2023-2025 UChicago Medicine AdventHealth Hinsdale Community Health Plan



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Acknowledgements

This community health plan was prepared by Fabiola Zavala, Director of Community Health, with contributions from members of the UChicago Medicine AdventHealth Hinsdale Community Health Needs Assessment Committee representing health leaders in the community and hospital leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan which will enable our teams to continue fulfilling our mission of Extending the Healing Ministry of Christ.

EXECUTIVE SUMMARY

Executive Summary

Adventist Midwest Health d/b/a UChicago Medicine AdventHealth Hinsdale will be referred to in this document as UChicago Medicine AdventHealth Hinsdale or the "Hospital".

Community Health Needs Assessment Process

UChicago Medicine AdventHealth Hinsdale in Hinsdale, Illinois, conducted a community health needs assessment in 2022. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations. This assessment process was the most comprehensive to date and included survey questions related to diversity, equity and inclusion. In addition, the priorities were defined, when possible, in alignment with Healthy People 2030, national public health priorities to improve health and well-being.

In order to ensure broad community input, UChicago Medicine AdventHealth Hinsdale created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations. The prioritization process sought to balance our ability to impact the greatest number of people who are facing the greatest disparities.

The CHNAC and HHNAC met throughout 2021-2022. The members reviewed the primary and secondary data, helped define the priorities to be addressed and helped develop the Community Health Plan to address those priorities. Learn more about Healthy People 2030 at https://health.gov/healthypeople.

Community Health Plan Process

The Community Health Plan (CHP), or implementation strategy, is the Hospital's action plan to address the priorities identified from the CHNA. The plan was developed by the CHNAC, HHNAC and input received from stakeholders across sectors including public health, faith-based, business and individuals directly impacted.

The CHP outlines targeted interventions and measurable outcomes for each priority noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

The identified goals and objectives were carefully crafted, considering evidence-based interventions and AdventHealth's Diversity, Equity, and Inclusion and Faith Accountability strategies. UChicago Medicine AdventHealth Hinsdale is committed to addressing the needs of the community, especially the most vulnerable populations, to bring wholeness to all we serve.



Executive Summary

Priorities Addressed

The priorities addressed include:

- 1. Mental Health and Substance Misuse
- 2. Prevention and Management of Serious Illness
 - Addressing Social Determinants of Health
 - Chronic Disease and Serious Illness

See page 9 for goals, objectives and next steps for each priority selected to be addressed.

Priorities Not Addressed

The priorities not addressed include:

- 1. Prevention and Management of Serious Illness
 - Chronic Disease Management

See page 17 for an explanation of why the Hospital is not addressing these issues.



The Community Health Plan is a three-year strategic plan and may be updated during implementation based on changing community needs or availability of resources. AdventHealth recognizes community health is not static and high priority needs can arise or existing needs can become less pressing. The Hospital may pivot and refocus efforts and resources to best serve the community.

Executive Summary

Board Approval

On March 22, 2023, the UChicago Medicine AdventHealth Hinsdale Board approved the Community Health Plan goals, objectives and next steps. A link to the 2023 Community Health Plan was posted on the Hospital's website prior to May 15, 2023.

Ongoing Evaluation

UChicago Medicine AdventHealth Hinsdale's fiscal year is January – December. For 2023, the Community Health Plan will be deployed beginning May 15, 2023, and evaluated at the end of the calendar year. In 2024 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1st and ending December 31st. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for UChicago Medicine AdventHealth Hinsdale at <u>https://www.adventhealth.com/community-health-needsassessments.</u>



ABOUT ADVENTHEALTH

About AdventHealth

UChicago Medicine AdventHealth Hinsdale is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 80,000 skilled and compassionate caregivers serve 4.7 million patients annually. From physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.



About UChicago Medicine AdventHealth Hinsdale

UChicago Medicine AdventHealth Hinsdale is part of the AdventHealth Great Lakes region. The AdventHealth Great Lakes region is comprised of UChicago Medicine AdventHealth Bolingbrook, UChicago Medicine AdventHealth GlenOaks, UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale, all in the State of Illinois. UChicago Medicine AdventHealth Hinsdale is a 261- bed, full service medical facility that provides high-quality, compassionate and family-centered medical care to the residents of Hinsdale and the surrounding communities. UChicago Medicine AdventHealth Hinsdale offers emergency medical and surgical services, medical lab and imaging services, heart and vascular care, cancer care, orthopedic and neurological care, obstetrical and women's care and pediatrics. UChicago Medicine AdventHealth Hinsdale has earned a number of nationally recognized awards and safety grades, particularly for its state-of-the art cancer center, Level III Perinatal Care Designation, ANCC Magnet Designation, Joint Commission Hospital, Behavioral Health and Home Health accreditation, Joint Commission Advanced Primary Stroke Center Certification, ED Level II Trauma, Blue Distinction Specialty Care for Hip and Knee Replacement and Blue Distinction+ Specialty Care for Spine.

