

Community Health Needs Assessment Implementation Strategy

FY2016

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Executive Summary

Executive Summary

In FY2016, Copley Memorial Hospital, otherwise known as Rush-Copley Medical Center (RCMC), completed a comprehensive Community Health Needs Assessment (CHNA) process to identify, prioritize, and address the top health issues in the community served.

The hospital is located in the city of Aurora, IL, which is the second largest city in Illinois.

The community served by the hospital includes the geographic area, from which approximately 80% of the hospital's patients reside. This area includes Aurora, Oswego, Montgomery, North Plainfield, and most of Kendall County.

Process and Methodology

The hospital used four methods for collecting community input and health data, including the following:

- Partnering with the Kane County and Kendall County Health Departments on the development of their respective IPLANs (Illinois Project for Local Assessment of Needs)
- Community survey
- Conducting focus groups
- Extensive secondary health data analysis

The hospital established an internal team with health and community expertise to guide the development of the CHNA and establish the implementation strategy.

- The committee reviewed and discussed the findings from the community health survey, focus groups, secondary data analysis, and information from development of the Kane County and Kendall County IPLANs, as well as additional community input.
- Through a defined criteria process, the committee identified and prioritized the top health issues in the community, which are included in this strategy implementation plan.

Executive Summary

Identified and Prioritized Health Needs

Rush-Copley identified the following as the top three health priorities in the community to be addressed:

1. Obesity, focusing on achieving a healthy weight through proper nutrition and exercise
2. Chronic disease, focusing on chronic disease self-management and preventative care
3. Access to care, focusing on understanding insurance coverage and care options

The hospital developed and adopted an implementation strategy to address these community health needs. The CHNA and Implementation Strategy were approved and adopted by the Hospital's Board of Directors on March 29, 2016.

The CHNA report, Data and Information Book, and Implementation Strategy are helpful community resources and are widely available to the public at www.rushcopley.com.

Execution of the implementation strategies outlined in this report has begun and will continue over the next three fiscal years.

Health Priorities

Identified and Prioritized Health Needs

The Rush-Copley Community Health Needs Steering Committee identified and prioritized the following community health needs.

Identified Community Health Needs (listed in order of importance from highest to lowest)
Obesity: Achieving a healthy weight through proper nutrition and exercise
Chronic disease ¹ : Chronic disease self-management and preventative care
Access to care: Understanding insurance coverage and care options
Behavioral health, including mental health and substance abuse ¹
Access to care: Transportation for health care services
Income, job-ready workforce, and education ¹

*As part of a collaborative community process, the Community Health Needs Steering Committee agreed to include all of the top health needs/threats identified by Kane County in their IPLAN.

¹: Identified as one of the top three health priorities in the Kane County 2017-2020 IPLAN

Please note: At the time of the RCMC assessment process, Kendall County was in the beginning phases of their latest IPLAN and had not yet determined the top health needs in the County. Therefore, those needs are not identified in this assessment. However, input provided by Kendall County was taken into consideration when determining the top health needs in the community served by RCMC.

Identified and Prioritized Health Needs

The following needs will be addressed in the Implementation Strategy:

1. Obesity, focusing on achieving a healthy weight through proper nutrition and exercise
2. Chronic disease, focusing on chronic disease self-management and preventative care
3. Access to care, focusing on understanding insurance coverage and care options

The following needs will not be addressed in the Implementation Strategy:

Identified and Prioritized Need	Reason why the need will not be addressed through the Implementation Strategy
Behavioral health, including mental health and substance abuse	<ul style="list-style-type: none"> • As identified during the prioritization exercise, Rush-Copley does not provide behavioral health services, and it would not be feasible for the hospital to develop this type of program. Therefore, the hospital would not be able to have a measurable impact on this need. • There are a great number of organizations in the community already addressing this need (as listed in the CHNA). • The hospital currently works closely with behavioral health programs in the community in order to assist patients in accessing care.
Access to care: Transportation for health care services	<ul style="list-style-type: none"> • As identified during the prioritization exercise, Rush-Copley does not provide its own transportation services, and it would not be feasible for the hospital to develop this type of program. • The hospital continues to address the need for transportation through a number of programs, resources, grants, and outreach activities in the community, including, but not limited to the following: <ul style="list-style-type: none"> – Rush-Copley provides cab fare and bus vouchers for patients in need and helps coordinate public transportation. The hospital also helps identify patients appropriate for county funded transportation such as KAT (Kendall Area Transport) and Ride in Kane. – Partnership with the American Cancer Society to provide transportation to cancer patients in need of this service – The hospital continues to communicate with PACE on an annual basis to request a second stop on the hospital campus
Income, job-ready workforce, and education	<ul style="list-style-type: none"> • This need is being addressed through the Kane County IPLAN with a dedicated Kane Health Counts committee developing and implementing strategies to improve income, job readiness, and education attainment in the community. • While Rush-Copley is not in a position to impact this need on a large scale throughout the community, the hospital already has a number of programs in place that help address this need, including: <ul style="list-style-type: none"> – Offering a tuition reimbursement program that allows full and part time employees a tuition benefit that reimburses education costs at an accredited college or university – Offering all qualified employees specialty certification and/or continuing education reimbursement on an annual basis to support attainment or maintenance of job-specific credentials – Job-readiness programs, such as the Medical Topics Program with Oswego High School and many other partnerships with local colleges and universities, allowing Rush-Copley to accept student learners to help build a health care workforce for the future

