Community Health Needs Assessment Implementation Strategy: Progress Report January 2016 to December 2018

2016: I'M REDUCING OBESITY IN CHILDREN (IROC) NUTRITION PROGRAM

Program Description

I'm Reducing Obesity in Children (IROC) Nutrition program is designed to provide a series of eight 1.0 hour workshops that will emphasize proper nutrition education for parents and children including goal setting and motivation related to healthy behavior issues. The workshops will also provide families with information and resources relevant to the topics covered. Each 8- week session involves parents attending an education workshop presented by a registered dietitian as children concurrently participate in a cooking demonstration activity led by a registered nurse. Children will create and eat some healthy snacks in this hands-on class that introduces little cooks to the kitchen with easy recipes, simple measurements and kitchen safety.

2016 Objectives	Ministry Role	Community Partner	2016 Goals	2016 Measurable Outcome/Impact
Provide access to nutrition education/ cooking workshops for parents and children	MMC budgets for program delivery costs.	School District 131, 129, Public Library, Family Focus, Fox Valley Park District	80% of program participants will report increased knowledge of proper nutrition for children upon program completion. Increase the number of families who report having access to proper nutrition education by qualified healthcare professionals.	**Target: 80%** **Actual: 100%** **Total Participants: 12 Families** **Results: Completed. Target Met.** **Target: 80%** **Actual: 100%** **Total Participants: 12 Families** **Results: Completed. Target Met.**
2017 Objectives	**Ministry Role**	**Community Partner**	**2017 Goals**	**2017 Measurable Outcome/Impact**
Provide access to nutrition education/ cooking workshops for parents and children	MMC budgets for program delivery costs.	School District 131, 129, Public Library, Family Focus, Fox Valley Park District	80% of program participants will report increased knowledge of proper nutrition for children upon program completion. Increase the number of families who report having access to proper nutrition education by qualified healthcare professionals.	**Target: 85%** **Actual: 100%** **Total Participants: 15 participants** **Results: Not Completed. Target Not Met.** **Target: 85%** **Actual: None.** **Results: Not Completed. Target Not Met due to participants not completing the program.**

2018 Objectives	Ministry Role	Community Partner	2018 Goals	2018 Measurable Outcome/Impact
Provide access to nutrition education/ cooking workshops for parents and children	MMC budgets for program delivery costs.	School District 131, 129, Public Library, Family Focus, Fox Valley Park District	80% of program participants will report increased knowledge of proper nutrition for children upon program completion. Increase the number of families who report having access to proper nutrition education by qualified healthcare professionals.	**Target:** 90% **Actual:** No Data. **Results:** **Not Completed.** This program was not delivered in 2018 due to transition in staff and lack of available facilitators to deliver the program in 2018.

A1C ACHIEVER DIABETES MANAGEMENT PROGRAM

Program Description

The A1C Achiever Diabetes Management Program is a 2-3 month diabetes self-management education program, which has achieved Education Recognition Program status by the American Diabetes Association and follow the National Standards for Diabetes Self-Management Education and Support. Patients are referred to the program by their primary healthcare provider. The program includes and initial assessment, followed by a series of 5 classes and concluding with a final assessment. The diabetes educators are nurses, dietitians and pharmacists. The goal for the program is to adopt healthier behaviors which will lead to improved glycemic control.

2016 Objectives	Ministry Role	Community Partner	2016 Goals	2016 Measurable Outcome/Impact
Provide access to diabetes self-management education services	Offer A1C Achiever program	Primary care physicians, local federally qualified health centers, case managers	60% of program participants will achieve target A1C of less than 7%. 75% of program participants will achieve a 1% or more drop in A1C	**Target:** 65% **Actual:** **67%** **Result:** **Completed.** Target Met. **Target:** 75% **Actual:** **80%** **Result:** **Completed.** Target Met.

