

2011–2013

Community Health Needs Assessment



 Advocate
BroMenn Medical Center

Inspiring medicine. Changing lives.

Thank you for taking time to read Advocate BroMenn Medical Center's Community Health Needs Assessment. Meeting the health needs of the patients, families and communities we are privileged to serve is at the core of our mission.

In order to best serve our community we must first determine potential gaps, or barriers to healthcare access and availability. Our approach to identifying improvement opportunities is through a comprehensive Community Health Needs Assessment. The assessment process, performed every three years, collects key community data to strategically guide our efforts to deliver healthcare services to the people and communities where they are most needed and where we can make the most measurable impact. Critical to the success of the needs assessment process are partnerships with local, state and national organizations. Through engagement with community leaders and community assets, we can maximize our effectiveness to create strong, dynamic systems to support the health of our community.

BroMenn Medical Center has community health programs that have been developed to address the unique health needs assessed for our community. These programs are focusing on mental health and obesity. Our goal is for you to have readily available information regarding the assessed health needs of our community pertaining to these two key areas so that you can understand and perhaps partner with us as we address these community health needs.

I want to thank you for taking the time to review BroMenn Medical Center's Community Health Needs Assessment. At the end of our report there is a link to connect with us to express any feedback or ideas you may have to assist us in addressing health issues in our community. It is indeed our privilege to be entrusted with the health of our community.



Colleen L. Kannaday, FACHE
President
Advocate BroMenn Medical Center



Table of Contents

I. Introduction/Mission 2

- 2 Mission
- 2 Values
- 2 Philosophy
- 3 MVP Integrated

II. Executive Summary 3

III. CHNA Process & Timeline 4

- 4 Community Health Councils Review Data & Set Priorities
- 5 BroMenn Medical Center's Community Health Council Members

IV. Community Definition 6

- 6 Demographics
- 6 Age and Gender
- 7 Race and Ethnicity
- 7 Economics
- 7 Education

V. Data Sources 8

- 8 Selected Data Sources
- 9 Information Gaps Identified

VI. CHNA Findings 9

- 10 Mental Health
- 10 Obesity
- 11 Infant Mortality
- 11 Oral Health

VII. Health Need Priorities 11

- 11 Priority-Setting Process
- 12 Health Needs Selected
- 13 Health Needs Not Selected

VIII. Overview of Planned Program Interventions 14

- 15 Mental Health
- 15 Obesity

IX. Vehicle for Community Feedback 16

X. Appendix 16

- 16 BroMenn Medical Center Emergency Department International Classification of Disease Codes for 2010

I. Introduction/Mission

Advocate BroMenn Medical Center is one of eleven hospitals in the Advocate Health Care system. Advocate is the largest health system in Illinois and one of the largest healthcare providers in the Midwest. It operates more than 250 sites of care, including 11 acute care hospitals, the state's largest integrated children's network, five Level I trauma centers (the state's highest designation for trauma care), two Level II trauma centers, one of the area's largest home healthcare companies and one of the region's largest medical groups. Advocate Health Care also trains more primary care physicians and residents at its four teaching hospitals than any other health system in the state.

Advocate is a faith-based, not-for-profit system, deeply rooted in its health system affiliations with the Evangelical Lutheran Church in America and the United Church of Christ. In January 1995, these two faith-based, values-driven organizations, joined together to establish Advocate Health Care. A common mission, values and philosophy (MVP) was developed from the similar mission-oriented histories of both organizations.

Mission

Advocate's mission is to serve the health needs of individuals, families and communities through a wholistic philosophy rooted in the fundamental understanding of human beings as created in the image of God.

Advocate's mission permeates all areas of its healing ministry. Advocate Health Care holds its employees, management and Board of Directors accountable to living five core values that guide behavior consistent with its mission.

Values

The five values of Advocate Health Care serve as an internal compass to guide relationships and actions: Equality, Compassion, Excellence, Partnership and Stewardship.

- **Equality** – We affirm the worth and spiritual freedom of each person and treat all people with respect, integrity and dignity.
- **Compassion** – We embrace the whole person and respond to emotional, ethical and spiritual concerns, as well as physical needs in our commitment to unselfishly care for others.
- **Excellence** – We empower people to continually improve the outcomes of our service, to advance quality and to increase innovation and openness to new ideas.
- **Partnership** – We collaborate as employees, physicians, volunteers and community leaders to utilize the talents and creativity of all persons.
- **Stewardship** – We are responsible and accountable for all that we are, have and do.

Philosophy

Advocate's philosophy is to provide wholistic care. This philosophy means Advocate understands people have physical, emotional and spiritual needs, and their relationship to God, themselves, their families and society are vital to health and healing. The philosophy of Advocate is grounded in the principles of human ecology, faith and community-based health care. Through its actions, Advocate affirms the following principles.

- We believe each person is created in the image of God.
- We respect, include and serve people without regard to race, religion, age, disability, gender, sexual orientation or socio-economic status.
- We seek to assure the spiritual freedom of all persons.
- We extend our concerns for the whole person to our patients, employees, physicians, volunteers, trustees and their families.
- We address clinical, business, corporate and social-ethical issues from a faith perspective and assist individuals, families and professionals in the resolution of these issues.
- We are guided by the principles of justice in addressing our social responsibility as a corporate citizen in this society.

- We are responsible and accountable in the spirit of stewardship for all the resources under our management to assure the accomplishment of our Mission.
- We believe in effective collaboration with those individuals and entities interested in addressing the health care needs of our region.

MVP Integrated

Advocate's MVP is integrated into every aspect of the organization, strengthening its cultural foundation. The MVP calls for Advocate to extend its services into the community to address access to care issues and to improve the health and well-being of the people in those communities.

As an Advocate hospital, BroMenn Medical Center embraces the system MVP as its own.

BroMenn Medical Center, located in Bloomington-Normal, has been serving and caring for the people of central Illinois for more than 115 years. As the healthcare leader in McLean County, BroMenn Medical Center provides healing and innovation, along with the warm touch of the professional caregivers who form the BroMenn family.

A 221-bed medical center renowned for its neurology, cardiac, orthopedic and women's services, BroMenn Medical Center is also a teaching facility, offering residency programs in Neurosurgery, Neurology, Family Medicine and Clinical Pastoral Education. BroMenn Medical Center has several active partnerships with other organizations including a community healthcare clinic, a community cancer center, an MRI site, a sports enhancement center, an outpatient surgery center, a recovery care center, a sleep disorders center, an addiction recovery unit, and an assisted living facility.

In 2012, BroMenn Medical Center treated approximately 9,500 inpatients and 141,000 outpatients.

II. Executive Summary

As a health leader in McLean County, Advocate BroMenn Medical Center embarked on a formal community health needs assessment in 2011. A team of community leaders and medical center personnel gathered to determine what health conditions were most prevalent in the community and which of those could be most positively impacted given the availability of resources both within and external to the medical center. Upon reviewing primary and secondary data about health conditions of McLean County residents and medical center patients, the group decided to focus its improvement efforts on mental health services and obesity.

