, an integrated system serving central and northern Illinois as well as northern Michigan. In the spirit of Christ and the example of Francis of Assisi, the mission is to serve persons with the greatest care and love in a community that celebrates the Gift of Life. OSF HealthCare has been a participant in the Center for Medicare and Medicaid Services' Pioneer Accountable Care Organization demonstration project since 2012 and has been selected as a Next Generation Affordable Care Organization.

Meridith Nelson is the Director of Strategic Planning at St. Joseph Medical Center in Bloomington, Illinois. With nearly 20 years of experience in health care in not-for-profit, for-profit, and government settings, she has spent the last ten years focused in health care business development, strategic planning, and decision support in not-for-profit, faith-based health systems. She holds a Bachelor of Science degree in Pharmacy from the University of Kansas and Master's degree in Health Administration and Master's degree in Business Administration from The University of Iowa. Current areas of responsibility and oversight for Meridith include strategic planning, program development, decision support, community health needs assessment and planning, community benefit reporting and managed care contracting.

United Way of McLean County: Holly Ambuehl, MSW, Vice President of Impact

United Way improves lives by mobilizing the caring power of communities around the world to advance the common good. Founded locally in 1935, United Way of McLean County's employer-based campaigns raise \$3.5 to \$4.5 million annually. Those dollars fund local solutions in health, income stability, education, and community strengthening that almost exclusively target low-income residents.

Holly Ambuehl serves as the Vice President of Impact for United Way of McLean County. Holly directs the Collective Impact/Cradle-to-Career project in McLean County, Community Impact in the areas mentioned above, policy and demographic research, community stakeholder projects, and serves on the John M. Scott Health Commission. Holly received her Bachelor of Arts degree in Family Counseling from

Anderson University and a Masters in Social Work from Boston College, with a concentration in Community Organizing, Policy, Planning, and Administration. Before United Way of McLean County, Holly worked as a nonprofit Program Director in Romania, as a budget advocate for children’s services in Massachusetts, as a legislative aide to former State Senator David Magnani, as Senior Budget Analyst for the Department of Health Services under former Governor Janet Napolitano, as Director of Public Policy for the Southwest Autism Research and Resource Center, as Director of Health Policy for the Children’s Action Alliance, and as Senior Policy Advisor to the Minority Caucus at the Arizona House of Representatives. Holly’s prior volunteer work includes Habitat for Humanity, Younglife, March of Dimes, and various hospitals and food banks.

Additional Executive Steering Council Members

The 2016 Community Health Needs Assessment could not have been possible without the additional contributions from the following individuals: Logan Frederick, Operations Improvement Leader, BroMenn Medical Center; Dawn Irion, Strategic Reimbursement Analyst, OSF Healthcare; Melissa Johnston-Gross, Stevenson Fellow, United Way of McLean County; Katie McHugh, Health Promotion Specialist, McLean County Health Department. In addition to the above, Dr. Laurence G. Weinzimmer was contracted for assistance during the community health needs assessment. Larry has a Ph.D. and is the Caterpillar Inc. Professor of Strategic Management in the Foster College of Business at Bradley University in Peoria, Illinois. An internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous Fortune 100 companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national best sellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principle investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology.

b) 2016 McLean County Community Health Council Members

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

<u>Name</u>	<u>Organization</u>	<u>Stakeholder Role</u>
Holly Ambuehl	United Way of McLean County	Convener; funder; collective impact
Kim Anderson	McLean County Health Department	Public health; maternal & child health
Nicole Aune	McLean County Health Department	Public health; health education
Laura Beavers	McLean County Health Department	Public health; mental health
Dayna Brown	McLean County Unit District No. 5	Schools; youth
Bonnie Condon	Advocate Health Care	Healthcare
Barb Giloth	Advocate Health Care	Healthcare

Cathy Coverston Anderson	McLean County Health Department	Public health; communicable disease
Tom Dabareiner	City of Bloomington	City planning
Renee Donaldson	BroMenn Medical Center	Healthcare; behavioral health
Logan Frederick	BroMenn Medical Center	Healthcare
Sally Gambacorta	BroMenn Medical Center	Healthcare
Sue Grant	McLean County Health Department	Public health; oral health & vaccinations
Leslie Hanson	Bloomington School District 87	Schools; youth
John Hesse	BroMenn Medical Center	Healthcare
Walt Howe	McLean County Health Department	Public health; systems & policy
Aimee Ingalls	Economic Development Council	Business; demographics
Dawn Irion	OSF Healthcare System	Healthcare
Michelle Carrothers	OSF Healthcare System	Healthcare
Paula Corrigan	OSF Saint James Hospital	Healthcare
Cheree Johnson	BroMenn Medical Center	Healthcare; faith-based community
Melissa Johnston-Gross	United Way of McLean County	Stevenson Fellow; research
Erin Kennedy	OSF St. Joseph Medical Center	Healthcare; worksite wellness
Christy Kosharek	Marcfirst SPICE	Developmental disabilities; early childhood
Dietra Kulicke	Chestnut Health Systems	Mental health; FQHC
Katie McHugh	McLean County Health Department	Health Promotion
Angie McLaughlin	Community Health Care Clinic	Underserved; uninsured
Megan Moser	McLean County Center for Human Services	Mental health
Meridith Nelson	OSF St. Joseph Medical Center	Healthcare
Vasu Pinnamaraju	McLean County Regional Planning Commission	Planning
Trina Scott	Immanuel Health Center	Underserved
Katie Simpson	City of Bloomington	City planning
Deborah Skillrud	Bloomington Township; John M. Scott Health Commission	Underserved
Karen Stipp	Illinois State University School of Social Work	Social work & health research
David Taylor	United Way of McLean County	Convener; funder; collective impact
Diane Wolf	Regional Office of Education	Schools; youth

III. Executive Summary

McLean County Joint Community Health Improvement Plan (2017-2019)

a) Statement of Purpose

The purpose of the 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, encouraging health and healthcare access awareness, and promoting healthy lifestyle choices that can improve health and reduce the risk of death and disability.

McLean County is well poised to make meaningful progress due to the innovative collaboration among the four entities spearheading the health improvement effort: BroMenn Medical Center, the McLean County Health Department, St. Joseph Medical Center, and the United Way of McLean County; and, the additional strength of over 45 other entities representing key stakeholders, all of whom are eager to continue their mission and journey in helping to improve the health and well-being of the individuals in McLean County.

b) Development Process for the Community Health Improvement Plan

The completion and approval of the joint McLean County Community Health Needs Assessment in the summer of 2016 included the identification of three health priorities and provided the groundwork for the development of the McLean County Community Health Improvement Plan from September through December of 2016. Approvals of the document were attained by the McLean County Community Health Council on December 8, 2016, and all governing bodies by the end of January 2017.

For the development of the Community Health Needs Assessment, at least one member from each of the four organizations spearheading the effort made up the Executive Steering Committee, which analyzed an extensive quantity of both primary and secondary data from July 2015 to February 2016. Due to the availability of new datasets, the steering committee was able to analyze data at a more detailed level and identify health disparities for gender, age, race/ethnicity, and zip code for a variety of health outcomes.

In February 2016, the Executive Steering Committee presented 13 health issues to the McLean County Community Health Council that the data suggested were health problems. The McLean County Community Health Council consists of 35 individuals from 14 additional organizations in McLean County representing public entities, faith-based and private organizations, social service organizations, healthcare facilities and city and regional planning. Although a standard prioritization methodology was

not utilized at this stage in the process, the following factors were taken into consideration in the decision making process when analyzing the data:

- Trending unfavorably overall
- Worse than state, national, and/or Healthy People 2020 goals
- Demonstrating significant local disparities

The 13 health concerns that rose to the top for McLean County are listed below in alphabetical order:

- Alzheimer's and Dementia
- Birth Outcomes
- Cancer
- Cesarean Section
- Heart Disease
- Mental Health
- Obesity
- Oral Health
- Radon
- Respiratory Disease
- Sexually Transmitted Diseases
- Substance Abuse
- Violent Crime

During the first McLean County Community Health Council meeting, robust data was presented on the 13 health issues which were then narrowed down to six health issues to be prioritized during the next meeting. It is important to note that although it was not presented as one of the 13 health concerns, access to appropriate healthcare continually came up as an important issue during group discussion. It was decided upon by the group that this would be added as one of the health issues to be voted on in addition to the 13 issues presented. Additionally, council members were informed that they could combine any issues they felt were appropriate. For example, council members could vote for mental health or they could combine mental health and substance abuse and vote for behavioral health. Discussion also occurred during the meeting that diabetes, cancer and heart disease could all fall under obesity if selected as one of the six priorities on which to vote because reducing obesity could positively impact the incidence of each of the above diseases. After council members voted, the results of the top six issues to be prioritized at the next meeting were as follows:

- Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs
- Behavioral Health (Mental Health and Substance Abuse)
- Birth Outcomes
- Obesity
- Oral Health
- Respiratory Disease

The Hanlon Method was utilized during the February 25, 2016, prioritization meeting with the McLean County Community Health Council to select the top three health priorities for McLean County from the list of six primary health concerns identified at the February 11, 2016, meeting. For a complete description of the Hanlon Method, please refer to pages 92 through 94 of the 2016 McLean County Community Health Needs Assessment document found at the following [link](#).

The following three health priorities were selected by the McLean County Community Health Council given the data analyzed from the 2016 McLean County Community Health Needs Assessment:

- Behavioral Health (including Mental Health and Substance Abuse)
 - Hanlon Priority Score = 175.7
- Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Need
 - Hanlon Priority Score = 158.6
- Obesity
 - Hanlon Priority Score = 153.8

The three health issues that were not selected were oral health (148.4), respiratory disease (121.0), and birth outcomes (106.9). The council acknowledged the importance of all three of these issues, but the prioritization scores for the three selected issues were higher than those for the issues not selected.

After identification of the top three health priorities, the next step in the process included pulling key stakeholders together to set high level goals for the health priorities. A separate meeting was held for each health priority, during the month of April 2016, to discuss appropriate community goals for each initiative. A total of 51 individuals participated in the goal-setting process, representing more than 45 organizations in McLean County.

The goals for each of the health priorities identified are listed below:

Access to Appropriate Healthcare Goal: By 2020, decrease barriers to utilizing primary care in 61701 in order to reduce use of hospital emergency departments for non-emergent conditions.

Behavioral Health Goal #1: By 2020, increase coping skills to reduce deaths due to suicide and emergency room visits due to self-inflicted injury and alcohol abuse.

Behavioral Health Goal #2: By 2020, reduce behavioral health stigma to increase earlier access to care.

Obesity Goal: By 2020, pursue policy, system and environmental changes to maintain or increase the percentage of people living at a healthy body weight in McLean County.

The joint McLean County Community Health Improvement Plan was developed after the three stakeholder groups from the April 2016 goal-setting sessions met in October and November of 2016 to set specific objectives towards achieving the goals and to identify intervention strategies as well as potential resources, additional partners, and efforts in the community. The results of these meetings are documented in the “McLean County Community Health Improvement Plan Summary” for each of the three health priorities.

c) The Three Health Priorities for McLean County

For the three-year period of 2017-2019, McLean County stakeholders will be working together to implement the McLean County Community Health Improvement Plan in order to positively impact the three health priorities:

- 1) Behavioral Health (including Mental Health and Substance Abuse)
- 2) Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs
- 3) Obesity

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

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

d) Community Involvement

The Community Health Improvement Plan could not have been achieved without first conducting a community health needs assessment. The Community Health Needs Assessment began with the collection of primary data through a survey of McLean County adults. The 2015 Community Health Survey (found in Appendix 2 of the McLean County Community Health Needs Assessment found [here](#)), conducted by a Bradley University researcher under contract with OSF Healthcare consisted of 36 demographic and health-related questions that were administered from July through September of 2015, yielding a total of 834 responses from McLean County residents. Of these, 297 of the respondents were persons living in poverty. The survey provided valuable information about healthcare utilization and obstacles to use, rationales for health choices, and the health behaviors of county residents. Analysis of the survey responses, along with the assessment of the available secondary data, fueled the

health problem prioritization process as well as the identification of interventions in the McLean County Community Health Improvement Plan.

In April 2016, 79 individuals were invited to participate in stakeholder meetings to assist with the development of high-level goals for the Community Health Improvement Plan as well as to expand community involvement, cultivate investment in the plan and improve the quality of it. Additional stakeholder meetings were convened in October and November 2016 to develop objectives and identify interventions for the plan. Fifty-one individuals representing 45 organizations, in addition to the four Executive Steering Group agencies, accepted the invitation and had direct input into the McLean County Community Health Needs Assessment, the Community Health Improvement Plan or both, resulting in a strong plan with actionable interventions for McLean County. Their input is vital to the success of the plan and their knowledge of community resources and current efforts to improve health were invaluable. These stakeholders are positioned for collaboration and ready to move forward with implementation in 2017 to help improve the health and well-being of McLean County residents.

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

a) Description of the Health Priority

Mental illnesses are one of the leading causes of disability in the United States. In any given year, approximately 13 million American adults have a seriously debilitating mental illness. Furthermore, unstable mental health can lead to suicide, which accounts for the death of approximately 30,000 Americans every year (Healthy Communities Institute, 2016).

To complicate matters, people with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder. When an individual is impacted by both, these are referred to as co-occurring disorders, and treatment is complicated since both disorders can have psychological, social, and biological components. The 2014 National Survey on Drug Use and Health by the Substance Abuse and Mental Health Services Administration reports that approximately 7.9 million adults in the United States had co-occurring disorders, and individuals with these disorders are at higher risk for other illnesses and early death, suicide, homelessness, and incarceration.

According to the 2013 Illinois Behavioral Risk Factor Surveillance System, the percentage of McLean County adults at risk for acute/binge drinking is 26.9 percent, higher than the percentage at risk for the state (21.8 percent). McLean County adults at risk for acute/binge drinking has increased from 19.0 percent in 2007-2009 to 26.9 percent. Men are more at risk for acute/binge drinking at 34.4 percent compared to women at 5.1 percent.

