Advocate Lutheran General Hospital Community Health Implementation Strategy

January 1, 2023 – December 31, 2025

Community health improvement is an effective tool for creating a shared vision and supporting a planned and integrated approach to improving health outcomes. The basic premise of community health improvement is that entities identify community health issues, prioritize those that can be addressed, and then develop, implement, and evaluate strategies to address those issues. Tax-exempt hospitals are required to conduct a community health needs assessment (CHNA) and develop an implementation strategy to document how the hospital will address prioritized community health needs. The following outlines a summary of the CHNA process and provides details on Advocate Lutheran General Hospital's plans to address their prioritized community health needs.

SUMMARY OF ADVOCATE LUTHERAN GENERAL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Advocate Lutheran General Hospital completed a comprehensive hospital community health needs assessment (CHNA) process in 2022. The CHNA report describes the process and includes demographic and socioeconomic data for Advocate Lutheran General's primary service area (PSA) and key findings regarding the PSA's health status. For the purposes of the report, the "community" was defined as the hospital's PSA. The PSA consists of 25 zip codes in Cook County and three zip codes in Lake County. Demographic and socioeconomic data for the hospital's PSA was collected and analyzed to obtain a thorough picture of the health and social needs for the PSA. Data collected included primary and secondary, quantitative and qualitative data.

As part of the CHNA process, Advocate Lutheran General established a Community Health Council (CHC) comprised of hospital and community stakeholders who provided valuable input for the CHNA process. The CHC began the initial stage of prioritization using a prioritization grid that rated each health need using criteria including severity of the health issue, effectiveness of possible interventions and the degree to which community partners are involved in addressing the health issue. After using the prioritization grid to narrow the health needs down from nine to four, the CHC used the tabulation method to vote on the final two health needs.

Advocate Lutheran General Hospital
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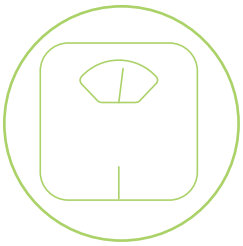
SIGNIFICANT HEALTH NEEDS IDENTIFIED AND SELECTED FOR IMPLEMENTATION STRATEGY AND WHY

The top nine health needs evaluated for Advocate Lutheran General's PSA were determined to be: 1.) Access to Care, 2.) Cancer, 3.) COVID-19, 4.) Diabetes, 5.) Health and Nutrition, 6.) Heart Disease, 7.) Mental Health, 8.) Respiratory Health, 9.) Substance and Alcohol Use.

The CHC selected health and nutrition and behavioral health as the priority health needs for the medical center's PSA. The CHC also recognized the importance of addressing root causes of health issues, such as social drivers of health, thus Council members decided to ensure the hospital integrated social drivers of health into each of the prioritized health need strategies. To ensure an effective 2023-2025 Community Health Implementation Strategy, the hospital's Community Health Department will collaborate with community partners to create strategies that address priority health needs using a collective impact model.



Health and Nutrition

Health and nutrition was chosen as one of the two health need priorities due to the many chronic diseases and health issues that are related to poor nutrition, physical inactivity and overall unhealthy lifestyle choices. Moreover, the Council also identified health and nutrition due to the large impact this issue has on quality of life and overall health outcomes in the PSA. The Council also recognized the impact lack of access to health care has on disease prevention and management thus access to health care is included in the health and nutrition priority.

Behavioral Health (Mental Health and Substance Abuse)

The behavioral health priority includes mental health and substance/alcohol use. Although mental health received a higher score compared to substance/alcohol use, the hospital's CHC considered the strong correlation between substance use and mental health, making it essential for the hospital to address both health issues in tandem. The rate of mental health issues and substance use have continued to increase in the PSA over time and the COVID-19 pandemic has exacerbated the health issue(s). Data and hospitalization rates also indicate that there is a great need for expansion of behavioral health services such as mental health services, substance use disorder treatment, housing and preventative programming.

HEALTH PRIORITY: Health and Nutrition

IMPACT:

Promote access to health and nutrition services for vulnerable populations and communities in Advocate Lutheran General's PSA by enhancing hospital services and community programs that address chronic disease management and awareness of the social drivers of health (SDOH).

