



In sickness and in health™

# **IMPLEMENTATION STRATEGY PLAN 2017 - 2019**

**AMITA HEALTH ADVENTIST MEDICAL CENTER GLENOAKS**

# CONTENT OUTLINE

Executive Summary

Mission

Demographics & Methodology

Description of Region

Priority Issues

Implementation Plans

Contact Information



# EXECUTIVE SUMMARY

The Adventist GlenOaks Hospital assessment was conducted by the Professional Research Consultants, Inc. in cooperation with MCHC and other partnering hospitals. It incorporates data from both quantitative and qualitative sources. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that impact health
- Identify community resources and collaborate with community partners
- Publish this Community Health Needs Assessment
- Use Assessment findings to develop and implement a 2017-2019 Community Health Plan (implementation strategy) based on the Hospital's prioritized issues

The information in this presentation is not exhaustive or conclusive, rather an overview of the issues most prominent in the primary and secondary services areas.

# The mission of AMITA Health is to extend the healing ministry of Jesus.

*Our Community Benefit Program is Integral to our Mission.*

It Responds to identified needs in the community.

It Empowers local organizations serving the most vulnerable populations.

It Supports the government's efforts to enhance population health.

It Helps families living in poverty to access affordable healthcare.

It Improves the health of the communities we live in.

# DEMOGRAPHICS & METHODOLOGY

In the GlenOaks Hospital service area, the population is slightly older with 15.2% being over 65 as compared to 13.9% in Illinois. The Glen Oaks Hospital region is slightly more diverse than average, 18.5% of the population is Hispanic as compared to 16.7% in all of Illinois. The community's social determinants are positive, having less poverty, less unemployment and a better educated community than average (page 40). 6.9% of the population lives at or below 100% of the poverty level and 18.6% (inclusive) are at or below 200% of the poverty level, representing 168,845 individuals. The service area for the hospital is comprised of 34 residential zip codes based on patient origin. A complete description of sample size and survey design is available on the website ([amitahealth.org/communityneeds](http://amitahealth.org/communityneeds)).

## SURVEYS

An Online Key Informant Survey was conducted as part of this assessment. Key informants comprised those individuals who have a broad interest in the health of the community. There was a total of 27 stakeholders participants for this region. A list of stakeholders was provided by MCHC member hospitals participating in the overall assessment process

## INTERVIEWS

The strategy used for this assessment entailed a telephone interview methodology of 524 individuals age 18 and older in the Total Service Area. The surveys were distributed to individual hospitals that were part of the larger assessment thus involving multiple regions and hospital service areas.

## DATA

This assessment incorporates a selection of secondary data from 17 sources in order to support the research quality. Benchmark data was collected from the Centers for Disease Control and the U.S. Department of Health and Human Services. The nationwide risk factor data was taken from the 2013 PRC National Health Survey and Healthy People 2020.

# PRIORITY ISSUES

The key issues to be addressed as determined by the CHNA are Mental Health, Diabetes and Nutrition, Physical Activity and Weight. These are the areas which were identified by community stakeholders, and confirmed by internal observation, as the most critical issues. Each of the identified priorities overlap with other Community Health issues as identified below.

**Mental Health** (including but not limited to Family Violence, Substance Abuse, Community Violence, Dementia)

**Diabetes** (contributing factor in Heart Disease/Stroke , Chronic Kidney Disease)

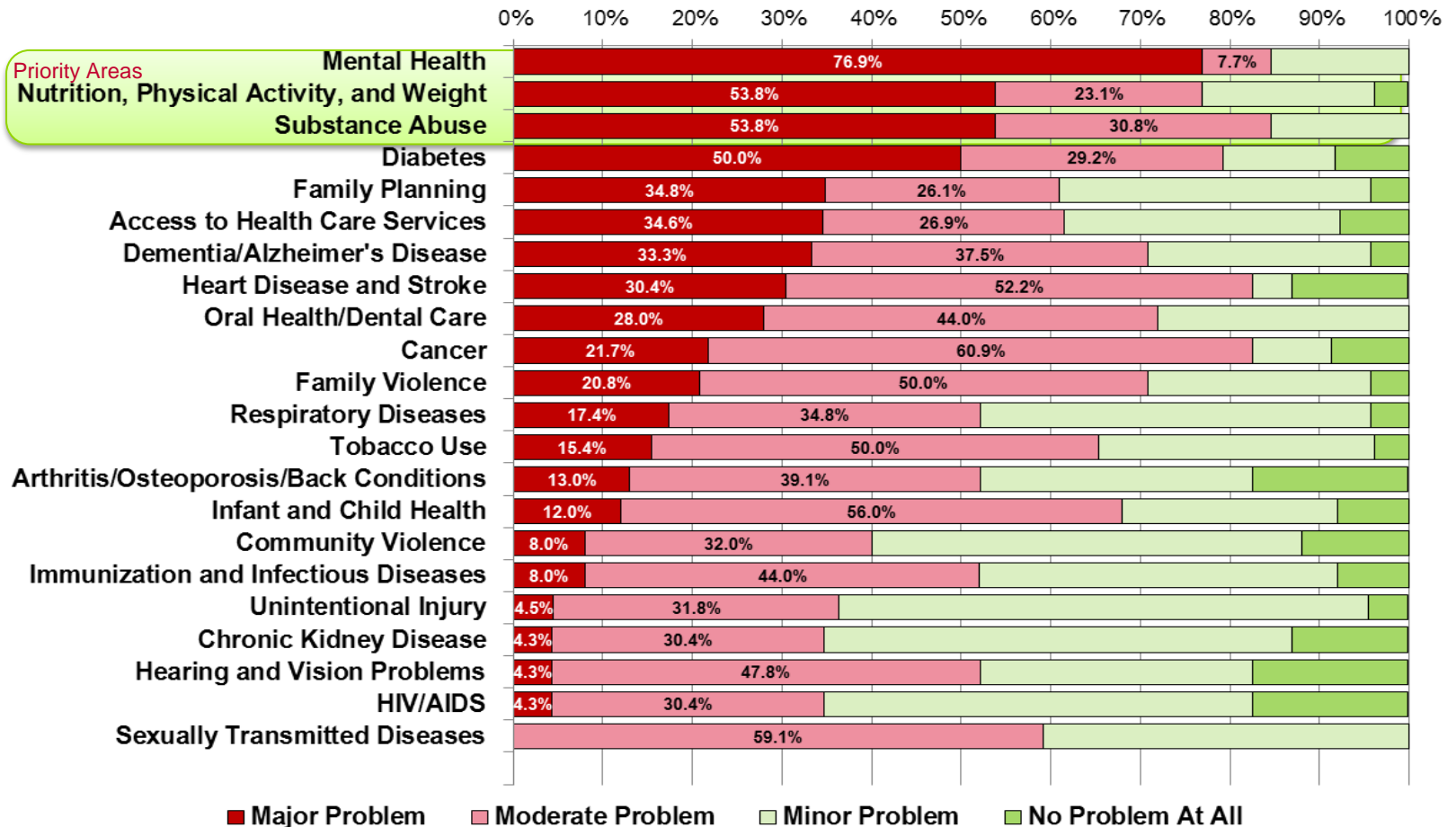
**Nutrition, Physical Activity and Weight** (preventing Diabetes, Heart Disease, Stroke)

