Community Health Implementation Plan

Fiscal Years FY20-22

LOYOLA MEDICINE
AD·MAJOREM·DEI·GLORIAM 1870
MacNeal Hospital

MacNeal Hospital (MH) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 6/26/2019. MacNeal Hospital performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status and social determinants of health, as well as primary data collection including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at **macnealhospital.org/chna-2019** or printed copies are available at 3249 S. Oak Park Avenue.

Hospital Information

MacNeal Hospital (MH) provides quality healthcare in the near western suburbs and the City of Chicago. A 374-bed fully accredited teaching hospital in Berwyn, IL, MH has consistently expanded its scope of care to meet the needs of patients of every age. It provides comprehensive services that include obstetrics, orthopaedics, cardiology, cardiac rehabilitation, sports medicine, rehabilitation services, oncology, emergency and immediate care services, bariatric surgery and much more. MH offers one of the largest behavioral health services programs in the Chicago area. MH also provides medical education programs, including the first family medicine residency established in Illinois, which remains one of the largest and most dynamic of its kind. In March of 2018, MH joined Loyola Medicine. Loyola University Medical Center (LUMC) in Maywood, Gottlieb Memorial Hospital (GMH) in Melrose Park and MH in Berwyn further enhance patient care in Chicago's near west suburbs. Loyola Medicine is a member of Trinity Health, one of the largest Catholic health systems in the country. Trinity Health's commitment to the communities it serves provides over $1 billion annually in the form of charity care and other community benefit programs.

Mission

We, MacNeal Hospital, a member of Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Health Needs of the Community

The CHNA conducted in early 2019 identified the significant health needs within the MacNeal Hospital community. Those needs were then prioritized by community stakeholders during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1 Chronic Disease Prevention and Management

- 44 percent of survey respondents identified diabetes as the top health problem.
- The diabetes mortality rate is 44.1 in Berwyn (rate for suburban Cook County is 39.4).
- MH's service area is 53.23 percent Hispanic; diabetes has a higher prevalence among the Hispanic population, 12.1 percent vs. that of non-Hispanic whites, 7.4 percent.
- Gestational diabetes (GD) is more common in Hispanic women and uncontrolled GD can lead to a child being more likely to be obese or overweight during childhood or adolescence and obesity can lead to type 2 diabetes.
- 29 percent of survey respondents identified obesity as one of the top six community health issues.
- At least a quarter of Chicago Public School students in the MH service area are obese.
- Approximately 65 percent of adults in suburban Cook County reported being overweight.
- Community stakeholders identified the need to address the needs of the highest poverty populations and how underlying socioeconomic conditions impact chronic disease.
- Stakeholders also identified opportunities to connect community members to resources and collaborate with agencies who have existing successful programs.

2 Mental Health

- Community stakeholders ranked access to mental healthcare and providers as the highest priority and 33 percent of survey respondents listed mental health as one of the top three community health issues.
- Community stakeholders also recognized that there was opportunity to better integrate mental healthcare into primary care and increase inter-agency collaboration, communication and resource distribution.
- Community focus groups identified common themes around trauma and stress as risk factors that greatly affect mental health. Stakeholders recognized this as a priority in particular for those from immigrant and undocumented populations.
- From 2015-2017 there was an increase in drug overdose deaths in Suburban Cook County from 11.2 (2015) to 19.2 (2017). Stakeholders also identified opioids as a priority.

3 Access to healthcare

- 11.79 percent of the population aged 18-64 is without medical insurance, 33.67 percent of the insured population are covered through Medicaid
- Focus group participants that belonged to communities of color described themselves as receiving lower quality healthcare when compared to whites. Disparities in quality included poor provider communication, lack of shared decision making; physician failure to provide surgical alternatives; negative remarks from physicians about a patient's ability to comply with recommendations even when they are making progress; and delays in treatment for acute illnesses.

4 Maternal and child health

- MacNeal Hospital's service area is 53.23 percent Hispanic, and Hispanic women are twice as likely as white women to die from a pregnancy-related cause.
- The infant mortality rate is for Hispanic infants is 5.5/1,000 births.

