COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

2020-2022

UnityPoint Health - Central Illinois
UPH - Methodist Campus
UPH - Proctor Campus
UPH - Pekin Campus

UnityPoint Health

EXECUTIVE SUMMARY

Section 501(r) (3) of the Patient Protection and Affordable Care Act, Public Law 111-148, requires charitable hospital organizations to conduct a community health needs assessment (CHNA) at least once every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. The Internal Revenue Service has published regulations that allow hospital organizations the ability to collaborate with other organizations in the completion of the CHNA and in the development of implementation strategies. In response to these regulations, the two hospital systems in Peoria, Illinois embraced the opportunity for collaboration to complete a CHNA for the hospitals' primary service area defined as Peoria, Tazewell, and Woodford Counties (Tri-Counties). The Tri-County Community Health-Needs Assessment (CHNA) is a collaborative undertaking facilitated through the Partnership for a Healthy Community (hereafter referred to as PFHC), a multi-sector community partnership working to improve population health. An ad Hoc committee within the PFHC formed a collaborative team to facilitate the CHNA. This collaborative team included members from OSF Saint Francis Medical Center (OSF), UnityPoint Health – Central Illinois (UnityPoint) [UPH – Methodist |Proctor | Pekin Hospitals], Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health Department, Advocate Eureka Hospital, Hopedale Medical Complex, Heart of Illinois United Way, Heartland Health Services and Bradley University. The collaborative team conducted the Tri-County Community Health-Needs Assessment (CHNA) to highlight the health needs and well-being of residents in the Tri-County region.

Several themes are prevalent in the collaborative CHNA – the demographic composition of the Tri-County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors. Results from this study can be used for strategic decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by PFHC stakeholders, as well as perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of data. Additionally, primary data was collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medications and mental-health counseling. Additionally, demographic characteristics of respondents were utilized to provide insights into why certain segments of the population responded differently.

Ultimately, the identification and prioritization of the most significant health needs in the Tri-County region were identified. Consideration was given to health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method, four significant health needs were identified and determined to have equal priority:

- **Healthy Eating/Active Living –** *defined as active living and healthy eating, and their impact on obesity, access to food, and food insecurity*
- **Cancer -** *defined as incidence of breast, lung, and colorectal cancer and cancer screenings*
- **Mental Health -** *defined as depression, anxiety, and suicide*
- **Substance Use -** *defined as abuse of illegal and legal drugs, alcohol, and tobacco/vaping use*

The Methodist Health Services Corporation (MHSC) governing board reviewed the identified health issues and approved the four priority areas above for the focus of the 2020 through 2022 plan on August 29, 2019. The four priority health issues are summarized on the following pages. Existing programs and resources within the three campuses comprising UnityPoint Health - Central Illinois along with other community resources were considered in addressing the health needs identified to balance the community's response and avoid duplication of effort.

The implementation plan describes the identified need, defines UnityPoint Health - Methodist | Proctor | Pekin objectives in addressing the need and lists the initiatives to be undertaken to achieve the desired outcome for each campus. The strategy outlined leverages existing programs and resources within UnityPoint Health - Methodist | Proctor | Pekin. The implementation plan was approved by the MHSC Board of Directors on April 30, 2020.

Source: Partnership for a Healthy Community. (2019). Community Health Needs Assessment 2019. Retrieved from https://www.pcchd.org/DocumentCenter/View/705/2019-Tri-County-Community-Health-Needs-Assessment-PDF-

Healthy Eating Active Living (HEAL)

Implementation Plan

UPH – Methodist | Proctor | Pekin

UnityPoint Health Lead: Alice Price, Regional Director-Nutrition Services

Others Involved: Andrea Parker, Director - Hult Center for Healthy Living

Goal: To foster and promote healthy eating and active living to reduce chronic disease and food insecurity in the Tri-County area.