In 2010, the most common diagnoses for patients in BroMenn Medical Center's emergency department were psychiatric in nature. The Illinois Project for Local Assessment of Needs (IPLAN) conducted by the McLean County Health Department listed access to mental health services as one of its top three priorities for 2012–2017. Suicide rates in McLean County have increased from 8.0/100,000 in 2006 to 10.6/100,000 in 2010. This is higher than the state rate of 9.3/100,000 (2008). Additionally, the number of phone calls to the PATH (Providing Access to Help) 2-1-1 Crisis Hotline number increased by 22.9 percent between 2010 and 2012 for residents in McLean, Christian, DeWitt, Livingston, McHenry, Ogle, Sangamon, and Winnebago Counties in Illinois.

The number of overweight adults in McLean County increased from 35 percent in 2004 to 39.5 percent in 2008. The number of obese adults in McLean County increased from 20.7 percent in 2004 to 22 percent in 2008 (IPLAN 2012-2107). Obesity is considered a risk factor for developing heart disease. In McLean County, heart disease has been the leading cause of death every year between 2000 and 2008, accounting for 26–31 percent of adult deaths. (*Source: McLean County IPLAN, 2012-2017*) Heart condition/chest pain was the second leading cause for emergency room visits at BroMenn Medical Center in 2010.

Other health issues considered were oral health, heart disease, cancer and low birth weight. These issues were not selected either due to lack of medical center influence or the presence of significant community resources or successful partnerships and programs already in place to improve current conditions.

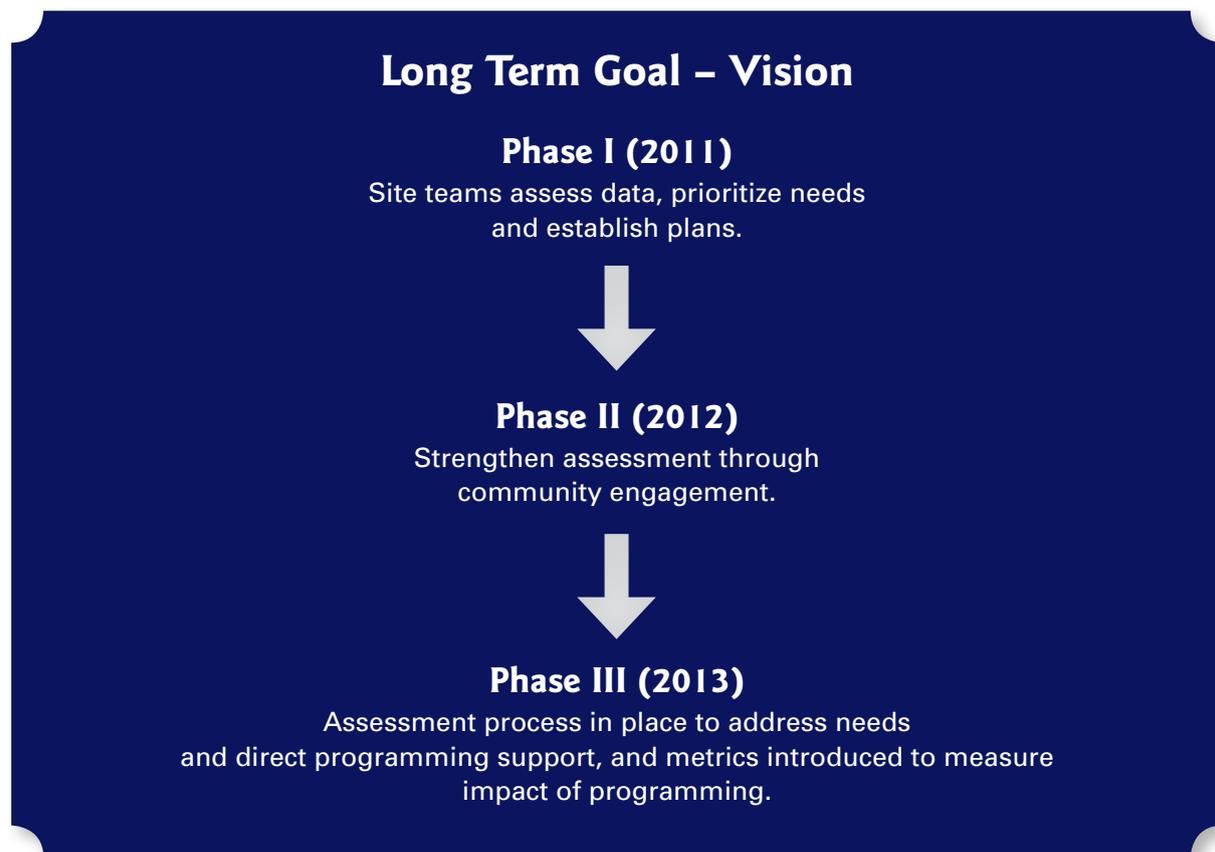
BroMenn Medical Center has an inpatient mental health unit as well as a longstanding interest and expertise in the area of community mental health. This includes assisting with the development of the Recovery Court Program for McLean County and a partnership with Proctor

Hospital (Peoria, Illinois) that offers the Illinois Addiction and Recovery Center on the BroMenn Medical Center campus. These services provide an excellent basis for continuing improvement efforts in the area of mental health. Additionally, the medical center collaborates with the McLean County Public Health Department in the area of mental health and has medical center staff serving on the IPLAN Mental Health Task Force for the community. In 2014, BroMenn Medical Center will collaborate with its community partners to offer Mental Health First Aid, an evidence-based adult education program that certifies community members as Mental Health First Aiders.

The McLean County Wellness Coalition works to promote healthy eating and active living, both key elements in the fight against obesity. Medical center leaders and associates have been engaged in a leadership role in this coalition since its inception in 2011. BroMenn Medical Center will continue to partner closely with the coalition, the McLean County Health Department and other area organizations such as the YMCA on programs to decrease the prevalence of obesity. These programs include the Youth Fitness Intervention Program (Y-Fi), a program to help reduce the number of overweight and obese children through physical activity, education and nutrition, and diabetes education for qualifying patients at the Community Health Clinic.

III. CHNA Process & Timeline

In 2011, BroMenn Medical Center and nine other Advocate Health Care hospitals each convened a hospital-specific, hospital-based Community Health Council to conduct a comprehensive community health needs assessment (CHNA). The following chart describes the vision for a three-year process that when completed would result in the medical center having met the CHNA requirements of the Patient Protection and Affordable Care Act (PPACA).



Community Health Councils Review Data & Set Priorities

In support of this vision and in alignment with Advocate Health Care’s standardized approach, BroMenn Medical Center convened a Community Health Council to conduct its comprehensive CHNA. This Council was chaired by the medical center’s community health leader and comprised of representatives from the executive team, public affairs and marketing, mission and spiritual care, and business development and strategy. Additional medical center staff and community representatives were added as the process evolved to fill in any Community Health Council gaps in expertise. The titles and affiliations of the Community Health Council’s members are provided below.

