



# **ACHIEVE**

Bloomington/Monroe County  
Community Action Plan  
*Draft 4: 2011*

## **[BLOOMINGTON/MONROE COUNTY, INDIANA]**

*2009 Y-USA COMMUNITY*

### **[VISION/MISSION ]**

To empower individuals and catalyze organizations to be a model community that values and embraces the healthy choice as the first choice through collaborative education, policy, and initiatives.

### **[CHART TEAM]**

<b>Penny Caudill</b>	<i>Administrator, Monroe County Health Department</i>
<b>Dr. Carol Gardiner</b>	<i>Assistant Superintendent, Richland-Bean Blossom Community School Corporation</i>
<b>Christy Gillenwater</b>	<i>President and CEO, The Greater Bloomington Chamber of Commerce</i>
<b>Maria Heslin</b>	<i>Deputy Mayor, City of Bloomington</i>
<b>Roberta Kelzer</b>	<i>Executive Director, Monroe County YMCA, ACHIEVE CEO</i>
<b>Barry Lessow</b>	<i>Executive Director, United Way of Monroe County</i>
<b>JoBeth McCarthy-Jean</b>	<i>Communities Partnership Coordinator, Division of Chronic Disease Prevention and Control, Indiana State Department of Health</i>
<b>Mark Moore</b>	<i>President and CEO, The Bloomington Hospital</i>
<b>Dan Peterson</b>	<i>Vice President of Industry and Government Affairs, Cook Medical</i>
<b>Catherine Sherwood-Laughlin</b>	<i>Clinical Associate Professor, Indiana University</i>
<b>Beverly Smith</b>	<i>Director of School &amp; Community Services, Monroe County Community School Corporation</i>
<b>Eric Stolberg</b>	<i>President, WS Property Group</i>
<b>Elizabeth Thompson</b>	<i>Executive Director, Volunteers in Medicine</i>
<b>Debra Vance</b>	<i>Executive Director of Diversity and Outreach Programs, Ivy Tech</i>
<b>Peggy Welch</b>	<i>Indiana State Representative, Nurse</i>
<b>Bob Zaltsberg</b>	<i>Editor, The Herald Times</i>

### **[COACHES & COORDINATOR]**

<b>Nancy Parker</b>	<i>Adult Wellness Director, Monroe County YMCA, ACHIEVE YMCA Coach</i>
<b>Paula McDevitt</b>	<i>Recreation Services Director, City of Bloomington Parks &amp; Recreation, ACHIEVE Community Coach</i>
<b>Jackie Macal</b>	<i>ACHIEVE Coordinator</i>

**[CHART]****MEMBERSHIP BY SECTOR**

Community-at-Large	5
Community Institution/Organization	3
Healthcare	3
Schools	2
Worksite	3

**IDENTIFICATION OF MEMBERS**

Sector representation, experience and skills, dedication to health and well-being of community, ability to be actively involved, and reputation as a community leader were considered very important factors in identifying CHART members.

**DECISION MAKING**

The CHART is comprised of an executive committee with sub-committees who make decisions through a consensus-building method. Current subcommittees include:

- Allocations – Create, Maintain, and Review budget; Developed and Approved ACHIEVE Mini Grants
- Marketing – Publicizes ACHIEVE related events; Supports CHART’s CAP Goals & Objectives; Organizes submission of monthly Guest Editorials to local newspaper, *The Herald Times*
- CAP – One committee per sector to review yearly CHANGE Tool Assessment and develop sector-based Goals & Objectives for the coming year

**MEMBER INVOLVEMENT**

Bloomington/Monroe County uses a variety of structures and processes to match member involvement to skills, interests, and resources. These include using subcommittees, providing new CHART members with an orientation, and using the Wilder Inventory of Collaboration Dynamics.