Local hospital data received from the Healthy Communities Institute, Illinois Hospital Association database for 2012-2014 identified some differences between those individuals accessing the emergency room for alcohol abuse versus those hospitalized for alcohol abuse:

In McLean County, the highest emergency room rates due to alcohol abuse are seen in:

- individuals aged 18-19 (96.4 emergency room visits per 10,000 population)
- males (70.3 emergency room visits per 10,000 population)
- Blacks or African Americans (140.2 emergency room visits per 10,000 population)
- those living in Bloomington zip code 61701 (119.1 emergency room visits per 10,000 population)

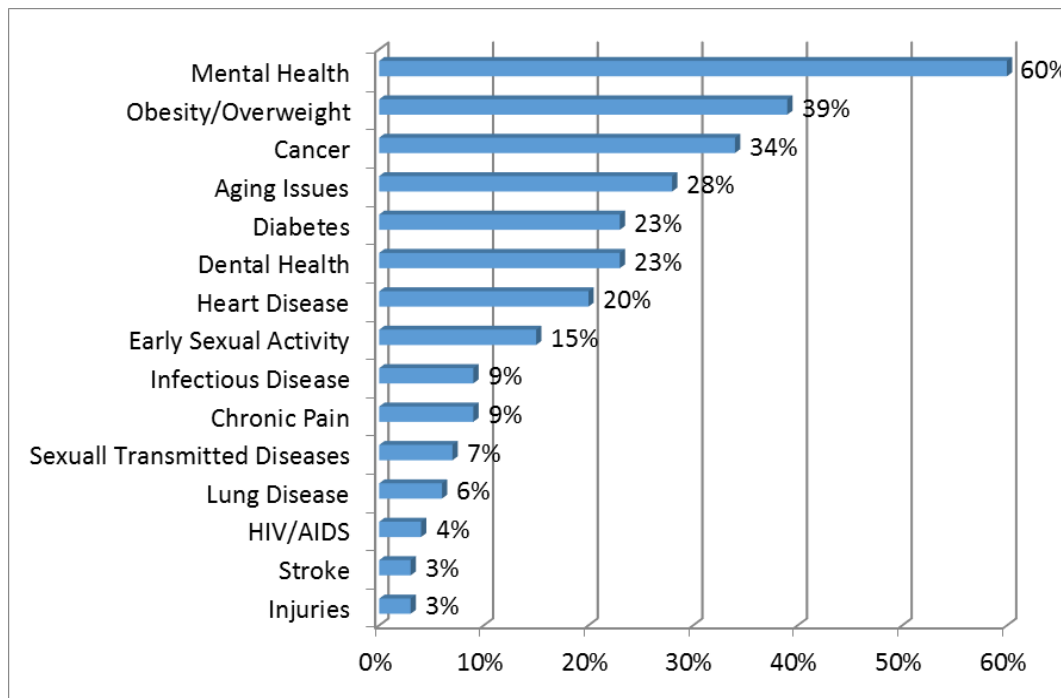
In McLean County, the highest hospitalization rates due to alcohol abuse are seen in:

- individuals aged 45-64 (18.1 hospitalizations per 10,000 population)
- males (16.3 hospitalizations per 10,000 population)
- those living in Bloomington zip code 61701 (21.5 hospitalization per 10,000 population)

The percent of motor vehicle crash deaths with alcohol involvement in McLean County is 39.3 percent. This rate is in the worst 50th-75th percentile range compared to other counties in the United States (County Health Rankings, 2015).

The 2015 McLean County Community Health Survey asked the over 800 respondents to rate the three most important health issues in the community out of 15 choices (Exhibit 1). The health issue that rated highest was mental health. It was identified 60 percent of the time.

Exhibit 1: Survey Respondents’ Perception of the Most Important Health Issues in McLean County, 2015



Source: McLean County Community Health Survey, 2015

The survey also revealed that 10 percent of respondents reported that they do not have access to counseling services when needed. Of these, 30 percent noted that embarrassment (16 percent) and fear (14 percent) were reasons they were not able to access counseling services. Besides emotional barriers to care, other responses regarding barriers included those in the areas of finance or insurance and access.

Like many illnesses, early detection and access to outpatient care as well as consistent ongoing treatment for those with mental health and substance use disorders can improve health outcomes as well as an individual’s quality of life. Care received in the emergency room may indicate inadequacies in the healthcare received outside of it. In McLean County, emergency room data from the two local hospitals provides a snapshot of the consequences of delayed access to care, inadequate care or insufficient treatment for mental health and substance use disorders:

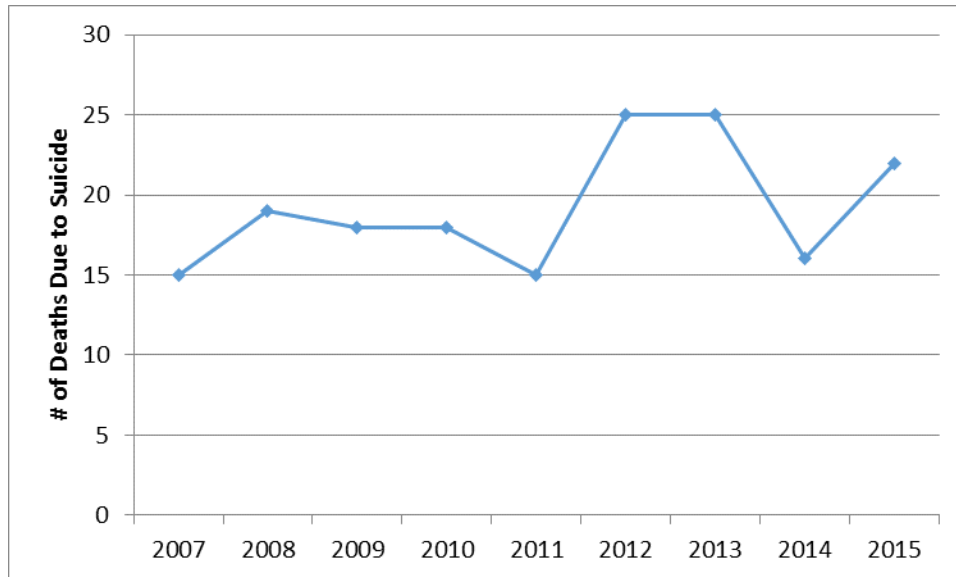
- **General:**
 - Psychiatric visits are in the top four reasons for visits to BroMenn Medical Center’s emergency room for 2011-2014. From 2012-2014, they ranked second. The number of psychiatric visits has increased 13.6 percent from 2011 (1,682 visits) to 2014 (1,911 visits).

- Bloomington (zip code 61701) is in the worst fourth quartile range compared to other counties in Illinois for age-adjusted emergency room visits due to pediatric mental health, suicide and intentional self-inflicted injury, and mental health for the population ages 18+ years.
- Adolescents/Pediatrics:
 - Age-adjusted emergency room visits due to adolescent suicide and intentional self-inflicted injury and harm is in the worst fourth quartile range compared to other counties in Illinois for both Bloomington (zip code 61701) and Normal (zip code 61761).
 - The highest rates for age-adjusted emergency room visits due to adolescent suicide and self-inflicted injury occur in individuals 15-17 years old, females and White/non-Hispanic.
 - The rate for age-adjusted emergency room visits due to pediatric mental health (aged 18 years and under) for McLean County is 61 emergency room visits per 10,000 population (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This is in the worst 50th-75th percentile range compared to other counties in Illinois.
 - The highest rates for age-adjusted emergency room visits due to pediatric mental health occur in 12-14 and 15-17 year olds, females and Black or African Americans.
- Adults:
 - The highest rates for age-adjusted emergency room visits due to suicide and intentional self-inflicted injury occur in 25-34 year olds, males and Blacks or African Americans.
 - The rate for age-adjusted emergency room visits for adults due to suicide and intentional self-inflicted injury in McLean County is 22.6 emergency room visits per 10,000 population 18 years and older (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This is in the worst 50th-75th percentile range compared to other counties in Illinois.
 - The highest rates for age-adjusted emergency room visits due to mental health occur in individuals 25-34 years old, females and Blacks or African Americans.
 - The age-adjusted emergency room rate due to alcohol abuse is 50.7 visits per 10,000 population for McLean County. This rate is in the worst fourth quartile range when compared to other Illinois counties and has increased 40 percent since 2009-2011.
 - McLean County's age-adjusted hospitalization rate due to alcohol abuse is 11.0 per 10,000 population, also in the worst fourth quartile range. This rate has increased 30.9 percent since 2009-2011.

The age-adjusted death rate due to suicide in McLean County is 11.7 deaths per 100,000 population (Healthy Communities Institute, Center for Disease Control and Prevention, 2011–2013). This is higher than the Healthy People 2020 goal to reduce the suicide rate to 10.2 deaths per 100,000 population (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016).

There were 22 suicides in McLean County in 2015 (McLean County Coroner, 2015). As show below in Exhibit 2, this has increased from 15 deaths due to suicide in 2007.

Exhibit 2: McLean County Illinois Deaths Due to Suicide, 2007-2015

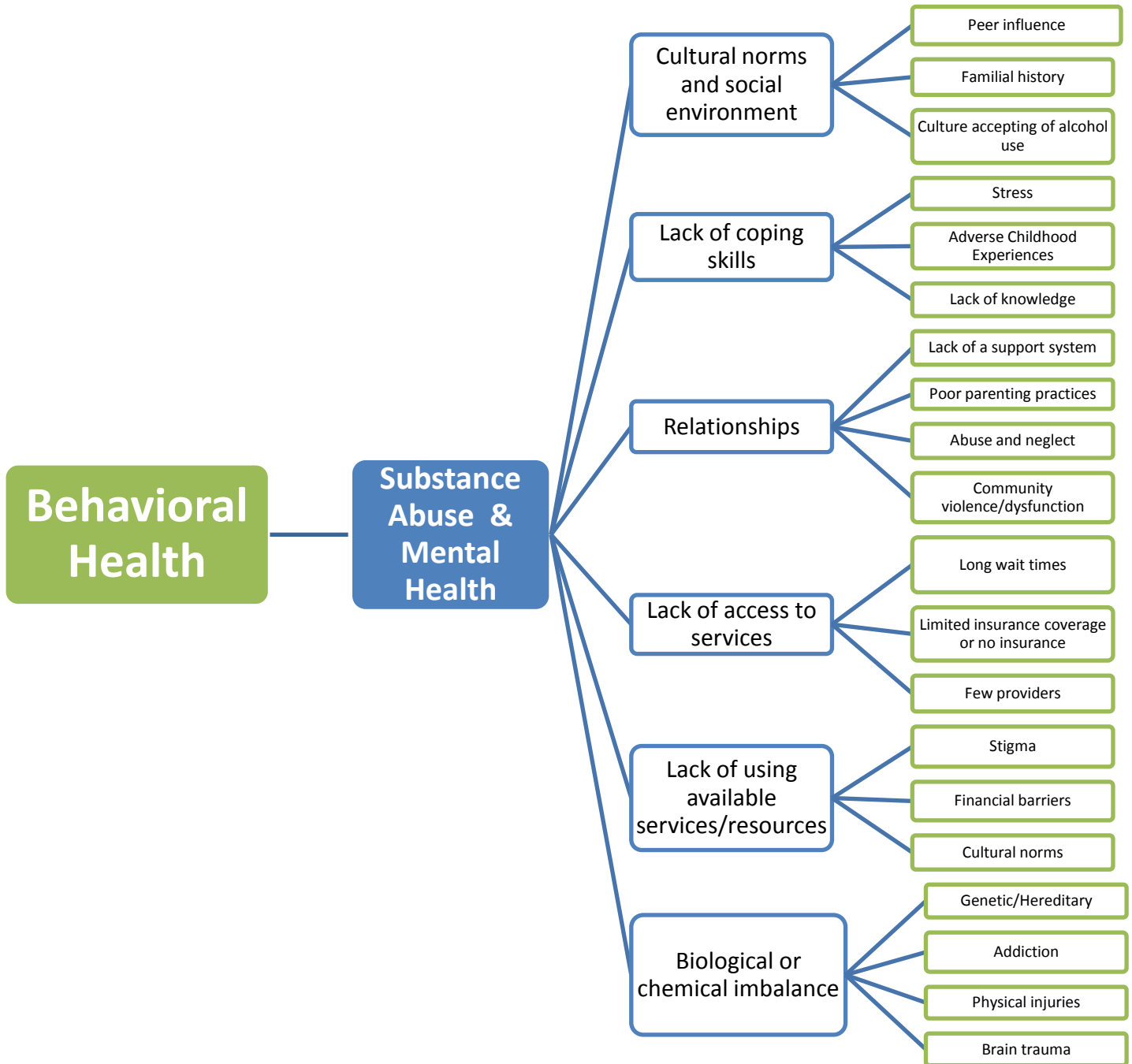


Source: McLean County Illinois Coroner, 2015.

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

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

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



c) Rationale for Choice as a Health Priority

Behavioral health was selected as a health priority by the McLean County Community Health Council for several reasons. Behavioral health received the highest priority score (175.7), clearly indicating the need for further improvements in this area in McLean County. In the 2015 Community Health Survey, county residents also indicated that mental health was an important health concern. It ranked as the number one health issue, receiving a score of 60 percent; obesity came in a distant second place at 39 percent of responses.

Another area of concern that assisted in bringing behavioral health issues to the forefront were the numerous health disparities in Bloomington zip code 61701 and Normal zip code 61761 for both mental health and substance abuse. There is also a great deal of public support and momentum behind mental health in McLean County and has been since 2012. The county is well-situated to collaborate on mental health and substance abuse due to the on-going efforts of numerous organizations. Mental health was also previously selected as a key health priority by both hospitals and the health department during the previous community health needs assessments, giving further momentum to the efforts of improving behavioral health for county residents.

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

Behavioral Health (mental health, in particular) was identified as a priority health issue in McLean County by the McLean County Health Department's 2012-2017 Community Health Improvement Plan, St. Joseph Medical Center's 2013 Community Health Needs Assessment and BroMenn Medical Center's 2011-2013 Community Health Needs Assessment. In addition, the McLean County Board Executive Committee convened two workgroups in early 2014, one tasked to identify community mental health needs and one to identify best practices. The product of these workgroups was a comprehensive Mental Health Action Plan in 2015 for McLean County and the formation of a Behavioral Health Coordinating Council that reports directly to the McLean County Board.

As a result of the abovementioned needs assessments and improvement plans, many task forces, committees, programs and efforts have been underway to address the behavioral health needs in our community since 2012. The Behavioral Health goal-setting meeting, held on April 26th, 2016, consisted of representatives from each of the active behavioral health groups as well as schools, law enforcement, court services and mental health service providers.

Four major themes emerged from the goal-setting discussion: 1) the need for stigma reduction 2) the need for coordination of current efforts and funding streams 3) the need for coordination of behavioral health services 4) the need to develop coping skills as a prevention mechanism. As the Behavioral Health Coordinating Council will be exploring the coordination of current efforts and funding streams, and other groups are already tackling the coordination of behavioral health services, the high-level goals determined in April 2016, and the objectives and interventions identified in the stakeholder meeting in October 2016, were developed around two of the themes: stigma reduction and coping skills development, focusing on the prevention of behavioral health issues rather than the treatment of them.