BroMenn Medical Center's Community Health Council Members

- Assistant Administrator, McLean County Public Health Department/Member, BroMenn Medical Center Governing Council
- Supervisor, McLean County Public Health Department
- Executive Director, Community Health Care Clinic
- Superintendent of Schools, McLean County Unit District # 5
- Director, American Red Cross of the Heartland/Member, BroMenn Medical Center Governing Council
- Associate Pastor, Calvary United Methodist Church
- Professor, Illinois State University's Mennonite College of Nursing
- President, McLean County India Association
- Vice President, Business Development, BroMenn Medical Center
- Administrator, Advocate Eureka Hospital
- Manager of Wellness Services, BroMenn Medical Center
- Trauma Coordinator, BroMenn Medical Center
- Service Area Administrator for Behavioral Health Services, BroMenn Medical Center
- Director of Critical Care Services, Medical and Oncology Specialty Unit/Pediatrics/ Outpatient Infusion, Progressive Care Unit, and Surgical/Ortho Unit, BroMenn Medical Center
- Coordinator of Church Relations, BroMenn Medical Center
- Manager, Case Management, BroMenn Medical Center
- Client Program Specialist, Women's Center, BroMenn Medical Center
- Dietitian, BroMenn Medical Center
- Diabetes Educator, BroMenn Medical Center
- Coordinator, Public Affairs and Marketing, BroMenn Medical Center

The hospital's Community Health Council members attended two CHNA workshops hosted by the Advocate system that were designed to launch the process by educating them on how to conduct an assessment and how to find reliable data sources. Using both primary and secondary community health data, the team identified the medical center service area's key health needs and then employed a priority setting process to determine key health needs on which to focus. This process included an examination of both the medical center's and the community's issues/challenges and assets, and discussions with external key informants to determine the potential for partnerships with other organizations and for sharing resources to address community need.

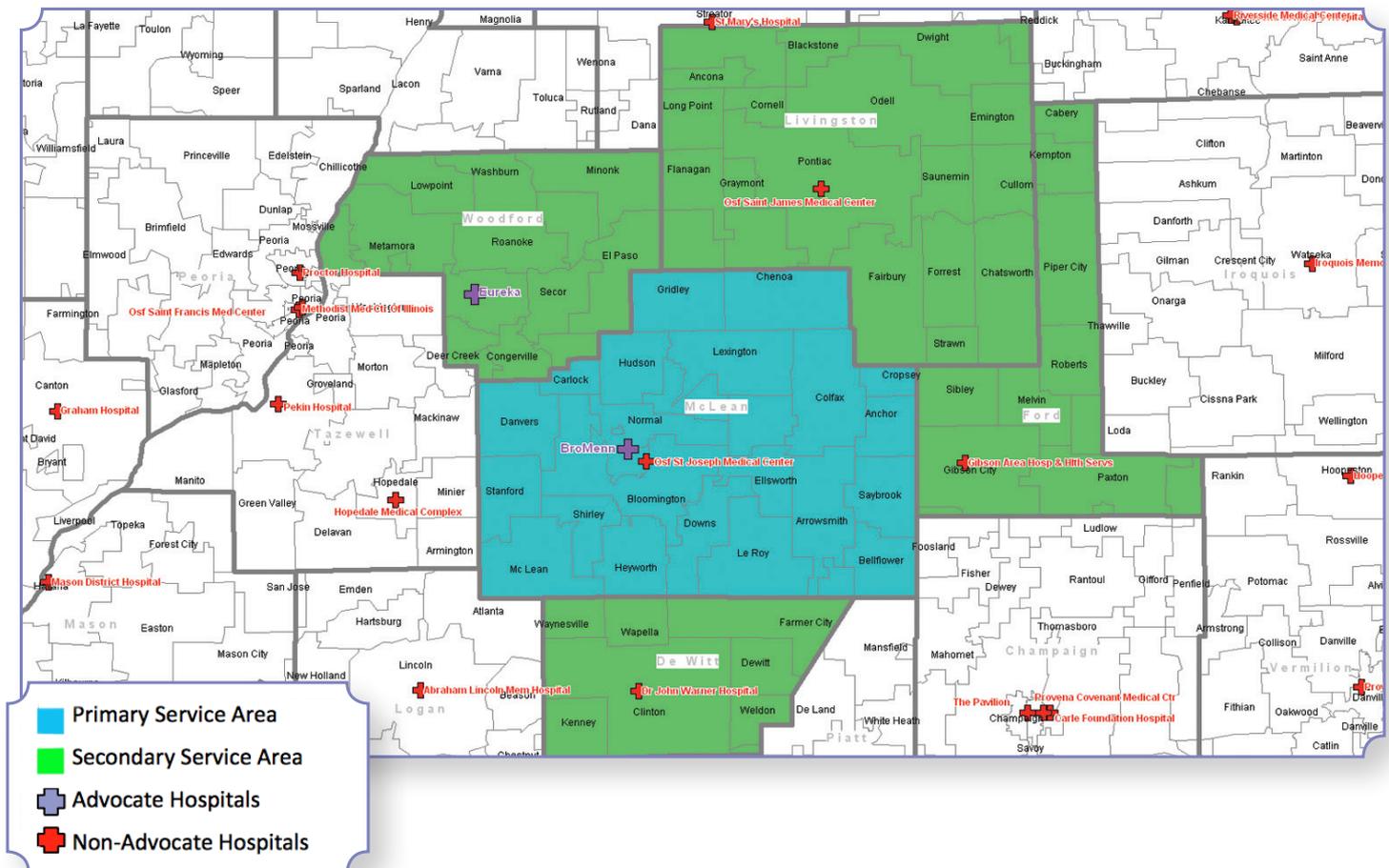
BroMenn Medical Center's CHNA results and selected priorities were shared with the medical center's Governing Council during each of the first two years of the three-year process, with full endorsement of the medical center's community health plan by its Governing Council on November 19, 2013.

BroMenn Medical Center's community health leader was a part of the McLean County Community Health Advisory Committee (CHAC) and helped in the development of the 2012-2017 Community Health Plan (CHP). The plan was created using the Hanlon Method. The Hanlon method was utilized to establish priorities based on the size and seriousness of the health problem as well as the effectiveness of the available interventions. On April 19, 2012, the CHAC approved the CHP. BroMenn Medical Center's Community Health Leader also participated in OSF Saint Joseph Medical Center's Collaborative CHNA Team in February 2013.

IV. Community Definition

BroMenn Medical Center's Community Health Council defined the community as McLean County, the primary service area for BroMenn Medical Center. This area includes the following cities and towns: Anchor, Arrowsmith, Bellflower, Bloomington, Carlock, Chenoa, Colfax, Cooksville, Danvers, Downs, Ellsworth, Gridley, Heyworth, Hudson, Le Roy, Lexington, McLean, Merna, Normal, Saybrook, Stanford and Towanda. The community consists of a total population of 169,572 according to the 2010 U.S. Census Bureau. Bloomington has the largest population in the county with 76,610 and Normal has the second largest population with 52,497. According to the 2012 U.S. Census Bureau, the population in McLean County increased by 14.5 percent from 2000 to 2012, with a total population increase from 150,433 to 172,281 respectively.