**COMMUNICATION****Weekly Coaches/Coordinator Meetings**

- The two coaches and the coordinator meet weekly to discuss ACHIEVE related business. These meetings help facilitate the implementation of CAP strategies and organization/progress of CHART sub-committees

**Quarterly CHART Meetings**

- One to One-and-a-half hour meetings occur quarterly. One goal is to host these meetings at different locations throughout the community in order to move outside the YMCA and emphasize the collaborative, community basis of ACHIEVE

**SharePoint**

- All ACHIEVE related documents, communications, media coverage, etc. are stored on the Bloomington SharePoint page. Each CHART member, coach, and coordinator has access to the page.
- Each week the Coordinator sends an email to CHART members with a link to the Weekly Update page of SharePoint, along with any other time-sensitive material

**Email Communication**

- Used on an as-needed basis; main form of contact aside from quarterly meetings

**COLLABORATION**

- Each member of the CHART has identified his or her own Networking Circle and has informed the circle of the goals and mission of ACHIEVE in Bloomington/Monroe County. The CHART also works closely with the Active Living Coalition to complete the annual CHANGE Tool Assessments.

**[2011 OBJECTIVES]****Annual Objective #1:**

*Support Mini Grant Recipients as they implement their PSE changes and increase awareness of changes to gain resources for expanding the Mini Grants offered in 2011.*

**Measurements:**

- Publish Year End Report highlighting funded initiatives
- Secure \$5,000 in funds to add to the ACHIEVE Mini Grant awards for 2011

**Actions:**

1. ACHIEVE will provide Mini Grant Recipients with a Grant Agreement detailing requirements for both a mid-year report and a year-end report *[completed 12-28-10]*
2. CHART members will publish updates periodically through Guest Editorials in the *Herald Times*
3. CHART will contact specific organizations and businesses with ACHIEVE Mini Grant Initiative information to secure additional funding for ACHIEVE Mini Grants
4. Coaches, Coordinator, and Marketing Committee will:
  - a. Develop a social marketing campaign to connect to a larger audience
  - b. Publish a year-end report highlighting the PSE changes developed and implemented by 2010 Mini Grant Recipients

**Annual Objective #2:**

*Develop and Implement Sector-Based PSE Changes Identified by CAP Committees using the 2010 CHANGE Tool Assessment Results*

**Measurements:**

- Measurements are specific to goals; see Appendix A: CAP Committee Goals & Objectives

**Actions:**

1. CAP Committees will develop strategies for meeting their goals and objectives
2. Marketing Committee will publicize strategies and support committees throughout implementation
3. CHART members will publish updates periodically through Guest Editorials in the *Herald Times*
4. Coaches, Coordinator, and Marketing Committee will publish a year-end report highlighting the PSE changes developed and implemented by the CAP Committees

**Annual Objective #3:**

*Identify the health and wellness components in greatest need of improvement using the results of the 2011 CHANGE Tool Assessment so that the 2011 Mini Grant Applications can tailor their proposed PSE Changes to these specific needs.*

**Measurements:**

- 75% of 2011 Mini Grant Applications will propose a PSE change that will address one of the needs identified by the 2011 CHANGE Tool Assessment
- 90% of 2011 awarded Mini Grant funds will address one of the needs identified by the 2011 CHANGE Tool Assessment

**Actions**

1. ALC will complete the 2011 CHANGE Tool Assessment
2. Coordinator will input data and analyze results, presenting results to Coaches, ALC, and CHART
3. CHART CAP Committees will identify highest needs for each sector
4. Coaches and Coordinator will present needs at Information/Resource session for 2011 Mini Grants

**[Appendix A: 2011 CAP COMMITTEE GOALS & OBJECTIVES]**

**COMMUNITY INSTITUTION/ORGANIZATION**

<b>Top Need(s)</b> <i>As Identified by results of the 2010 CHANGE Tool Assessment</i>	NUTRITION
<b>GOAL #1:</b>	<b>OBJECTIVES:</b>
Nutrition  <i>Phase I</i>	<ul style="list-style-type: none"> <li>▪ Meet with leadership of each agency involved with current assessment. Review details of the results of the nutrition portion of the assessment. Identify the unique gaps and barriers for each agency.</li> <li>▪ Clarify interest level of each agency of moving forward with change for improvement and decide what tools and resources would be most effective for that particular agency.</li> <li>▪ Develop a resource library that reflects multiple avenues of information/resource/support retrieval. Involve (examples) ACHIEVE Chart, ALC, community experts, internships, volunteer resources, website—with education, information, network opportunities.</li> <li>▪ The results will reflect sustainability of efforts.</li> </ul>
<b>GOAL #2:</b>	<b>OBJECTIVES:</b>
Nutrition  <i>Phase II</i>	<ul style="list-style-type: none"> <li>▪ The resource library will grow and be used by the community at large with added resources.</li> <li>▪ Begin to broaden involvement of effort toward policy and environmental change through the networks of the current assessed sites.</li> <li>▪ Local elected officials become engaged in process and provide local and state level support for far-reaching changes in policy and environment.</li> </ul>