PRIORITIES ADDRESSED

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During the assessment, 54% of community survey respondents shared they believed mental health issues were in the top three health concerns in DuPage County. Almost a quarter of survey respondents (22%), believe drug abuse to also be in the top three health concerns in DuPage County. The assessment also found due to a shortage of mental health care providers and an increased need for care during the COVID-19 pandemic, the demand for mental health and substance use care cannot be met within the community. It is harder for people in historically marginalized communities or people who are uninsured/under-insured to find care that fits their unique needs. Stigma regarding mental health as well as substance abuse treatment facilities is still present, however it seems there is some additional awareness of mental health issues in recent years.

Goal 1: Increase the proportion of people who get a referral for mental health and/ or substance misuse services after an emergency department visit

Objective 1.1: By December 31, 2025, increase the percentage of mental health and substance misuse patients who are assessed in the Emergency Department to receive a referral for outpatient or alternative resources from 35.14 % to 45.14%.

Target Population: Adults in need of mental health or substance misuse treatment

Activities/Strategies	Outputs Hospital Contributions	Hospital Contributions Community Partnership	Timeli		ne	
			Community Partnerships	Y1	Y2	Y3
Collect Emergency Department assessment and referral data for patients with mental health and substance misuse concerns	# of patients assessed # of referrals to community-based behavioral health resources	Behavioral Health team will refer Emergency Department patients to community-based behavioral health resources	DuPage Health Department	Х	х	×

Goal 1 continued: Increase the proportion of people who get a referral for mental health and/ or substance misuse services after an emergency department visit

Objective 1.2: By December 31, 2025, create a loop referral agreement with at least two agencies for the Whole Health Hub. The Whole Health Hub is an AdventHealth branded platform our clinical teams use to refer patients to nearby social services agencies based on the patient's individual needs.

Target Population: Adults in need of mental health or substance misuse treatment

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline			
Activities/Strategies	Outputs	nospital contributions	Community Partnerships	Y1	Y2	Y3	
Recruit agencies to claim their profile in the Whole Health Hub. Identify most frequent conditions needing a referral and most frequent agency being referred to. Data will drive strategic decision- making when identifying new organizations to recruit for WHH.	# of conditions# of agencies	Behavioral Health team staff time to pull and analyze data	findhelp	х	x		
Create a closed loop referral agreement with the two agencies being referred to the most using the Whole Health Hub	# of closed loopreferrals# of partner agencies	Staff time to develop and execute referral agreement for Whole Health Hub	Outpatient, alternative behavioral health or substance use resources			×	

Goal 2: Increase awareness of mental health and substance misuse challenges to reduce stigma

Objective 2.1: By December 31, 2025, 90% of participants will have a knowledge increase after attending the community-wide mental health and substance misuse educational series.

Target Population: Community members and professionals residing in the following zip codes: 60527, 60523, 60191, 60559, 60106, 60188, 60148, 60101

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Acquire continuing education unit (CEU) provider status in order to provide professional level CEUs	Approve provider status	Cost of application and staff time	N/A	x		
Develop mental health and substance misuse educational series (professional CEU and general community)	# of educational events	Staff time	School Districts, community- based organizations, faith community	x	x	x
Promote and support mental health and substance misuse educational series	Collateral # of participants (general community) # of participants (professionals receiving CEUs)	Staff time, marketing, logistics	DuPage Health Department, DuPage Health Coalition		x	x

Goal 2 continued: Increase awareness of mental health and substance misuse challenges to reduce stigma

Objective 2.2: By December 31, 2025 increase knowledge and skills (ex. how to intervene when a person is experiencing a mental health challenge/crisis) of at least 90% of Mental Health First Aid training participants.

