



In sickness and in health™

IMPLEMENTATION STRATEGY PLAN CY 2017 - 2019

AMITA HEALTH ADVENTIST MEDICAL CENTER BOLINGBROOK

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EXECUTIVE SUMMARY

The Adventist Bolingbrook 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 Adventist Hinsdale Hospital service area, the population is slightly younger than average, and about 17.7% of the population is Hispanic. The community's social determinants are positive, having less poverty, less unemployment and a better educated community than average (page 39). However, 7.4% of the population lives at or below 100% of the poverty level and 19.4% are at or below the 200% of the poverty level, representing 306,654 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 at amitahealth.org/communityneeds.

SURVEYS	INTERVIEWS	DATA
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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 55 stakeholders participants for this region. A list of stakeholders was provided by MCHC member hospitals participating in the overall assessment process

The strategy used for this assessment entailed a telephone interview methodology of 534 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.

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)

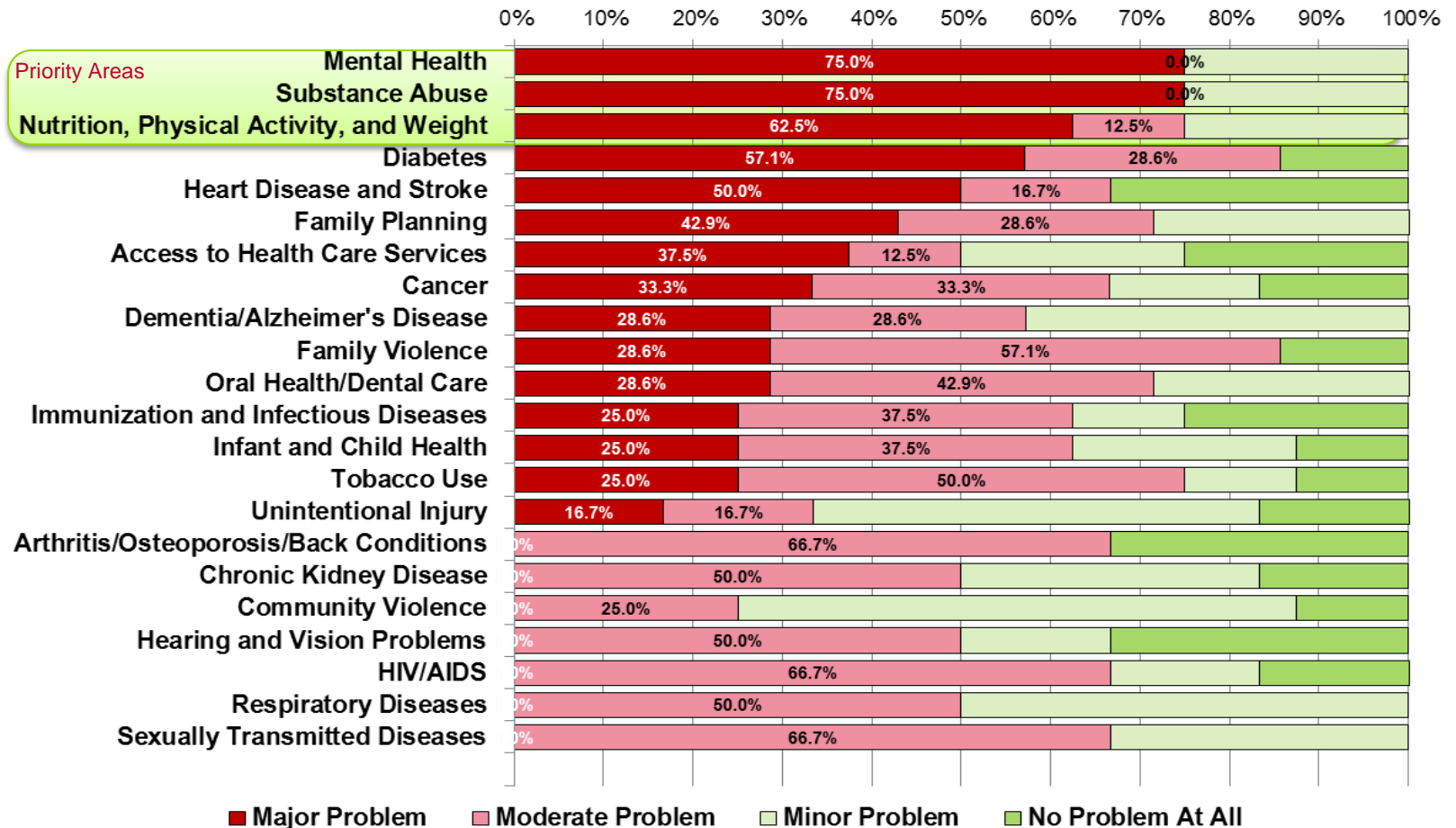
Nutrition, Physical Activity and Weight (preventing Diabetes, Heart Disease, Stroke)

Adventist Medical Center Bolingbrook 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 many community health issues are being supported. The key issues to be addressed determined by our CHNA are Mental Health, Nutrition, Physical Activity, and Weight Health, Nutrition, Physical Activity, and Weight and Substance Abuse.



IMPLEMENTATION PLAN: MENTAL HEALTH

Goal: Reduce the wait list and volume for mental health counseling.

Strategy: Provide Will County with affordable and reliable medical services that have been proven to improve the mental health of those underinsured or uninsured.

Community Partner: VNA Health Care, Bolingbrook

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

Expected Impact:

1. Each patient will have primary care provider.
2. Patient's family will also receive counseling and support.
3. Each patient will be screened for Social Determinants of Health such as food insecurity, abuse and housing.

IMPLEMENTATION PLAN: DIABETES

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

Strategy: Invest in federally vetted programming throughout the AMITA community which provides affordable and accessible services to community members at high risk for Type II Diabetes.

Community Partner: YMCA Joliet

Public Policy: Advocate for expansion and sustainability of the Diabetes Prevention Program with our federal and state representatives to provide reimbursement for Medicare and coverage for Medicaid recipients.

Expected Impact: Financially support the ongoing efforts of the Diabetes Preventative Program at the Joliet YMCA. The goal is to enroll and retain 15 community members throughout the 25 classes designed to reduce their risk for diabetes. Among those completing the program will have reduced their risk of Type II Diabetes by lowering their body weight by 5 to 7% and increase physical activity to 150 minutes per week.

IMPLEMENTATION PLAN: NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT

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

Strategy: Provide Go Noodle, an online interactive suite of videos which combine learning and physical activities in districts with low-income and minority families.

Community Partner: Valley View Schools

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

Expected Impact:

1. See modest but steady increases in class participation.
2. Increase the number of teachers reporting by 5% or 31 additional teachers for a total of 660 teachers.
3. Increase the number of students participating from 15,596 to 16,000 students.



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

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

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