2017 Objectives	Ministry Role	Community Partner	2017 Goals	2017 Measurable Outcome/Impact
Provide access to diabetes self-management education services	Offer A1C Achiever program	Primary care physicians, local federally qualified health centers, case managers	60% of program participants will achieve target A1C of less than 7%. 75% of program participants will achieve a 1% or more drop in A1C	**Target:** 65% **Actual:** 65% **Result:** **Completed.** Target Met. **Target:** 75% **Actual:** 75% **Result:** **Completed.** Target Met.
2018 Objectives	**Ministry Role**	**Community Partner**	**2018 Goals**	**2018 Measurable Outcome/Impact**
Provide access to diabetes self-management education services	Offer A1C Achiever program	Primary care physicians, local federally qualified health centers, case managers	60% of program participants will achieve target A1C of less than 7%. 75% of program participants will achieve a 1% or more drop in A1C	**Target:** 65% **Actual:** 68% **Result:** **Completed.** Target Met. **Target:** 75% **Actual:** **55%** **Result:** **Not Completed.** Target Not Met.

Presence® Mercy Medical Center

A-LIST: ACHIEVING GOOD HEALTH DIABETES PREVENTION PROGRAM

Program Description

A-List is a diabetes screening and education program that focuses to prevent the onset of type 2 diabetes. Established in 2011, the A-List: Achieving Good Health Diabetes Prevention program is an 8-week program that combines diabetes prevention education strategies and medical nutrition therapy concurrently. Participants must have at least one risk factor for type 2 diabetes but must not be diagnosed upon program entry. Participants meet with a diabetes educator for an individual initial assessment to determine the plan of care. Participants will then attend eight 1.5 hour workshops and two individual medical nutrition therapy sessions. Healthy behavior goals are selected by participants and a diabetes educator at the beginning of the program and then to be re-evaluated midway through the program and upon program completion or as needed.

2016 Objectives	Ministry Role	Community Partner	2016 Goals	2016 Measurable Outcome/Impact
Increase access to diabetes prevention education workshops for individuals at risk for type 2 diabetes	Offer A-List Diabetes Prevention Training Program	Physicians, Aunt Martha's Health Network, Cosmopolitan Club of Aurora, Northern Illinois Food Bank, Faith Communities	80% of program participants will report increased knowledge of type 2 diabetes risk factors upon program completion 80% of program participants will report increased knowledge of diabetes prevention strategies upon program completion 80% of program participants will report having access to proper nutrition and diabetes education by qualified healthcare professionals	**Target:80%** **Actual: 100%** **Total Participants: 24 (19 completed program)** **Results: Completed. Target Met.** **Target:80%** **Actual:100%** **Results: Completed. Target Met.** **Target:80%** **Actual:100%** **Results: Completed. Target Met.**
2017 Objectives	**Ministry Role**	**Community Partner**	**2017 Goals**	**2017 Measurable Outcome/Impact**
Increase access to diabetes prevention education workshops for individuals at risk for type 2 diabetes	Offer A-List Diabetes Prevention Training Program	Physicians, Aunt Martha's Health Network, Cosmopolitan Club of Aurora, Northern Illinois	80% of program participants will report increased knowledge of type 2 diabetes risk factors upon program completion	**Target:80%** **Actual:100%** **Total Participants: 11 (6 completed program)** **Results: Completed. Target Met.**

		Food Bank, Faith Communities	80% of program participants will report increased knowledge of diabetes prevention strategies upon program completion 80% of program participants will report having access to proper nutrition and diabetes education by qualified healthcare professionals	**Target:80%** **Actual:100%** **Results: Completed. Target Met.** **Target:80%** **Actual:100%** **Results: Completed. Target Met.**
2018 Objectives	**Ministry Role**	**Community Partner**	**2018 Goals**	**2018 Measurable Outcome/Impact**
Increase access to diabetes prevention education workshops for individuals at risk for type 2 diabetes	Offer A-List Diabetes Prevention Training Program	Physicians, Aunt Martha's Health Network, Cosmopolitan Club of Aurora, Northern Illinois Food Bank, Faith Communities	80% of program participants will report increased knowledge of type 2 diabetes risk factors upon program completion 80% of program participants will report increased knowledge of diabetes prevention strategies upon program completion 80% of program participants will report having access to proper nutrition and diabetes education by qualified healthcare professionals	**Target: 80%** **Actual: 100%** **Total Participants: 41 (36 completed program)** **Results: Completed. Target Met.** **Target:80%** **Actual:100%** **Total Participants: 41 (36 completed program)** **Results: Completed. Target Met.** **Target:80%** **Actual:100%** **Total Participants: 41 (36 completed program)** **Results: Completed. Target Met.**

Program Description

The Community Wellness Program provides community education and screening programs on a variety of health and wellness topics both in the community and main hospital location. Components of the program include: blood pressure, blood glucose, blood lipid, body-fat and body mass index (BMI) screenings. Health education topics on chronic disease include hypertension, stroke, diabetes, obesity and heart disease.