5 Injury (including violence-related injury)

- The epidemic of gun violence in Chicago and suburban Cook County places injury prevention on the list of priority health needs.
- 29 percent of survey respondents identified violence as one the top six community health issues.

6 Social Determinants of Health

- 40.43 percent of the population in the MH service area has an income at or below 200 percent federal poverty level.
- 23.5 percent of those age 25+ have no high school diploma.
- The MH service area has a 7.5 percent unemployment rate in comparison to 3.7 percent (Cook County), 4 percent (Illinois) and 3.4 percent (United States). This creates financial instability and barriers to access.
- Housing cost burden is 29.62 percent in the MH service area.

Hospital Implementation Strategy

MacNeal Hospital resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

MacNeal Hospital will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

1. **Chronic Disease Prevention and Management** – pages 5-6.
2. **Mental Health** – pages 7-8.

**For purposes of the mental health implementation strategies substance use disorders will be included as they were also identified as a priority by community stakeholders.*

Significant health needs that will not be addressed

MacNeal Hospital acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. MacNeal Hospital will not take action on the following health needs:

3. **Access** – MacNeal Hospital does not plan to directly address this particular need in the Community Health Implementation Plan because it was not identified as an urgent priority, but will collaborate and be a resource with community partners to help with enrollment.
4. **Maternal and Child Health**– MacNeal Hospital does not plan to directly address this particular need because it was not identified by stakeholders as an urgent priority. MH will continue to offer quality healthcare to pregnant mothers and children.
5. **Injury (including violence-related injury)** – MH does not plan to directly address this particular need because community stakeholders did not indicate it as an urgent need.
6. **Social and Structural Determinants of Health** – MacNeal Hospital does not plan to address this particular need directly through the Community Health Implementation Plan, because it is already engaged in a program that is addressing housing, specifically working with those experiencing homelessness and in need of medical respite care.

This implementation strategy specifies community health needs that the hospital has determined to address in whole or in part and that are consistent with its mission. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS FY20-22

Hospital facility: MacNeal Hospital
CHNA significant health need: Chronic Disease Prevention and Management
CHNA reference pages: 110-121
Prioritization #: 1

Brief description of need:

Forty-four percent of survey respondents identified diabetes as the top health problem; The diabetes mortality rate is 44.1 in Berwyn (rate for suburban Cook County is 39.4); MH's service area is 53.23 percent Hispanic; diabetes has a higher prevalence among the Hispanic population, 12.1 percent vs. that of non-Hispanic whites, 7.4 percent; Gestational diabetes (GD) is more common in Hispanic women and uncontrolled GD can lead to a child being more likely to be obese or overweight during childhood or adolescence and obesity can lead to type 2 diabetes; 29 percent of survey respondents identified obesity as one the top six community health issues; At least a quarter of Chicago Public School students in MH service area are obese; Approximately 65 percent of adults in suburban Cook County reported being overweight; Community stakeholders identified the need to address the needs of highest poverty populations and how these underlying socioeconomic conditions impact chronic disease; Stakeholders also identified opportunities to connect community members to resources and collaborate with agencies who have existing successful programs.

Goal:

Increase opportunities for community members in the MH service area to decrease their risk for developing and/or improve their management of diabetes and obesity.

SMART Objective(s):

1. In the next three years, engage 20 percent more participants in an evidence-based program or support group for individuals with or at high risk for diabetes and obesity.
2. In the next three years, conduct at least 12 chronic disease screenings for populations experiencing health disparities related to the screened-for disease.
3. Support the development and implementation of three policies that create systems change at community anchor institutions that will create an environment where it is easier to make a healthy choice by the end of the third year.