DESCRIPTION OF HEALTH NEED DATA:

- Approximately 25.1 percent of adults in the hospital's PSA are obese, which is slightly lower than Cook County at 29. 2 percent and the state at 32.2 percent (Metopio, Behavioral Risk Factor Surveillance System, 2022).
- The PSA communities with the highest rates of obesity include Long Grove (60047) at 29.6 percent, Irving/Portage Park (60641) at 28.5 percent, Deerfield (60015) at 28.4 percent and Elmwood Park (60707) at 28.4 percent.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL:

- Cook County Health Strategic Plan 2023-2025
  - Develop systems of care and education that provide for an empowered patient experience
  - Partner with patients, families, and caregivers to optimize patient outcomes and the patient experience.
  - The comprehensive health needs of our patients and communities are fully met.
- Healthy Chicago 2025
  - Have access to nutritious food and local food businesses thrive

STATE:

- Healthy Illinois 2021
  - Improve chronic disease management

NATIONAL:

- Healthy People 2030
  - Reduce household food insecurity and hunger
  - Reduce the proportion of children and adolescents with obesity
- U.S Department of Health and Human Services: Health Workforce Strategic Plan 2021
  - Enhance health care quality through professional development, collaboration and evidence-informed practice.
- Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health 2022
  - Improve food access and affordability
  - Support physical activity for all
- Enhance nutrition and food security research

HEALTH PRIORITY: Health and Nutrition cont.

STRATEGY #1: Hospital-Based Food Pantry

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Partnering with departments within the hospital to screen their food insecure patients. Patients are often food insecure but are not sure where or how to ask for help. • Partner with community organizations to screen for food insecurity and create community-based pantries in high-risk neighborhoods.	• Fetal Monitoring • Diabetes Care center • Bone Marrow • Advocate Children's Hospital • Adult Down Syndrome program • Social Work and Care Management	• Increase awareness of food insecure (FI) patients in our PSA. • Improve access to immediate food resources for FI patients. • Reinforce clinical wrap-around services for individuals that screen positive for FI.

MEASURING OUR IMPACT

- Total number of patients served by the hospital pantry program
- Total number of patients screened
- Total number of community individuals served by the community-based pantry
- Total number of community individuals screened
- Total number of partners involved, annually, in efforts to advance food insecurity initiatives

**Impact measures are subject to change depending on the direction of each intervention.*

HEALTH PRIORITY: Health and Nutrition cont.

STRATEGY #2: School-Based Community Education

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Partner with schools in the PSA to promote healthy eating and lifestyles to not only the students but their families. We will support identified families with one fresh produce bag per month. In the boxes there will be fresh fruits and vegetables as well as healthy recipes. • Incorporate cooking demos every month after the fresh produce box delivery. Partner with a certified Advocate dietician to use the ingredients that are provided in the boxes to create a healthy nutritious recipe.	• Skokie District 69 School Systems • GoldiFresh Produce • Advocate Health's Nutrition Department	• Promote healthy eating behaviors by providing education on how to prepare and use fresh produce. • Encourage early education and dietary changes to children by creating opportunities to try healthy foods and engage with their parents in the learning process. • Increase access to healthy foods.

MEASURING OUR IMPACT

- Number of participants
- Number of bags distributed
- Gathering feedback from students and parents.
- Measuring long term impact by having parents lead a cooking demo to have them use the skills and knowledge they gained at the cooking demos.
- Gathering students and parent feedback
- Conduct overall experience survey.

**Impact measures are subject to change depending on the direction of each intervention.*

HEALTH PRIORITY: Health and Nutrition cont.