Exhibit 1 – BroMenn Medical Center's CHNA Community Map – McLean County

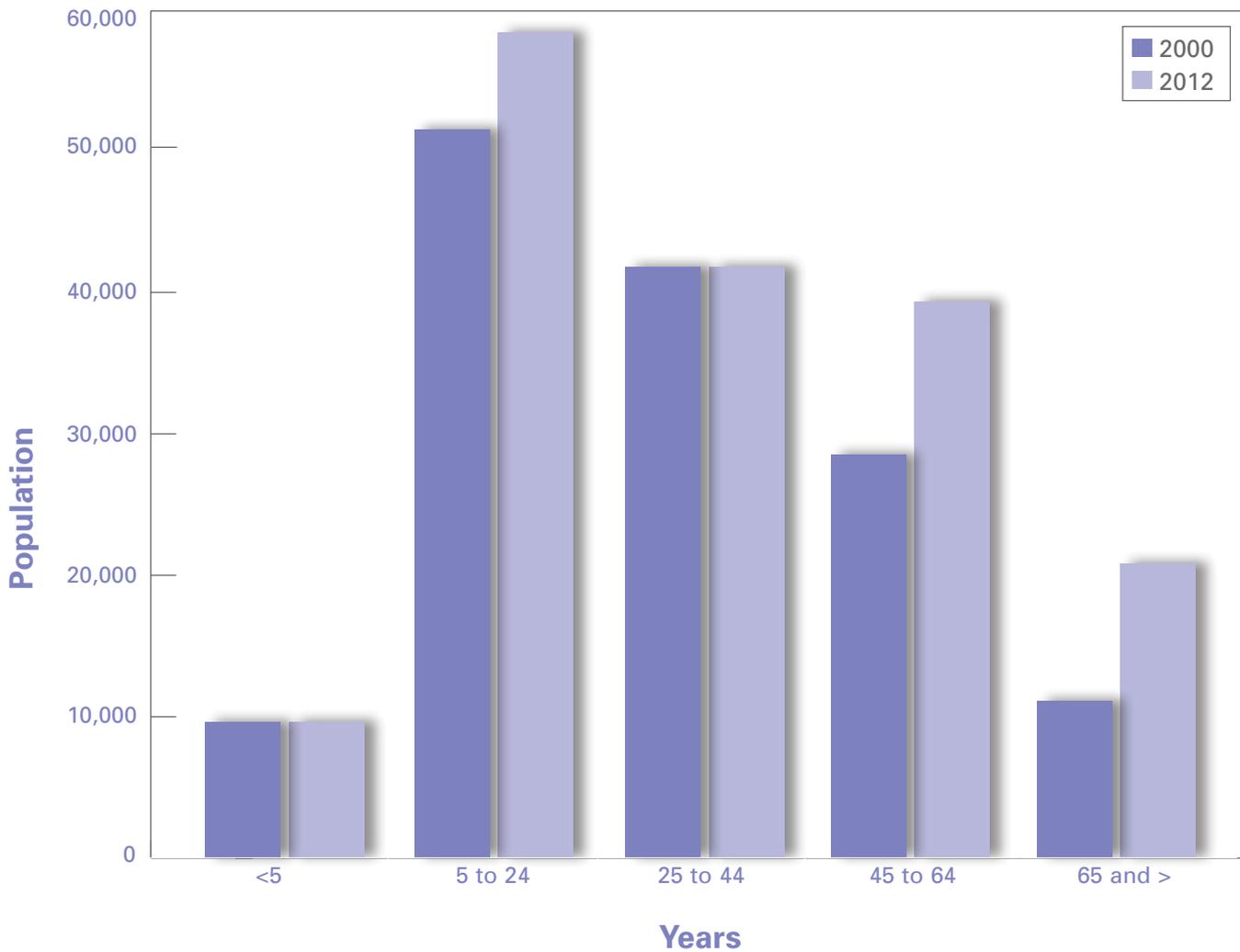


Demographics

Age and Gender

According to the 2012 U.S. Census Bureau, the median age in McLean County is 32.4 years of age. Twenty-five and a half percent of persons in McLean County are 25 to 44 years of age and 23.6 percent are 45 to 64 years of age. Nearly 11 percent (10.7) of persons are over the age of 65. Nearly 49 percent (48.6) of the population in McLean County is male and 51.4 percent is female. Exhibit 2 depicts population by age group for 2000 vs. 2012.

Exhibit 2 – 2000 vs. 2012 Population by Age for McLean County.



Source: U.S. Census, 2000 and 2012

Race and Ethnicity

The population of McLean County is 85.2 percent White, 7.6 percent Black or African American, 4.8 percent Asian, 4.6 percent Hispanic or Latino and 0.3 percent American Indian and Alaska Native. Source: 2012 U.S. Census Bureau.

Economics

The percent of persons living below the poverty level in McLean County according to the American Community Survey 2007-2011 and the 2012 U.S. Census Bureau is 13.4 percent compared to a rate of 13.1 percent for Illinois. The median household income for McLean County is \$59,410. This is slightly higher than the median household income of \$56,576 for Illinois state-wide.

The percent of the population receiving Medicaid in McLean County has risen steadily from 5.8 percent in 2004 to 13.8 percent in 2010. It is estimated that McLean County currently has 10,000 to 15,000 uninsured residents. Based on the 2012 Census Bureau population estimate of 172,281, this equates to between 5.8 and 8.7 percent of McLean County residents being uninsured. (Source: McLean County Public Health Department IPLAN Report, 2012-2017)

Education

McLean County is above the state average in terms of education. More than 93 percent (93.4) of the population over the age of 25 possesses a high school diploma or higher and 41.4 percent have a bachelor’s degree or higher. This is greater than the state average for a bachelor’s degree or higher of 30.7 percent. Illinois State University, Illinois Wesleyan University, Heartland Community College and Lincoln College are all located in McLean County.

Exhibit 3 – Healthcare Resources in the defined community

Name of Facility	Type of Facility	Location
Advocate BroMenn Medical Center	Medical Center/Hospital	Normal
OSF Saint Joseph Medical Center	Medical Center/Hospital	Bloomington
Chestnut Family Health Center	Community Clinic	Bloomington
Community Health Care Clinic	Community Clinic	Normal
John M. Scott Health Resources Center	Community Clinic	Bloomington
Immanuel Health Center	Community Clinic	Bloomington
McLean County Center for Human Services	Community Clinic	Bloomington
Community Cancer Center	Community Clinic	Normal
McLean County Public Health Department	City Clinic	Bloomington

V. Data Sources

A primary data source reviewed for BroMenn Medical Center’s CHNA was a listing of the top International Classification of Disease Codes (ICD-9’s) for 2010 from BroMenn Medical Center’s emergency room. The various ICD-9’s were grouped into the following categories to determine the top health issues presenting in the emergency department: chest pain or related, headache, urinary tract infection, nausea/vomiting/diarrhea, dental/oral health, or psychiatric. A second primary data source reviewed was BroMenn Medical Center’s obstetrics data, specifically the elective induction rate, number of live births and percent of very low birth weight infants.

