Community Health Implementation Plan

2020 - 2022

Advocate Illinois Masonic Medical Center
Community Health Implementation Strategy Plan
January 1, 2020 – December 31, 2022

SUMMARY OF THE CHNA PROCESS

For the 2017-2019 CHNA, Advocate Illinois Masonic Medical Center (Advocate Illinois Masonic) convened a Community Health Council (CHC) to oversee the assessment process. The CHC was comprised of community and internal leaders. Over the course of the CHNA process the Council reviewed and analyzed primary, secondary, qualitative and quantitative data. In addition, the medical center partnered with a diverse group of community-based organizations to conduct the Forces of Change Assessment, an exercise to evaluate the strengths, weaknesses, opportunities and threats of the local community. The group convened for one two-hour meeting to discuss the social, economic and health issues of the medical center's primary service area (PSA).

A key source for data was provided by Conduent Healthy Communities Institute (HCI), this robust platform offered the medical center 198 health and demographic indicators, including 38 hospitalization and emergency department (ED) visit indicators at the service area and zip code levels. Additionally, the Alliance for Health Equity (AHE), a collaborative of Cook County Hospitals led by the Illinois Public Health Institute, created and distributed surveys throughout Cook County with a focus on underserved, high risk and ethnically diverse communities providing additional qualitative and quantitative data to the medical center.

To provide a clear picture of the PSA's health needs to the CHC, the medical center's director and coordinator of community health used a set of criteria to first determine the top eight health needs of the PSA, then narrow down to the top four health needs. Following expert data presentations, CHC members used a prioritization grid to vote on the final two health needs. In addition, the CHC also identified social determinants of health as a significant influence on health outcomes. Therefore, community safety, housing, employment and training were also prioritized as health needs in the community.

SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT SELECTED AND WHY

Health needs that were not selected will not be included in the 2020 Implementation Plan, however, may be addressed through other medical center community partnerships, resources and current programs.

Cardiovascular/Heart Disease

Cardiovascular/heart disease was identified as one of the health needs but was not selected as a priority due to consensus from the CHC that many factors leading to cardiovascular/heart disease can partially be prevented by healthy eating, physical activity and access to care. The CHC will address cardiovascular/heart disease through the healthy lifestyle priority. Advocate Illinois Masonic also addresses cardiovascular disease through its Heart Institute, which provides over 20,000 heart procedures performed by over 350 specialists.

Cancer

Cancer was identified as a health need for the medical center but was not selected as a priority due to the many cancer services and programs offered by the medical center's Creticos Cancer Center (CCC). In addition, the medical center's Community Health Department partners with the CCC to provide health education to the community and a hospital-based food pantry for food insecure cancer patients. The medical center also works closely with the American Cancer Society to provide other cancer related services and support, such as wigs, support groups and other services.

Senior Health

The CHC identified senior health as a key health need in the PSA due to 11.56 percent of the medical center's PSA being 65 and older. The medical center adequately addresses this health need through an array of outreach programs for seniors and their caregivers. These programs include the senior fair, Medicare 101 classes, lectures provided to local organizations, senior care providers and senior housing facilities. The medical center's Community Health Department works closely with the Business Development team to ensure that the health needs of seniors are being addressed in the community.

Asthma

Asthma was identified as a lower ranked health need and was not selected as a priority due to the lack of community partners and the existing availability of asthma prevention programs in the community.

Access to Healthcare

The CHC, Community Health Department and medical center are aware that access to healthcare is a critical need for Advocate Illinois Masonic's PSA. Rather than making this health issue a stand-alone health priority, the CHC decided to incorporate access to care in both the behavioral health and healthy lifestyle health priorities.

SIGNIFICANT HEALTH NEEDS IDENTIFIED AND SELECTED FOR IMPLEMENTATION PLAN AND WHY

Healthy Lifestyles/Obesity

Healthy lifestyles/obesity was chosen as one of the health need priorities due to the many chronic diseases and health issues that are related to poor nutrition and physical inactivity. Moreover, the CHC also identified healthy lifestyles and obesity as a priority due to the large impact it has on quality of life and overall health outcomes in the PSA.