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

Behavioral Health Goal #1: By 2020, increase coping skills to reduce deaths due to suicide and emergency room visits due to self-inflicted injury and alcohol abuse with a focus on low socio-economic zip codes.

- Outcome Objective #1: By 2020, reduce deaths due to suicide and emergency room visits due to self-inflicted injury and alcohol abuse.
 - Impact Objective #1: By 2020, reduce the proportion of adults at risk for acute/binge drinking and youth using alcohol within the past year.
 - Impact Objective #2: By 2020, reduce the proportion of McLean County adults reporting 8-30 days of “not good” mental health per month.

Behavioral Health Goal #2: By 2020, reduce behavioral health stigma to increase earlier access to care.

- Outcome Objective #1: By 2020, increase the percentage of McLean County residents indicating they have access to counseling services.
 - Impact Objective #1: By 2020, reduce the proportion of McLean County adults who did not access counseling services due to embarrassment or fear.
 - Impact Objective #2: Greater than 90 percent of Mental Health First Aid course participants will either agree or strongly agree that they are more confident about recognizing and correcting misconceptions about mental health and mental illness.

The following six pages (21-26) contain the McLean County Community Health Improvement Plan Summary for Behavioral Health.

e) Funding for Implementing Interventions

After approval of the McLean County Community Health Improvement Plan, the stakeholder group will further address funding options and grant opportunities as they become available. The stakeholders have worked together through the needs assessment and health plan development process, making the community better-positioned for collaborative grant efforts. In addition, since many of the intervention strategies for this health priority fall within the mission of some of the stakeholder agencies, letters of support for grant proposal submissions will be encouraged.

The partners involved in the Executive Steering Committee, along with the Community Development Division of the City of Bloomington, Illinois, recently applied for and received an Invest Health Grant funded by the Robert Wood Johnson Foundation and the Reinvestment Fund for 50 mid-sized cities in the United States. Through this small, 18-month planning grant, the Invest Health team has brought together disparate sectors of the community to identify and plan for built environment changes in Bloomington to potentially increase access to healthcare, housing and healthy foods. This grant has widened avenues of participation and spurred the incorporation of health and healthy-lifestyles concepts in municipal planning efforts, which may provide additional funding opportunities as well as long-term health promotion impact.

McLean County Community Health Improvement Plan Summary: Behavioral Health 2017-2019

HEALTH PRIORITY: BEHAVIORAL HEALTH

GOAL: By 2020, increase coping skills to reduce deaths due to suicide and emergency room (ER) visits due to self-inflicted injury and alcohol abuse with a focus on low socio-economic zip codes.

OUTCOME OBJECTIVE: By 2020, reduce deaths due to suicide and ER visits due to self-inflicted injury and alcohol abuse.

Baseline

Deaths due to suicide: 22 deaths (*McLean County Coroner, 2015*)

Age-adjusted ER visits due to self-inflicted injury: adults – 22.6 visits per 10,000; adolescents – 59.2/10,000 (*Healthy Communities Institute, Illinois Hospital Association, 2012-2014*)

Age-adjusted ER visits due to alcohol abuse: 50.7 visits per 10,000 (*Healthy Communities Institute, Illinois Hospital Association, 2012-2014*)

State Health Improvement Plan (SHIP) 2021 Alignment

- Reduce age-adjusted suicide rate
- Reduce age-adjusted suicide rate among the veteran population
- Reduce emergency department visits, hospitalizations, and incarceration due to behavioral health issues by narrowing the treatment gap and building and sustaining community-based behavioral health treatment capacity

	INTERVENTION STRATEGIES	EVALUATION PLAN	POTENTIAL RESOURCES/PARTNERS*
<p>IMPACT OBJECTIVE #1: By 2020, reduce the proportion of adults at risk for acute/binge drinking and youth using alcohol within the past year.</p> <p>Baseline: adults – 26.9% (Behavioral Risk Factor Surveillance System [BRFSS], 2013); 8th graders – 26% (Illinois Youth Survey [IYS], 2012); 12th graders – 64%</p>	<p>Offer Too Good for Drugs, an evidence based drug and alcohol program with a strong coping skills component for two grade levels in McLean County public school districts.</p> <p><i>Evidence: Too Good for Drugs is a framework of social and emotional skills that develops goal-setting, decision-making, and effective communication skills. A comprehensive body of evidence demonstrates the positive effects of Too Good for Drugs on emotional competency skills, decision-making ability, intentions to use illicit substances, substance use behavior, and intentions to engage in aggressive behavior. Too Good for Drugs programs have demonstrated effectiveness in third party evaluations. Evaluation studies for the evidence-based program</i></p>	<p><u>Process indicators:</u></p> <ul style="list-style-type: none"> • Conduct an inventory of evidenced-based programs aimed at reducing alcohol use in adults in McLean County. • # of public school districts in McLean County where Too Good for Drugs is implemented (baseline: 6 public school districts- Project Oz, 2016). • # of students in McLean County public schools participating in Too Good for Drugs (baseline: 2472 Project Oz, 2016). • Conduct an inventory of programs with a 	<ul style="list-style-type: none"> • Project Oz • Regional Office of Education #17 • McLean County public school districts • Illinois State University • McLean County Behavioral Health in Schools Committee • Illinois State University Psychological Services • Chestnut Health Systems

<p>(IYS, 2012)</p> <p><i>Healthy People 2020 (HP 2020) Alignment:</i></p> <ul style="list-style-type: none"> • Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days. • Reduce the proportion of adults who drank excessively in the previous 30 days 	<p><i>Too Good for Drugs show the following outcomes: 1) the proportion of students with intentions to drink was significantly reduced 2) the proportion of students with intentions to smoke, use marijuana, or engage in fighting were reduced 3) scores increased in 8 of 9 protective areas (i.e. emotional competency, social and peer resistance skills, goal -setting and decision-making, perceived harmful effects of substance use)</i></p> <p>http://www.toogoodprograms.org/too-good/evidence-base/</p> <p>Support evidence-based programs with coping skills component in McLean County.</p>	<p>coping skills component offered in public schools and community organizations in McLean County</p> <ul style="list-style-type: none"> • Develop a list of programs with a coping skills component to distribute to or available for appropriate stakeholders (i.e., superintendents) • # of students in McLean County public schools participating in the Illinois Youth Survey (baseline: 2187 students, Illinois Youth Survey, 2016) <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Average improvement in student pre and post-test scores for Too Good for Drugs (baseline: +2.11, Project Oz, 2016) 	
<p>IMPACT OBJECTIVE #2: By 2020, reduce the proportion of McLean County adults reporting 8-30 days of “not good” mental health per month.</p> <p>Baseline: 13.9% (BRFSS, 2013)</p> <p><i>HP 2020 Alignment:</i></p> <ul style="list-style-type: none"> • Reduce the suicide rate. • Reduce suicide attempts by adolescents. 	<p>Offer Mental Health First Aid (MHFA) to the community. MHFA courses are designed for lay people or non-mental health professionals.</p> <p><i>Evidence: Mental Health First Aid USA is an international evidence-based program managed, operated and disseminated by the National Council for Behavioral Health, Maryland Department of Mental Health and Hygiene and the Missouri Department of Mental Health. Major findings of Mental Health First Aid studies found that participants gained: 1) better recognition of mental disorders 2) better understanding of treatments 3) confidence in providing help to others 4) improved mental health for themselves 5) less stigmatizing attitudes and decreased social distance for people with mental disorders.</i></p> <p>http://www.dbsalliance.org/site/DocServer/MHFA_Evidence.pdf?docID=8202</p>	<p><u>Process indicators:</u></p> <ul style="list-style-type: none"> • # of MHFA courses sponsored by Advocate BroMenn Medical Center (baseline: 4 courses – McLean County MHFA Collaborative, 2016) • # of MHFA courses sponsored by OSF St. Joseph Medical Center (baseline: 3 courses – McLean County MHFA Collaborative, 2016) • # of McLean County community members trained in MHFA per year (baseline: 421 community members, McLean County MHFA Collaborative 2016) <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • % of MHFA course participants that “Agree” or “Strongly Agree” that they are More 	<ul style="list-style-type: none"> • McLean County Mental Health First Aid Collaborative: <ul style="list-style-type: none"> -Advocate BroMenn Medical Center -Central Illinois Area Health Education Center -McLean County Center for Human Services -McLean County Health Department -OSF St. Joseph Medical Center -Chestnut Health Systems -McLean County Emergency Medical Services

		<p>Confident About Being Aware of Their Own Views & Feelings About Mental Health Problems & Disorders (baseline: 98% of survey respondents-McLean County MHFA Collaborative, 7/1/14- 6/30/16)</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: 81%, McLean County MHFA Collaborative, September 2016) • % of MHFA follow-up survey participants that feel prepared to ask a person whether s/he is considering killing her/himself (baseline: 83%, McLean County MHFA Collaborative, September 2016) 	<p>-Tri-County Special Education Association -Bloomington Fire Department</p> <ul style="list-style-type: none"> • Regional Office of Education #17 • McLean County schools • McLean County faith community • McLean County employers • Women to Women Giving Circle of Illinois Prairie Community Foundation • John M. Scott Health Commission
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RELATED EFFORTS

- Coordinate with the McLean County Behavioral Health Coordinating Council to ensure alignment of community behavioral health efforts outlined in the 2015 Mental Health Action Plan and in the McLean County Community Health Improvement Plan.

GOAL: By 2020, reduce behavioral health stigma to increase earlier access to care.

OUTCOME OBJECTIVE: By 2020, increase the percentage of McLean County residents indicating they have access to counseling services.

Baseline
90% (McLean County Community Health Survey, 2015)

SHIP 2021 Alignment

- Evidence of new or strengthened partnerships with a wide variety of stakeholders to enhance and support the development of medical and health homes that integrate mental and physical health and wellness across the continuum of services
- Increase behavioral health literacy and conduct more Mental Health First Aid trainings to build community capacity in this area

	INTERVENTION STRATEGIES	EVALUATION PLAN	POTENTIAL RESOURCES/PARTNERS*
<p>IMPACT OBJECTIVE #1: By 2020, reduce the proportion of McLean County adults who did not access counseling services due to embarrassment or fear.</p> <p>Baseline: Embarrassment – 16%; Fear – 14% (McLean County Community Health Survey, 2015)</p> <p><i>HP 2020 Alignment:</i></p> <ul style="list-style-type: none"> • Increase the proportion of children with mental health problems who receive treatment. • Increase the proportion of adults with mental health disorders who receive treatment. 	<p>Explore developing and offering a behavioral health campaign on becoming a trauma-informed community and on adverse childhood experiences (ACEs) to educate the general public, practitioners and stakeholders around key issues related to behavioral health.</p> <p>Partner with schools, community organizations and businesses in McLean County, with an emphasis on high-risk communities, to offer trainings on ACEs and trauma to increase awareness.</p> <p>Offer Ending the Silence, an evidence based program aimed at reducing behavioral health stigma, i.e. suicide prevention and mental health awareness, for McLean County residents.</p> <p><i>Evidence: Ending the Silence is a mental health awareness and suicide prevention program that destigmatizes mental illness, offers hope for recovery, and empowers teens to ask for help. Ending the Silence was designed by the National Alliance on Mental Illness (NAMI) and is delivered locally by Project Oz, the provider of universal prevention education in McLean County. Ending the Silence is in the process of becoming evidence-based and is currently facilitated in 26 states, reaching approximately 40,000 teens annually. This program is part of a community-wide effort that includes collaboration with many other agencies, including the Center for Human Services, The Center for Youth and Family Solutions, PATH Crisis Center, Advocate BroMenn Medical Center and NAMI Livingston/McLean Counties.</i></p>	<p><u>Process indicators:</u></p> <ul style="list-style-type: none"> • Establish a baseline for the # of ACEs/trauma awareness programs or presentations offered in McLean County • Establish a baseline for the # of community members participating in ACEs/trauma awareness programs or presentations offered in McLean County • Establish a baseline for the # of McLean County public schools offering ACEs/trauma awareness training • # of campaign messages, and types, aimed at reducing behavioral health stigma • # of public schools in McLean County where Ending the Silence is implemented (baseline: 3 public schools, Project Oz, 2016). • # of students in McLean County public schools participating in Ending the Silence (baseline: 677 students, Project Oz, 2016). • Explore establishing a baseline for youth not accessing counseling due to embarrassment or fear. <p><u>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: 99% of students, Project Oz, November 2016) • % of Ending the Silence student participants agreeing with the following 	<ul style="list-style-type: none"> • McLean County Mental Health First Aid Collaborative • Regional Office of Education #17 • Project Oz • Center for Youth and Family Services • McLean County Center for Human Services • Central Illinois Area for Health Education • Chestnut Health Systems • Baby Fold • Children’s Home and Aid • Illinois State University Psychological Services • National Alliance on Mental Illness (NAMI) Livingston and McLean County Chapter • McLean County Behavioral Health in Schools Committee

		statement, “I know the early warning signs of mental illness” (baseline: 95% of students, Project Oz, November 2016)	
<p>IMPACT OBJECTIVE #2: Greater than 90% of Mental Health First Aid course participants will either agree or strongly agree that they are more confident about recognizing and correcting misconceptions about mental health and mental illness.</p> <ul style="list-style-type: none"> Baseline: 99% (McLean County MHFA Collaborative, 7/1/14 – 6/30/16) 	<p>Offer Mental Health First Aid (MHFA) to the community. MHFA courses are designed for lay people or non-mental health professionals.</p> <p><i>Evidence: Mental Health First Aid USA is an international evidence-based program managed, operated and disseminated by the National Council for Behavioral Health, Maryland Department of Mental Health and Hygiene and the Missouri Department of Mental Health. Major findings of Mental Health First Aid studies found that participants gained: 1) better recognition of mental disorders 2) better understanding of treatments 3) confidence in providing help to others 4) improved mental health for themselves 5) less stigmatizing attitudes and decreased social distance for people with mental disorders.</i></p> <p>http://www.dbsalliance.org/site/DocServer/MHFA_Evidence.pdf?docID=8202</p>	<p><u>Process indicators:</u></p> <ul style="list-style-type: none"> # of MHFA courses offered to residents in McLean County (baseline: 17 courses, McLean County MHFA Collaborative, 2016) # of McLean County community members trained in MHFA per year (baseline: 421 community members, MHFA Collaborative 2016) The McLean County MHFA Collaborative will continue to explore grant opportunities for MHFA courses in McLean County The McLean County MHFA Collaborative will offer a Youth MHFA Instructor Training Course at the McLean County Health Department in 2017. Advocate BroMenn Medical Center will send one employee to MHFA Instructor Training in 2017. Advocate BroMenn Medical Center and OSF St. Joseph Medical Center will develop a plan in 2017 to train clinical and non-clinical staff in MHFA. <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> % of MHFA course participants that “Agree” or “Strongly Agree” they are <i>More Confident they could Offer</i> a youth or an adult <i>Basic “Mental Health First Aid”</i> 	<ul style="list-style-type: none"> McLean County Mental Health First Aid Collaborative Regional Office of Education #17 McLean County schools McLean County faith community McLean County employers Women to Women Giving Circle of Illinois Prairie Community Foundation John M. Scott Commission