Adventist Medical Center GlenOaks addresses other priorities identified as issues in the community on a continuous basis through screenings, education and treatment. Cancer, Respiratory Diseases, Infant and Child Health, Unintentional Injury, Arthritis and Osteoporosis; HIV/AIDS and Immunizations are amongst those conditions which we routinely provide services and outreach to members of the community.

Priorities which we have chosen not to specifically address in our community include Family Planning, Sexually Transmitted Diseases, Oral Health/Dental Care and Hearing and Vision Problems. Family Planning is a service which is provided in our community by private physicians, FQHCs and social service agencies, and are easily accessible to the general public. Sexually Transmitted Diseases are also covered by social service agencies and physicians in the community. Oral Health/Dental Care was explored as a potential community benefit. However, it was determined that local FQHCs provide dental services and members of the community have access to these services. The lowest priority, Hearing and Vision Problems, has not been identified by our community partners as an unmet need.

# PRIORITY ISSUES cont

The chart below reveals the substantial areas of opportunity as it relates to community benefit. There is a special emphasis placed on priority areas although all community health issues will be supported. The key issues to be addressed determined by our Asset Inventory are Mental Health, Nutrition, Physical Activity, and Weight and Substance Abuse.



# IMPLEMENTATION PLAN: MENTAL HEALTH

Goal: Reduce the rate of poor mental health through accessible and affordable community mental health services.

Strategy: Financial support for external community mental health agencies to protect the mental health services for the underinsured and insured.

Community Partner: DuPage Health Coalition (Access DuPage)

Public Policy: Advocate for state and federal funding for our community mental health centers.

Expected Impact: The DuPage Health Coalition has drastically improved health care services and access to low income individuals since 2001. Our goals include:

1. 100% Access DuPage members will be assigned to a primary care physician.
2. More than 90% of the behavioral health services will be provided at a facility integrated health care.
3. Language access for 100% of the patients and net growth in behavioral health providers at primary care sites – measure by FTE.
4. Continue to provide comprehensive and affordable care despite inflation.



# IMPLEMENTATION PLAN: DIABETES

Goal: Support community programs that aim to reduce the rate of Type II Diabetes.

Strategy: Invest community programs throughout DuPage County that provide affordable and accessible services to low-income diabetic patients.

Community Partner: DuPage Health Coalition (Access DuPage)

Public Policy: Advocate for expansion and sustainability of the Diabetes Prevention Program with our federal representatives.

Expected Impact: Currently, the DuPage Health Coalition does not have a diabetes program that is easily accessed but they do see patients who are diabetic. Through our support, the DuPage Health Coalition will work on improving the services and tracking systems for patients who are at-risk for diabetes or are diagnosed. The goals include:

1. 100% of new patients receive literature on diabetes and the Diabetes Prevention Program by the year 2019.
2. 100% of diabetic patients connected to a primary care medical home.
3. Improve the internal tracking methods of patients who are at-risk for diabetes.

# IMPLEMENTATION PLAN: NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT

Goal: Provide opportunities for children to be physically active in their daily lives throughout the county.

Strategy: Invest community programs throughout DuPage County that provide affordable and accessible services to people in need.

Community Partner: FORWARD (Fighting Obesity Reaching healthy Weight Among Residents of DuPage)

Public Policy: Support the efforts of local elected officials for long-term and sustainable programs designed to prevent childhood obesity.

Expected Impact:

1. During the first year, schools located in six of DuPage County's 33 municipalities will be prioritized due to their high need and readiness to achieve results. Over the following two years, 100 schools and approximately 40,000 students will become part of the program.
2. Schools will make progress toward recognition under the USDA's HealthierUS School Challenge or another approved recognition program.
3. Schools will create or expand a dedicated, five-member health team (at minimum) to drive school wellness initiatives.



**AMITA Health Website: <http://www.amitahealth.org>**

**Community Benefit Webpage:  
<http://www.amitahealth.org/communityneeds>**

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