Behavioral Health

Behavioral health includes both mental health and substance/alcohol use and was selected as a priority health need for the medical center's PSA. The rate of mental health issues and substance use are high compared to other counties in Illinois and is continuing to increase over time. Data and hospitalization rates indicate that there is a great need for expansion of behavioral health services, including access to health services, treatment, housing and prevention/awareness programming. Furthermore, there is a correlation between substance use and mental health, which makes it essential for the medical center to address both health issues in tandem.

Social Determinants of Health (SDOH)

The CHC identified SDOH as a crucial component of addressing the root causes of the prioritized health issues and key to improving the overall health and quality of life in the PSA. Specifically, the medical center will address employment and

training, housing and community safety/violence prevention through various medical center and community programs.

AAH COMMUNITY STRATEGY AND ADDRESSING ROOT CAUSES

Advocate Aurora Health (AAH) has a strong history of community engagement and service. Following the merger of Advocate Health Care and Aurora Health Care in 2018, a targeted strategy has been developed to build on this history—one that transforms Advocate Aurora's community facing work to provide even stronger support for patient health and to build community health. The AAH vision statement is: *We will build health equity, ensure access, and improve health outcomes in our communities through evidence-informed services and innovative partnerships by addressing medical needs and social determinants.*

To execute on this vision, all community facing work has been aligned through a health equity lens. For Advocate Aurora's purposes, health inequity is defined as differences in health that are systemic, avoidable, unfair or unjust. The overarching aim of this strategy is to decrease the inequity gap in life expectancy across the Advocate Aurora footprint. Currently, there is a 26-year gap in life expectancy across the communities served by Advocate Aurora. The community strategy goal is to increase life expectancy by 5% in targeted low-income communities over a span of ten years. To that end, the Advocate Aurora community health, community relations, diversity and inclusion, and faith and health partnerships work has been aligned to focus on six areas, including: access/primary medical homes; access/behavioral health services; workforce development; community safety; housing; and food security. These six transformational focus areas are identified in current industry literature as being "game changers," having an upstream effect on health equity, and are also strongly confirmed by organization-wide CHNA data. A rigorous tracking and evaluation process is being developed to establish baseline and annual progress goals for each focus area and strategy.

HEALTH PRIORITY: Behavioral Health

DESCRIPTION OF HEALTH NEED DATA:

- **From 2010 to 2014, the PSA age-adjusted ER rate due to alcohol use increased from 68.0 ER visits per 10,000 population to 90.7 ER visits per 10,000 population.**

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

- **The PSA age-adjusted ER rate due to pediatric mental health has increased from 34.4 in 2012 to 42.7 in 2014 and is highest among the African American/Black pediatric population.**

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

- **The PSA age-adjusted ER rate due to adult mental health increased from 70.9 ER visits per 10,000 population aged 18 and over in 2010, to 82.2 visits per 10,000 population in 2014.**

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

TARGET POPULATION:
Primary: Advocate Illinois Masonic Medical Center PSA

GOAL: To increase education, awareness and access to services for substance use disorder and mental health

ALIGNMENT WITH ADVOCATE AURORA COMMUNITY STRATEGY

- Access to behavioral health services

ALIGNMENT WITH ADDITIONAL STRATEGIES

- **Healthy People 2020**
  - Improve mental health through prevention and by ensuring access to appropriate, quality mental health services

- **Illinois State Health Improvement Plan (ISHIP) 2021**
  - Build upon and improve local system integration for behavioral health
  - Improve the opportunity for people to be treated in the community rather than in institutional settings

STRATEGY #1	COLLABORATIVE PARTNERS	INTENDED RESULTS
Reduce behavioral health stigma and increase mental health awareness in the Advocate Illinois Masonic PSA **Specific Interventions** • Offer Mental Health First Aid (MHFA) courses to the community *https://www.mentalhealthfirstaid.org/*	• National Alliance on Mental Illness (NAMI) Chicago • Advocate Aurora Health Faith and Health Partnerships • Sertoma Centre • PSA community-	• Reduced stigma • Increased knowledge of mental health • Increased awareness of mental health resources

• Offer Bridges of Hope courses to the community https://www.namimaine.org/page/BridgesofHope	based organizations • PSA churches and faith-based institutions	• Increased social-emotional skills