		<p><i>Information & Reassurance</i> (baseline: 97% of survey respondents-McLean County MHFA Collaborative, 7/1/14 –6/30/16)</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: 81%, McLean County MHFA Collaborative, September 2016) • % of MHFA follow-up survey participants that feel prepared to ask a person whether s/he is considering killing her/himself (baseline: 83%, McLean County MHFA Collaborative, September 2016) 	
RELATED EFFORTS			
<ul style="list-style-type: none"> • Additional potential partners include Mid Central Community Action - Domestic Violence Program, YWCA- Stepping Stones, Corporate Alliance to End Partner Violence, Children’s Home and Aid - Butterfly Coalition, McLean County Domestic Violence Multidisciplinary Team 			

****The four organizations comprising the McLean County Executive Steering Committee; Advocate BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and United Way of McLean County, are all implied resources/partners for the Behavioral Health Community Health Improvement Plan.***

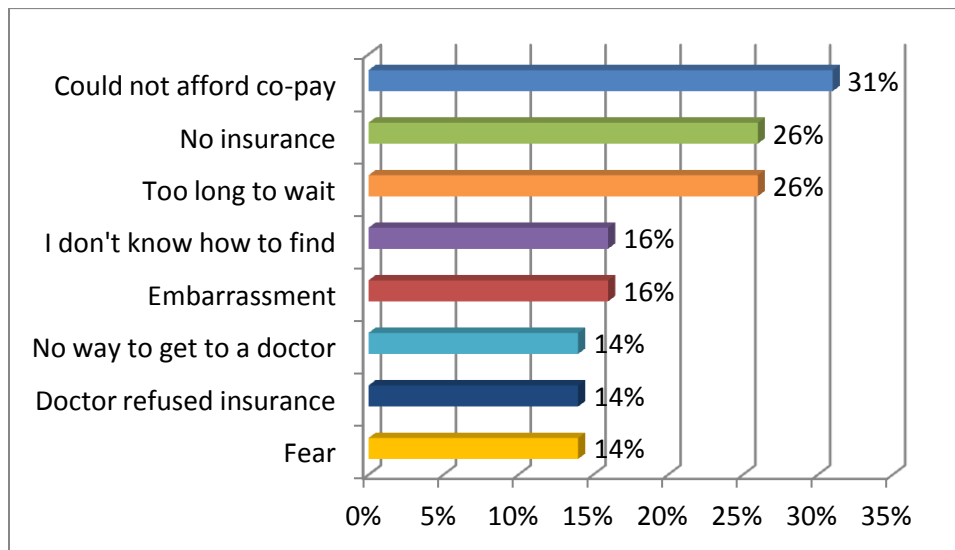
f) Barriers to Achieving Health Improvements

Multiple barriers exist for individuals and families seeking behavioral health services. Although mental health and substance abuse services are available in McLean County, the largest geographic county in Illinois, they are located primarily in the twin cities of Bloomington and Normal; few services exist in rural areas and, throughout the county, service capacity is limited. Additional barriers were identified in the responses to the 2015 Community Health Survey of county residents. The survey identified that 10 percent of respondents did not have access to counseling services. When asked, “Why weren’t you able to get counseling?” (Exhibit 3) responses fell into several categories:

- Financial barriers: 71 percent (31 percent could not afford co-pay; 26 percent had no insurance; 14 percent doctor refused insurance)
- Access barriers: 56 percent (26 percent too long to wait; 16 percent don’t know how to find; 14 percent no way to get to a doctor)
- Emotional barriers: 30 percent (16 percent embarrassment; 14 percent fear)

Exhibit 3: Responses for “Why weren’t you able to get counseling?” for McLean County Residents, 2015

(Note that total percentages do not equal 100 percent as respondents could choose more than one answer)



Source: McLean County Community Health Survey, 2015

In addition to the above barriers, the number of behavioral health providers in the community is limited and often there are eligibility requirements for services, which at times restricts the ability of the provider to offer services in a timely manner. Even if the stigma to seek services is reduced so that behavioral health care is sought out early, county residents may still not be able to access services quickly.

g) Evaluation and Monitoring Plan

Within the McLean County Community Health Improvement Plan Summary, there is an “Evaluation Plan” column that contains both process indicators and outcome indicators. These indicators will be tracked throughout the three-year cycle ending in 2019, with the assistance of the stakeholder group. The Executive Steering Committee will be responsible for assuring that the indicator data is being tracked and that it is shared on at least an annual basis with the McLean County Community Health Council and the key stakeholder committee for each health priority. Prior to 2019, data received from subsequent Illinois Behavioral Risk Factor Surveillance surveys, the Illinois Youth Survey or the next McLean County Community Health Survey, conducted in preparation for the 2017-2019 Community Health Needs Assessment, will be compared to the outcome objectives and impact objectives listed in the Community Health Improvement Plan Summary in order to evaluate and measure progress toward meeting objectives. Through evaluation, accountability will be increased, modifications to the plan considered, and a stronger commitment to improving the health of McLean County citizens will be communicated to its residents.

The McLean County Community Health Executive Steering Committee reserves the right to amend this 2017-2019 Community Health Improvement Plan as needed to reflect each organization’s particular role and responsibilities in executing the Plan as well as the resources each organization is committing. In addition, certain significant health needs may become even more significant and require amendments to the strategies developed to address the health need. Other entities or organizations in the community may develop programs to address the same health needs or joint programs may be adopted. Finally, in compliance with Internal Revenue Code Section 501(r) requirements for hospitals, Advocate BroMenn Medical Center or OSF St. Joseph Medical Center may refocus the limited resources the organization committed to the Plan to best serve the community.

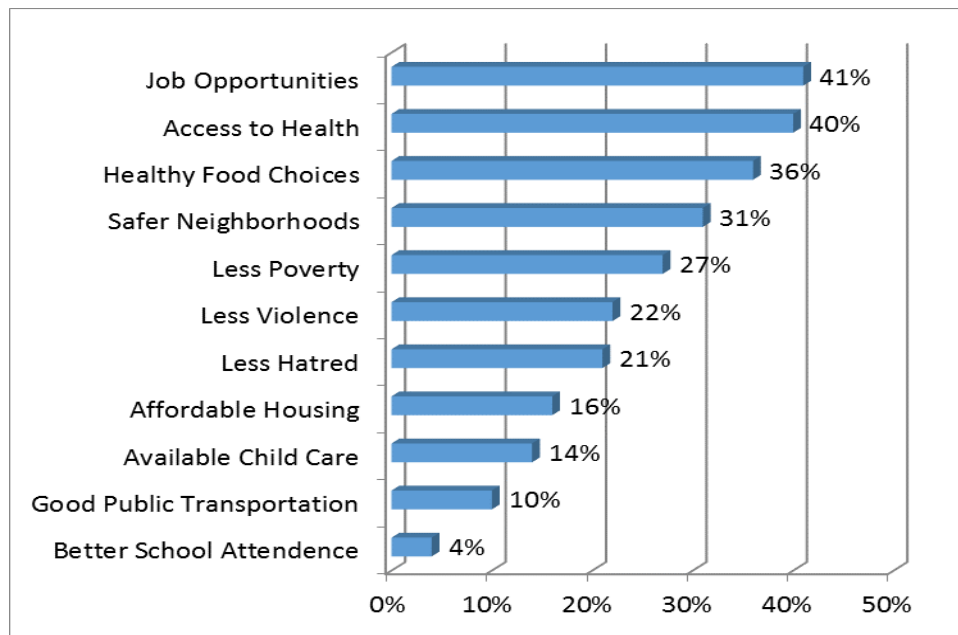
V. Health Priority #2: Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs

a) Description of the Health Priority

Access to appropriate healthcare is of vital importance in order to maintain optimal health and improve longevity. With access to ambulatory care, individuals are more likely to accept preventive care, promptly treat and control acute episodes of illness, and control chronic illness to prevent further morbidity.

McLean County residents are in agreement about the importance of healthcare access. In the 2015 McLean County Community Health Survey, performed as a component of the Community Health Needs Assessment process, over 800 county residents were asked their perception of what were the three most important factors impacting the quality of life in this community. Access to health services was rated second out of a total of 11 choices (Exhibit 4).

Exhibit 4: Survey Respondents' Perception of the Most Important Factors Impacting Quality of Life in McLean County, 2015



Source: McLean County Community Health Survey, 2015

Health insurance is a primary piece to the access puzzle and some gains have been made in that area over the past three-to-five years. Nationally, indicators reflect improvements in insurance coverage. Results from the National Health Interview Survey, reported in the Center for Disease Control and Prevention's November 2015 Fact Sheet of the National Center for Health Statistics, indicate that across the time period of 2010-2014, the percentage of uninsured adults in the United States aged 18-64 has decreased from 22.3 percent in 2010 to 16.3 percent in 2014.

With the passage of the Patient Care and Affordability Act, the opening of the Health Insurance Marketplace, and the expansion of Medicaid in Illinois to more low-income adults in 2014, more McLean County residents report having insurance. The total number of Medicaid beneficiaries has increased by 50.2 percent from 2007 to 2014. There were 4,499 individuals in McLean County who gained Medicaid coverage in 2014 due to the Affordable Care Act (Illinois Department of Healthcare and Family Services, 2014). Additionally, 12.7 percent of McLean County residents are enrolled in Medicare (Centers for Medicare and Medicaid, 2014).

Ninety-one percent of respondents to the 2015 McLean County Community Health Survey reported having either private insurance, Medicaid or Medicare while eight percent reported having no insurance. No Insurance was selected as a response to Type of Insurance more frequently by people with the following characteristics: younger age, Hispanic or Latino, and homelessness. The number one reason for those respondents that reported that they do not have insurance is that they cannot afford insurance (84 percent).

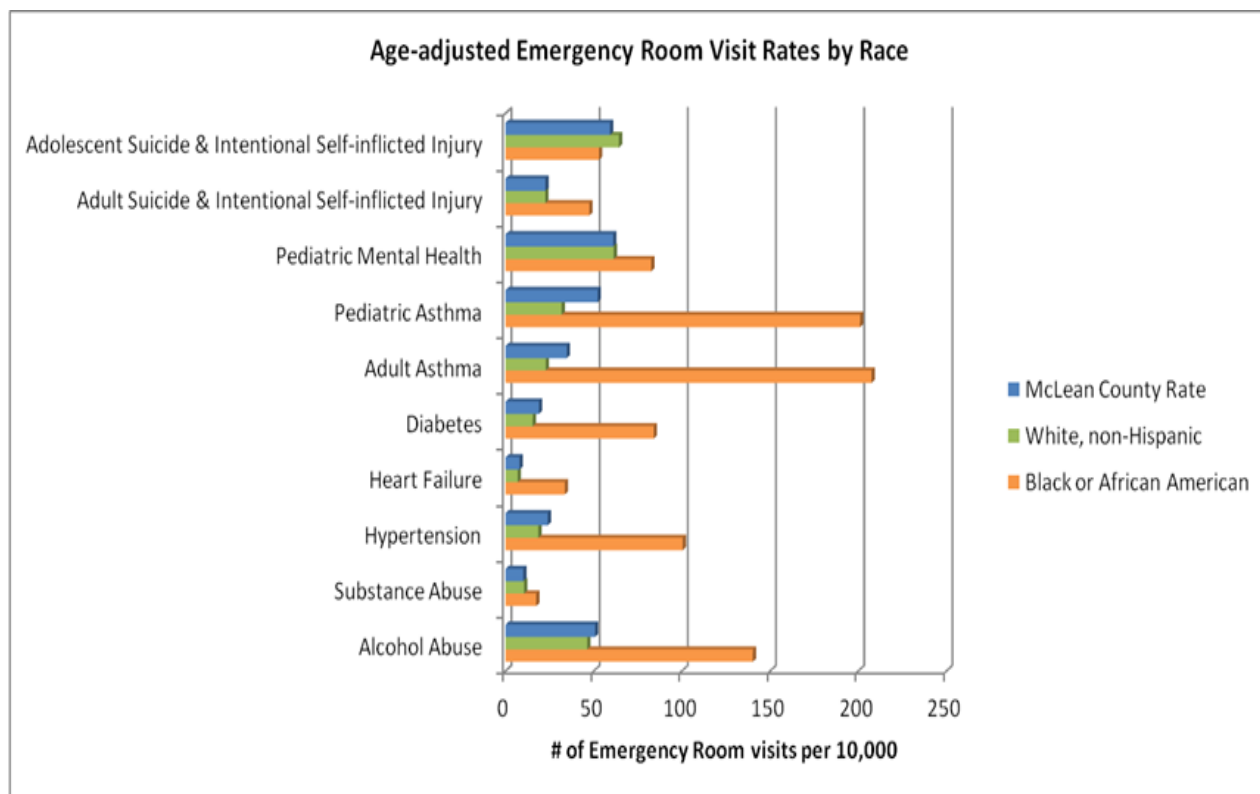
In comparing the 2013 McLean County Community Health Survey to the 2015 McLean County Community Health Survey, there has been some improvement in access:

- an increase in those with private insurance from 43 percent (2013) to 66 percent (2015)
- a decrease in those individuals who have no insurance, from 21 percent (2013) to eight percent (2015)
- an increase in those that indicated they had a personal physician, from 73 percent (2013) to 80 percent (2015)
- a modest increase in use of clinic/doctor's office and a significant increase in urgent care usage resulted in lower use of emergency departments for both the general and at-risk population, from 11 percent (2013) to four percent (2015).

Although more county residents report having insurance and a personal physician, and are using urgent cares more, it is important to note that 20 percent still do not have a personal physician, and that the emergency department tends to be selected as a response for Choice of Medical Care more often by people with the following characteristics: younger, non-White, less educated, and lower incomes. The response to Choice of Medical Care for the at-risk population in the 2015 McLean County Community Health Survey, was different from the response given by the general population taking the survey: the at-risk population reported the emergency room as their choice of medical care at 10 percent in comparison to four percent for the general population. Data from the emergency departments of the local hospitals seems to support the 2015 survey results.