1

Chronic Disease Prevention and Management

Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospitals	Other Sources	
Establish a strong referral pipeline for prediabetes, diabetes and tobacco cessation programs.	X	X	X	In-kind (staff time)	In-kind (staff time)	Pav YMCA, West Cook YMCA, Trinity Health, CDC, Respiratory Health Association, American Cancer Society, Age Options, MH Diabetes Center
Conduct screenings for diabetes and obesity risk factors	X	X	X	In-kind (staff time)	In-kind (staff time)	Catholic Charities, Community-based Organizations, Schools
Approach schools to offer technical assistance to develop a wellness policy	X	X	X	In-kind (staff time)	In-kind (staff time)	Local school districts

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
% participants achieving desired chronic disease program outcomes	To be collected at Year 1	Greater than 50%
% of MacNeal-sponsored/provided screenings that are directed to a population experiencing a corresponding health disparity such as diabetes and/or obesity	TBD (assess FY2019 events for population targeting to establish baseline).	75%
Number of policies implemented	0	3 over the course of the strategy

Plan to evaluate the impact:

Aggregate participant outcomes data will be obtained from community-based program operators at least twice yearly. Screening events will be reported to Loyola Community Health and Well-Being team and evaluated for the intended audience. Number of policies passed.

CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS FY20-22

Hospital facility: MacNeal Hospital
CHNA significant health need: Mental Health
CHNA reference pages: 98-109
Prioritization #: 2

Brief description of need:

Community stakeholders ranked access to mental healthcare and providers as the highest priority and 33 percent of survey respondents listed mental health as one of the top three community health issues; Community focus groups identified common themes around trauma and stress as risk factors that greatly affect mental health. Stakeholders recognized this as a priority in particular for those from immigrant and undocumented populations; Community stakeholders also recognized that there was opportunity to better integrate mental healthcare into primary care and increase inter-agency collaboration, communication and resource distribution; From 2015-2017 there was an increase in drug overdose deaths in Suburban Cook County from 11.2 (2015) to 19.2 (2017). Stakeholders also identified opioids as a priority.

Goal:

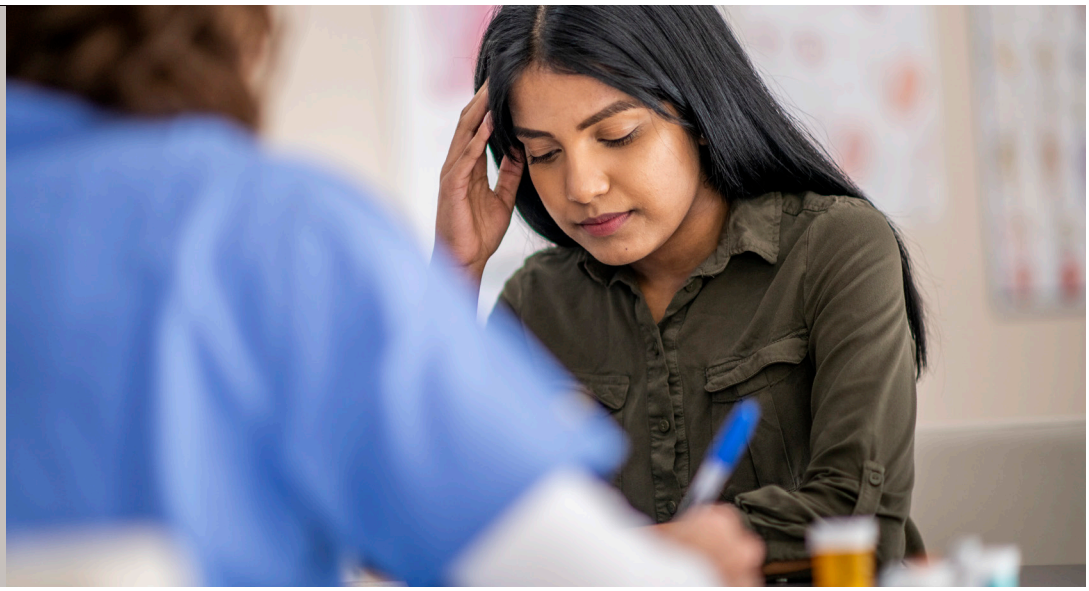
Decrease mental health stigma and increase early intervention for those living with mental health and substance use disorders within the MH service area

SMART Objective(s):

1. Within the next three years, increase the knowledge and skills of 90% of participants for supporting individuals showing signs of mental health and or substance use disorders distress in the MH service area
2. Within the next three years, increase the number of accessible community, culturally appropriate mental health promotion services in the MH service area by one.
3. In the next three years, increase access by 50%, to Medically Assisted Treatment (MAT) programs to address opioid use disorder at MH.