Various secondary data sources were reviewed including the U.S. Census data for 2000, 2010 and 2012, the U.S. Department of Health and Human Services Community Health Status Indicator Report for 2009 and the Illinois Project for Local Assessment of Need (IPLAN) Community Health Plan and Need Assessment for McLean County, 2012-2017. The National Alliance on Mental Illness, 2010, and the Illinois Youth Survey, 2010 and 2012, were also reviewed.

Selected Data Sources

U.S. Census Bureau (2000, 2010, 2012)

<http://www.census.gov/> ([click here](#))

McLean County Public Health Department IPLAN Report (2012-2017)

<http://health.mcleancountyil.gov/index.aspx?NID=112> ([click here](#))

Illinois Youth Survey (2010, 2012)

<http://iys.cprd.illinois.edu/docs/2012-county-reports/mclean-county.pdf?sfvrsn=0> ([click here](#))

U.S. Department of Health and Human Services Community Health Status Indicator Report (2009)

<http://wwwn.cdc.gov/CommunityHealth/MeasuresOfBirthAndDeath.aspx?GeogCD=17113&PeerStrat=11&state=Illinois&county=McLean> ([click here](#))

National Alliance of Mental Illness (2010)

http://www.nami.org/Content/NavigationMenu/State_Advocacy/Tools_for_Leaders/Illinois_State_Statistics.pdf ([click here](#))

Information Gaps Identified

The McLean County Public Health Department houses a rich array of useful data. However, it is not as current as necessary for identifying and planning the most effective interventions. Data analysis also revealed that in the areas of mental and oral health, there is minimal community wide data, thus making it challenging to assess the scope of need in McLean County.

VI. CHNA Findings

The summary of CHNA findings is intended to provide an overview of the data for people living in McLean County. For more detailed information, please refer to the links in the selected data sources section. The first data set that BroMenn Medical Center's Community Health Council members selected to review in 2011 were the top International Classification of Disease Codes (ICD-9's) by volume in BroMenn Medical Center's emergency department in 2010.

Exhibit 4 – Advocate BroMenn Medical Center Emergency Department's Top ICD-9's in 2010

ICD-9's	Number of Case
Mental Health/psychiatric	1,453
Chest pain/heart	1,436
Headache	950
Gastrointestinal	823
Dental	623
Urinary tract infection	542
Head Injury	530

See Appendix for more detailed information

Source: Advocate BroMenn Medical Center

Of the mental health/psychiatric cases presenting to the emergency room, anxiety state, depressive disorder and manic-depressive were the top ICD-9's, each with no other symptoms listed.

Another important source of data findings came from working in collaboration with the McLean County Health Department and the McLean County Community Health Advisory Board in the spring of 2012. The top eight health issues as identified by this board are listed below:

Top 8 health issues for McLean County:

- 1. Cancer**
- 2. Chronic Liver Disease and Cirrhosis**
- 3. Infant Mortality**
- 4. Mental Health**
- 5. Obesity**
- 6. Oral Health**
- 7. Sexually Transmitted Diseases**
- 8. Toxics and Wastes**

Through the use of the Hanlon Method, the above list was narrowed down to three health priorities chosen for the Community Health Plan (CHP) for McLean County for 2012-2017. The Hanlon method established priorities based on the size and seriousness of the health problem, as well as the effectiveness of the available interventions. The top health issue priorities for McLean County are listed below.

Top 3 prioritized health issues for McLean County:

- 1. Obesity**
- 2. Mental Health**
- 3. Oral Health**

In addition to identifying the top three health priorities, the Community Health Plan for McLean County, the Illinois Project for Local Assessment of Need (IPLAN) 2012-2017 Community Health Plan and Need Assessment, contained a wealth of invaluable data for the purposes of the BroMenn Medical Center CHNA.

Mental Health

Suicides in McLean County increased from 8.0/100,000 people in 2006 to 10.6/100,000 people in 2010. This is higher than the state rate of 9.3/100,000 in 2008. This data is further supported by the increase in phone calls to PATH (Providing Access to Help) 2-1-1 Crisis Hotline number. In 2010, the 2-1-1 number became available to residents in McLean, Christian, DeWitt, Livingston, McHenry, Ogle, Sangamon, and Winnebago Counties in Illinois. The number of phone calls pertaining to suicide increased by an alarming 22.91 percent between 2010 and 2012. The number of clients receiving mental health services from the McLean County Center for Human Services increased from 2,800 in 2005 to 3,600 in 2009. According to The National Alliance on Mental Health-2010, of the 12.9 million residents living in the state of Illinois, approximately 421,000 adults and 142,000 children live with serious mental illnesses. As of 2010, Illinois' public mental health system provided services to only 19 percent of adults who live with serious mental illness. During the 2006-2007 school year, approximately 43 percent of Illinois students aged 14 and older living with serious mental health conditions and receiving special education services dropped out of high school. (*Source: National Alliance on Mental Health, 2010*) The McLean County data and the State of Illinois data further substantiate and explain the increase in visits that BroMenn Medical Center is experiencing in its emergency room and emphasize the enormity of the mental health problem facing our community and our nation.

Obesity

The number of overweight adults in McLean County increased from 35 percent in 2004 to 39.5 percent in 2008. The number of obese adults in McLean County increased from 20.7 percent in 2004 to 22 percent in 2008 (*Source: McLean County IPLAN, 2012-2017*). Among 6th–12th grade youth in McLean County in 2010, 11 percent were overweight and 5.1 percent were obese. (*Source: Illinois Youth Survey 2010*) These rates increased in 2012. For 6th-12th grade youth, rates increased to an average of 15 percent of students being overweight and 8 percent of students being obese (Illinois Youth Survey 2012). This increase is in line with the national trend of rising obesity in children. Closely related to obesity is heart disease as obesity is considered a risk factor for developing heart disease. In McLean County, heart disease is the leading cause of death accounting for 26–31 percent of adult deaths. (*Source: McLean County IPLAN, 2012–2017*)

The U.S. Department of Health and Human Services Community Health Status Indicator Report for McLean County for 2009 was also considered for BroMenn Medical Center's assessment. Of the data provided, for residents ages 45 and over, cancer and heart disease remain the top two causes of death.

When the data from the Illinois Youth Survey is coupled with the Community Health Status Report, and the IPLAN data, the emerging trends indicate a need for community based programs and prevention in the area of obesity, nutrition, physical activity, and heart disease.