**Strategies:**

## Appendix A: 2011 CAP COMMITTEE GOALS &amp; OBJECTIVES (continued)

**COMMUNITY-AT-LARGE**

<b>Top Need(s)</b> <i>As Identified by results of the 2010 CHANGE Tool Assessment</i>	NUTRITION & PHYSICAL ACTIVITY
<b>GOAL #1:</b>	<b>OBJECTIVES:</b>
<i>Work with grocery stores to feature educational information about healthy diets and healthy choices</i>	<ul style="list-style-type: none"> <li>▪ Display healthy food information (i.e. Nutritional Information) on signage throughout the store (in both local AND chain stores)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Re-organize food on shelves so that healthy items are featured at eye-level and less nutritious choices are higher and lower</li> </ul>
<b>GOAL #2:</b>	<b>OBJECTIVES:</b>
<i>Collaborate with restaurants/health centers/fitness centers/etc. to promote the benefits of the trails to the community</i>	<ul style="list-style-type: none"> <li>▪ Collaborate with local grocery stores, restaurants, health agencies and fitness organizations to promote the multiple benefits of the community's trail system to the public. <ul style="list-style-type: none"> <li>○ Add signage and infrastructure to the trails that promote fitness and healthy eating</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Create an awareness campaign that showcases how the trail system connects the community and connects all the elements of a healthy, active lifestyle.</li> </ul>
<b>GOAL #3:</b>	<b>OBJECTIVES:</b>
<i>Work with chain restaurants to feature calorie counts on menus</i>	<ul style="list-style-type: none"> <li>▪ Provide consumers with education before ordering</li> </ul>

**Strategies:**

## Appendix A: 2011 CAP COMMITTEE GOALS &amp; OBJECTIVES (continued)

**HEALTHCARE**

<b>Top Need(s)</b> <i>As Identified by results of the 2010 CHANGE Tool Assessment</i>	<b>PHYSICAL ACTIVITY, TOBACCO USE – CHRONIC DISEASE MGMT.</b> <i>To create a policy &amp; practice that health care professionals routinely assess patients' lifestyles in regards to stress, physical activity, and tobacco use and provide a prescription with instructions and resources for each patient</i>
<b>GOAL #1:</b>	<b>OBJECTIVES:</b>
<i>Tobacco Cessation Prescription</i>	<ul style="list-style-type: none"> <li>▪ Meet with Dr. Lee McKinley and Tara Bott, RN, to implement the infrastructure within the practice's Electronic Medical Record (EMR) to flag a patient who smokes and then identify their level of readiness to quit.               <ul style="list-style-type: none"> <li>○ Completed 9-21-10</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Create the capability to electronically refer a patient to the Indiana Tobacco Quitline along with an actual written prescription for the patient signed by the physician with instructions to quit using tobacco and to call the Indiana Tobacco Quitline for free help to quit smoking.               <ul style="list-style-type: none"> <li>○ Completed 10-1-10</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Pilot the prescription to quit smoking program through the SIMG practice in Bloomington, championed by Dr. Lee McKinley               <ul style="list-style-type: none"> <li>○ Complete by December 2010</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Evaluate (based on a metric report provided by the ITPC database and SIMG EMR): the rate of patients who identify themselves as smokers, the number of smokers who are ready to quit, the number of smokers who are fax referred to the Quitline, the number of patients who actually participate in the Quitline program, the number of patients who have successfully completed the program and quit smoking.               <ul style="list-style-type: none"> <li>○ Ongoing, Quarterly basis</li> </ul> </li> </ul>
<b>GOAL #2:</b>	<b>OBJECTIVES:</b>
<i>Stress Management Prescription</i>	<ul style="list-style-type: none"> <li>▪ Create a local phone number that leads the caller through instructions to create ease from stress, pain, and other discomfort. The call also provides information on how to pick up a De-Stress Kit.               <ul style="list-style-type: none"> <li>○ Completed in 2010.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Meet with the SIMG leaders for a pilot to create a specific stress management prescription and instruction focused around the 353-FREE number.               <ul style="list-style-type: none"> <li>○ By April 2011.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Create a means to evaluate the number of calls received through the 353-FREE number. We will also count the number of De-Stress Kits given by the Center of Occupational Health &amp; Wellness/or SIMG).               <ul style="list-style-type: none"> <li>○ By March 2011.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Create a system by which participants of the 353-FREE number can pick up a De-Stress Kit at the Center for Occupational Health and Wellness.               <ul style="list-style-type: none"> <li>○ By March 2011.</li> </ul> </li> </ul>