Implementation Strategy

Obesity

Focusing on achieving a healthy weight through proper nutrition and exercise

Goal: Promote health and reduce chronic disease risk through focusing on the consumption of healthful foods, increase in physical activity, and the achievement and maintenance of healthy body weight (aligned with Healthy People 2020 goal)

Strategies and Initiatives:

Strategies	Initiatives
<p>Continue to collaborate with community partners to develop, align, and implement community-based strategies and initiatives that focus on reducing the prevalence of chronic disease through improved nutrition and increased physical activity</p>	<ul style="list-style-type: none"> • Actively participate in the development and implementation of community-based chronic disease and obesity initiatives through Kane Health Counts. This community effort focuses on collaboration and collective impact. <ul style="list-style-type: none"> – Participate in the development and implementation of nutrition-based strategies and initiatives – Participate in the development and implementation of activity/exercise-based strategies and initiatives
<p>Develop and implement education and resources to help the community achieve and maintain healthy weight, with a focus on vulnerable populations</p>	<ul style="list-style-type: none"> • Develop and implement new/enhanced education, resources, or programs to help the community achieve and maintain a healthy weight. <ul style="list-style-type: none"> – Implement and promote a healthy weight program for children or teens (i.e., 5,4,3,2,1 Go program) – Develop and implement healthy weight education and resources for the Hispanic/Latino community
<p>Continue and enhance the development of established Rush-Copley comprehensive healthy weight programs</p>	<ul style="list-style-type: none"> • Continue and enhance the development of comprehensive healthy weight program(s) through partnership between RCMC, Rush-Copley Medical Group, Sodexo, and the Rush-Copley Healthplex. <ul style="list-style-type: none"> – Continue to offer the YouFIT program and implement program enhancements per participant feedback – Continue implementation of the FamilyFIT program and enhance the program per participant feedback • Assess opportunities to partner with community organizations to share and adapt education and resources from Rush-Copley’s comprehensive healthy weight programs (with a focus on organizations that serve vulnerable populations).

Obesity

Focusing on achieving a healthy weight through proper nutrition and exercise

Anticipated impact:

- Decrease in the prevalence of obesity in adults and children in the community
- Decrease in the prevalence of chronic disease in the community
- Increase in the percent of adults and children in the community who meet or exceed the recommended intake of fruits/vegetables
- Increase in the percent of adults and children in the community who meet or exceed the recommended level of physical activity
- Decrease in the percent of sedentary adults in the community
- The positive impacts noted above are also anticipated specifically in the Hispanic/Latino community due to the targeted effort to address vulnerable populations

Planned collaboration with other organizations to address this need:

In order to address this need, Rush-Copley plans to collaborate with the following organizations to implement the described strategies:

- Kane County Health Department and organizations involved in Kane Health Counts
- Kendall County Health Department
- Rush-Copley Medical Group
- Rush-Copley Healthplex
- Sodexo
- Visiting Nurses Association (VNA)

Chronic Disease

Focusing on chronic disease self-management and preventative care

Goal: Improve and enhance the self-management and adherence to treatment for residents with chronic disease in the community

Strategies and Initiatives:

Strategies	Initiatives
<p>Continue to collaborate with community partners to develop, align, and implement community-based strategies and initiatives that focus on reducing the prevalence of chronic disease through improved nutrition and increased physical activity</p>	<ul style="list-style-type: none"> • Actively participate in the development and implementation of community-based chronic disease and obesity initiatives through Kane Health Counts. This community effort focuses on collaboration and collective impact. <ul style="list-style-type: none"> – Participate in the development and implementation of nutrition-based strategies and initiatives – Participate in the development and implementation of activity/exercise-based strategies and initiatives
<p>Develop and implement a standardized approach to follow-up care in order to maximize chronic disease self-management and treatment adherence</p>	<ul style="list-style-type: none"> • Assess, develop, and implement a standardized approach for scheduling post discharge follow-up care appointments for the following chronic disease patient populations at Rush-Copley: <ul style="list-style-type: none"> – High-risk chronic disease inpatients, including those with heart failure, stroke, diabetes, COPD, end stage renal failure – High-risk chronic disease patients (as noted above) treated in emergency department that require a follow-up appointment related to their chronic disease • Assess the feasibility of adopting new technology to help improve adherence and pilot one new technology, mobile app, etc.
<p>Enhance and provide standardized, evidence-based patient and community education that focuses on self-management techniques to improve an individual's ability to understand and effectively manage their chronic health condition</p>	<ul style="list-style-type: none"> • RCMC and RCMG jointly assess, enhance, and develop standardized, evidence-based patient and community education for chronic disease self-management. This initiative will focus on: <ul style="list-style-type: none"> – Helping patients understand what it means to have a chronic disease – Teaching patients how to help themselves (preventative care) – Providing resources to help patients cope with their condition

