

Community Health Needs Assessment Implementation Strategy Fiscal Years 2019-2021

Jackson Park Hospital completed a Community Health Needs Assessment (CHNA) that was presented to its Board of Directors on June 22, 2018. Jackson Park Hospital conducted the CHNA in adherence with federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from community organizations and community members. The complete CHNA report is available electronically at <https://www.jacksonparkhospital.org/about-us/community-benefit/> and paper copies are available through Nelson Vasquez, VP of Finance.

Hospital Information and Mission Statement

Jackson Park Hospital & Medical Center is a 256-bed acute, short-term comprehensive care facility serving the south side of Chicago for nearly 100 years. Quality ambulatory care is provided onsite through the family medicine center and at the hospital. The hospital also provides medical education and training through its family medicine residency program and several affiliated medical schools. Approximately 80 percent of the hospital's patients are covered by Medicare and Medicaid. We provide Financial Assistance to those in need. We also provide charity care to those eligible patients who cannot afford to pay or are not eligible for coverage under the Affordable Care Act. The hospital also follows presumptive eligibility charity requirements as required by the State of Illinois.

Jackson Park Hospital's service area for community health needs assessment includes nine zip codes (60649, 60615, 60617, 60619, 60620, 60621, 60628, 60636, and 60637) covering 20 community areas as detailed in the CHNA.

Jackson Park Hospital's mission is to provide compassionate and high quality healthcare service to meet the needs of the patients and communities we serve. We believe that all human beings possess intrinsic value. We will strive to ensure: (a) our operations will be patient-centered; (b) all patients will be treated with dignity and respect; (c) patients' rights will be honored. We will serve anyone in need of healthcare regardless of race, color, religion, gender, national origin, disability, age, or ability to pay. We believe in high levels of ethical and professional conduct. We believe in operating in an efficient and effective manner in order to thrive as a viable community healthcare provider.

Community Health Needs

The CHNA completed in March 2018 identified many significant health needs within the communities served by Jackson Park Hospital. Jackson Park Hospital prioritized five significant community health needs based on (a) size and seriousness of the issue, (b) value to the community, (c) addressing disparities and root causes, (d) existing interventions, initiatives, and opportunity to make an impact, and (e) feasibility. The priority community health needs are:

- Access and transportation
- Behavioral health (mental health and substance use)
- Chronic disease prevention, including diabetes
- Maternal and child health, including prenatal
- Workforce development

This implementation strategy specifies community health needs that the hospital has determined to address and that are consistent with its mission, ability and resources. 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 the three years ending May 2021, the hospital and other organizations in the community may decide to address other needs or opportunities which would be cause for the hospital to refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY

FISCAL YEARS 2019-2021

1. Access and Transportation

Goal 1.A. Provide comprehensive medical and social services to older adults (55+) to maintain and improve independent living, with a particular focus on residents of senior buildings.

Strategy: Continue to grow the Jackson Park Hospital Golden L.I.G.H.T. (Living In Good Health Today) Senior Healthcare Program. Golden L.I.G.H.T. provides seniors over the age of 55 with important services such as referrals to social services, primary care, internal medicine, cardiology, urology, endocrinology, rheumatology, physical therapy, ophthalmology, podiatry and gynecology. To address the obstacles our seniors may face when seeking medical and social services, the Golden L.I.G.H.T. program includes benefits such as:

- Free transportation to all clinic appointments
- Multidisciplinary team dedicated to the senior's care
- Dedicated specialty unit for all seniors who require admission to the hospital
- Discounts on prescriptions, and free delivery of prescriptions

Goal 1.B. Provide high quality transportation services to ensure community members who face transportation barriers are able to access health services.

Strategy: Expand upon transportation services provided through the *Golden L.I.G.H.T.* program to make transportation services available to patients from all age groups who face transportation barriers. All patients who see physicians in our Medical Office Building and prenatal patients who require transportation will be given free transportation to and from their medical appointments.