I. Identified Need: Obesity was the number one health condition that was reported on the 2019 Community Health Needs Assessment (CHNA) with a total of 39% of individuals reporting being overweight. This percentage is significantly higher than any of the other health conditions. Notably, active living, healthy eating, and access to food were listed as essential components to address this health concern.

II. Community/UnityPoint Health – Central Illinois Objectives:

a. By 2020, reduce the proportion of adults considered obese by 2%.
b. By 2022, reduce the proportion of youth (grades 8-12), who self-reported overweight and obese by 2%.
c. By 2022, decrease food insecurity in populations residing in Peoria, Tazewell and Woodford Counties by 1%.

III. Collaborators: Partnership for a Healthy Community, UnityPoint In-School Health Clinics, UnityPoint Nutrition Services, Hult Center for Healthy Living, Peoria Public Schools

IV. Existing UnityPoint Health – Central Illinois Resources/Initiatives:

a. Hult Center for Healthy Living youth and adult health education
b. Community Registered Dietitians
c. In-School Health Clinics
d. Wellness Center
e. Health insurance incentives for wellness participation

V. UnityPoint Health Tactics:

a. Hult Center for Healthy Living's collaborative effort with Peoria Public Schools and the Ready, Set, Go! program will increase knowledge and healthy behaviors among youth through nutrition and physical activity interventions ***(corresponds with metrics a & b).***
b. Hult Center for Healthy Living will provide evidence-based lifestyle interventions using the National Diabetes Prevention Program (DPP)

curriculum to decrease obesity and increase physical activity among prediabetic individuals to decrease or delay the onset of type 2 diabetes ***(corresponds with metrics c & d).***

c. UnityPoint Health Community Registered Dietitians will provide one-on-one consultations with at-risk students enrolled in In-School Health Clinics to improve healthy behaviors and decrease obesity ***(corresponds with metrics e & f).***
d. UnityPoint Health Community Registered Dietitians will participate in five community health fairs each year to reduce the proportion of adults who are considered obese ***(corresponds with metric g).***
e. Continue to provide Well Power classes that are focused on weight management and are also available to all UPH employees ***(corresponds with metric h).***
f. Journey to Wellness lifestyle coaching – UPH employees (and their spouses) can participate in these 4 free sessions every year for wellness credit. These counseling sessions help participants identify personal health and wellness goals and establish criteria to meet these goals ***(corresponds with metric i).***
g. Discover Healthy Concept classes – these 12-week sessions are available to UPH employees and community members. This class pairs exercise with different nutrition education topics each week (***corresponds with metric j).***
h. Clinical nutrition education classes- free of charge and topics include MyPlate, label reading, meal planning, smart snacking and grocery shopping (***corresponds with metric k).***
i. Peoria Grown – This is a program that provides food and education to low income families in Peoria. Participants can receive WIC credit for certain classes. Both school-aged children and adults participate in separate classes. For the WIC mothers cooking classes, they are sent home with ingredients to make the recipes that were made in class (***corresponds with metric l).***
j. Family Medical Center (UPH FMC) will provide a community garden for Peoria County residents ***(corresponds with metric m).***

VI. Resources Commitment:

a. Hult Center for Healthy Living grant funding
b. Financial support for community Registered Dietitians

VII. UnityPoint Health Metrics:

a. Students participating in health education programming will demonstrate a minimum of 85% knowledge gain
b. Students participating in health education programming will demonstrate a minimum of 65% behavior change

c. Participants enrolled in the National Diabetes Prevention Program will decrease weight by minimum 5%
d. Participants enrolled in the National Diabetes Prevention Program will increase physical activity to minimum 150 minutes per week
e. Students participating in nutrition consultations will demonstrate improvement in healthy eating and active living
f. Students participating in nutrition consultations will demonstrate decrease in weight
g. At least 150 participants will engage in each of these health fairs.
h. 65% of clients will demonstrate positive behavior change for health improvement.
i. At least 160 participants will engage in each of these sessions.
j. At least 20 participants will engage in each of these sessions each year.
k. Four different nutrition education classes will be implemented each year. At least 90 participants will engage in nutrition education classes.
l. At least 50 participants will engage in the Peoria Grown initiative each year.
m. Family Medical Center champion will work with community members to increase nutrition awareness and lower food insecurity of citizens of Peoria County.

