

## Community Health Needs Assessment Implementation Plan 2017-2019

### Advocate Lutheran General Hospital

Date Created: May 2017

Date Reviewed/Updated:

#### PRIORITY AREA: Access to Care: Health Literacy

**GOAL:** Improve health literacy in the Lutheran General Hospital Primary Service Area (PSA). Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions (National Action Plan to Improve Health Literacy, 2010).

#### LONG TERM INDICATORS OF IMPACT

	Baseline Value, Date and Source	Frequency
1. Increase the percentage of top box (good, very good) responses to the Lutheran General Hospital Emergency Department (ED) survey question, "How good was the Information you were given about caring for yourself at home?"	Baseline: Good & Very Good: 89.0% Very Good: 64.4% N: 2,941	Annual
2. Reduce the Lutheran General Hospital 30-day readmission ratio*	2016 Lutheran General Hospital Baseline: 1.21 Target: 1.00	Annual
3. Reduce the age-adjusted emergency room (ER) rate due to diabetes in the Lutheran General Hospital PSA	11 ER visits/10,000 populations 18+; Healthy Communities Institute (HCI), Illinois Hospital Association (IHA), 2013-2015	Annual

\* Excess readmissions are measured by a ratio, by dividing a hospital's number of "predicted" 30-day readmissions for heart attack, heart failure, and pneumonia by the number that would be "expected," based on an average hospital with similar patients. A ratio greater than 1 indicates excess readmissions.

**STRATEGY #1: Partner with Advocate Children's Hospital-Park Ridge to engage and support local school districts in implementing the Navigating the Health Care System, a health literacy curriculum.**

**TYPE: Counseling and Education**

**PARTNERS:** The Nemours Foundation, Local Community School Districts

#### BACKGROUND ON STRATEGY

**Evidence of effectiveness:** *Navigating the Health Care System* is a health literacy program developed for middle and high school students. The curriculum was developed by Nemours Foundation with 18 teachers in 14 Delaware high schools leading a pilot program instructing 39 health/health sciences classes during the 2015-2016 school year. All schools piloted the unit in a traditional 90-minute health class over the course of two to three days. In total, 949 students received all or part of the health literacy unit, with 928 students completing the entire program. Outcomes indicated an increase in student knowledge.

The Nemours Foundation trained Lutheran General Hospital community health staff to implement the program as well as to train educators to teach the core modules of the health literacy curriculum. Lutheran General Hospital staff will work with local schools to implement the program and will track the pre-and post-test outcomes.

The PDF document: *Navigating the Health Care System, Final Data Analysis Report, School Year 2015-2016*; can be accessed by contacting [denise.hughes@nemours.org](mailto:denise.hughes@nemours.org) (click here)

APHA Conference Recording: <https://apha.confex.com/apha/143am/webprogram/Paper333370.html> (click here)

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of schools partnering to offer <i>Navigating the Health Care System</i> curriculum	N/A	2 schools	3 schools
2. Number of health teachers trained to teach <i>Navigating the Health Care System</i> curriculum	2 teachers	4 teachers	8 teachers
3. Number of classes where <i>Navigating the Health Care System</i> was taught	12 classes	24 classes	36 classes
4. Number of students who completed <i>Navigating the Health Care System</i> curriculum	90 students	180 students	270 students
Impact Indicators	2017	2018	2019
1. Percentage increase in post-test average health literacy knowledge (Baseline: Nemours Pre-Test 63.6%; Post-Test 80.2%, or a 26% increase)	20% increase	25% increase	25% increase

**STRATEGY #2: Partner with Lutheran General Hospital physicians to implement the Agency for Healthcare Research and Quality (AHRQ) health literacy assessment and recommendations within the primary care setting.**

**TYPE: Changing the Context**

**PARTNERS:** Advocate Physician Practices

**BACKGROUND ON STRATEGY**

**Evidence of effectiveness:** The AHRQ has developed a Health Literacy Universal Precautions Toolkit designed to assist primary care practices and individual physicians in reducing the complexity of health care, increasing patient understanding of health information, and enhancing support for patients of all health literacy levels. The toolkit includes an evidence-based assessment with research informed resources to strengthen and support the integration of health literacy into a primary care setting.

Lutheran General Hospital’s community health staff will partner with physicians to implement the AHRQ health literacy assessment and health literacy strategies to improve quality of patient care and education. In addition to the AHRQ materials, the community health staff will encourage physician practices to form internal health literacy teams that will assess and implement resources to support patient understanding of health information and patient education. Hospital community health staff will also introduce physicians to the American Medical Association (AMA) Manual, Health Literacy: Help Your Patients Understand. The AMA training manual contains a presentation that can be used to engage physicians on the importance of health literacy and how it contributes to health outcomes.

Lutheran General Hospital community health staff will also explore a partnership with Wisconsin Health Literacy, which offers training/consulting services regarding health literacy and its connection to health outcomes. More information can be found at: <http://wisconsinliteracy.org/health-literacy/training-conferences/> (click here)

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of physician office health literacy teams	0 teams	1 team	2 teams
2. Number of physicians completing AHRQ health literacy assessment	0 physicians	1 physician	2 physicians
3. Number of areas of health literacy improvement need identified based on AHRQ assessments	Baseline in 2017	To Be Determined (TBD)	TBD
4. Number of health literacy awareness training sessions offered to physicians and their staff	1 session	2 sessions	3 sessions
Impact Indicators	2017	2018	2019
1. Percentage of physicians/office staff that answer “ <i>doing well</i> ” on AHRQ assessment statement, “ <i>Our health literacy team meets regularly.</i> ”	Baseline	TBD	TBD
2. Percentage of physicians/office staff that answer “ <i>doing well</i> ” to the AHRQ assessment statement, “ <i>All staff members understand that limited health literacy is common and can affect all individuals at one time or another.</i> ”	Baseline	TBD	TBD
3. Percentage of physicians/office staff that answer “ <i>doing well</i> ” to the AHRQ assessment statement, “ <i>All staff members have received health literacy education.</i> ”	Baseline	TBD	TBD
4. Number of health literacy related practice changes implemented in physician offices.	0 changes	TBD	TBD

ALIGNMENT WITH COUNTY/STATE/NATIONAL PRIORITIES			
Strategy	County WePLAN 2020	ISHIP (Illinois State Health Improvement Plan)	Healthy People 2020
1	1. Expand our understanding of what creates health (WePlan 2020)	Goal 4. Increase community clinical linkages to reduce chronic diseases (ISHIP, 2021)	HC/HIT-1. Improve the Health literacy of the population (Healthy People 2020)  ECBP-3. Increase the proportion of elementary, middle and senior high schools that have health education goals or objectives which address the knowledge and skills articulated in the National Health Education Standards (high school, middle, and elementary)

Strategy	County WePLAN 2020	ISHIP (Illinois State Health Improvement Plan)	Healthy People 2020
2	<p>1.1. Raise awareness of the existence of health inequities and create a new narrative</p> <p>Develop a narrative with partner organizations that is not circumscribed by diseases, risk factors, or populations, but rather articulates the relationship between health inequities and underlying social inequalities, such as those in education and housing</p> <p>3.1. Increase implementation of quality improvement processes in health systems that support clinical diagnosis and chronic care management</p>	<p>Increase provider education (ISHIP, 2021)</p>	<p>MPS-5. Reduce ED visits for common, preventable adverse events from medications (Healthy People 2020)</p>

Advocate Lutheran General 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.