Strategy: Acquire wheelchair lift van to make sure transportation is accessible for individuals with disabilities. A grant application will be made in August 2018 to the Illinois Department of Transportation to help offset the cost of this van.

Goal 1.C. Provide coverage and services to uninsured and underinsured.

Strategy: Partner with First Source to assist patients and families to obtain insurance coverage from Medicaid, Medicare, or other government sponsored programs.

Strategy: Provide and maintain charity assistance to the uninsured and underinsured. This policy includes free and discounted care to those unable to pay for medical care and services.

Strategy: Partner with organizations, agencies, and businesses in the community to provide prevention and wellness services within the community including health screenings, health education, training and/or seminars. (See chronic disease prevention strategies for more detail.)

Plan for Measuring and Tracking Impact:

1.A. Jackson Park Hospital will track number of seniors served through the Golden L.I.G.H.T. program, use of different services and benefits by Golden L.I.G.H.T. participants, and satisfaction with the program.

1.B. Jackson Park Hospital will keep a log of the transportation trips provided and types of services used by patients served through transportation. This log will track transportation provided for the Golden L.I.G.H.T. program as well as expanded transportation services. Since this is a new program and service, there is not a baseline available as of May 2018. We will establish a baseline by September 2018 as well as targets for increased service. We will also look into opportunities to track patient and provider satisfaction with transportation services.

1.C. Jackson Park Hospital and First Source keep records of individuals enrolled in insurance coverage and patients' use of charity assistance.

Partners to Engage:

Golden L.I.G.H.T. staff and clinicians, Illinois Department of Transportation (IDOT), senior buildings.

2. Behavioral Health (Mental Health and Substance Use)

Goal 2.A. Increase access to Suboxone treatment in the community.

Strategy: Implement a program to provide Suboxone treatment in both inpatient and outpatient settings.

Goal 2.B. Explore development of telehealth services for outpatient mental health.

Strategy: Explore development of telehealth services for outpatient mental health.

Goal 2.C. Explore partnerships for promoting mental health wellness in the community.

Strategy: Work with the Alliance for Health Equity and community-based partners to understand opportunities for partnerships related to models for serving people with behavioral health needs in the community such as drop-in center/welcoming center/living room, addressing barriers to medication access, and community trainings such as mental health first aid.

Strategy: Identify ways to leverage existing outreach staff and events to share information and health education on behavioral health. Develop new relationships with community-based partners as part of the 1115 waiver program that is in various stages of implementation by the State of Illinois.

Plan for Measuring and Tracking Impact:

2.A. Jackson Park Hospital anticipates serving at least 120 community members a year with inpatient Suboxone treatment and 200 community members a year through outpatient Suboxone treatment. Patient satisfaction for those served in the inpatient program will be tracked through Press Ganey surveys.

2.B. and 2.C. The strategies under goals 2.B. and 2.C. are new and in an exploratory phase. As any new programs or initiatives are developed and implemented, we will develop plans for measuring and tracking impact.

Partners to Engage:

Behavioral health clinicians, emergency department clinicians and staff, community based agencies and mental health centers, Alliance for Health Equity.

3. Chronic Disease Prevention

Goal 3.A. Increase community access to wellness resources, knowledge of chronic disease risk factors, and chronic disease prevention through health education and prevention services in the community.

Strategy: Provide access to chronic disease prevention and management services through three clinics: smoking cessation clinic, weight management clinic, and diabetes clinic.

Strategy: Provide chronic disease services and education/outreach to older adults through the Golden L.I.G.H.T. program.