Target Population: Community members and professionals residing in the following zip codes: 60527, 60523, 60191, 60559, 60106, 60188, 60148, 60101

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Ti	imelir	ie
	Outputs	Rospital Contributions Community Partnerships	Y1	Y2	Y3	
Schedule, promote and support Mental Health First Aid trainings	# of trainings # of participants	Staff time to schedule trainings and coordinate with community partners, marketing, logistic	National Alliance of Mental Illness DuPage, National Alliance of Mental Illness Metro Chicago, DuPage	×	×	x
	Flyers, social media posts		Health Coalition			

Prevention and Management of Serious Illness – Addressing Social Determinants of Health

There were many priorities issues found in the assessment that were interdependent and could be addressed under broader categories. Through the priority Prevention and Management of Serious Illness many of the issues identified will be addressed. Prevention can reduce the risk for diseases and serious illness, while appropriate disease management can improve an individual's health outcomes and quality of life. Prevention and management efforts can be more clinical in nature, such as ensuring community members receive timely screenings and health care or providing case management support to manage a diagnosis. Efforts can also focus on social determinant of health factors which influence health, this could include increasing access to healthy and nutritious foods in food deserts or providing free fitness classes in areas with limited reactional fitness options.

Goal 1: Increase access to comprehensive and high-quality health care services.

Objective 1.1: By December 31, 2025, host 12 enrollment events to give patients and community members an opportunity to enroll in health care coverage.

Target Population: Uninsured adults with a special focus on Hispanic/ Latinx

Activities/Strategies	Outputs Hospital Contribut	Hearitel Contributions	Community Partnerships	Timeline			
Activities/Strategies		nospital contributions	Community Partnerships	Y1	Y2	Y3	
Support DuPage Health Coalition in their efforts to provide eligible residents of DuPage to receive low-cost primary health care services	# of people served	Financial support	DuPage Health Coalition, Access DuPage and Silver Access Program	X	×	X	
Develop opportunities for patients and community members to enroll for health care coverage	# of enrollment events # of people enrolled	Staff time, logistics	DuPage Health Coalition, VNA Health Care, Community Based Organizations		Х	×	
Promote use of the Whole Health Hub to identify access to care resources for individuals	# of searches for access to care resources # of closed loop referrals	Staff time, collateral, marketing	Faith Community, community-based organizations		х	×	

Prevention and Management of Serious Illness – Addressing Social Determinants of Health

Goal 2: Increase food accessibility in communities with high rates of food insecurity.

Objective 2.1: By December 31, 2025, help 150 eligible community members sign up for Supplemental Nutrition Assistance Program (SNAP) benefits.

Target Population: Highest need zip codes for food insecurity (60106, 60101, 60139)

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Y1	Y2	Y3
Screen for food insecurity at residency clinic and refer to local food pantries	# of referrals	Staff time	HCS Family Services	Х	×	х
Screen for food insecurity at inpatient and outpatient sites and refer to local food pantries through Whole Health Hub	# of referrals	Staff time	HCS Family Services		×	x
Support local food pantries	# of individuals served	Staff time	HCS Family Services	х	x	х
Support SNAP and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits enrollment	# of individuals signed up for SNAP Benefits	Staff time	DuPage Health Coalition, Northern Illinois Food Bank		x	x

Prevention and Management of Serious Illness – Addressing Social Determinants of Health

Goal 3: Improve access to chronic disease screenings and management

Objective 3.1: By December 31, 2025, 90% of chronic disease management program participants will have increased knowledge of how to manage their chronic condition.

Target Population: Black/ African-American and Hispanic/ Latinx

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
Activities/Strategies				Y1	Y2	Y3
Coordinate and host free screenings	# of people served	Staff time and financial support Mission, Community Health, Marketing, Cancer Center	DuPage Health Coalition, Faith Community	Х	х	×
Host chronic disease management educational sessions	 # of educational sessions # of participants Pre- and post-test to increase participant knowledge 	Staff time, logistics, marketing, Cancer Center	DuPage Health Coalition, Health Equity and Access Response Team	×	×	×
Sepsis Awareness Campaign	# of community members reached Pre- and post-survey	Community Health, Marketing, and Diversity, Equity and Inclusion (DEI) Council staff time	DuPage Health Department		х	x

PRIORITIES NOT ADDRESSED

I Priorities Not Addressed

UChicago Medicine AdventHealth Hinsdale also identified the following priorities during the CHNA process. In reviewing the CHNA data, available resources, and ability to impact the specific identified health need, the Hospital determined these priorities will not be addressed.

Prevention and Management of Serious Illness

Chronic Disease Management

Although the Hospital would like to address all the needs of the community, it will not address chronic disease management directly, as it did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available. The Hospital may continue to support other efforts addressing this through advocacy, community partnerships and public health collaborations as needed.





Adventist Midwest Health d/b/a UChicago Medicine AdventHealth Hinsdale

CHP Approved by the Hospital Board on: March 22, 2023

For questions or comments please contact: <u>corp.communitybenefit@adventhealth.com</u>