Appendix A: 2011 CAP COMMITTEE GOALS & OBJECTIVES (continued)

**HEALTHCARE**

GOAL #3:	OBJECTIVES:
<i>Physical Activity Prescription</i>	<ul style="list-style-type: none"> <li>▪ Pilot an assessment process and exercise prescription program with SIMG that follows the “Exercise is Medicine” campaign championed by Kaiser Permanente Medical Center.                             <ul style="list-style-type: none"> <li>○ By March 2011.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Create the detailed prescription and instruction process for Physical Activity, to be piloted by the leaders of SIMG.                             <ul style="list-style-type: none"> <li>○ By April 2011.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ Create an evaluation method along with leaders of SIMG.                             <ul style="list-style-type: none"> <li>○ By April 2011.</li> </ul> </li> </ul>

<p><b>Top Need(s)</b>  <i>As Identified by results of the 2010 CHANGE Tool Assessment</i></p>	<p><b>COMPLIANCE TOWARDS EXISTING POLICIES</b>  <i>Increasing compliance of already established policies and provide opportunities for improvement in all areas such as tobacco, activity, nutrition, chronic disease and leadership.</i></p>
GOAL #1:	OBJECTIVES:
<i>Increase activity among employees and volunteers setting a positive example for clients and visitors</i>	<ul style="list-style-type: none"> <li>▪ Hospital committee will research and review the use of decision prompts at elevator and stairway entries</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Bloomington Hospital will work to improve appeal of stairways for employees and volunteers</li> </ul>
GOAL #2:	OBJECTIVES:
<i>Transform food environment within Bloomington Hospital</i>	<ul style="list-style-type: none"> <li>▪ Implement healthy food guide use for meetings and events within Bloomington Hospital</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Evaluate and modify the BH food environment in terms of access, pricing, marketing, education and promotion of benefits of healthier food options</li> </ul>
GOAL #3:	OBJECTIVES:
<i>Engage employees and volunteers in compliance of Tobacco Free Campus Policy</i>	<ul style="list-style-type: none"> <li>▪ Develop positive language and response for addressing a smoker on our campus</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Develop palm cards to promote the message when a conversation isn’t possible</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Train and empower staff to use skills and tools to support policy</li> </ul>

Appendix A: 2011 CAP COMMITTEE GOALS & OBJECTIVES (continued)

**HEALTHCARE**

GOAL #4:	OBJECTIVES:
<p><i>Create a Wellness Advisory Board to design and implement policy change in the areas of nutrition, tobacco, and physical activity, chronic disease prevention.</i></p>	<p><u>Nutrition</u></p> <ul style="list-style-type: none"> <li>▪ In the area of nutrition we will further enhance the current cafeteria services to include caloric amounts for items purchased, more signage promoting healthy choices and lifestyles, and item cost changes (lower purchase cost for healthy items and higher purchase cost for less healthy items). Currently the cafeteria has implemented a more nutritionally sound menu that includes more choices for healthy eating, a Weight Watchers entrée every day, and no-fry Fridays. We will also assess and modify our contracts with vendors to increase healthier offerings.</li> </ul>
	<p><u>Tobacco</u></p> <ul style="list-style-type: none"> <li>▪ Currently the hospital has a tobacco-free campus policy. With that policy change we have aimed to eliminate all sources of on-site smoking, however there are some problem areas where staff, patients, and visitors continue to smoke. In an effort to renew our commitment to the policy we intend to train employees and volunteers with the language needed to approach others who are smoking. Additionally, some other communities have had some success with printing reminder cards to hand out to people who are smoking. This upholds the policy but frees staff from having to confront the person smoking.</li> </ul>
	<p><u>Physical Activity</u></p> <ul style="list-style-type: none"> <li>▪ We plan to address physical activity in two different environments. First, on our 2009 and 2010 ACHIEVE assessment; staff reported that they feel it is a part of their job to talk to patients about healthy lifestyle habits, like regular engagement in physical activity. At times, staff fails to address this during patient visits because of time constraints or they lack the training to effectively deliver this information to the patient. We will work with supervisors to find the opportunities to make these discussions fit in our day-to-day work. We will also use evidence based educational tools such as “Exercise is Medicine” from the American College of Sports Medicine to promote safe activity.</li> <li>▪ Secondly, we will work with Marketing and other support staff to develop Point of Decision tools to encourage use of stairwells over elevator use and to increase the appeal of the stairwells.</li> <li>▪ Development of a “one up and two down” policy for staff could be implemented to encourage staff to use the stairs if going up one floor or down two. This would be an example of helping move staff along the stages of change in a realistic manner.</li> </ul>