Chronic Disease

Focusing on chronic disease self-management and preventative care

Anticipated impact:

- Decrease in the prevalence of chronic disease in the community
- Increase in the percent of adults and children in the community who meet or exceed the recommended intake of fruits/vegetables
- Increase in the percent of adults and children in the community who meet or exceed the recommended level of physical activity
- Decrease in the percent of sedentary adults in the community
- Reduction in the number of high-risk chronic disease patients treated at the hospital (inpatient and emergency department) that do not have a follow-up appointment scheduled with a primary care provider/specialist before discharge
- Reduction in preventable hospital admissions and emergency department visits related to chronic disease
- Reduction in the number of patients treated at the hospital for chronic disease that do not have a primary care physician
- For patients and residents with a chronic disease:
 - Improved understanding of what it means to have a chronic disease
 - Improved understanding and application of chronic disease self-management
- The positive impacts noted above are also anticipated specifically in the Hispanic/Latino community due to the targeted effort to address vulnerable populations

Planned collaboration with other organizations to address this need:

In order to address this need, Rush-Copley plans to collaborate with the following organizations to implement the described strategies:

- Kane County Health Department and organizations involved in Kane Health Counts
- VNA
- Rush-Copley Family Practice Residency
- Rush-Copley Medical Group
- Rush-Copley Healthplex
- Rush Health

Access to Care

Focusing on understanding insurance coverage and care options

Goals:

- Improve awareness and understanding of care options available to individuals in the community
- Improve individual/community understanding of insurance coverage

Strategies and Initiatives:

Strategies	Initiatives
Develop and implement education-based initiatives focused on helping the community understand how to choose the right care setting for their health care need(s)	<ul style="list-style-type: none">• Develop and enhance education materials regarding appropriate care settings that are aligned throughout RCMC, RCMG, Family Practice Residency, and VNA.• Develop and implement consistent messaging throughout the emergency department and other care settings that focuses on improving awareness and understanding of care options. Includes the benefits of seeking care from a PCP (primary care provider) versus the emergency department when appropriate.• Implement a program where Care Managers consistently see emergency department patients before discharge, for those patients who need a primary care physician referral.
Provide enhanced/new education to increase patient and community understanding of their health care plan and the services that are available to them	<ul style="list-style-type: none">• Improve, enhance, and promote a centralized resource for insurance questions to help the community navigate through the on-going insurance plan changes. Consider and address the unique needs of the Hispanic/Latino population.

Access to Care

Focusing on understanding insurance coverage and care options

Anticipated impact:

- Reduction in non-emergent emergency department visits
- Increase in Convenient Care, VNA, and PCP visits due to increased awareness and understanding of care options available to residents in the community
- Improvement in care coordination through an increase in the number of emergency department patients who meet with a Care Manager
- Increase in individuals seeking care in appropriate care settings
- Improvement in awareness and understanding of insurance coverage and services available to patients and residents in the community
- The positive impacts noted above are also anticipated specifically in the Hispanic/Latino community due to the targeted effort to address vulnerable populations

Planned collaboration with other organizations to address this need:

In order to address this need, Rush-Copley plans to collaborate with the following organizations to implement the described strategies:

- Kane County Health Department
- Kendall County Health Department
- VNA
- Rush-Copley Family Practice Residency
- Rush-Copley Medical Group
- City of Aurora and other community organizations

Committed Programs and Resources

Rush-Copley to plans to commit the following resources to implement the strategies and initiatives identified in this plan.

- Management and facilitation of resources needed to implement the described strategies and initiatives
- Existing programs, education, and resources related to the identified health priorities
- Staff resources (both clinical and non-clinical) needed to develop and implement the described strategies and initiatives
- Staff resources needed to seek grant funding to support the described strategies and initiatives
- Leadership and staff resources needed to develop and enhance collaborative relationships with community partners related to the identified health priorities and to seek additional resources needed from the community