Infant Mortality

Data from the 2009 McLean Community Health Status Report indicates that infant mortality is considerably higher than peer county ranges. McLean County also had unfavorable reports (comparison to peer group and U.S. rates) with regards to very low birth weight (VLBW) <1500 grams babies, low birth weight babies (<2500 grams), and premature births. According to the IPLAN and the March of Dimes, the percent of very low birth weight babies from 2003–2008 ranged from 1.6 percent to 1.9 percent in McLean County. This is greater than the recommended Healthy People 2020 goal of no more than 1.4 percent. BroMenn Medical Center’s internal data, however, does not support these findings. See Exhibit 5 below:

Exhibit 5 – BroMenn Medical Center Number of Live Infant Births & Very Low Birth Weight Infants Sept. 2009–Sept. 2013

Date	# of Live Births	# of VLBW Infants <1500 grams	% VLBW Infants <1500 grams
October 2012 – September 2013	1408	2	.14%
October 2011 – September 2012	1334	4	.29%
October 2010 – September 2011	1659	10	.60%
October 2009 – September 2010	1524	7	.57%
October 2008 – September 2009	1927	11	.60%

Source: Advocate BroMenn Medical Center

Oral Health

Oral health was fifth on the list of ICD-9’s for BroMenn Medical Center’s emergency room and was chosen as one of the top health priorities for the McLean County 2012-2017 Community Health Plan. In McLean County, 42.5 percent of third graders have experienced cavities and 20.9 percent have untreated cavities. Disparities exist with over 40 percent of poor adults having at least one untreated decayed tooth compared to 16 percent of non-poor adults. (IPLAN 2012-2017). According to the Center for Disease Control’s Behavioral Risk Factor Surveillance Survey in 2008, 75 percent of adults in McLean County reported they had dental insurance.

(Note: All data and website links within this document were verified as of December 15, 2013.)

VII. Health Need Priorities

Priority-Setting Process

The Community Health Council used results from the gathered primary and secondary data to create a list of top health needs. The council reviewed a list of issues and then scored each one in the following categories:

- Seriousness of the need
- Percent of population with that need
- Importance of the need to the community
- Degree to which effective programs are available to address the program need
- Degree to which community is aware of effective programs available
- Degree to which community assets (dollars) can help to address the need
- Degree to which community partners can/are involved in solving the problem

Refer to Exhibit 6 for the prioritization grid utilized by BroMenn Medical Center’s Community Health Council in the prioritization process.

Exhibit 6 – Prioritization Grid Utilized by BroMenn Medical Center’s Community Health Council

NEED	SERIOUSNESS OF THE NEED				% OF NEED				IMPORTANCE OF NEED TO COMMUNITY				DEGREE TO WHICH EFFECTIVE PROGRAMS ARE AVAILABLE TO ADDRESS THE PROGRAM NEED				DEGREE TO WHICH COMMUNITY IS AWARE OF EFFECTIVE PROGRAMS AVAILABLE				DEGREE TO WHICH COMMUNITY ASSETS (\$) CAN HELP TO ADDRESS NEED				DEGREE TO WHICH COMMUNITY PARTNERS CAN/ARE INVOLVED IN SOLVING THE PROBLEM			TOTAL			
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	NEED	ABILITY		
SCORE	HIGH	MED	LOW	NONE	HIGH	MED	LOW	NONE	HIGH	MED	LOW	NONE	HIGH	MED	LOW	NONE	HIGH	MED	LOW	NONE	HIGH	MED	LOW	NONE	HIGH	MED	LOW				
Oral/Dental Health	X				X				X				X				X				X				X			X		8	6
Heart Disease	X				X				X				X				X				X				X			X		8	10
Mental Health	X				X				X				X				X				X				X			X		8	5
Urinary Tract Infection		X			X				X				X				X				X				X			X		6	7
Ear Infections			X		X				X				X				X				X				X			X		4	4
Obesity		X			X				X				X				X				X				X			X		7	7
Cancer	X				X				X				X				X				X				X			X		9	12
Maternal Child Health		X			X				X				X				X				X				X			X		6	11
Chest Pain		X				X			X				X				X				X				X			X		6	11
Headache		X			X				X				X				X				X				X			X		6	9
Abdominal Pain		X			X					X				X				X				X				X			X	5	3
Pediatric Mental Health		X			X					X				X				X				X				X			X	5	5
Alcohol Abuse		X			X					X				X				X				X				X			X	6	6
Head Injury			X			X				X				X				X				X				X			X	3	4
Children’s Health & Wellness		X			X				X				X				X				X				X			X		7	12
Senior Living		X			X					X				X				X				X				X			X	6	8
Pneumonia/Pharyngitis/Bronchitis	X				X					X				X				X				X				X			X	6	6
Open Wound of Finger (AEH)	X				X					X				X				X				X				X			X	7	2
Chronic Pain			X			X				X				X				X				X				X			X	3	4

Based on the above prioritization process, several needs rose to the top of the list, including: heart disease, cancer, obesity, mental health, oral health, and low birth weight/maternal child health. The council looked closely at the degree scores, especially when considering where the biggest gap might be, and how BroMenn Medical Center could assist in closing the gap.

Because of its strong collaboration with the McLean County Public Health Department, BroMenn’s Community Health Council members considered the data and prioritization methods used for the 2012-2017 IPLAN (Community Health Plan) since the defined communities were nearly identical. As mentioned previously, the Community Health Advisory Board used the Hanlon Method in choosing its top three health priorities for the McLean County 2012–2017 Community Health Plan. The priorities selected were mental health, oral health, and obesity.

With these two sets of prioritization factors reviewed, the BroMenn Medical Center Community Health Council selected its top health priorities—mental health and obesity.

Health Needs Selected

Mental Health

Mental health was chosen as a key health priority for two reasons. First, International Classification of Disease Codes data from BroMenn Medical Center lists mental health as the number one reason for emergency room visits. Secondly, mental health was identified as one of the top three health needs for the McLean County Community Health Plan for 2012-2017. BroMenn Medical Center has an inpatient mental health unit and has a longstanding interest and expertise in the area of community mental health. This includes assisting with the development of the Recovery Court Program for McLean County and a partnership with Proctor Hospital (Peoria, Illinois) that offers the Illinois Addiction and Recovery Center on the BroMenn Medical Center campus.

Obesity

Obesity was chosen as a key health priority due to the 2010 and 2011 County Health rankings, as well as the fact that obesity was chosen as a key health priority for the McLean County Community Health Plan for 2012-2017. BroMenn Medical Center is working in close collaboration with the McLean County Public Health Department and the McLean County Wellness Coalition. The medical center's leaders have been engaged in a leadership role in this coalition since its inception in 2011. Obesity is related to heart disease, which was the second most common reason why individuals visited BroMenn Medical Center's emergency room in 2010. Addressing obesity helps address other conditions, such as heart disease and diabetes.

Limiting Factors

BroMenn Medical Center faces challenges in its CHNA journey. One major challenge is the enormity of the issues the medical center has selected for their key health needs. Community Health Council discussion brought forth a number of limiting factors to resolving issues surrounding mental health. One such limiting factor is the number of providers in the area. According to the County Health Rankings, McLean County has one mental health provider per 2,801 residents versus the state average of one provider per 2,372 residents. The ongoing state financial reductions, as well as state operated facility closures, continue to shift the responsibility for care of the psychiatric patient to the local community. The pervasiveness of obesity in both the nation and McLean County will also be a challenge in the medical center's CHNA journey.

Health Needs Not Selected

BroMenn Medical Center did not select oral health, heart disease, cancer or low birth weight as key health needs to address.

Oral Health

Oral health is a need in which the medical center has a limited sphere of influence. BroMenn Medical Center does not have dental residents or a mobile dental van, both of which could be key components of a successful intervention. However, the existing collaboration with the McLean County Public Health Department, the medical center's delegate churches, local primary care physicians, area dentists, and the Community Health Care Clinic, may lessen the oral health burden in the community.