In McLean County, Blacks or African Americans visit the emergency room at higher rates than McLean County overall for almost all age-adjusted emergency room visit rates available through Healthy Communities Institute data, Illinois Hospital Association, 2012-2014 (Exhibit 5). According to the 2015 McLean County Community Health Survey, they are more likely to have Medicaid and tend to report lower access to prescription medication.

Exhibit 5: Age-adjusted Emergency Room Visits per 10,000 Population by Race in McLean County, 2012-2014



Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

Hispanics are more likely to be uninsured in McLean County (McLean County Community Health Survey, 2015). Emergency room visits for hypertension are also 98 percent higher for Hispanics than the overall McLean County rate and 154 percent higher than the rate for Whites (Healthy Communities Institute, Illinois Hospital Association, 2012-2014).

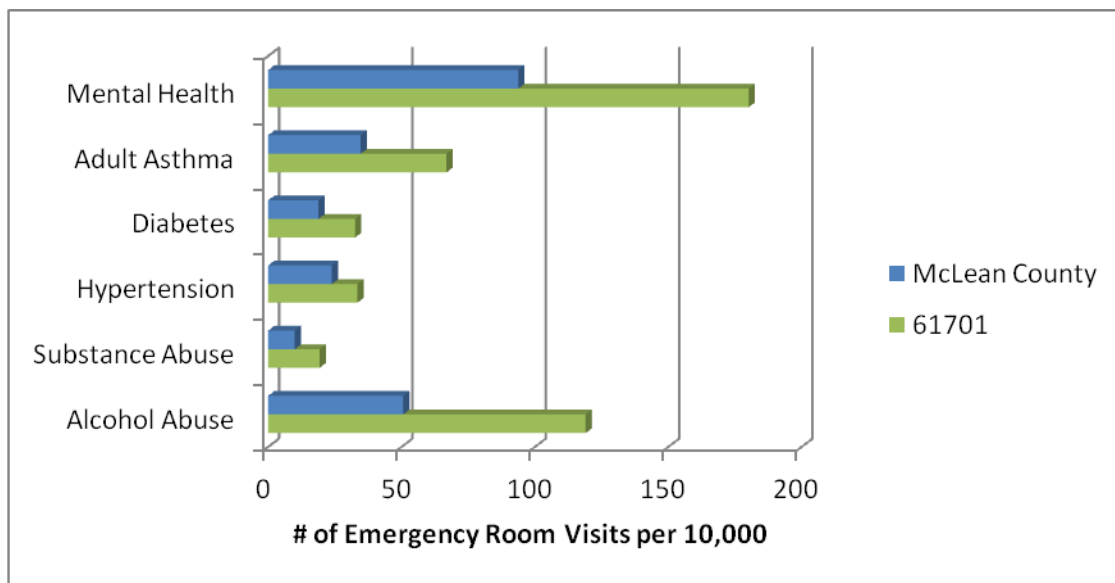
According to the 2015 McLean County Community Health Survey, individuals with lower incomes are less likely to seek medical care, report higher usage of the emergency department and experience more poor mental health days.

During the analysis of secondary data for the Community Health Needs Assessment, some geographic disparities became clear, particularly when analyzing the emergency room data and areas having high socioeconomic needs. Individuals living in specific geographic areas of McLean County experience worse health outcomes than individuals living in other geographic areas. The zip codes that were identified

through Healthy Communities Institute’s SocioNeeds Index as having the highest socioeconomic needs in McLean County (Bloomington – 61701, Stanford – 61774, Chenoa – 61726, and Colfax – 61728) were also the communities with higher emergency room visit rates and hospitalization rates for numerous health outcomes.

The most significant geographic disparities are evident between Bloomington – 61701 and McLean County overall. Exhibit 6 below shows that emergency room visits due to alcohol, substance abuse, mental health, hypertension, diabetes and adult asthma are higher for Bloomington – 61701 than the rates for McLean County overall. Hospitalization rates for diabetes, adult asthma, hypertension and alcohol abuse are also higher for Bloomington – 61701 than McLean County overall.

Exhibit 6: Age-adjusted Emergency Room Visit Rates per 10,000 Population in McLean County versus Bloomington – 61701, 2012-2014



Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

The hospitalization rate due to heart failure is 166 percent higher in Stanford – 61774, and 46 percent higher in Chenoa – 61726, than the McLean County overall rate. Emergency room and hospitalization rates for chronic obstructive pulmonary disease are 124 percent and 130 percent higher respectively in Colfax – 61728.

Few coordinated efforts have been in place to address access to appropriate healthcare for the underserved and areas of high socioeconomic needs; however, new opportunities have risen since the start of this community health needs assessment.

The partners involved in the Executive Steering Committee along with the City of Bloomington Community Development Division recently applied for and received a small, 18-month Invest Health planning grant funded by the Robert Wood Johnson Foundation and Reinvestment Fund. Through this grant, the Invest Health team will bring together disparate sectors of the community to identify and plan

for built environment changes in Bloomington to increase access to healthcare, housing and healthy foods. The Executive Steering Committee will be directly involved in the Invest Health initiative and will continue to engage the stakeholders who attended the access to healthcare meetings, as well as other key community partners and residents, to decrease barriers to utilizing primary care in Bloomington – 61701.

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

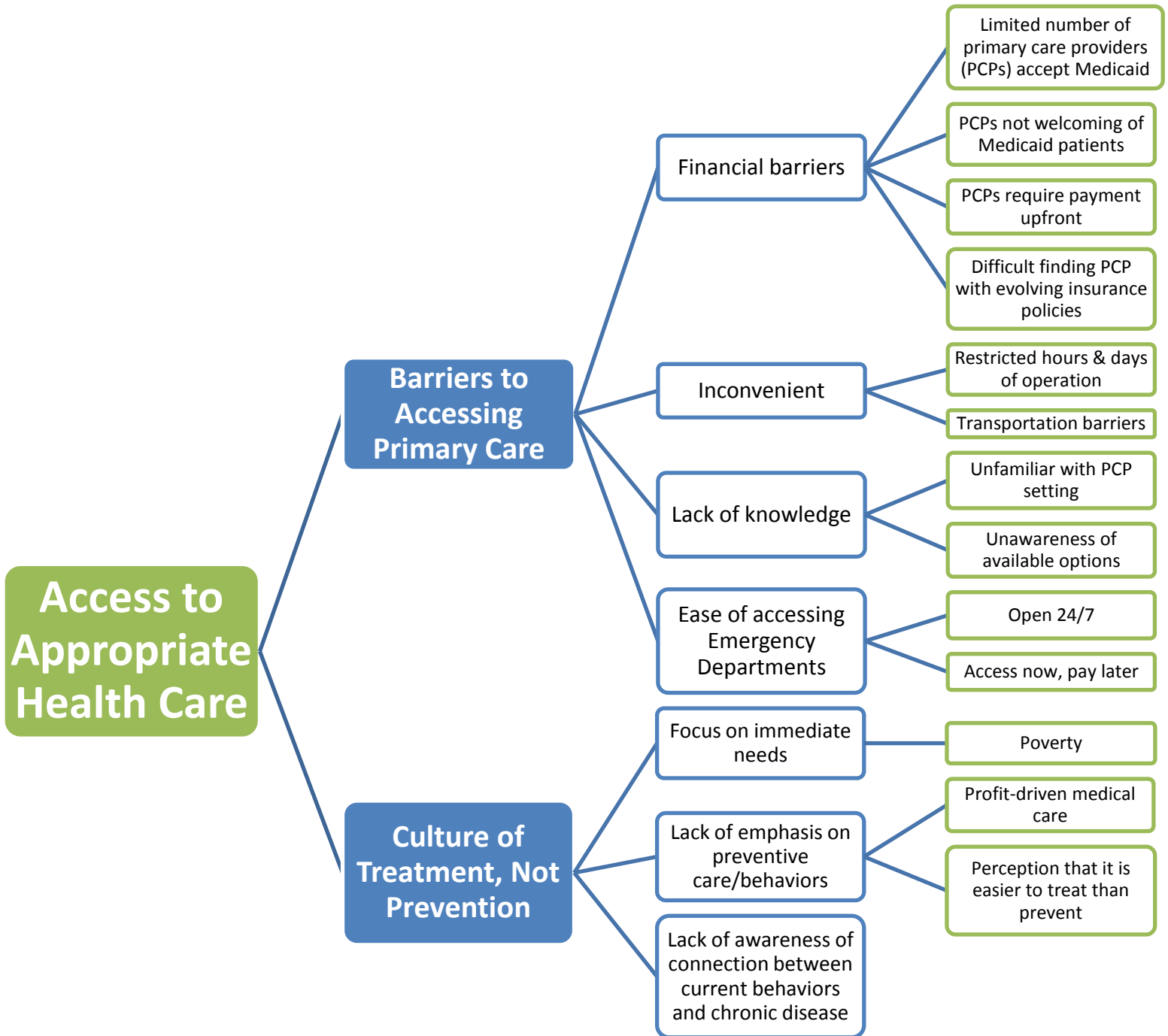
Refer to the chart on the following page for a list of risk factors as well as direct and indirect contributing factors for the development of access to appropriate health care issues.

c) Rationale for Choice as a Health Priority

Access to appropriate care for the underserved and areas of high socioeconomic needs was selected as a health priority by the McLean County Community Health Council not only because of its high priority score (158.6), but for several other reasons. Access to appropriate care is an important issue that affects many health outcomes. Improving access in certain areas and for certain populations can have a widespread impact on a variety of health outcomes ranging from oral health to behavioral health. Data also indicated that there are significant geographic and racial/ethnic disparities in McLean County that may be related to access to care. A variety of factors may improve access to appropriate levels of healthcare, including increased hours of operation for urgent care clinics and primary care offices, improving transportation options, expanding the opportunities for education of consumers on how to use health insurance, providing more mobile healthcare opportunities, and using community health workers and case managers in a variety of settings to encourage and link individuals to a medical home.

d) McLean County Community Health Improvement Plan Summary: Access to Appropriate Care for the Underserved and Areas of High Socioeconomic Needs

The Access to Appropriate Healthcare goal-setting meeting, held on April 12th, 2016, comprised of individuals from healthcare, transportation, city planning, social service organizations, and the faith-based community. Each brought a unique insight on access issues in McLean County, particularly related to residents living in Bloomington – 61701 and non-Whites. Stakeholders were reconvened in October 2016 to identify objectives and interventions to impact this health priority. The importance of making policy, system and environmental changes was discussed and led to a focus on working with policy-makers to address the social determinants of health, possibly increasing the current level of mobile health care services, integrating and/or co-locating health services with other agencies serving the population experiencing difficulty with accessing healthcare, and working with providers to improve knowledge and minimize the barriers to health and dental care.



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

Access to Appropriate Healthcare Goal: By 2020, decrease barriers to utilizing primary care in 61701 in order to reduce use of hospital emergency departments for non-emergent conditions.

- Outcome Objective: By 2020, reduce the percentage of individuals living in the 61701 zip code and African Americans using the hospital emergency departments for non-emergent conditions.
 - Impact Objective #1: By 2020, increase the proportion of McLean County adults indicating they have access to a physician.
 - Impact Objective #2: By 2020, reduce the proportion of at-risk McLean County adults reporting to the Emergency Room as their primary choice of medical care.

The following four pages (36-39) contain the McLean County Community Health Improvement Plan Summary for Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs.

e) Funding for Implementing Interventions

After approval of the Community Health Improvement Plan, the stakeholder group will further address funding options and grant opportunities as they become available. Stakeholders have worked together through the needs assessment and health plan development process, making the community better-positioned for collaborative grant efforts. In addition, since many of the intervention strategies for this health priority fall within the mission of some of the stakeholder agencies, letters of support for grant proposal submissions will be encouraged.

The partners involved in the Executive Steering Committee, along with the Community Development Division of the City of Bloomington, Illinois, recently applied for and received an Invest Health Grant funded by the Robert Wood Johnson Foundation and the Reinvestment Fund for 50 mid-sized cities in the United States. Through this small, 18-month planning grant, the Invest Health team has brought together disparate sectors of the community to identify and plan for built environment changes in Bloomington – 61701 to potentially increase access to healthcare, housing and healthy foods. This grant has widened avenues of participation and spurred the incorporation of health and healthy-lifestyles concepts in municipal planning efforts, which may provide additional funding opportunities as well as long-term health promotion impact.

McLean County
Community Health Improvement Plan Summary:
Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs
2017-2019

HEALTH PRIORITY: ACCESS TO APPROPRIATE HEALTHCARE FOR THE UNDERSERVED AND AREAS OF HIGH SOCIOECONOMIC NEEDS

GOAL: By 2020, decrease barriers to utilizing primary care in 61701 in order to reduce use of hospital emergency departments (ER) for non-emergent conditions.

OUTCOME OBJECTIVE: By 2020, reduce the percentage of individuals living in 61701 and African Americans using the hospital emergency rooms (ER) for non-emergent conditions.