Mental Health

Implementation Plan

UPH – Methodist | Proctor | Pekin

UnityPoint Health Lead: Dean Steiner, Director- In Patient Services Behavioral Health

Others Involved: Andrea Parker, Director- Hult Center for Healthy Living; Ted Bender, President - UnityPlace

Goal: Improve mental health among Tri-County residents through preventative strategies and increased access to services.

I. Identified Need:

a. The Community Health Needs Assessment (CHNA) asked respondents to rate the three most important health issues in the community out of 10 options. An overwhelming 69% rated mental health as an important health issue in the community. In 2016, 72% of survey respondents answered "good" in quotes, compared to 28% of 2019 respondents. Most notably, the CHNA identified anxiety, depression, and suicide as the most concerning mental health issues to address.

II. Community/UnityPoint Health - Central Illinois Objectives:

a. By December 31st, 2022, decrease the number of suicides in the Tri-County area by 10%.
b. By December 31st, 2022, decrease the number of residents in the Tri-County areas who reported feeling depressed or anxious in the past 30 days by 10%.

VIII. Collaborators: Partnership for a Healthy Community, UnityPlace, Hult Center for Healthy Living, EverFi

III. Existing UnityPoint Health – Central Illinois Resources/Initiatives:

a. Hult Center mental health education programs (pre-kindergarten through adults)
b. EverFi Mental Wellness Basics Virtual Education
c. Behavioral health primary care integration
d. Virtual mental health clinical services
e. UnityPlace

IV. UnityPoint Health Tactics:

a. Reduce emergency room visits through access to services at UnityPlace ***(corresponds with metric a).***

b. Actively lobby for virtual mental health consultations and services to increase access to mental health ***(corresponds with metric a)***.
c. Reduce hospital readmissions through access to services at UnityPlace ***(corresponds with metrics b).***
d. Collaborate with Everfi to provide virtual mental health education at no cost to all middle and high schools in Tri-county ***(corresponds with metrics c, d, and e).***
e. Provide suicide prevention education programming to middle and high school students in Tri-county ***(corresponds with metrics f and g).***
f. Provide suicide prevention education to adults through schools, businesses, and higher education institutions ***(corresponds with metrics f and g).***
g. Distribute and promote National Alliance on Mental Illness (NAMI) participation among patients and families throughout all UnityPlace ***(corresponds with metric i).***
h. Facilitate mental health education at local businesses and government agencies with a focus on mental wellness, resilience, suicide awareness and prevention ***(corresponds with metric k).***
i. UnityPlace Access Center- will assist individuals looking for mental health and addiction services. This access center will schedule individuals with an appropriate provider within UnityPlace system which will allow them to figure out who to call within our system and helps them navigate it more effectively ***(corresponds with metric l).***

V. Resources Commitment:

a. Budget $27,000 to Hult Center for Healthy Living to implement and evaluate youth and adult mental health education programs
b. Budget $7,500 to Everfi to deliver and evaluate Mental Wellness Basics virtual programming
c. Budget will be provided for integration with primary care offices
d. Commit enough capital to renovate/replace/expand inpatient beds

VI. UnityPoint Health Metrics:

a. Local suicide data
b. Decrease percentage of readmissions by 3%
c. Six new educational institutions will participate in the Mental Wellness Basics virtual education program during each academic school year throughout the Tri-county
d. Pre- and post-testing will indicate a minimum of 85% of Mental Wellness Basics participants increase knowledge as a result of program participation
e. Pre- and post-testing will indicate a minimum of 65% of Mental Wellness Basics participants increase positive behavior as a result of program participation.

f. Pre- and post-testing will indicate a minimum of 85% of youth and adults who participate in suicide prevention education increase knowledge as a result of program participation
g. Pre- and post-testing will indicate a minimum of 65% of participants increase positive behavior as a result of program participation
h. Increase Tri-County NAMI participation by 10% in both families and patient.
i. Increase adult mental wellness education opportunities by 10%.
j. UnityPlace mental health services
k. CHNA survey data on anxiety, depression
l. A minimum of 800 individuals will be served through the UnityPlace Access Center.