Although oral health is not one of the selected key health priorities, BroMenn Medical Center collaborates with eight of its delegate churches to assist the community with its oral health needs. A program called *Partners in Smiling* was created in 2012. The program consists of delegate churches collecting dental hygiene supplies. BroMenn Medical Center delivers the supplies to the McLean County Public Health Department or to the John Scott Health Clinic where they are given to individuals in need. Since its inception, over \$4,000 in dental hygiene supplies have been collected and distributed to individuals in need in McLean County. BroMenn Medical Center leadership has also met on several occasions with the McLean County Public Health Department and local dentists and oral surgeons to discuss the issue of access to dental care for uninsured adults in McLean County. Additionally, the medical center has had two staff members serving on the McLean County Public Health Department's IPLAN Oral Health Task Force since 2012.

Heart Disease and Cancer

Despite their pervasiveness, heart disease and cancer were not selected as key health needs to address. BroMenn Medical Center's Community Health Council felt that significant resources are already devoted to both of these needs. In particular, the community has excellent resources in both the Community Cancer Center, a joint venture between BroMenn Medical Center and OSF Saint Joseph's Medical Center, and the American Heart Association. In the area of heart health, BroMenn Medical Center has always been a leader in providing community programs, screenings and events to the community. In 2012, BroMenn Medical Center launched a unique community program called *Advocate for Young Hearts*. *Advocate for Young Hearts* is a program in which local high school students are screened at no cost for unidentified genetic disorders that place them at high risk for sudden cardiac death. An electrocardiogram (EKG)

can detect impulse patterns or “markers” associated with some genetic conditions that a stethoscope cannot. BroMenn Medical Center has screened approximately 2,500 students in McLean County high schools since the inception of the *Advocate for Young Hearts* program in 2012 and is continuing the program into 2014 to help prevent sudden cardiac deaths in McLean County youths.

Low Birth Weight Infants

Low birth weight was not selected as a significant health need to be addressed by BroMenn Medical Center, but the medical center has taken steps to address the issue in light of the earlier mentioned county low birth weight data and the fact that the percent of elective inductions was higher than what was deemed acceptable to the medical center. In October 2011, a collaborative effort began between BroMenn Medical Center, OSF Saint Joseph’s Medical Center, the March of Dimes and local physicians. The March of Dimes initiative of no elective inductions prior to 39 weeks without medical necessity began. In 2012, BroMenn Medical Center had zero elective inductions at less than 39 weeks. A review of the low birth weight data in our community showed that women have sufficient access to prenatal care and are being entered into the system in a timely fashion. The issue seemed to be that women were choosing to have elective inductions or elective caesarean-sections. It was hypothesized that the March of Dimes initiative would have a positive impact on decreasing the number of low birth weight babies. The medical center saw a 50 percent reduction in the number of low birth weight babies at the end of the first reporting period following implementation of the elective induction initiative (from October 2011 through September 2012) and another 50 percent reduction from October 2012 through September 2013. (See Exhibit 5 in CHNA Findings Section).

Community Assets

Although the Community Health Council identified some limiting factors for BroMenn Medical Center’s CHNA journey, it has also identified excellent community assets that exist as well. A major strength is the collaborative nature of the Bloomington-Normal community. The two medical centers located in McLean County, BroMenn Medical Center and OSF Saint Joseph’s Medical Center, have been collaborating on community health needs for years. In addition to the March of Dimes no elective inductions initiative mentioned above, the medical centers partnered in 1993 to open the Community Health Care Clinic. The Community Health Care Clinic provides services to the medically underserved population of McLean County to ensure that all populations in the community have access to healthcare. To be eligible for care at the clinic, an individual must have a total household income less than 185 percent of federal poverty guidelines, have no access to third party insurance (Medicaid, Medicare, All Kids, Veteran’s Benefits, Disability or employer-sponsored insurance) and reside in McLean County. All emergency room visits, diagnostic testing, and medical center services are provided by BroMenn and OSF St. Joseph Medical Centers free of charge. The Community Health Care Clinic saw 1,200 patients in 2012, provided 4,600 clinical exams and prescribed over \$22,000 worth of prescription medications at no charge to uninsured individuals. Members of BroMenn Medical Center’s leadership serve on the clinic’s board. The Community Health Care Clinic resides in a building owned by BroMenn Medical Center. BroMenn Medical Center paid \$34,538 in 2012 for the maintenance and upkeep of the Community Health Care Clinic facility.

Through synergistic efforts and community partnerships with organizations such as the McLean County Public Health Department, the delegate churches, and the Community Health Care Clinic, BroMenn Medical Center is able to provide many outreach programs to the community and assist those in need.

VIII. Overview of Planned Program Interventions

BroMenn Medical Center is a vital part of McLean County, serving the health needs of individuals, families and communities with a wholistic philosophy of care. The medical center’s dedication to expanding its partnerships has resulted in a network of community organizations, key leaders, and the faith community to implement and enhance community outreach programs.

Mental Health

BroMenn Medical Center makes significant contributions to address the issue of mental health in the community. Since 2012, BroMenn Medical Center has had two staff members serving on the McLean County Public Health Department's IPLAN Mental Health Task Force to work collaboratively in implementing a community mental health program in 2014. Historically, BroMenn Medical Center did not have a crisis admissions counselor in the emergency room. In response to cuts in state and community funding for mental health, the medical center identified an increased wait time for the psychiatric patient to be seen by the on call community crisis screening counselor. To address this issue, BroMenn Medical Center invested in hiring a crisis admissions counselor in 2010. This staff member provides assessments in the emergency department from 10 am to 6:30 pm, Monday-Friday.

Additionally, the inpatient mental health unit at BroMenn Medical Center is the only one of its kind in McLean County providing critical services to those adults needing inpatient psychiatric services. The unit operated in 2012 at an annual loss of \$1,454,727.

BroMenn Medical Center, in partnership with its delegate churches and the McLean County Mental Health Court, also participates in a program titled Partners in Helping. This program provides support to the court for their efforts towards rehabilitating individuals with mental health conditions who enter the criminal justice system as an alternative to incarceration. Delegate congregations collect incentive items, such as gift cards to local restaurants, which are designated by the court for participants in court's program. Donations are given to the court to use to incentivize progress and compliance. BroMenn Medical Center's Service Area Administrator for Behavioral Health Services serves as Vice President of the Board for the McLean County Mental Health Court program, which is focused on keeping individuals with mental health issues out of prison.

In 2014, BroMenn Medical Center plans to offer an evidenced-based mental health program to the community entitled Mental Health First Aid. Mental Health First Aid is a nationally recognized adult public education program that teaches individuals how to identify, understand and respond to the signs of mental illness and substance abuse disorders. Certified instructors teach participants to become Mental Health First Aiders. Participants learn about the signs and symptoms of acute mental health crises and chronic mental health problems like anxiety and depression. BroMenn Medical Center will collaborate with its community partners to offer this program.