Baseline

61701 (average of six ER visit indicators): 75.26 visits per 10,000 (*Healthy Communities Institute, Illinois Hospital Association, 2012-2014*)

African American (average of 10 ER visit indicators): 96.73 visits per 10,000 (*Healthy Communities Institute, Illinois Hospital Association, 2012-2014*)

State Health Improvement Plan (SHIP) 2021 Alignment

- Reduce emergency department visits, hospitalizations, and incarceration due to behavioral health issues by narrowing the treatment gap and building and sustaining community-based behavioral health treatment capacity
- Increase the number of primary care practice sites certified by the National Committee for Quality Assurance (NCQA), or the Joint Commission
- Increase the proportion of children who have a medical home

	INTERVENTION STRATEGIES	EVALUATION PLAN	POTENTIAL RESOURCES/PARTNERS *
<p>IMPACT OBJECTIVE #1: By 2020, increase the proportion of McLean County adults indicating they have access to a physician.</p> <p>Baseline: 80% (McLean County Community Health Survey, 2015)</p> <p><i>Healthy People 2020 (HP 2020) Alignment:</i></p> <ul style="list-style-type: none"> • Increase the proportion of persons with a usual primary care provider. 	<p>Increase the capacity of health care clinics serving the low-income population in McLean County.</p> <p>Develop a public education campaign informing community members on the appropriate use of immediate care centers, emergency rooms and on the importance of having a medical home.</p>	<p><u>Process Indicators:</u></p> <ul style="list-style-type: none"> • # of clinical full-time equivalents (FTEs) added at community health care clinics in McLean County (baseline: 2 FTEs Chestnut Health FQHC, at end of year 2015, 1.4 FTEs Community Health Care Clinic, at end of year 2015, .7 FTEs Immanuel Health Clinic, at end of year, 2015) • # of patients served at Advocate BroMenn Medical Center’s Family Health Clinic (baseline: 4181 Medicaid and self-pay patients, 2015) 	<ul style="list-style-type: none"> • Community Health Care Clinic • Immanuel Health Center • Chestnut Health Systems • Mid Central Community Action • Home Sweet Home Ministries • Salvation Army • Faith community • John M. Scott Health Commission • Bloomington Township

<ul style="list-style-type: none"> • <i>Increase the proportion of insured persons with coverage for clinical preventive services.</i> 		<ul style="list-style-type: none"> • # of patient served at Immanuel Health Center (baseline: 757 patients, Immanuel Health Clinic, 2015). • # of patients served at Chestnut Health Systems Federally Qualified Health Center [FWHC] (baseline: 1706 patients, Chestnut Health Systems, 2015) • # of patients visits at the Community Health Care Clinic (baseline: 976 patients, Community Health Care Clinic, 2015) • Establish a baseline for the number of patients served disaggregated by race and income at clinics serving the low-income population in McLean County • # of locations where flyers on the appropriate use of the emergency room are distributed and/or the importance of having a medical home • Establish a baseline for the number of organizations receiving NCQA Patient-Centered Medical Home (PCMH) Recognition <p><u>Outcome Indicators:</u></p> <ul style="list-style-type: none"> • Percent of McLean County residents indicating that they have had a check-up within the last year (baseline: 63% - 2015 McLean County Community Health Survey) • Rate of Advocate BroMenn Medical Center Medicaid Meridian emergency room patient visits (baseline: 527.2 ER visits/1000 population, June 2015-May 2016) • Establish a baseline for the # of low-acuity visits to OSF St. Joseph Medical Center emergency department by patients with 	
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		Medicaid as payor	
<p>IMPACT OBJECTIVE #2: By 2020, reduce the proportion of at-risk (survey respondents with self-reported income <\$20,000/year) McLean County adults reporting the Emergency Room as their primary choice of medical care.</p> <p>Baseline: 10% (McLean County Community Health Survey, 2015)</p> <p><i>HP 2020 Alignment:</i></p> <ul style="list-style-type: none"> Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. 	<p>Increase mobile health services to the low-income and underserved residents in McLean County. Examples: mobile medicine or clinic at schools, backpack medicine program</p> <p>Create an inventory of sites with integrated and/or co-located behavioral health services.</p> <p>Explore the integration or co-location of behavioral health services at primary care physician's offices or through other innovative programs. Examples: in-home visits for high risk patients, mixed-use spaces</p> <p>Implement focus groups or conduct key informant interviews to gain a greater understanding of why certain populations are using the emergency room as their primary choice of medical care.</p> <p>Work with the city and elected officials, police and other policy makers on educating and addressing the social determinants of health, i.e. housing, transportation</p>	<p><u>Process indicators:</u></p> <ul style="list-style-type: none"> # of patients served via the mobile health services program at Home Sweet Home Ministries or the Center for Human Services (baseline: 86 patients, Community Health Care Clinic, 2015) # of sites where mobile health services are offered (baseline: 2 sites, Community Health Care Clinic, 2016). Explore utilizing community health workers in McLean County. Work with OSF St. Joseph Medical Center OSF Medical Group, Advocate BroMenn Medical Center and Advocate Medical Group on options for integrating behavioral health into services for patients in primary care settings or as a part of innovative pilot programs for high-risk patients Participation in meetings with city and elected officials educating on or discussing the social determinants health <p><u>Outcome Indicators:</u> TBD</p>	<ul style="list-style-type: none"> Home Sweet Home Ministries Community Health Care Clinic McLean County Center for Human Services Bloomington Housing Authority Immanuel Health Center Chestnut Health Systems John M. Scott Health Commission Bloomington Township Transportation Advisory Committee McLean County Regional Planning Commission City of Bloomington, community development and police and fire departments Town of Normal, community development and police and fire departments McLean County Emergency Medical Services
<p>IMPACT OBJECTIVE #3: BY 2020, increase the proportion of McLean County adults indicating they have access to dental care.</p> <p>Baseline: 77% - access to dental care (McLean County Community Health Survey, 2015); 39.1% of McLean County residents do not have dental insurance, United Way</p>	<p>Increase access for adults to dental care.</p>	<ul style="list-style-type: none"> # of adults with Medicaid receiving dental cleanings as a part of the McLean County Health Department's pilot program Establish a baseline for the number of McLean County residents receiving dental care at the Community Health Care Clinic Dental Clinic slated to begin offering services in 2017 (baseline: TBD) 	<ul style="list-style-type: none"> Community Health Care Clinic Chestnut Health Systems

<p>Community Assessment, 2014; age-adjusted ER rate due to dental problems 52.2 visits/10,000 population, HCI, Illinois Hospital Association, 2013-2015)</p> <p><i>HP 2020 Alignment: Increase the proportion of children, adolescents and adults who used the oral health care system in the past year</i></p>			
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RELATED EFFORTS

- Advocate BroMenn Medical Center and OSF St. Joseph Medical Center help support the Community Health Care Clinic. Both hospitals have agreed to serve Clinic patients at no cost for additional services required. These services include laboratory, imaging, physical therapy, emergency department care and even in-patient services. BroMenn Medical Center owns the Clinic building and leases it to the Clinic at a very nominal fee. BroMenn also provides all maintenance, utilities, lawncare, and information technology services for the Clinic. OSF St. Joseph Medical Center provides all human resources support and infrastructure for the clinic including an employee lease agreement and payroll processes. OSF St. Joseph’s Vice-President and Chief Medical Officer serves as the Clinic’s volunteer medical director.
- Explore reconvening the McLean County Asthma Coalition
- All Our Kids (AOK) Early Childhood Network is a community-based collaboration committed to developing a high-quality, well-coordinated, easily accessible system of services and supports where babies are born healthy, children maintain physical and emotional health, children enter school ready to learn, families are connected to the services they need, and parents are leaders in their families and communities.
- Advocate BroMenn Medical Center and OSF St. Joseph’s Medical Center are undergoing continuing care coordination efforts and the utilization of community support workers to improve the health of high risk individuals in McLean County.
- OSF Medical Group is implementing an integrated care model in primary care offices to improve access to care. This will be accomplished through team-based care, in which physicians, advanced care providers, nurses, behavioral health specialists, dieticians, pharmacists and social workers coordinate providing the most appropriate level of care for patients.

****The four organizations comprising the McLean County Executive Steering Committee; Advocate BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and United Way of McLean County, are all implied resources/partners for the Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs Community Health Improvement Plan.***

f) Barriers to Achieving Health Improvements

Access to appropriate healthcare had not been selected as a health priority as a result of previous community health needs assessments and few efforts are currently in place to address the issue with a collaborative approach. At the April 2016 Access to Care stakeholders meeting, significant time was spent discussing barriers to accessing primary care and the possible factors contributing to usage of emergency departments for non-emergent health conditions. Exhibit 7 below captures the discussion highlights.

Exhibit 7: Potential Barriers to Accessing Primary Care in McLean County

	Barriers to Accessing Primary Care
Insurance & Payment	Some do not accept Medicaid and/or are not welcoming of Medicaid patients
	Require payment upfront
	Difficulty knowing who primary care provider is when insurance is restrictive or constantly changing
Convenience	Typically not open on nights and weekends
	Transportation to primary care facilities
Knowledge & Awareness	Patients not always aware of options outside of primary care; urgent care
	Not familiar with primary care provider or primary care setting
Health Behaviors	Low income population may have a greater focus on meeting immediate needs rather than preventing health issues from occurring down the road; therefore, making and keeping primary care provides appointments may be a lower priority
	Lack of emphasis on prevention by patients, providers, and the community overall
	Lack of awareness of the connection between current behaviors and chronic disease

According to the 2015 McLean County Community Health Survey, eight percent of McLean County residents do not have health insurance, and 20 percent report not having a personal physician, indicating that even some individuals with insurance are not finding or utilizing a medical home. For those respondents that reported that they do not have health insurance, the number one reason identified was that they cannot afford insurance (84 percent); less than 10 percent indicated that they did not know how to get insurance, and even fewer reported not needing insurance.

Barriers to accessing medical care, according to the 2015 McLean County Community Health Survey, include No Insurance (43 percent), Could Not Afford Co-Pay (36 percent), I Don't Know How to Find (18 percent), Too Long to Wait (13 percent), No Way to Get to Doctor (10 percent), Doctor Refused Insurance (10 percent), and Fear (4 percent).

Barriers to accessing prescription medications included not being able to afford the co-pay (52 percent) and no insurance (30 percent) for the 15 percent of survey respondents who indicated they did not have access to prescription medications.

g) Evaluation and Monitoring Plan

Within the McLean County Community Health Improvement Plan Summary, there is an “Evaluation Plan” column that contains both process indicators and outcome indicators. These indicators will be tracked throughout the three-year cycle ending in 2019, with the assistance of the stakeholder group. The Executive Steering Committee will be responsible for assuring that the indicator data is being tracked and that it is shared on at least an annual basis with the McLean County Community Health Council and the key stakeholder committee for each health priority. Prior to 2019, data received from subsequent Illinois Behavioral Risk Factor Surveillance surveys, the Illinois Youth Survey or the next McLean County Community Health Survey, conducted in preparation for the 2017-2019 Community Health Needs Assessment, will be compared to the outcome objectives and impact objectives listed in the Community Health Improvement Plan Summary in order to evaluate and measure progress toward meeting objectives. Through evaluation, accountability will be increased, modifications to the plan considered, and a stronger commitment to improving the health of McLean County citizens will be communicated to its residents.

The McLean County Community Health Executive Steering Committee reserves the right to amend this 2017-2019 Community Health Improvement Plan as needed to reflect each organization’s particular role and responsibilities in executing the Plan as well as the resources each organization is committing. In addition, certain significant health needs may become even more significant and require amendments to the strategies developed to address the health need. Other entities or organizations in the community may develop programs to address the same health needs or joint programs may be adopted. Finally, in compliance with Internal Revenue Code Section 501(r) requirements for hospitals, Advocate BroMenn Medical Center or OSF St. Joseph Medical Center may refocus the limited resources the organization committed to the Plan to best serve the community.

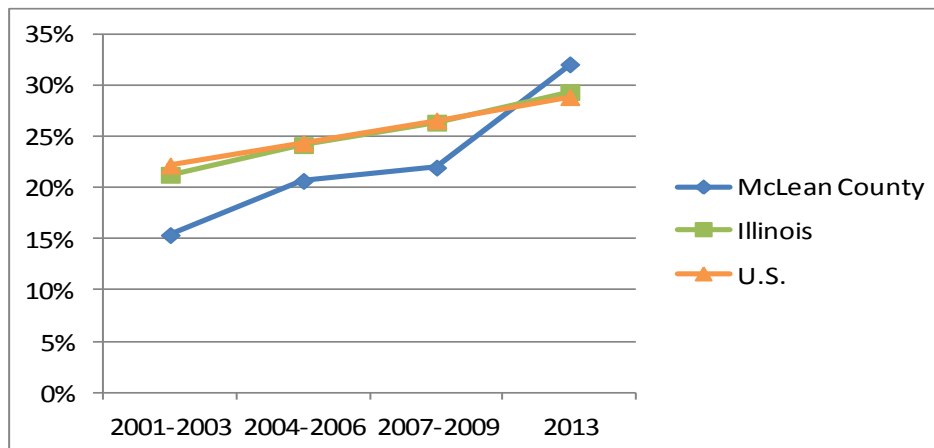
VI. Health Priority #3: Obesity

a) Description of the Health Priority

The 2015 McLean County Community Health Survey asked respondents to rate the three most important health issues in the community out of 15 choices. The health issue that rated 2nd highest was obesity. It was identified 39 percent of the time. Obesity continues to be one of the most challenging health issues in the United States, Illinois and McLean County. The Center for Disease Control and Prevention (CDC) notes that obesity is associated with the leading causes of death in the United States, such as Type 2 diabetes, stroke, heart disease, and some cancers (e.g., endometrial, breast, colon, kidney, gallbladder, and liver). It is also associated with poorer mental health outcomes and reduced quality of life. Compared to individuals at a healthy weight, obese individuals are also at increased risk for mortality, high blood pressure and high cholesterol, osteoarthritis, gallbladder disease and sleep apnea. The cost of obesity, in terms of medical care in the United States, is estimated to be \$147 billion, with annual productivity costs of obesity-related absenteeism between \$79-\$132 per obese individual, \$3.38 billion-\$6.38 billion annually for the United States (www.cdc.gov/obesity, November 28, 2016).

In 2013, 32.7 percent of McLean County residents were classified as overweight and 32.1 percent were classified as obese, making a total of 64.8 percent of McLean County residents that are either overweight or obese. McLean County's obesity rate is higher than the state (29.4 percent) and national rates (29.4 percent). As shown in Exhibit 8, the obesity rate in McLean County has more than doubled since 2001-2003 when the rate was 15.4 percent (Illinois Behavioral Risk Factor Surveillance System, 2013) and is rising faster than the state and national obesity rates.

Exhibit 8: McLean County's Obesity Rate Trend, 2001-2013

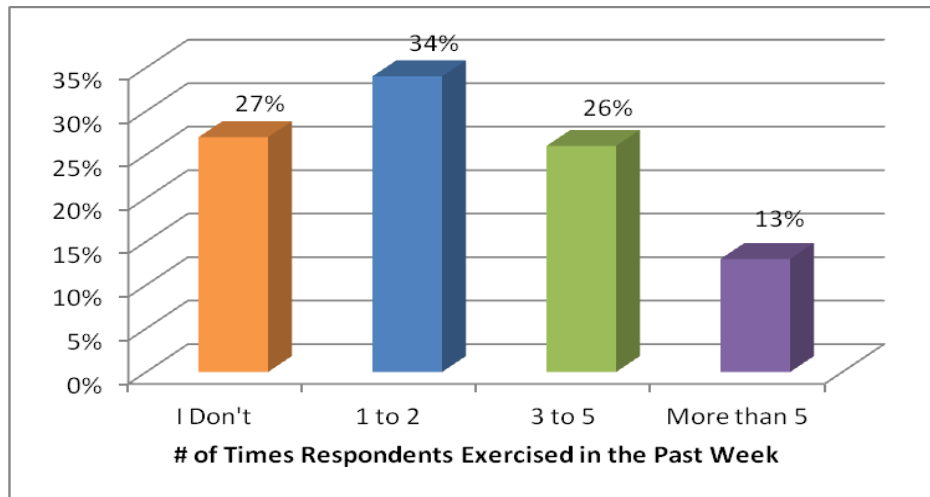


Sources: Illinois Behavioral Risk Factor Surveillance System, 2001-2013;
Centers for Disease Control and Prevention Behavioral Risk Factor
Surveillance System, 2001-2013.