Substance Use

Implementation Plan

UPH – Methodist | Proctor | Pekin

Lead: Amanda Arrowsmith, Director- Addiction and Substance Use Services

Others Involved: Andrea Parker, Director- Hult Center for Healthy Living; Ted Bender, President - UnityPlace

Goal: Reduce substance abuse use to protect the health, safety, and quality of life for Tri-County residents.

I. Identified Need:

a. When asked to select the three most important unhealthy behaviors in the community, 60% of CHNA respondents answered drug abuse (illegal). In addition, alcohol abuse, drug abuse (legal), and smoking/vaping were amongst the top 10.

II. Community/UnityPoint Health – Central Illinois Objectives:

a. By December 31st, 2022, reduce the rate of drug-induced deaths within the Tri-County region by 10% from 22.2 per 100,000 Tri-County residents to 20.0 per 100,000.
b. By December 31st, 2022, increase the proportion of adolescents reporting never using substances in the Tri-County area by 5% (CHNA Survey).

III. Collaborators: Partnership for a Healthy Community, UnityPlace, Hult Center for Healthy Living, EverFi

IV. Existing UnityPoint Health – Central Illinois Resources/Initiatives:

a. Hult Center Youth Substance Abuse Health Education
b. EverFi Virtual Substance Abuse Health Education
c. UnityPlace

V. UnityPoint Health Tactics:

a. Collaborate with Everfi to provide virtual substance use education at no cost to all middle and high schools in Tri-county ***(corresponds with metrics b, c, and d)***
b. Provide substance use health education programming to middle and high school students in Tri-county ***(corresponds with metrics e and f)***
c. Introduce validated alcohol and drug use screening on inpatient and ED floors, increase the proportion of persons who are referred for followed up care for alcohol problems, drug problems after diagnosis, or treatment for

one of these conditions in a hospital emergency department ***(corresponds with metric a)***

d. Increase awareness of Narcan hospital distribution program to hospital staff. Add Narcan distribution programs (funding dependent) to other campuses ***(corresponds with metric b).***
e. Utilize Warm Handoff program to initiate contact with patients admitted to the ED or in-patient units for opioid related overdoses to connect them with community services including MAT and substance abuse counseling ***(corresponds with metric c).***
f. UnityPlace MAT at Rochelle- grant funding for Naloxone distribution ***(corresponds with metric d).***
g. Measure the number of substance use calls transfer to crisis or 911 ***(corresponds with metric e).***
h. Measure the number of substance use assessment appointments kept ***(corresponds with metric e).***
i. Participate in regional wellness and conference opportunities to provide education to teens on the risks of substance use ***(corresponds with metric f).***

VI. Resources Commitment:

a. Budget $7,500 to Everfi to deliver and evaluate the virtual Prescription Drug Safety Program

VII. UnityPoint Health Metrics:

a. The CDC recommendation goal of 10% will be achieved through various follow up care.
b. Add Narcan distribution program to other campuses (funding dependent).
c. Will achieve an 80% contact rate for opioid related overdoses.
d. Extra funding for $168,000 of Narcan distribution through MAT Rochelle Clinic (2,240 kids).
e. Currently at 50% and increase to 65% of substance use assessments and calls by December 2020.
f. 80% school participation goal for teen Summit (SAP coalition).
g. Minimum of six new educational institutions will participate in the Prescription Drug Safety Program virtual education during each academic school year throughout the Tri-county.
h. Pre- and post-testing will indicate a minimum of 85% of Prescription Drug Safety Program participants increase knowledge as a result of program participation.
i. Pre- and post-testing will indicate a minimum of 65% of Prescription Drug Safety Program participants increase positive behavior as a result of program participation.

j. Pre- and post-testing will indicate a minimum of 85% of youth who participate in substance use prevention education increase knowledge as a result of program participation.
k. Pre- and post-testing will indicate a minimum of 65% of youth who participate in substance use prevention education increase positive behavior as a result of program participation.

