



**2023-2025**  
**UChicago Medicine**  
**AdventHealth**  
**Bolingbrook**  
**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 UChicago Medicine AdventHealth Bolingbrook 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



# I Executive Summary

Adventist Bolingbrook Hospital d/b/a UChicago Medicine AdventHealth Bolingbrook will be referred to in this document as UChicago Medicine AdventHealth Bolingbrook or the “Hospital”.

## Community Health Needs Assessment Process

UChicago Medicine AdventHealth Bolingbrook in Bolingbrook, IL 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 Bolingbrook 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 Bolingbrook 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. Access to Care
2. Behavioral Health and Substance Misuse

*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. Access to Food and Nutrition
2. Stabilizing the Built Environment

*See page 14 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 Bolingbrook 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 Bolingbrook'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 Bolingbrook at <https://www.adventhealth.com/community-health-needs-assessments>.



# ABOUT ADVENTHEALTH



## **| About AdventHealth**

**UChicago Medicine AdventHealth Bolingbrook 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 Bolingbrook**

UChicago Medicine AdventHealth Bolingbrook is part of the AdventHealth Great Lakes Region. The AdventHealth Great Lakes region is comprised of UChicago Medicine AdventHealth LaGrange, UChicago Medicine AdventHealth Hinsdale, UChicago Medicine AdventHealth GlenOaks and UChicago Medicine AdventHealth Bolingbrook, all in the State of Illinois. UChicago Medicine AdventHealth Bolingbrook is a 138-bed acute care hospital offers family-friendly care and access to top-rated doctors in the western and southwestern Chicago, that includes emergency medical services, heart and vascular care, cancer care, obstetrics and women's services, lab and imaging services, surgical services and much more. UChicago Medicine AdventHealth Bolingbrook has earned a number of nationally recognized awards and safety grades, including the Joint Commission certified Primary Stroke, ED Level II Trauma Designation, American Heart Association's GOLDPLUS Get With The Guidelines® for Stroke and Type II Diabetes Distinction, Blue Distinction Center for Bariatrics, Blue Distinction Center for Maternity and Sleep Disorders Center by AASM.





# PRIORITIES ADDRESSED



# Behavioral Health and Substance Misuse

During the assessment, 47.2% of community survey respondents shared depression/anxiety were a problem in their home. It was also found that 5.3% believed prescription drug use was a problem in their home and nearly 53% believe it is a problem in Will County. Public data also found that 56% of 12th graders use alcohol, with 16% reporting they have engaged in binge drinking in the last two weeks. Awareness and the need to address behavioral health has been growing in the country and locally.

**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 and receive a referral for community-based behavioral health resources from 33.8 % to 43.8%.

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

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				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	Will County Health Department and Stepping Stones	X	X	X

# Behavioral Health and Substance Misuse

**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		
				Y1	Y2	Y3
Recruit agencies to claim their profile in the Whole Health Hub (WHH). 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	X	X	
Create a closed loop referral agreement with the two agencies being referred to the most using the Whole Health Hub	# of closed loop referrals # of partner agencies	Staff time to develop and execute referral agreement for Whole Health Hub	Outpatient, alternative behavioral health or substance use resources			X

# Behavioral Health and Substance Misuse

**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.

**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:** All community members and professionals interested in receiving mental health or substance misuse education

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	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	Will County Health Department, Mobilizing for Action through Planning and Partnerships Collaborative (Behavioral Health workgroup)		X	X
Schedule, promote and support Mental Health First Aid (MHFA) trainings	# of trainings # of participants Flyers, social media posts	Staff time to schedule trainings and coordinate with community partners, marketing, logistic	TBD	X	X	X

## Access to Care

Access to care is a key driver to health. Access can be influenced by both cost and availability. According to 30% of community survey respondents, their households are never, rarely or only sometimes able to pay for health care (family doctor, prescriptions, etc.). An important factor is availability of care and requires having an adequate number of providers in a community. There is a shortage of primary care, mental health and dental care providers in the county. The county has fewer providers by population compared to both the state and the nation. For example, the rate of primary care providers in Will County is 1,810:1, compared to the IL rate of 1,240:1 and the national rate of 1,030:1.

**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 Black/ African American and Hispanic/Latinx

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Develop opportunities for patients and community members to enroll in health care coverage	# of enrollment events # of people enrolled	Staff time, logistics	Will County Health Department, United Way of Will County, People's Resource Center, Community Based Organizations	X	X	X
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 and other community-based organizations		X	X

# PRIORITIES NOT ADDRESSED



# I Priorities Not Addressed

**UChicago Medicine AdventHealth Bolingbrook 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.**

## **Stabilizing the Built Environment**

During the assessment, affordability and access of transportation and safe housing was cited often by community members as a barrier to quality of life and good health. During the assessment, 31% of community survey respondents shared they never or rarely have access to public transportation for activities such as grocery shopping, getting to work or appointments, etc. The Hospital decided that housing and transportation, although an identified need for a multitude of reasons, is being addressed as countywide by other organizations better positioned to address it and the Hospital could not make meaningful change in the time allotted for the next community health plan.

## **Access to Food and Nutrition**

According to community survey respondents, almost 40% shared that food they had bought did not last and they did not have money to get more. Public data also found areas of northern Will County had pockets of low food access, while the rate of supermarkets per 10,000 residents decreased well below state and national rates. It was also found that the number of SNAP authorized retailers in Will County was lower than in Illinois and in the United States. Although access to healthy affordable food is a key driver of health outcomes, the Hospital did not choose to address this priority. The Hospital believes that other organizations are better positioned in the community to address this need directly and will support those efforts when able.





**Adventist Bolingbrook Hospital d/b/a  
UChicago Medicine AdventHealth Bolingbrook**

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

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