2

Mental Health



Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospitals	Other Sources	
Strategically disseminate Mental Health First Aid training in and around MH service area	X	X	X	In-kind (staff time)	In-kind (staff time)	Housing Forward, Youth Crossroads, NAMI, Pillars, Pilsen Wellness Center, Berwyn Township 708 Mental Health Board
Establish and convene a quarterly mental health and substance use disorder taskforce	X	X	X	In-kind (staff time)	In-kind (staff time)	Housing Forward, Youth Crossroads, NAMI, Pillars, Pilsen Wellness Center, Berwyn Township 708 Mental Health Board, schools, CBOs, faith-based, law enforcements
Establish at least one community-based, culturally appropriate, mental health promotion service		X	X	In-kind (staff time)	In-kind (staff time)	Youth Crossroads, NAMI, Pillars, Pilsen Wellness Center, Berwyn Township 708 Mental Health Board
Develop and implement an awareness campaign of the Gateway MAT program for referring providers	X	X	X	In-kind (staff time)	In-kind (staff time)	Gateway Foundation, Berwyn Public Health District, law enforcement

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
% of mental health first aid training participants reporting confidence with helping those in mental health distress	(to be collected at training pre-test)	90%
Did the participating organization change something in their process to improve care coordination or use of resources?	No changes	25%
# of self-reported (poor mental health days in past 30 days	(to be collected upon program enrollment)	14% decrease under baseline
Number of referrals (connections) to Gateway MAT	17 referrals	26 referrals

Plan to evaluate the impact:

Conduct pre- and post-training evaluations at every Mental Health First Aid trainings, conduct an annual survey with participating organizations to assess changes, collect mental health support group self-assessment at program enrollment and twice per year thereafter, collect yearly data number of referrals (connections).

Adoption of Implementation Strategy

On 11/12/19, the Board of Directors for MacNeal Hospital met to discuss the 2020-2022 Implementation Strategy for addressing the community health needs identified in the 2019 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

M.E. Cleary

M.E. Cleary, President, MacNeal Hospital

11/12/19

Date

ADDENDUM A

CHIP Strategy Sources

MacNeal Hospital conducted a community stakeholder meeting on October 22, 2019 to review priority health needs and generate ideas for meaningful action. Below is the community stakeholder feedback that led to the Community Health Implementation Plan (CHIP) strategies.

1 Chronic Disease Prevention & Management Stakeholder Input		
STRATEGY		
Establish a strong referral pipeline for prediabetes, diabetes and tobacco cessation programs	Conduct screenings for diabetes and obesity risk factors	Approach schools to offer technical assistance to develop a wellness policy
STAKEHOLDER INPUT		
▪ Further development of closed loop referral services ▪ There are agencies with evidence-based programs in place – there needs to be support and funding for these programs ▪ Chronic disease prevention – lifestyle change that people need to be educated and supported through	▪ People need to know their health status in order to address access needed resources	▪ Use multifaceted food system strategies

2 Mental Health			
STRATEGY			
Strategically disseminate Mental Health First Aid training in around MH service area	Establish and convene a quarterly mental health and substance use disorder taskforce	Establish at least one community-based, culturally appropriate, mental health promotion service	Develop and implement an awareness campaign of the Gateway MAT program for referring providers
STAKEHOLDER INPUT			
▪ Increase basic understanding that mental health is an illness – it should be treated like heart disease	▪ Get everyone on the same page about available resources and where to send people ▪ Strengthen relationships with community agencies	▪ Improve cultural competence in mental healthcare, especially among special populations such as African American men and communities of color ▪ Create strategies for building trust in communities of undocumented immigrants to increase their use of services	▪ Provide physicians with resources for dealing with SUDs in their patient populations

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