Childhood obesity also continues to be a serious problem in the United States. Between 1971 and 1974, just five percent of all children were considered obese. According to the 2014 Illinois Youth Survey, 12 percent of sixth grade students were overweight and eight percent obese, totaling 20 percent. The percentage of obese students has remained the same and the percentage of overweight students has decreased 20 percent since 2012. The low-income obesity rate for preschool students in McLean County is 14.3 percent, which falls in the worst 50th-75th percentile range for this measure when compared to other counties in the United States (Healthy Communities Institute, US Dept. of Agriculture – Food Environment Atlas, 2009-2011).

Physical activity, healthy eating and reduced consumption of sugary beverages are actions that can reduce obesity and help to maintain a healthy weight. The *Physical Activity Guidelines for Americans* recommends at least 150 minutes of moderate intense activity or 75 minutes of vigorous intensity activity, or a combination of both, plus two days of strength training per week for all adults. The 2015 McLean County Community Health Survey revealed that 27 percent of McLean County adults do not exercise and 34 percent reported exercising one to two times per week (Exhibit 9).

Exhibit 9: McLean County Residents' Exercise Frequency, 2015



Source: McLean County Community Health Survey, 2015

Responses to the 2015 McLean County Community Health Survey indicated that only six percent of McLean County adults have five or more servings of fruits and/or vegetables per day and five percent do not eat them. Daily consumption of sugar-sweetened beverages is associated with obesity and other chronic conditions. They are a large portion of the calories in the United States daily diet, according to the Center for Disease Control and Prevention in its 2010 report, *The CDC Guide to Strategies for Reducing the Consumption of Sugar-Sweetened Beverages*. In 1965 in the United States, per capita consumption of sugar-sweetened beverages was 50 kcal/day (2.5 percent of total calories) for adults. As of the 2010 report, sugar-sweetened beverage consumption was estimated at 224 kcal/day (11 percent of total calories) for youth and 203 kcal/day (nine percent of total calories) among adults.

The McLean County Community Health Improvement Plan will seek to create policy, system and environmental changes that make it easier for residents to participate in physical activity and eat a healthier diet.

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

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

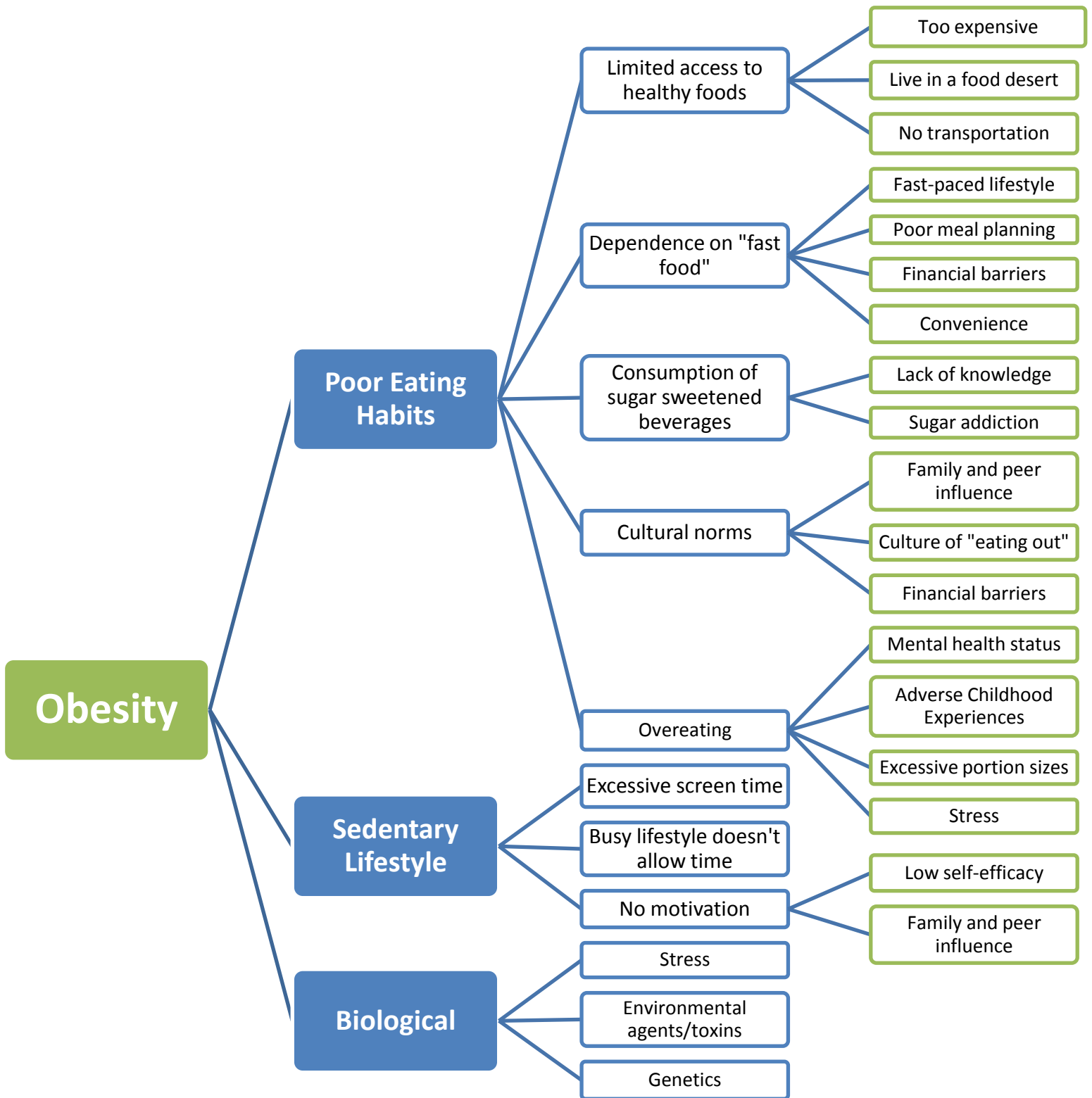
c) Rationale for Choice as a Health Priority

Obesity was selected as one of the three top health priorities by the McLean County Community Health Council because it ranked as number three according to its priority score of 153.8. Additionally, the council felt that by improving obesity, many other health outcomes such as heart disease, cancer and diabetes may also positively be impacted. It was also selected because obesity is a widespread issue affecting many people and does not discriminate. Many significant efforts are underway in the community related to obesity through the efforts of the McLean County Wellness Coalition. The health department and both hospitals are a part of the wellness coalition as are 28 other community organizations in McLean County.

d) McLean County Community Health Improvement Plan Summary: Obesity

The Obesity goal-setting meeting, held on April 28th, 2016, was conducted with the Leadership Committee of the McLean County Wellness Coalition as the coalition already engages many of the necessary stakeholders for addressing obesity. Individuals attending the meeting represented local hospitals, city and regional planning, universities, and local recreational businesses. The McLean County Wellness Coalition's mission is to make the healthy choice the easy choice by enacting policy, system and environmental changes. Over 60 community stakeholders representing over 28 different community organizations are engaged in the McLean County Wellness Coalition and its efforts to reduce obesity.

Those attending the April 2016 Obesity goal-setting meeting and the November 2016 meetings to set objectives and intervention strategies highlighted the importance of creating a culture of prevention in McLean County and doing so through policy, system and environmental changes. According to Tom Frieden's Health Impact Pyramid changing policies, systems and environments to make an individual's default decisions healthy is the second most effective intervention method, right behind directly addressing socioeconomic factors (American Journal of Public Health, April 2010).



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

Obesity Goal: By 2020, pursue policy, system and environmental changes to maintain or increase the percentage of people living at a healthy body weight in McLean County.

- Outcome Objective #1: By 2020, maintain or increase the percentage of people living at a healthy body weight in McLean County.
 - Impact Objective #1: By 2020, increase the rate of adults and children in McLean County who engage in regular physical activity.
 - Impact Objective #2: By 2020, increase the consumption of fruits and vegetables and reduce consumption of sugary beverages by all populations in McLean County.

The following four pages (47-50) contain the McLean County Community Health Improvement Plan Summary for Obesity.

e) Funding for Implementing Interventions

After approval of the Community Health Improvement Plan, the stakeholder group will further address funding options and grant opportunities as they become available. The stakeholders have worked together through the needs assessment and health plan development process, making the community better-positioned for collaborative grant efforts. In addition, since many of the intervention strategies for this health priority fall within the mission of some of the stakeholder agencies, letters of support for grant proposal submissions will be encouraged.

The partners involved in the Executive Steering Committee, along with the Community Development Division of the City of Bloomington, Illinois, recently applied for and received an Invest Health Grant funded by the Robert Wood Johnson Foundation and the Reinvestment Fund for 50 mid-sized cities in the United States. Through this small, 18-month planning grant, the Invest Health team has brought together disparate sectors of the community to identify and plan for built environment changes in Bloomington to potentially increase access to healthcare, housing and healthy foods. This grant has widened avenues of participation and spurred the incorporation of health and healthy-lifestyles concepts in municipal planning efforts, which may provide additional funding opportunities as well as long-term health promotion impact.

McLean County Community Health Improvement Plan Summary: Obesity 2017-2019

HEALTH PRIORITY: OBESITY

GOAL: By 2020, pursue policy, system and environmental changes to maintain or increase the percentage of people living at a healthy body weight in McLean County.

OUTCOME OBJECTIVE: By 2020, maintain or increase the percentage of people living at a healthy body weight in McLean County.

Baseline

Adults: 35.2% (*Behavioral Risk Factor Surveillance System [BRFSS], 2013*)

Sixth grade students: 80% (*Illinois Youth Survey [IYS], 2014*)

State Health Improvement Plan (SHIP) 2021 Alignment

- Reduce the percentage of obesity among children ages 10-17
- Reduce the percentage of obesity among adults

	INTERVENTION STRATEGIES	EVALUATION PLAN	POTENTIAL RESOURCES/PARTNERS *
<p>IMPACT OBJECTIVE #1: By 2020, increase the rate of adults and children in McLean County who engage in regular physical activity.</p> <p>Baseline: adults – 69% BRFSS, 2013), 39% exercise 3 or more times per week (2015 Community Health Survey); sixth grade students – 41% IYS, 2014).</p>	<p>Promote physical activity in the workplace and in the community.</p> <p><i>Evidence:</i> “...research has shown that employees who get at least 75 minutes of vigorous-intensity physical activity per week miss an average of 4.1 fewer days of work per year. Furthermore, physically inactive employees are more likely to require sick leave—costing an average of 26 cents per hour worked in 2014—which increases healthcare expenditures for businesses.” – <i>Workplace Health Research Network, 2015</i></p>	<p><u>Process indicators:</u></p> <ul style="list-style-type: none"> • Establish a baseline for the # of free programs/events promoting physical activity in the community by the McLean County Wellness Coalition (MCWC) • Establish a baseline for the # of community members participating in free programs/events promoting physical activity in the community by the MCWC • Establish a baseline for the # of programs promoting physical activity in the workplace by the MCWC • Establish a baseline for the number of employees participating in programs promoting physical activity in the workplace by the MCWC <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • McLean County Wellness Coalition
	<p>Enact at least one policy, system, or environmental change (PSE, e.g., Safe Routes to School, Complete</p>	<p><u>Process indicators:</u></p>	<ul style="list-style-type: none"> • McLean County Wellness

<p><i>Healthy People 2020 (HP 2020) Alignment:</i></p> <ul style="list-style-type: none"> • Reduce the percentage of Illinois adults reporting no physical activity in the last 30 days. • Reduce the percentage of Illinois children who report not engaging in vigorous physical activity. 	<p>Streets, Joint Use Agreements, Play Streets) to improve McLean County’s walkability and bikability.</p> <p><i>Evidence: “To increase physical activity, the CDC’s Community Preventive Services Task Force recommends making walking easier through changes to street design and zoning...Complete Streets projects make community improvements such as adding sidewalks and bicycle lanes that can increase frequency of exercise by 48.4% and promote weight loss when combined with health education.” – Illinois SHIP, 2015</i></p>	<ul style="list-style-type: none"> • # of PSEs enacted • Establish a baseline bike score for McLean County • The McLean County Wellness Coalition will explore grant opportunities for implementing PSE’s in McLean County. <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Walk scores (baseline: Bloomington – 35; Normal – 36, walkscore.com, 2016) 	<p>Coalition</p> <ul style="list-style-type: none"> • McLean County Regional Planning Commission • City of Bloomington • Town of Normal • Invest Health Team
	<p>Encourage McLean County schools to complete the Center for Disease Control and Prevention’s (CDC) School Health Index (SHI) and implement strategies to improve low scores.</p> <p>Support the maintenance of physical education in McLean County schools.</p> <p><i>Evidence: “Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem and may improve blood pressure and cholesterol levels. The U.S. Department of Health and Human Services recommends that young people aged 6-17 years participate in at least 60 minutes of physical activity daily.” – The Community Guide, 2015</i></p>	<p><u>Process indicators:</u></p> <ul style="list-style-type: none"> • Establish a baseline for the # of McLean County schools completing the CDC’s SHI • Establish a baseline for the number of McLean County schools implementing a strategy to improve low SHI scores <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • TBD 	<ul style="list-style-type: none"> • McLean County Wellness Coalition • McLean County public schools • Illinois State University
<p>IMPACT OBJECTIVE #2: By 2020, increase the consumption of fruits and vegetables and reduce consumption of</p>	<p>Support, promote and educate about the availability and accessibility of fruits and vegetables in McLean County.</p> <p><i>Evidence: “Available evidence suggests that</i></p>	<p><u>Process indicators:</u></p> <ul style="list-style-type: none"> • Conduct a pre-post survey to determine the effects of the opening of Green Top Grocery, located in a food desert in McLean County, on increasing access to healthy foods • Work with the City of Bloomington Community Development 	<ul style="list-style-type: none"> • McLean County Wellness Coalition • Home Sweet Home Ministries Western Avenue Community