Cancer (Lung, Colorectal, Breast)

UPH – Methodist | Proctor | Pekin

Lead: Anne Bowman, Director – Oncology

Others Involved: Andrea Parker – Director, Hult Center for Healthy Living

Goal: Reduce the illness disability and death caused by lung, breast, and colorectal cancer in the Tri-County area.

I. Identified Need:

a. Malignant Neoplasms were the first or second top leading causes of death in the Tri-County area in 2017 as well as the second leading in Illinois. In the past 5 years, 72% of women had a breast screening and 61% of women and men over the age of 50 had a colorectal screening. The data was stratified based on recommended ages by the American Cancer Society. Women should receive breast cancer screenings by age 45 and everyone over the age 45 should receive colorectal screening.

II. Community/UnityPoint Health – Central Illinois Objectives:

a. By December 31st, 2022, reduce the female breast cancer death rate by 1%.
b. By December 31st, 2022, reduce the colorectal cancer death rate by 1%.
c. By December 31st, 2022, reduce the lung cancer death rate by 1%

III. Collaborators: Illinois Cancer Care; Specialists in Medical Imaging; Central Illinois Endoscopy Center, American Cancer Society, Susan G. Komen Memorial Affiliate.

IV. Existing UnityPoint Health – Central Illinois Resources/Initiatives:

a. Methodist Cancer Institute
b. Oncology nurse navigators
c. Inpatient Oncology Nursing Floor
d. Lung Screening Coordinator
e. Lung Nodule clinic
f. Radiation Therapy
g. Medical Imaging, which includes an accredited breast center with 3D mammography, an accredited low-dose lung cancer screening program, and PET
h. Multidisciplinary Tumor Board
i. Smoker registry within the UnityPoint Clinic
j. Spirometry testing
k. Employed pulmonologists

l. Hult Center for Healthy Living smoke-free multi-unit housing policy implementation, smoke-free campus implementation, and smoke free outdoor spaces
m. Hult Center for Healthy Living "Kids Connected" caregiver and family cancer education and support (no charge)
n. Hult Center for Healthy Living psychosocial counseling (no charge) & Registered Dietician (no charge)
o. Hult Center for Healthy Living oncology massage and exercise classes
p. High-Risk Breast Clinic
q. Suspicion of Cancer Clinic
r. breast cancer weight management program for breast cancer survivors
s. Hult Center for Healthy Living oncology nutrition support services
t. Hult Center for Healthy Living psychosocial counseling provided at no charge to those with a cancer diagnosis, survivors, and caregivers
u. Hult Center for Healthy Living healthy living programs, including yoga, massage, mindfulness

V. UnityPoint Health Tactics:

a. Continue with the low-cost CT lung screening in conjunction with Specialists in Medical Imaging ***(corresponds with metric a).***
b. Identify UnityPoint Clinic [UPC] patients who meet the criteria for the low dose lung cancer screening ***(corresponds with metric a).***
c. Promote the lung screening with the at-risk population ***(corresponds with metric d).***
d. Collaborate with Tazewell County Health Dept and other community partners to implement Free Mammography day ***(corresponds with metric f).***
e. Collaborate with community partners for a cancer screening and prevention day ***(corresponds with metric i).***
f. Direct mail to patients with no documented colon cancer screening in their chart that meet the recommendations for colon cancer screening ***(corresponds with metric e).***
g. Direct mail to patients with documented smoking history in their chart recommending being evaluated for appropriateness for a lung cancer screening ***(corresponds with metric f).***
h. Hult Center for Healthy Living will continue to offer Survivorship programs at no charge to those with cancer diagnosis, survivors, and caregivers ***(corresponds with metric h).***
i. Continue to offer oncology specific medical nutrition therapy through Hult Center for Healthy Living's oncology support programs and services at no charge to those with a cancer diagnosis ***(corresponds with metric g).***

