Advocate Health Care

Community Health Needs Assessment Implementation Plan 2017-2019

Advocate South Suburban Hospital

Date Created: May 2017

Date Reviewed/Updated:

PRIORITY AREA: Social Determinants of Health – Housing
GOAL: Improve health outcomes for individuals with asthma in zip codes 60411, 60426, 20428, 60429, 60478

LONG TERM INDICATORS OF IMPACT		
	Baseline Value, Date and Source	**Frequency**
1. Reduction of age-adjusted ER rates due to pediatric asthma in zip codes 60411, 60426, 60428, 60429, and 60478	Baseline Value: 60411 = 149.4 ER visits/10,000 population under 18 years 60426 = 230.9 ER visits/10,000 population under 18 years 60428 = 206.2 ER visits/10,000 population under 18 years 60429 = 185.2 ER visits/10,000 population under 18 years 60478 = 194.3 ER visits/10,000 population under 18 years; Healthy Communities Institute (HCI), Illinois Hospital Association (IHA), COMPdata, 2013-2015	Annual
2. Reduction of age-adjusted ER rates due to adult asthma in zip codes 60411, 60426, 60428, and 60478	Baseline Value: 60411 = 109.5/10,000 population under 18 years 60426 = 204.8/10,000 population under 18 years 60428 = 156.5/10,000 population under 18 years 60429 = 146.4/10,000 population under 18 years 60478 = 136.4/10,000 population over 18 years; HCI, IHA, COMPdata, 2013-2015	Annual

STRATEGY #1: Incorporate the Metropolitan Tenants Organization's (MTO) Healthy Homes Initiative into the Kickin' Asthma program within the following zip codes: 60411, 60426, 20428, 60429, and 60478.	TYPE: Counseling and Education; Long Term Protective Intervention; Socioeconomic Factors

PARTNERS: Schools in hospital primary service area (PSA) in zip codes 60411, 60426, 60428, 60429, and 60478; Metropolitan Tenants Organization; American Lung Association

BACKGROUND ON STRATEGY

Evidence of effectiveness: According to the American Lung Association homes may be the most critical environment for managing asthma. Homes often contain known asthma triggers, including secondhand smoke, dampness and mold, cockroaches and dust mites. "Homes" include apartments and other multi-unit housing, group homes, shelters and institutionalized settings, as well as single-family houses. By adopting policies that create safe home environments, we can help those suffering from asthma and other lung diseases.
http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/national-asthma-public-policy-agenda/homes.html (click here)

SHORT TERM INDICATORS			
	Annual Targets by December 31		
Process Indicators	**2017 (Fall)**	**2018 (Fall)**	**2019 (Fall)**
1. Number of hospital staff provided training for Healthy Homes Initiative by MTO	4 staff	TBD	TBD
2. Percentage of children in the Kickin' asthma initiative who have at least one parent engaged in the Healthy Homes workshop to identify asthma triggers in their homes	80% of children	80% of children	80% of children
3. Percentage of homes of parents attending workshop who are referred for a Healthy Homes inspection	Baseline	TBD	TBD
Impact Indicators	**2017 (Fall)**	**2018 (Fall)**	**2019 (Fall)**
1. Percentage of students who correctly identify asthma triggers in home as measured by post-test	75% of students	80% of students	80% of students
2. Percentage of students who report a reduction of asthma triggers in their home by the end of the class series as measured by post-test	85% of students	85% of students	85% of students
3. Percentage of homes that were provided remediation services due to referral to MTO from Kickin' Asthma program	TBD	TBD	TBD

STRATEGY #2: Partner with MTO and community organizations to provide healthy home education to decrease asthma triggers in homes in zip codes 60411, 60426, 60428, 60429, 60478.	TYPE: Counseling and Education; Long-term Protective Intervention; Socioeconomic Factors

PARTNERS: MTO, Kickin' Asthma Respiratory staff, local community organizations

BACKGROUND ON STRATEGY

Evidence of effectiveness: MTO's Healthy Homes Program educates tenants on common asthma triggers in the home. In a recent study, Sinai Urban Health Institute found that when community health educators and housing advocates worked together to manage asthma symptoms, Emergency Department (ED) visits were cut by 72% (Metropolitan Tenants Organization, www.tenants-rights.org (click here), no date).