STRATEGY #3: Community Building and Education

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Align with local organizations and support community driven efforts that address health education, prevention, and chronic disease management – an emphasis on Spanish, Polish and Arabic speaking populations.	• Advocate Community Health Mobile Van • Local Federally Qualified Health Centers (FQHC) • Other community-based organizations doing similar work	• Improve health outcomes and metrics, such as blood pressure readings, glucose control and weight-loss • Create accessible programs in communities experiencing greater hardship • Coordinate clinical services in alignment with community program • Increase health professional development opportunities for future healthcare leaders

MEASURING OUR IMPACT

- Number of community programs implemented per year
- Improvement in clinical outcomes per program (Ex. decrease A1C, Blood Pressure, Weight)
- Number of participants enrolled in the program(s)
- Number of clinical services and screening provided in the community

**Impact measures are subject to change depending on the direction of each intervention.*

HEALTH PRIORITY: Behavioral Health

IMPACT:

Improve access, awareness and coordination to mental health and substance use prevention services by increasing training opportunities for local leaders and developing community programs that are accessible to all individuals in need of services.

DESCRIPTION OF HEALTH NEED DATA:

- The mental health emergency department visit rate for the PSA is 730.8 per 100,000 residents, which is lower than Cook County at 917.12 and the state at 981.67 per 100,000 residents (Metopio, IHA COMP Informatics, 2022).
- There is a racial/ethnic disparity in the rate of mental health emergency department visits with the Non-Hispanic Black population having the highest PSA rate at 2,129.40 per 100,000 residents; this rate is almost double compared to the second highest rate among the Hispanic or Latino population at 775.44 per 100,000 residents

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL:

- Cook County Health Strategic Plan 2023-2025
  - Develop systems of care and education that provide for an empowered patient experience

STATE:

- Healthy Illinois 2021
  - Improve Behavioral Health outcomes

NATIONAL:

- Healthy People 2030
  - Increase the proportion of persons with co-occurring substance use disorders and mental health disorders who receive treatment for both disorders
- Substance Abuse and Mental Health Services Administration (SAMHSA) 2022 Strategic Plan
  - Promoting resilience and emotional health for children, youth and families
  - Enhancing access to suicide prevention and crisis care

HEALTH PRIORITY: Behavioral Health cont.

STRATEGY #1: Build community capacity for behavioral health services by aligning with local initiatives and support community-based organizations that support mental health and substance use individuals impacted by social drivers of health in the PSA

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Identify and support community organizations that address behavioral health and the social drivers of health, such as housing and employment. • Support local coalitions and community organizations that address substance use and mental health in areas experiencing greater hardship • Explore interventions that address the behavioral health concerns associated with the Hispanic/Latino population	• LGH's Behavioral Health Team • LGH's Emergency Department • Local Police Departments • Local Fire department • Turning Point in Skokie • Sertoma Centre	• Increase social support and resiliency among individuals with behavioral health concerns in the PSA. • Reinforce community and clinical linkages to address the non-clinical needs of individuals with behavioral health concerns. • Increase resources and capacity for the Hispanic/Latino population. • Increase coordination to local community support services

MEASURING OUR IMPACT

- Number of individuals served
- Number of patients referred to the Mental Wellness Services program
- Number of new programs or interventions developed in partnership with local community-based organizations

**Impact measures are subject to change depending on the direction of each intervention.*

HEALTH PRIORITY: Behavioral Health cont.

STRATEGY #2: Increase Behavioral Health Training opportunities in the PSA

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Coordinate Youth and/or Adult Mental Health First Aid Training (MHFA) events in areas of need • Implement Domestic Violence and De-escalation training provided by Apna Ghar • Support Anti-Racism Training programs in the PSA • Coordinate awareness trainings and evidence-based interventions in partnership with Sertoma Centre	• LGH's Behavioral Health Team • LGH's Emergency Department • Local Police Departments • Local Fire department • Sertoma Centre • Apna Ghar • Faith-based organizations • Community-based organization in the PSA	• Promote diverse training opportunities that address the root causes associated with behavioral health • Increase awareness of root causes associated with behavioral health • Address the implicit biases associated with behavioral health • Introduce best practices and de-escalation skills in a clinical and non-clinical setting

MEASURING OUR IMPACT

- Number of trainings organized
- Number of individuals trained
- Increase in pretest and posttest evaluation

**Impact measures are subject to change depending on the direction of each intervention.*

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.