Strategy: Partner with community organizations, agencies, and businesses to provide prevention and wellness services within the community including health screenings, health education, training and/or seminars. This includes:

- Hospital outreach staff visit surrounding neighborhoods, participating in events and health fairs, providing information and services not only to people who are sick but also to teach community residents how to stay healthy.
- Free blood pressure/hypertension screenings, and diabetes risk assessments
- Information on health and nutrition, breast self-exams and mammography, P.S.A. lab testing, and pulmonary function testing at outreach events

- Clinical experts from the hospital providing health education and answering community questions via community seminars and radio talk shows
- The hospital sponsors a Family Practice Residency program that has 18 medical Residents. These residents see patients at local supportive living facilities as well as skilled nursing homes in addition to the patients they serve at the hospital.

Goal 3.B. Explore partnerships for community-based chronic disease prevention related to nutrition and diet, diabetes, obesity, cancer, and lung health.

Strategy: Work with the Alliance for Health Equity and community-based partners to understand opportunities for partnerships for community-based chronic disease prevention related to nutrition and diet, diabetes, obesity, cancer, and lung health.

Plan for Measuring and Tracking Impact:

3.A. Jackson Park Hospital keeps a log of community outreach events including education topics covered, number of participants, and participation in screenings and services offered. JPH will offer health education and preventive screenings at least 24 events per year. Several of the community outreach events are part of ongoing partnerships that occur monthly at local banks and grocery stores so participation levels and number of encounters can be tracked over time for those recurring community events. Jackson Park Hospital will also track the number of seniors served through the Golden L.I.G.H.T. program, use of different services and benefits by Golden L.I.G.H.T. participants, and satisfaction with the program. Through the Golden L.I.G.H.T. program, JPH will provide at least 12 health education workshops per year for seniors in the community. Participation numbers will also be tracked for Golden L.I.G.H.T.’s monthly health education workshops at senior buildings.

3.B. The strategy under goal 3.B. is new and in an exploratory phase. As any new programs or initiatives are developed and implemented, we will develop plans for measuring and tracking impact.

Partners to Engage:

Jackson Park Hospital outreach staff, family practice residents, Golden L.I.G.H.T. staff and clinicians, senior buildings, local radio talk shows, local social service agencies and local businesses, local aldermen, Alliance for Health Equity.

4. Maternal and Child Health, including Prenatal

Goal 4.A. Expand the hospital’s role to partner with social agencies and community based providers and OB physicians to provide education in the community about prenatal care and increase the proportion of women who are accessing prenatal care.

Strategy: Identify partners in the community to work together on prenatal care.

Goal 4.B. Increase community knowledge and resources on topics related to maternal and child health.

Strategy: Expand outreach and education in the community on topics related to maternal and child health including: immunization, child nutrition, prenatal care, and mental health and substance use.

Plan for Measuring and Tracking Impact:

4.A. and 4.B. The strategies under goals 4.A. and 4.B. are new and in an exploratory phase. As any new programs or initiatives are developed and implemented, we will develop plans for measuring and tracking impact. Jackson Park Hospital anticipates providing education and resources on topics related to maternal and child health at 12 events in 2018.

Partners to Engage:

Hospital outreach staff, OB clinicians, local social service agencies and primary care health centers, WIC clinics.

5. Workforce Development

Goal 5.A. Explore partnerships for increasing community-based workforce development and retention in entry-level positions such as medical assistant (MA), constant observers, and others.

Strategy: Work with 8th Ward Alderman Michelle Harris, community partners, job training sites, and regional workforce collaboratives to design a pilot project for workforce development.

Plan for Measuring and Tracking Impact:

5.A. The strategy under goal 5.A. is new and in an exploratory phase. As any new programs or initiatives are developed and implemented, we will develop plans for measuring and tracking impact.

Partners to Engage:

Hospital resource development leadership and staff, Alderman Michelle Harris, community partners, job training sites, and regional workforce collaboratives.

Adoption of Implementation Strategy

On June 22, 2018, the Board of Directors met to review the findings of the March 2018 Community Health Needs Assessment and the recommended 2019-2021 Implementation Strategy for addressing the community health needs identified in the Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy as outlined and will provide the necessary resources and support to carry out the strategy.

Nelson Vasquez, VP of Finance

June 22, 2018