SHORT TERM INDICATORS			
	Annual Targets by December 31		
Process Indicators	**2017**	**2018**	**2019**
1. Develop a process with MTO to educate community participants in the healthy homes initiative within the zip codes of 60411, 60426, 20428, 60429, and 60478	Fall 2017	N/A	N/A
2. Number of community organizations hosting education programs through partnership with South Suburban Hospital and MTO	2 organizations	4 organizations	6 organizations

Process Indicators	Annual Targets by December 31		
	2017	**2018**	**2019**
3. Number of community participants provided healthy homes education by MTO	25 participants	40 participants	60 participants
4. Number of community participants referred to MTO for follow-up action	12 participants	20 participants	30 participants
Impact Indicators	**2017**	**2018**	**2019**
1. Percentage of community participants with increased knowledge regarding identification of asthma triggers in their residence as measured by comparison of pre- and post-tests	75% of participants	75% of participants	80% of participants
2. Percentage of community participants who agree to have a healthy home inspection	Baseline	TBD	TBD
3. Percentage of homes that are provided remediation services due to home inspection referrals from healthy homes community workshops	Baseline	TBD	TBD

STRATEGY #3: Collaborate with other hospitals and community organizations within the Health Impact Collaborative of Cook County to develop interventions that will impact the Social Determinants of Health (SDOH).

TYPE: Socioeconomic Factors

PARTNERS: Hospital, health department and community organization members of Health Impact Collaborative of Cook County (HICCC), Illinois Public Health Institute, Chicago Hospital Collaborative and other partners as identified

BACKGROUND ON STRATEGY

Evidence of effectiveness: Kania and Kramer in their 2011 article on Collective Impact in the *Stanford Social Innovation Review* define the components that make it different from ordinary collaborations: a centralized infrastructure; a dedicated staff; and a structured process that leads to a common agenda, shared measurement, continuous communication and mutually reinforcing activities among all participants. Preliminary research suggests that this approach is more successful than isolated interventions especially when dealing with complex problems such as poverty, lack of education, racism and other social determinants.

SHORT TERM INDICATORS

Process Indicators	Annual Targets by December 31		
	2017	**2018**	**2019**
1. Participate in monthly meetings of SDOH Action Team and the Violence Prevention and Racism workgroups as appropriate	10 meetings	TBD	TBD
2. Contribute to the functioning of the Joint Policy Committee of HICCC and the Chicago Hospital Collaborative	Ongoing	Ongoing	Ongoing
3. Contribute to the planning process to identify collaborative projects in the areas of workforce development, screening and referral for SDOH, food access/food security, structural discrimination and racism and violence prevention	1-2 collaborative projects	TBD	TBD

Impact Indicators	2017	2018	2019
1. Impact indicators to be identified for specific initiatives.	End of 2017	N/A	N/A

ALIGNMENT WITH COUNTY/STATE/NATIONAL PRIORITIES			
Strategy	**County IPLAN**	**SHIP (State Health Improvement Plan)**	**Healthy People 2020**
1	The 2020 Suburban Cook County WePLAN has identified Health Equity as a major priority. One of the goals under this area is to "ensure safe, equitable, affordable and healthy housing." Under the chronic disease priority, not only is Advocate Health Care identified as a major partner but the plan includes a goal to "improve asthma management especially in children."	The SHIP 2021 Implementation Coordination Council has identified housing as one of the priority areas recommended for action planning.	Healthy People 2020 identifies SDOH as conditions in the environment that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance quality of life can have a significant influence on population health outcomes. Safe and affordable housing is one example of these resources identified. However, the specific objective related to safe housing is under the Environmental Health section: EH-19 Reduce the proportion of occupied housing units that have moderate or severe physical problems.
2	Same as above	Same as above	Same as above
3	The 2020 Suburban Cook County WePLAN has identified Health Equity as a major priority. There are three overall strategies: 1) Expand our understanding of what creates health; 2) Strengthen the capacity of communities to create their own healthy future; and 3) Implement a 'Health in All Policies' approach with health equity as the goal.	During the action planning process, broad factors that affect health in all the priority areas were raised as key issues that need to be addressed in order to improve health in any one area. These factors include social determinants of health and access to quality care. Both the Action Teams and the Planning Council acknowledge that social determinants of health and access to quality care should be stand-alone priorities with corresponding strategies and an action plan.	Healthy People 2020 identifies SDOH as conditions in the environments that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Specific objectives are set for a variety of determinants including: SDOH-1 Proportion of children aged 0-17 years living with at least one parent employed year-round, full time; and SDOH-2 Proportion of high school completers who were enrolled in college the October immediately after completing high school.

Advocate South Suburban Hospital has developed this implementation plan to meet a prioritized need identified through a community health needs assessment process. The hospital may refocus resources if necessary to best address the needs of its community.

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