<p>sugary beverages by all populations in McLean County.</p> <p>Baseline: adult consumption of fruits and vegetables – 40% (BRFSS, 2013); sixth grade student consumption of fruits and vegetables – 15-19% (IYS, 2014).</p>	<p><i>community-supported agriculture participation significantly increases household inventories of fresh fruits and vegetables, and increases fruit and vegetable consumption. Participation is associated with an increased variety and amount of vegetables consumed for adults and children, improved diet, more cooking at home, and improved weight status.” – What Works for Health, 2016</i></p>	<p>division to conduct a grocery store market feasibility study in Bloomington.</p> <ul style="list-style-type: none"> • Coordinate food access summit in 2017 • Support the presence of a healthy food distribution center in West Bloomington • Coordinate the Veggie Oasis in West Bloomington • # of pounds of produce distributed at Veggie Oasis (baseline: 5720 pounds, Veggie Oasis Survey, 2015) • Average # of people receiving free produce from the Veggie Oasis each week (baseline: 30 people/week, Veggie Oasis Survey, 2015) • # of events where healthy vegetable recipes are provided (baseline: 6 events, MCWC, 2016) <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • % of McLean County low-income adults with access to a grocery store (baseline: 91.8% - USDA Food Environment Index, 2010) • % of Bloomington and Normal household units within a ¼ mile of a full-service grocery store (baseline: 4,273 household units, McLean County Regional Planning Commission, 2016) • % of Bloomington and Normal household units within a ¼ mile of a selected limited-service grocery store (baseline: 1,291 household units, McLean County Regional Planning Commission, 2016) • % of McLean County residents indicating it is difficult to buy fruits/vegetables or they cannot afford fruits/vegetables (baseline: 66%, 2015 McLean County Community Health Survey) • Average participant rating for ease of access to fresh fruits and vegetables (baseline: rating of 3 on a scale of 1-5; 5 representing the highest ease of access, Veggie Oasis Survey, 2015) 	<p>Center</p> <ul style="list-style-type: none"> • Mid Central Community Action • West Bloomington Revitalization Project • Invest Health Team • Illinois State University • Illinois Wesleyan University • McLean County Regional Planning Commission • City of Bloomington • Illinois State University • Tool Library
	<p>Educate and promote the statewide Rethink Your Drink campaign.</p>	<p><u>Process indicators:</u></p> <ul style="list-style-type: none"> • Establish a baseline for the consumption of sugar-sweetened 	<ul style="list-style-type: none"> • McLean County Wellness Coalition

	<p>Evidence: <i>“Reducing consumption of calories from added sugars is a recommendation of the 2010 Dietary Guidelines for Americans and an objective of Healthy People 2020. Sugar-sweetened beverages (SSB) are major sources of added sugars in the diets of U.S. residents. Daily SSB consumption is associated with obesity and other chronic health conditions, including diabetes and cardiovascular disease.” – Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, 2012</i></p>	<p>beverages in McLean County through a standardized survey question</p> <ul style="list-style-type: none"> • # of McLean County community members educated about Rethink Your Drink (baseline, 2127 community members, McLean County Public Health Department, 2016) • # of events where Rethink Your Drink is promoted (baseline: 9 events, McLean County Public Health Department, 2016) • # of advertisements (i.e., TV, radio, print, social media) (baseline: 5 advertisements, McLean County Wellness Coalition, 2016) <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Decrease in the ranking of soft drinks by % of total expenditure for Supplemental Nutrition Assistance Program (SNAP) and non-SNAP household (baseline: Ranking of 1 - SNAP households; Ranking of 2 - non-SNAP household, http://www.huffingtonpost.com/entry/food-stamps-diet-us-582f4bd7e4b058ce7aaadea0, November 2016) • Decrease the # of gallons of beverages consumed by Illinois residents. (baseline: Illinoisans consumed more than 620 million gallons of sugar-sweetened beverages in 2011, http://www.cookcountypublichealth.org/files/pdf/Chaloupka_Report_PRF.pdf) 	
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RELATED EFFORTS

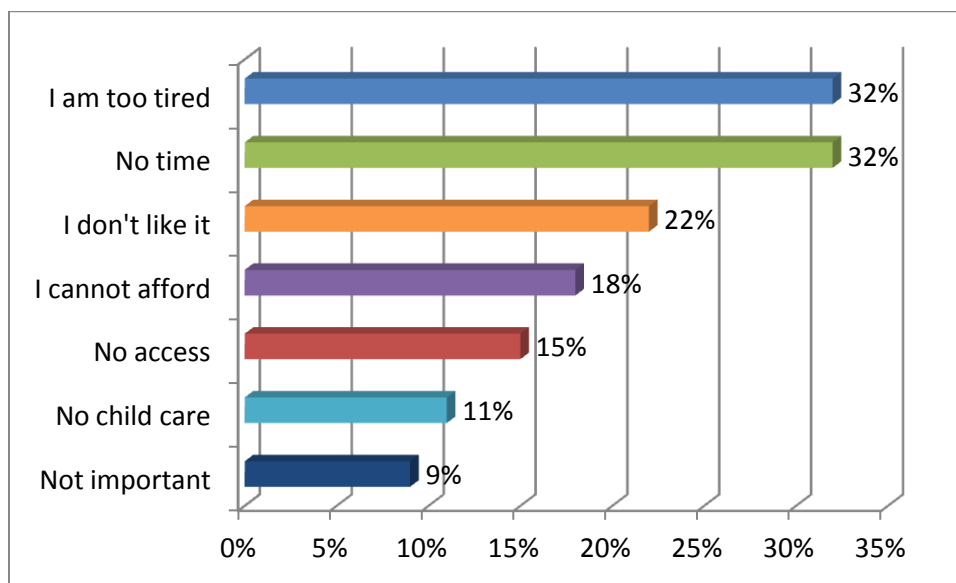
- The McLean County Health Department’s Health Promotion division will begin offering the Center for Disease Control’s Diabetes Prevention Program to County Government Employees in 2017 and expanding to community members upon accreditation.
- The McLean County Health Department’s Women, Infant and Children’s Program provides nutrition education, supports breastfeeding and increases access to healthy foods through food vouchers and Farmer’s Market coupons.

****The four organizations comprising the McLean County Executive Steering Committee; Advocate BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and United Way of McLean County, are all implied resources/partners for Obesity Community Health Improvement Plan.***

f) Barriers to Achieving Health Improvements

The 2015 McLean County Community Health Survey of over 800 McLean County residents provided insight into many of the barriers that may reduce the likelihood of increasing the percentage of people living at a healthy body weight. Respondents who indicated that they do not exercise were asked to cite their reasons for not exercising. The most common reasons for not exercising were “no time” and “too tired” (Exhibit 10):

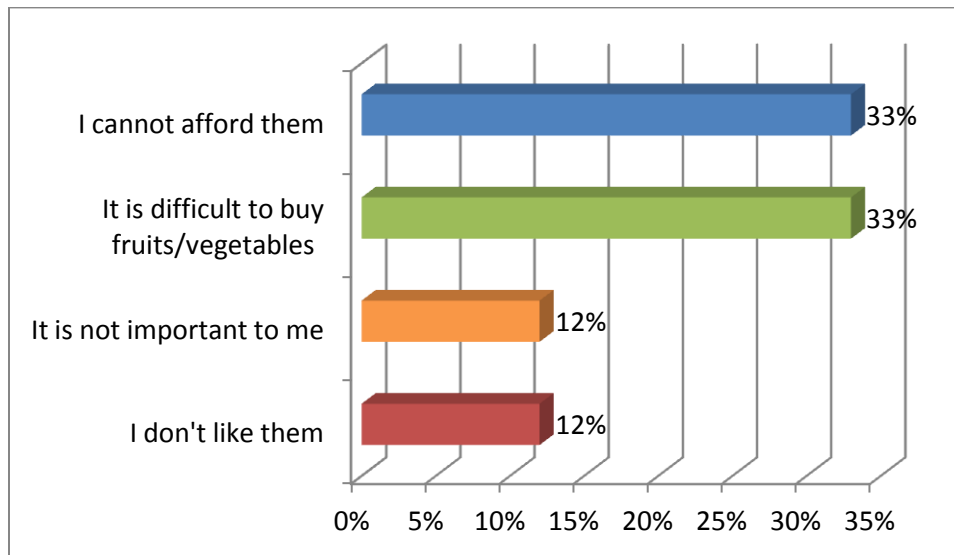
Exhibit 10: Reasons for Not Exercising in the Last Week for McLean County Residents, 2015



Source: *McLean County Community Health Survey, 2015*

Healthy eating and reduced consumption of sugar-sweetened beverages are actions that can reduce obesity. Responses to the 2015 McLean County Community Health Survey indicated that only six percent have five or more servings of fruits and/or vegetables per day; 34 percent have three to five; 55 percent have one to two; and five percent do not eat them. When asked why they do not eat fruits and/or vegetables, “I cannot afford them” (33 percent) and “difficult to buy” (33 percent) comprised 66 percent of the responses (Exhibit 11).

Exhibit 11: Reasons for Not Eating Fruits and/or Vegetables on a Typical Day for McLean County Residents, 2015



Source: McLean County Community Health Survey, 2015

Successes in the areas of improving access to healthy foods and increasing physical activity have been noted in McLean County, such as:

- implementation of an evidence-based Physical Education program entitled SPARK (Sports, Play, and Active Recreation for Kids) for approximately one-hundred 6th and 7th grade students in a rural school
- promotion of Walk/Bike to School Day with over 600 participants
- participation by over 1,000 people (2014-2016) in Live Healthy Central Illinois wellness challenges
- distribution of approximately 4,200 pounds of donated Farmer's Market produce distributed to 697 people in 2015 through "Veggie Oasis" volunteer activity
- an increase in the number of community gardens

Many barriers remain, however, to improving access to healthy food and increasing physical activity, including:

- the built environment: no sidewalks or poorly maintained sidewalks in many areas; few bike lanes; a food desert in the 61701 zip code area
- limited access to healthy options in some areas regarding healthy food, parks and play areas
- finances: healthy food often costs more than less nutritious food
- fast-paced lifestyle
- lack of motivation or time to exercise
- lack of support system for making healthy changes
- lack of knowledge of the health impacts of obesity and how to maintain a healthy weight

g) Evaluation and Monitoring Plan

Within the Community Health Improvement Plan Summary, there is an “Evaluation Plan” column that contains both process indicators and outcome indicators. These indicators will be tracked throughout the three-year cycle ending in 2019, with the assistance of the stakeholder group. The Executive Steering Committee will be responsible for assuring that the indicator data is being tracked and that it is shared on at least an annual basis with the McLean County Community Health Council. Prior to 2019, data received from subsequent state Behavioral Risk Factor surveys or the next Community Health Survey, conducted in preparation for the 2017-2019 Community Health Needs Assessment, will be compared to the outcome objective and impact objectives listed in the Community Health Improvement Plan Summary in order to evaluate and measure progress toward meeting objectives. Through evaluation, accountability will be increased, modifications to the plan considered, and a stronger commitment to improving the health of McLean County citizens will be communicated to its residents.

The McLean County Community Health Executive Steering Committee reserves the right to amend this 2017-2019 Community Health Improvement Plan as needed to reflect each organization’s particular role and responsibilities in executing the Plan as well as the resources each organization is committing. In addition, certain significant health needs may become even more significant and require amendments to the strategies developed to address the health need. Other entities or organizations in the community may develop programs to address the same health needs or joint programs may be adopted. Finally, in compliance with Internal Revenue Code Section 501(r) requirements for hospitals, Advocate BroMenn Medical Center or OSF St. Joseph Medical Center may refocus the limited resources the organization committed to the Plan to best serve the community.

IX. Vehicle for Community Feedback

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

[2016 Community Health Needs Assessment and 2017 – 2019 Community Health Improvement Plan Feedback Form](#)

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

health@mcleancountyil.gov

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

X. Appendices

Appendix 1

2017 – 2019 Community Health Improvement Plan Data Sources

Advocate BroMenn Medical Center, Top ICD-9 Diagnosis. 2011-2014.

Centers for Disease Control and Prevention Fact Sheet of the National Center for Health Statistics. November 2015. https://www.cdc.gov/nchs/data/factsheets/factsheet_hiac.pdf

Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System. 2001-2013. <http://www.cdc.gov/brfss/brfssprevalence/index.html>.

Centers for Disease Control and Prevention Guide to Strategies for Reducing the Consumption of Sugar-Sweetened Beverages. March 2010. http://www.cdph.ca.gov/sitecollectiondocuments/stratstoreduce_sugar_sweetened_bevs.pdf

Centers for Disease Control and Prevention Obesity. 2016. <https://www.cdc.gov/obesity/data/>

Centers for Medicare and Medicaid Services. 2014. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/GV_PUF.html.

Healthy Communities Institute. 2016. Website unavailable to the public. The following data sources were accessed through Healthy Communities Institute:

American Journal of Public Health. April 2010. <https://www.coloradocollege.edu/dotAsset/50e39f0e-9490-42d2-a791-80d0f09de17f.pdf>.

Centers for Disease Control and Prevention. 2011-2013.

County Health Rankings. 2015. <http://www.countyhealthrankings.org/app/illinois/2015/rankings/mclean/county/outcomes/overall/snapshot>.

Illinois Hospital Association. 2012-2014. <http://www.team-iha.org/>.

Illinois Hospital Association COMPdata. Oct 2014 - Sept 2015.

United States Department of Agriculture – Food Environment Atlas. 2009-2011 <http://ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx>.

Illinois Behavioral Risk Factor Surveillance System. 2013. <http://app.idph.state.il.us/brfss/>.

Illinois Department of Children and Family Services. 2014. <http://www.illinois.gov/dcf/aboutus/newsandreports/reports/Pages/default.aspx>.

Illinois Department of Public Health. Healthy Illinois 2021—State Health Improvement Plan.
<http://www.idph.state.il.us/ship/icc/ship.htm>

Illinois Department of Public Health iQuery. 2010-2014. <http://iquery.illinois.gov/iquery/>.

Illinois Hospital Association COMPdata. Oct 2014 - Sept 2015.

Illinois Youth Survey. 2010-2014. <https://iys.cprd.illinois.edu/results/county>.

McLean County Coroner. 2015.

McLean County Community Health Survey. 2013.

McLean County Community Health Survey. 2015.

Office of Disease Prevention and Health Promotion, Healthy People 2020. 2016.
<https://www.healthypeople.gov/>.

St. Joseph Medical Center, Top ICD-9 Diagnosis. 2012-2014.

Substance Abuse and Mental Health Services Administration. 2014 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/population-data-nsduh/reports?tab=38>

United States Office of Disease Prevention and Health Promotion. 2008.
<https://health.gov/paguidelines/guidelines/summary.aspx>