# Advocate South Suburban 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 South Suburban Hospital's plans to address their prioritized community health needs.

## SUMMARY OF ADVOCATE SOUTH SUBURBAN HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Every three years the State of Illinois requires not-for profit hospitals to conduct a community health needs assessment (CHNA). The CHNA identifies key health needs and issues through data collection and analysis. In February 2022, Advocate South Suburban convened its community health council members, to assess data to make sound decisions on health needs to address in the hospital's primary service area in the coming years.

Data was presented over four meetings, February 2022 through May 2022, including topics on demographics, economics, education, employment SDOH (Social Drivers of Health) and health indicators. Partners from the Alliance for Health Equity also presented similar data based on results from focus group meetings held in the hospital's PSA as part of its' CHNA.

Indicators presented included the following topics:

- Asthma
- Cancer
- Diabetes
- Heart disease
- Hypertension/stroke
- Mental health
- Violence/homicide
- Access to Care
- Demographics
- COVID
- Dental Health
- Survey and Focus Groups Results

After reviewing and discussing data presented, members of the CHC gathered to participate in an exercise to help prioritize the community's health needs using data presented in earlier months. During this meeting, council members selected mental health and obesity as the health needs for the 2022 CHNA. The prioritization of identified health needs will guide the community health improvements of Advocate South Suburban. From this process, Advocate South Suburban will outline plans to address mental health and obesity in the 2023 community health improvement plan.

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**Advocate South Suburban Hospital**
17800 Kedzie Avenue
Hazel Crest, IL 60429

# SIGNIFICANT HEALTH NEEDS IDENTIFIED AND SELECTED FOR IMPLEMENTATION STRATEGY AND WHY

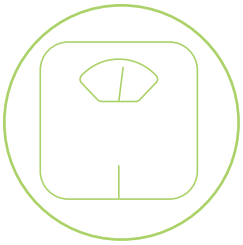
The CHC members selected mental/behavioral health and obesity as the top priorities on which to focus for Advocate South Suburban's 2022 CHNA. As part of the selection process, consideration for implementing these programs will include the following criteria:

- Degree to which community partners are involved in solving/addressing the health issue
- Hospital and community resources available to address the health issue
- The hospital's capacity to address the health issue
- Degree to which effective programs are available in the community

## Mental Health/Behavioral Health

The community needs assessment identified access to mental health services, including substance abuse and addiction services, as one of the primary areas of opportunity to improve the well-being of the south suburban communities served by Advocate South Suburban. With behavioral health crises on the rise nationwide, quickly, and effectively caring for people in crisis is a priority. The high rates of emergency department visits and hospitalizations for individuals experiencing acute mental health crises are preventable with expanded access to services. The need for behavioral health services has been amplified because of the toll the pandemic has taken on so many individuals and families.

It was recognized by the council that mental health is a growing health issue in the hospital's PSA. The CHC selected mental health as the most pertinent health need priority due to the increase in emergency department and hospitalization rates, and the growing need for community services and resources. In June 2022, Advocate South Suburban announced that behavioral health services will be transitioning from Advocate Christ Medical Center to Advocate South Suburban Hospital. The unit is anticipated to open in 2023.



### Obesity

The Community Health Council selected obesity as its second priority to address as part of the hospital's CHNA based on results in the PSA, and county. Obesity prevalence continues to increase and even more so among races and ethnicities. Individuals with obesity are at higher risk for chronic health conditions such as diabetes, heart disease, cancer, and COVID. Community Health staff will investigate opportunities to develop strategies to address obesity in the hospital PSA.

# HEALTH PRIORITY: Mental/Behavioral Health

## IMPACT:

Increase access, education, and availability of mental health resources in the Advocate South Suburban PSA.

## DESCRIPTION OF HEALTH NEED DATA:

- The emergency department visit rate for mental illness in the hospital's PSA is 1,157. Per 100,000 residents. This number is significantly greater than the county rate of 917.1 and the state rate of 988.6.
- Juveniles and young adults have the highest emergency department visit rate by age and Non-Hispanic Blacks and Non-Hispanic White have the largest emergency department visit rate by race/ethnicity.
- The top five communities with the greatest emergency department visit rates include Hazel Crest, Harvey, Markham, Park Forest, and Country Club Hills. However, eleven of the 22 communities served in the PSA have rates higher than 1,157 per 100,000 residents.
- Communities with the highest rates of behavioral health emergency department visits include Harvey, Markham, Dolton, Hazel Crest, and South Holland.

*Source: Metopio, IHA COMPdata, 2020*

## ALIGNMENT WITH EXISTING STRATEGIES

### LOCAL: ADVOCATE AURORA HEALTH COMMUNITY STRATEGY

- Access to Behavioral Health Services
  - 211 Metro Chicago access helpline – connecting people to referral sources for: food, housing, utility payment assistance, health care, transportation, childcare, employment, **mental health**, disaster information and assistance, and more services

### STATE: ILLINOIS STATE HEALTH IMPROVEMENT PLAN

- Improve Behavioral and Mental Health

### NATIONAL: HEALTHY PEOPLE 2030

- Health Conditions: Mental and Behavioral Health, Improve Mental Health

  *Source: Mental Health and Mental Disorders - Healthy People 2030 | health.gov*
- 988 Suicide and Crisis Lifeline - three-digit, nationwide phone number to connect directly to the 988 Suicide and Crisis Lifeline.