MEASURING OUR IMPACT
• Number of Bridges of Hope courses offered • Number of MHFA training sessions offered • Number of attendees • Percent of MHFA course participants that "agree" or "strongly agree" that they could offer a youth or adult basic MHFA • Percent of MHFA course participants that "agree" or "strongly agree" that they are more confident about being aware of their own views and feelings about mental health problems and disorders

STRATEGY #2	COLLABORATIVE PARTNERS	INTENDED RESULTS
Increase access to community-based support for complex behavioral health patients coming to the Advocate Illinois Masonic Emergency Department (ED) **Specific Interventions** • Implement Medically Integrated Crisis Community Support (MICCS) program at Advocate Illinois Masonic https://www.aha.org/system/files/content/16/160920bhcallslides.pdf • Implement the First Access program at Advocate Illinois Masonic https://www.advocatehealth.com/immc/health-services/behavioral-health-care/ https://www.thenationalcouncil.org/areas-of-expertise/same-day-access/	• Advocate Illinois Masonic MICCS team • Outpatient behavioral health • Community-based behavioral health and social support organizations in the PSA	• Decreased ED visits due to mental health • Decreased 30 day readmissions due to mental health • Increased access to behavioral health services in the PSA

MEASURING OUR IMPACT
• Number of First Access clients • Number of First Access clients with decreased admissions to Advocate Illinois Masonic's ED • Number of MICCS clients receiving treatment in the community • Number of MICCS clients with decreased hospital readmissions due to mental health

STRATEGY #3	COLLABORATIVE PARTNERS	INTENDED RESULTS
Increase partnerships and program collaborations with community-based organizations to address behavioral health in the Advocate Illinois Masonic PSA ***Specific Interventions*** • Establish additional community partnerships and collaborations by implementing best practices from Creating Effective Hospital-Community Partnerships to Build a Culture of Health and the National Institutes of Health research *http://www.hpoe.org/Reports-HPOE/2016/creating-effective-hospital-community-partnerships.pdf* *https://www.ncbi.nlm.nih.gov/books/NBK425859/*	• PSA community-based organizations	• Increased mental health awareness • Decreased stigma around mental illness • Increased access to behavior health services and treatment

MEASURING OUR IMPACT
• Number of new partnerships with community-based organizations addressing mental health in the PSA • Number of new collaborations to implement behavioral health programs/initiatives in the PSA

HEALTH PRIORITY: Healthy Lifestyles

DESCRIPTION OF HEALTH NEED DATA:

- **The Cook County food insecurity rate is 12 percent, which is higher than most other Illinois counties and the state of Illinois rate of 10.9 percent.**

Source: Conduent Healthy Communities Institute, Feeding America, 2017

- **The Cook County child food insecurity rate is 15.8 percent and the percent of food insecure children who are likely ineligible for assistance is 31 percent, which is higher than the U.S. rate at 21 percent.**

Source: Conduent Healthy Communities Institute, Feeding America, 2017

- **Thirty-one percent of the Alliance for Healthy Equity community input survey respondents from the Advocate Illinois Masonic PSA indicated that access to healthy affordable food was essential in creating a healthy community.**

Source: Alliance for Health Equity, 2019

TARGET POPULATION:
Primary: Advocate Illinois Masonic PSA

GOAL: Decrease obesity, food insecurity and prevent chronic disease

ALIGNMENT WITH ADVOCATE AURORA COMMUNITY STRATEGY

- Food Security

ALIGNMENT WITH ADDITIONAL STRATEGIES

- **Healthy People 2020:**
  - Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.
  - Reduce the proportion of children and adolescents who are considered obese.
  - Reduce the proportion of adults who are obese.
- **Illinois State Health Improvement Plan (ISHIP) 2021:**
  - Reduce the percentage of obesity among children ages 10-17.
  - Reduce the percentage of obesity among adults.