Obesity

Regarding obesity, BroMenn Medical Center has three staff members serving on the McLean County Wellness Coalition, a group comprised of campus and community organizations working to promote healthy eating and active living. The coalition has been in place since 2011 and has three subcommittees: school, workplace, and community. BroMenn Medical Center is partnering with the YMCA on their Youth Fitness Intervention Program (Y-Fi). Y-Fi is a program to help reduce the number of overweight and obese children through physical activity, education and nutrition. Youths are referred to the program by their physicians. Parents are also involved in the program and exercise along with their child. Pre and post outcomes measured for this 12-week program include pre and post Body Mass Index (BMI), total cholesterol, non-fasting glucose and HDL.

In the fight against obesity, BroMenn Medical Center is also partnering with the Community Health Care Clinic. Obesity increases the risk of diabetes and impacts the control of it. According to the IPLAN 2012-2017, 61.5 percent of McLean County adults are overweight or obese. BroMenn Medical Center is providing a six-week group diabetes education class to Community Healthcare Clinic diabetes patients, specifically patients with HbA1c's greater than 9 and BMI's greater than 30. A staff member of the clinic attends the class to increase compliance and assist with Spanish speaking patients when needed. Outcomes measured over time include HbA1c values, body mass index, and a pre and post survey of knowledge ascertained.

BroMenn Medical Center offers exercise classes, screenings, health education presentations, and events to the community on a range of topics pertinent to overall physical and mental health, and healthy lifestyle changes.

IX. Vehicle for Community Feedback

Thank you for reading this CHNA Report. If you would like to provide comments to us related to the contents of this report, please click on the link below.

<http://www.advocatehealth.com/chnareportfeedback>

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

AHC-CHNAReportCmtyFeedback@advocatehealth.com

A paper copy of this report may be requested by contacting the hospital's Public Affairs and Marketing department.

X. Appendix

BroMenn Medical Center Emergency Department International Classification of Disease Codes for 2010

Chest Pain	Chest pain not elsewhere classified	740
Chest Pain	Chest pain not otherwise specified	382
Chest Pain	Subendocardial infarction - initial episode	135
Chest Pain	Coronary atherosclerosis, wat. Vesl	133
Chest Pain	Acute inferior myocardial infarction CEC, initial episode	21
Chest Pain	Acute anterior myocardial infarction, not elsewhere classified, initial episode	12
Chest Pain	Acute inferolateral myocardial infarction	7
Chest Pain	Acute myocardial infarction	6
Total Chest Pain		1,436
Dental	Dental disorder not otherwise specified	251
Dental	Periapical abscess	209
Dental	Acute Apical periodontitis	80
Dental	Dental caries not otherwise specified	35
Dental	Broken tooth	22
Dental	Oral soft tissue disorder not elsewhere classified	14
Dental	Acute gingivitis	6
Dental	Tooth eruption disorder	3
Dental	Dental disorder	3
Total Dental		623
Gastrointestinal	Non-infectious gastroenteritis not elsewhere classified	451
Gastrointestinal	Nausea and vomiting	372
Total GI		823
Headache	Headache	654

Headache	Migraine not otherwise specified-not intractable	272
Headache	Migraine not elsewhere classified- not intractable	13
Headache	Tension headache	8
Headache	Migraine	3
Total Headache		950
Head Injury	Head injury not otherwise specified	392
Head Injury	Concussion without coma	74
Head Injury	Concussion not otherwise specified	18
Head Injury	Concussion with coma not otherwise specified	7
Head Injury	Head Injury	5
Head Injury	Head Injury	4
Head Injury	Concussion with loss of consciousness	23
Head Injury	Subdural hematoma without coma	7
Total Head Injury		530

Psychiatric	Anxiety state not otherwise specified	222
Psychiatric	Depressive Disorder not elsewhere classified	175
Psychiatric	Manic-depressive not otherwise specified	90
Psychiatric	Affective psychosis not otherwise specified	86
Psychiatric	Bipolar affective disorder, currently depressive – unspecified	66
Psychiatric	Major depressive disorder – unspecified	65
Psychiatric	Panic disorder	63
Psychiatric	Psychosis not otherwise specified	51
Psychiatric	Personality disorder not otherwise specified	48
Psychiatric	Recurrent major depression-severe	46
Psychiatric	Poisoning – benzodiazepine tranquilizer	45
Psychiatric	Suicidal ideation	33
Psychiatric	Poisoning – arom analgesics	32
Psychiatric	Adjustment reaction not otherwise specified	23
Psychiatric	Bipolar affective disorder, currently manic-unspecified	20
Psychiatric	Schizophrenia-not otherwise specified-unspecified	19
Psychiatric	Conduct disturbance not otherwise specified	19
Psychiatric	Brief depressive reaction	18
Psychiatric	Acute stress reaction not otherwise specified	15
Psychiatric	Paranoid schizophrenia-unspecified	13

Psychiatric	Bipolar manic severe with psychosis	13
Psychiatric	Paranoid schizophrenic-chronic	12
Psychiatric	Paranoia	11
Psychiatric	Mental disorder – antepartum	11
Psychiatric	Major depression disorder-severe	10
Psychiatric	Poisoning by other antidepressant	10
Psychiatric	Affective psychosis not elsewhere classified	9
Psychiatric	Attention deficit disorder with hyperactivity	9
Psychiatric	Psych exam authority required	9
Psychiatric	Conversion disorder	8
Psychiatric	Explosive personality	8
Psychiatric	Adjustment react – mixed emotion	8
Psychiatric	Prolonged post-traumatic stress disorder	8
Psychiatric	Bipolar affective, depression-severe	7
Psychiatric	Hallucinations	7
Psychiatric	Poisoning by antipsychotic	7
Psychiatric	Bipolar affective disorder mixed unspecified	6
Psychiatric	Mental disorder – antepartum	6
Psychiatric	Paranoid schizophrenic-chronic exacerbated	5
Psychiatric	Bipolar affective disorder, mixed severe	5
Psychiatric	General anxiety disorder	5
Psychiatric	Stress reaction, emot	5
Psychiatric	Psychomot EP, not interact	5
Psychiatric	Poisoning by Aspirin	5
Psychiatric	Poisoning by sedative	5
Psychiatric	Poisoning by other drug	5
Psychiatric	Bipolar mixed	4
Psychiatric	Anxiety state not elsewhere classified	4
Psychiatric	Obsessive compulsive disorder	4
Psychiatric	Intermittent explosive disorder	4
Psychiatric	Oppositional defiant disorder	4
Psychiatric	Psychological visual disturbance	4
Psychiatric	Manic	3
Psychiatric	Bipolar	3

Psychiatric	Acute stress reaction	3
Psychiatric	Impulse control disorder	3
Psychiatric	Schizoaffective – unspecified	36
Psychiatric	Neurotic disorder not otherwise specified	13
Psychiatric	Recurrent major depression moderate	12
Psychiatric	Poisoning – insulin	8
Total Psychiatric		1,453
Urinary Tract Infection	Urinary tract infection not otherwise specified	542
Total Urinary Tract Infection		542



1304 Franklin Avenue
Normal, IL 61761
309.454.1400

advocatehealth.com/bromenn