## HEALTH PRIORITY: Mental/Behavioral Health cont.

### STRATEGY #1: Increase knowledge and reduce stigma related to mental/behavioral health

| SPECIFIC INTERVENTIONS | COLLABORATIVE PARTNERS | OBJECTIVES |
|---|---|---|
| • Offer educational speaking programs to reduce behavioral health stigma and increase mental health awareness<br>• Provide Mental Health First Aid (MHFA) training to educate individuals on how to identify, understand, and respond to signs of mental health (upon request).<br>• Partner with local schools to sponsor behavioral health education to students. | • Advocate Faith and Health Partnerships<br>• Local faith-based organizations<br>• Partner with area mental health organizations to provide necessary education (NAMI, Sertoma Centre)<br>• Middle grade and high school students (Rich Township High Schools/ Paths to Peace) | • Establish access to mental health resources<br>• Reduce stigma related to mental/behavioral health |

**MEASURING OUR IMPACT**

- Number of attendees/workshops offered
- Pre- and Post-program assessments
- Engagement with collaborative partners to expand services

### STRATEGY #2: Provide AAH teammates BH workshop trainings; includes ED nurses, CHWs and nursing new hires.

| SPECIFIC INTERVENTIONS | COLLABORATIVE PARTNERS | OBJECTIVES |
|---|---|---|
| • Work with hospital leadership to provide workshops and referral resources during hospital onboarding orientation. | • AAH Community Health teammates<br>• AAH Faith and Health Partnership<br>• ASSH nursing leadership and nursing education department. | • Increase knowledge related to mental illness |

**MEASURING OUR IMPACT**

- Number of attendees and BH workshops offered in high-risk community areas
- Number of collaborating partners who implement education
- Pre and Post program assessment

# HEALTH PRIORITY: Obesity

## IMPACT:

Increase physical activity, access to healthy produce, and to provide education and healthy cooking resources in the Advocate South Suburban PSA.

## DESCRIPTION OF HEALTH NEED DATA:

- In the hospital PSA, 32.7 percent of adults are obese (have a body mass index (BMI ≥ 30.0 kg/m). This rate is higher than Cook County (29.2 percent) and Illinois (32.2 percent).
- Twelve communities (54 percent) in the hospital's PSA exceed the overall PSA rate. Communities in the PSA most affected by obesity have some of the highest social drivers of health.
- The top five obese communities include Harvey, Dolton, Markham, Calumet City and Richton Park.

According to the CDC, good nutrition is essential in keeping current and future generations of Americans healthy across their lifespan.

## ALIGNMENT WITH EXISTING STRATEGIES

### LOCAL: ADVOCATE HEALTH CARE FOOD SECURITY

- Advocate South Suburban Hospital Diabetes Prevention Program
- Advocate Health Care Food Farmacy Program
- Healthy Cooking and Eating program in partnership with Restoration Ministries and area chefs

### STATE: ILLINOIS

- Increase opportunities for healthy eating (IDPH)
- Illinois Public Health Institute (Illinois Alliance to Prevent Obesity)

### NATIONAL: HEALTHY PEOPLE 2030

- Increase the proportion of eligible persons completing Centers for Disease Control and Prevention (CDC)-recognized lifestyle change programs

## HEALTH PRIORITY: Obesity cont.

### STRATEGY #1: Continue the CDC Prevent T2 Diabetes Prevention Program with a focus on weight loss for participants

| SPECIFIC INTERVENTIONS | COLLABORATIVE PARTNERS | OBJECTIVES |
|---|---|---|
| • Continue offering Prevent T2 diabetes prevention program for community, with an emphasis on weight reduction<br>• Provide DPP participants and students in the healthy eating program with fresh produce provided from the Food Farmacy<br>• Introduction of healthy cooking instruction classes to students in the Restoration Ministries program | • AMG physicians referring participants to DPP program<br>• Greater Chicago Food Depository<br>• DPP lifestyle coach<br>• Restoration Ministries, Michuda Construction | • Decrease participant's initial weight by 9 percent from initial weight in DPP program<br>• Increase number of DPP programs within each year by one.<br>• Offer healthy eating cooking classes for DPP participants throughout the year<br>• Enroll students in the cooking instructions classes at Restoration Ministries. |

**MEASURING OUR IMPACT**

- Ten percent weight loss reduction from initial weight for 40% of DPP participants
- Number of participants accessing food Farmacy program
- Build-out of kitchen for students; number of students participating in cooking program.

### STRATEGY #2: Implement physical activity protocol for DPP participants that focuses on obesity.

| SPECIFIC INTERVENTIONS | COLLABORATIVE PARTNERS | OBJECTIVES |
|---|---|---|
| • Provide resources that educate participants about obesity and its health hazards.<br>• Implement tools that support documentation of a minimum of 150 physical activity minutes weekly.<br>• Gather weekly physical activity minutes from DPP participants. | • CDC newsletter<br>• Provide monthly fitness newsletter to participants<br>• Investigate fitness instructor to provide a weekly online, and in-person physical activity. | • Physical activity and knowledge aimed at increasing weight loss. |

**MEASURING OUR IMPACT**

- Weekly physical activity minutes recorded by participants
- Ensuring monthly newsletter is shared among DPP participants and students
- Number of participants who lose minimum of 5-7 percent body fat of their baseline body weight; or a combination of 4 percent of baseline body fat and 250 minutes of weekly physical activity; or modest reduction in their A1c of .2 percent. (CDC standards)
- Number of participants in DPP class 10-25
- Number of students in healthy cooking class, once its operational

**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.