**Strategies:**



## Appendix A: 2011 CAP COMMITTEE GOALS &amp; OBJECTIVES (continued)

**SCHOOLS**

<b>Top Need(s)</b> <i>As Identified by results of the 2010 CHANGE Tool Assessment</i>	NUTRITION & PHYSICAL EDUCATION
<b>GOAL #1:</b>	<b>OBJECTIVES:</b>
<i>Improve School Nutrition through education about healthy choices</i>	▪ Discuss current and desired options with students
	▪ Partner with Food Services to make improvements
	▪ Post educational information in food lines and cafeterias
	▪
<b>GOAL #2:</b>	<b>OBJECTIVES:</b>
<i>Develop/Establish physical education policies across grade levels, schools, and school corporations (both public &amp; private)</i>	▪ Examine state-level recommendations for physical education/physical activity time across grade levels
	▪ Gather buy-in from school leadership to support recommendations
	▪ Develop policies for all schools in Bloomington/Monroe County
	▪ Implement policies

**Strategies:**

## Appendix A: 2011 CAP COMMITTEE GOALS &amp; OBJECTIVES (continued)

**WORKSITE**

<b>Top Need(s)</b> <i>As Identified by results of the 2010 CHANGE Tool Assessment</i>	<b>PHYSICAL ACTIVITY, NUTRITION</b> <i>Primarily leadership support for launching or continuing active worksite wellness initiatives. Secondly, access to physical activity and healthy nutritional options.</i>
<b>GOAL #1:</b>	<b>OBJECTIVES:</b>
<i>Secure leadership support in worksites to launch or re-engage worksite wellness programs.</i>	<ul style="list-style-type: none"> <li>▪ Develop an on-line pledge commitment (by January 31, 2011) to form/identify an internal wellness advocate or an internal wellness committee (program) or support an existing committee. Pledge would outline importance of worksite wellness programs and the need to expand education around wellness, set goals, and work towards executing them. Seek support from marketing committee to brand and market this pledge and initiative program.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Create a follow-up mechanism to see if goals have been set and later are being implemented by April, 2011.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Secure signatures on commitment pledge from leaders of 100 worksites in Monroe County by December, 2011. The purpose of securing signatures is to engage company leadership in wellness actions and gain support for making worksites focused on wellness..</li> </ul>
<b>GOAL #2:</b>	<b>OBJECTIVES:</b>
<i>Create support for area worksite wellness initiatives ensuring the healthy choice is the easy choice.</i>	<ul style="list-style-type: none"> <li>▪ Partner with other organizations (Chamber, SCHIRA, YMCA, ALC, Indiana University Health, Health Insurance Co's., etc.) to hold quarterly education events for worksite wellness committee members. Focus on educational information and networking with peers in other businesses and assisting those who have committed to wellness but need support in launching the program. First event in February, 2010 (Chamber is planning an event).</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Review current toolkits available such as the Healthy Business Bloomington on-line toolkit resources and create additional resources where necessary by February, 2011. For example, access to sample vending machine contracts with vendors.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Have 50 businesses apply for the Healthy Business Bloomington designation by December, 2011.</li> </ul>

**Strategies:**