STRATEGY #1	COLLABORATIVE PARTNERS	INTENDED RESULTS
Implement programs to increase food security in the Advocate Illinois Masonic PSA **Specific Interventions** • Implement a hospital-based food pantry *https://hungerandhealth.feedingamerica.org/2018/04/hospital-food-bank-partnerships-recipe-community-health/* *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4628580/* • Implement pop-up farmers markets with a nutrition education component in low-income, vulnerable and food insecure communities	• Lakeview Food Pantry • Irv and Shelly's Fresh Picks • Windy City Harvest	• Decreased number of food insecure patients at Advocate Illinois Masonic • Increased access to affordable and healthy food in the PSA • Improved chronic disease management

MEASURING OUR IMPACT

- Number of patients who screen positive for food insecurity
- Number of patients enrolled in the hospital-based food pantry program
- Number of non-perishable food bags distributed
- Number of produce boxes distributed
- Number of community organizations hosting pop-up farmers markets

STRATEGY #2	COLLABORATIVE PARTNERS	INTENDED RESULTS
Increase access to and knowledge of healthy food in low-income-communities in the Advocate Illinois Masonic PSA **Specific Interventions**	• Irv and Shelly's Fresh Picks • Windy City Harvest • Community based organizations serving the PSA	• Increased access to healthy, fresh foods in low-income and under-served communities

• Implement pop-up farmers markets with a nutrition education component in low-income, vulnerable and food insecure communities *https://nifa.usda.gov/announcement/food-markets-wheels-bring-nutritious-affordable-food-options-food-insecure-areas*		• Increased knowledge of nutrition and its effect on chronic disease • Improved chronic disease

MEASURING OUR IMPACT
• Number of pop-up farmers markets • Number of organizations hosting a pop-up farmers market • Number of nutrition education sessions • Number of fresh produce boxes distributed • Pounds of fresh produce distributed

STRATEGY #3	COLLABORATIVE PARTNERS	INTENDED RESULTS
Increase access to healthy foods, nutrition education and physical activity for students and families in school systems within the Advocate Illinois Masonic PSA **Specific Interventions** • Partner with under-served schools in low-income communities to provide technical assistance and support around improving access to healthy foods for students and families, increased nutrition education and opportunities for physical activity *https://www.cdc.gov/healthyschools/index.htm*	• Cleveland Elementary School and other PSA Schools • Irv and Shelly's Fresh Picks • Advocate Illinois Masonic nurses • Advocate Illinois Masonic Food and Nutrition, Dietitians	• Increase access to healthy foods • Increase nutrition education • Increase physical activity

MEASURING OUR IMPACT
• Number of partner schools • Number of school farmers markets • Number of nutrition education sessions • Number of new nutrition and/or physical activity initiatives or programs at partner school

STRATEGY #4	COLLABORATIVE PARTNERS	INTENDED RESULTS
Increase Advocate Illinois Masonic patients' management of chronic disease through linking patients with primary care providers and addressing social barriers to health **Specific Interventions** • Implement the Transition Support Program (TSP), to improve management of chronic disease through linking patients with primary care providers and addressing social barriers to health *https://www.beckershospitalreview.com/pdfs/April14/A_1025am_SWARZMAN_DINO_Transition%20Support.pdf*	• Community- based organizations serving the PSA • Advocate Physician Partners Primary Care Physicians in PSA • Federally Qualified Health Center Primary Care Physicians in PSA	• Increased access to health care • Improved chronic disease management • Decreased chronic disease • Reduced ED readmissions

MEASURING OUR IMPACT
• Number of patients seen by TSP • Number of community resource referrals • TSP patient readmission rate(s)

STRATEGY #5	COLLABORATIVE PARTNERS	INTENDED RESULTS
Increase access to affordable healthy foods for Advocate Illinois Masonic dental patients	• Advocate Illinois Masonic Dental Programs	• Decreased food insecurity

Specific Interventions • Partner with the Advocate Illinois Masonic Mobile and Special Needs Dentistry Program to implement American Dental Health Association MouthHealthy programs *https://www.mouthhealthy.org/en/nutrition*	• Lakeview Food Pantry	among mobile and special needs dentistry patients • Increased nutrition and quality of life among mobile and special dentistry patients

MEASURING OUR IMPACT
• Number of dentistry patients that screen positive for food insecurity • Number of non-perishable food bags distributed to dentistry patients • Number of dentistry patients