VI. Resources Commitment:

a. Analytic support to identify at-risk population
b. Analytic support to abstract cancer cases

c. Expand navigation team to include social worker to assist with removing patient barriers to care/screening (transportation, finances)
d. Offer low cost CT scans to the at-risk population.
e. Promote the lung nodule and high-risk breast clinics.
f. Increase nurse navigator support for cancer patients
g. Lung Screening Coordinator to identify patients eligible for a lung cancer screening and ensure patient compliance with recommended follow-up

VII. UnityPoint Health Metrics:

a. Number of low dose CT lung cancer screenings
b. Reduction in the rate of stage IV cancers diagnosed (breast, colorectal, lung cancers)
    i. Number of patients diagnosed with Stage 1 cancer (breast, colorectal, lung cancers)
c. Number of high-risk breast screening assessments
d. Number of cancer patients provided with navigation services
e. Percent of patients with colon cancer screening documented in EPIC
f. Percent of patients with smoking history document in EPIC
g. Number of mammography screenings.
h. A minimum of 80% of patients participating in medical nutrition therapy will maintain or improve nutritional status during cancer treatment
i. A minimum of 80% of participants in healthy living programs will indicate improved mental wellness as a result of program participation
j. A minimum of 15 community partners will contribute to prevention efforts.

Several needs in this CHNA assessment have not been given priority focus in the UnityPoint Health Methodist | Proctor | Pekin plan. In the initial review and prioritization of the 2019 needs assessment, the collaborative identified the four areas that were considered most important and that UnityPoint Health was well positioned to address. Access to care is being addressed as part of each of the priorities that were identified by the partners. Three additional health issues, Asthma, Reproductive Health, and Aging were not given priority focus in our CHNA implementation plan but are still being addressed through existing UnityPoint Health programs and through programs and services offered by our collaborative partners.

The resources dedicated to addressing those are listed below:

- Asthma
    - UnityPoint Health Methodist | Proctor | Pekin:
        - IP – Asthma PI project where 100% of admissions are followed with a plan of care.
        - ED – Use of asthma order sets to reduce asthma admissions.
        - OP – Asthma action plan at UPC Peds offices to address patient adherence education etc.
        - Well mobile – spirometry screens.
        - In-School Health program - Ongoing monitoring and management of chronic asthmatics by UPC nurse practitioners [In-School Health program].
        - Hult Center educational programs

    - Collaborative Partners:
        - OSF Saint Francis Medical Center

- Reproductive Health
    - Low birth weights/Teen birth weights
    - UnityPoint Health Methodist | Proctor | Pekin:
        - Level II Nursery
        - Perinatology Specialist
        - Hult and UnityPoint Health smoking cessation programs
        - Hult Substance Abuse Coalition
        - IL Institute for Addiction Recovery [IIAR] treatment centers.

    - Collaborative Partners:
        - OSF Saint Francis Medical Center
        - Peoria, Tazewell, and Woodford County Health Departments

    - Risky sexual behavior – STIs
    - UnityPoint Health Methodist | Proctor | Pekin:

        - In-School Health Program – [Manual H.S. Clinic - STI program]
        - UnityPoint Health STI call back program
        - FMC / U of IL Med School CME offerings for providers.

    - Collaborative Partners:
        - Peoria, Tazewell, and Woodford County Health Departments
        - OSF Saint Francis Medical Center

- Aging Issues
    - UnityPoint Health Methodist | Proctor | Pekin:
        - UPH Geriactric/Sr Health providers
        - UPH Geropsych Unit
        - HULT Senior Service programs
        - UPH Skilled Nursing Unit
        - UPC physician presence in area nursing homes
        - UPH Home Health services
        - UPH DME services

    - Collaborative Partners:
        - OSF Saint Francis Medical Center