STRATEGY #6	COLLABORATIVE PARTNERS	INTENDED RESULTS
Improve the physical and mental health status of residents of the Chicago-Avondale community **Specific Interventions** • Implement a Community Liaison and Faith-Based Nurse program to address physical and mental health needs of the Chicago-Avondale community *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6366521/* *https://nam.edu/faith-health-collaboration-to-improve-community-and-population-health/*	• Concordia Place • Advocate Aurora Health Faith and Health Partnerships • Avondale-Chicago community-based organizations	• Increased quality of life and decreased social barriers for residents of Avondale community within the city of Chicago

MEASURING OUR IMPACT

- Number of trainings/programs implemented
- Number of individuals served by Faith Community Nurse and Community Liaison
- Number of community health assessments completed
- Number of health need priorities identified

HEALTH PRIORITY: Social Determinants of Health

DESCRIPTION OF HEALTH NEED DATA:

- **45.5 percent of renters in the medical center's PSA spend over 30 percent of their household income on rent, which indicates a lack of affordable housing.**

- **15.7 percent of people in the medical center's PSA live below the federal poverty level, which is higher than the state of Illinois at 13.5 percent and the US at 14.6 percent.**

Source: Conduent Healthy Communities Institute, American Community Survey, 2019

TARGET POPULATION: Advocate Illinois Masonic PSA

GOAL: Address root causes of poor health outcomes such as employment, violence and housing.

ALIGNMENT WITH ADVOCATE AURORA COMMUNITY STRATEGY

- Workforce Development, Housing and Community Safety

ALIGNMENT WITH ADDITIONAL STRATEGIES

- **Illinois Public Health Association, Illinois Workforce Development Plan 2018-2021**
  - Goal 1**:** Develop a system for the effective use of workforce development resources
  - Goal 3: Provide and promote training on management and administrative skills, with a focus on the Public Health Core Competencies and skill development

STRATEGY #1	COLLABORATIVE PARTNERS	INTENDED RESULTS
Increase community safety by providing services and support to patients admitted to the ED due for domestic and community violence **Specific Interventions** • Partner with Acclivus to provide services and support to patients admitted to the ED due to domestic and community violence *http://www.hpoe.org/Reports-HPOE/2015/2015-violence-prevention.pdf* *https://www.acclivusinc.org/*	• Acclivus • Community based organizations serving the PSA	• Decreased number of ED admissions due to community and domestic violence • Increased community safety in the PSA
MEASURING OUR IMPACT		
• Number of patients screened by Acclivus team • Number of community referrals • Annual number of ED admissions due to community and domestic violence		
STRATEGY #2	**COLLABORATIVE PARTNERS**	**INTENDED RESULTS**
Increase employment and training opportunities in under-served communities of Chicago's west side **Specific Interventions** • Partner with University of Chicago-Medicine and Sinai Health Systems to increase employment and training opportunities in under-served communities of Chicago's west side	• Sinai Health Systems • University of Chicago-Medicine	• Increase employment rates on Chicago's west side • Increase leadership opportunities for minority populations • Increase participation in targeted hiring events in distressed communities

MEASURING OUR IMPACT
• Number hiring events in distressed communities • Number of leadership trainings for target population (minority populations) • Annual percent increase in Advocate Aurora's diverse slates

STRATEGY #3	COLLABORATIVE PARTNERS	INTENDED RESULTS
Increase access to permanent housing for homeless patients with behavioral health disorders **Specific Interventions** • Work with the Center for Housing and Health to place homeless behavioral health patients into permanent housing *https://housingforhealth.org/* *https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html*	• Center for Housing and Health • Community-based organizations serving the PSA	• Decrease number of patients with behavioral health disorders who are homeless • Increase access to medical and mental health care through addressing housing stability • Permanent housing provided for a minimum of four behavioral health patients

MEASURING OUR IMPACT
• Number of individuals referred to the medical center's Flexible Housing Pool Committee • Number of individuals placed in permanent housing • Hospitalization and ED readmission rates among the individuals placed in permanent housing

Note: Plans to address selected CHNA priorities are dependent upon resources and may be adjusted on an annual basis to best address the health needs of our community.