2016 Objectives	Ministry Role	Community Partner	2016 Goals	2016 Measurable Outcome/Impact
Increase access to health screenings services and health education, including wellness and chronic disease prevention	Provide Metabolic Screenings	Faith Communities Local Health Fair, Steering Committees, Local Food Pantry's, Federally Qualified Health Center's	80% of blood pressure screening participants will report increased awareness of metabolic syndrome characteristics.	**Target: 80%** **Actual: 94%** **Total Participants: 16** **Results: Completed. Target Met**
	Provide health screenings and health education on chronic disease (stroke, diabetes, heart disease, high blood pressure)	Faith Communities Local Health Fair, Steering Committees, Local Food Pantry's, Federally Qualified Health Center's	80% of blood pressure screening participants will report increased awareness of stroke, diabetes, heart disease and high blood pressure.	**Target: 80%** **Actual: 100%** **Total Participants:475** • **Food Pantries:242** • **Church:300** • **Health Events: 203** **Results: Completed. Target Met**
2017 Objectives	**Ministry Role**	**Community Partner**	**2017 Goals**	**2017 Measurable Outcome/Impact**
Increase access to health screenings services and health education, including wellness and chronic disease prevention	Provide Metabolic Screenings	Faith Communities Local Health Fair, Steering Committees, Local Food Pantry's, Federally Qualified Health Center's	80% of blood pressure screening participants will report increased awareness of metabolic syndrome characteristics and risk factors.	**Target: 85%** **Actual: 92%** **Total Participants: 21** **Results: Completed. Target Met**
	Provide health screenings and health education	Faith Communities Local Health Fair,	80% of blood pressure screening participants will report increased awareness of stroke,	**Target: 80%** **Actual: 94%** **Total Participants:894**

	on chronic disease (stroke, diabetes, heart disease, high blood pressure)	Steering Committees, Local Food Pantry's, Federally Qualified Health Center's	diabetes, heart disease and high blood pressure risk factors.	• **Food Pantries:270** • **Church:304** • **Health Events: 320** **Results: Completed. Target Met**
2018 Objectives	**Ministry Role**	**Community Partner**	**2018 Goals**	**2018 Measurable Outcome/Impact**
Increase access to health screenings services and health education, including wellness and chronic disease prevention	Provide Metabolic Screenings	Faith Communities Local Health Fair, Steering Committees, Local Food Pantry's, Federally Qualified Health Center's	80% of blood pressure screening participants will report increased awareness of metabolic syndrome characteristics.	**Target: 90%** **Actual: 94%** **Total Participants: 16** **Results: Completed. Target Met**
	Provide health screenings and health education on chronic disease (stroke, diabetes, heart disease, high blood pressure)	Faith Communities Local Health Fair, Steering Committees, Local Food Pantry's, Federally Qualified Health Center's	80% of blood pressure screening participants will report increased awareness of stroke, diabetes, heart disease and high blood pressure.	**Target: 80%** **Actual: 96%** **Total Participants:1,316** • **Food Pantries:271** • **Church:392** • **Health Events: 653** **Results: Completed. Target Met**

TAKE CHARGE OF YOUR HEALTH CHRONIC DISEASE SELF-MANAGEMENT PROGRAM

(formerly LIVE WELL, BE WELL CHRONIC DISEASE SELF-MANAGEMENT PROGRAM)

Program Description

Take Charge of Your Health Chronic Disease Self-Management Program is a 6-week program with participants education workshop that is evidence based Chronic Disease Self-Management Program developed by Stanford School of Medicine Patient Education Research Center. The program provides information and teaches practical skills on managing chronic health problems. Live Well, Be Well program gives people the confidence and motivation they need to manage the challenges of living with chronic disease including communication with physicians, symptom management, action planning & strategies for disease prevention. Caregivers are encouraged to attend.

2016 Objectives	Ministry Role	Community Partner	2016 Goals	2016 Measurable Outcome/Impact
Provide access to Take Charge of Your Health workshops for individuals diagnosed with at least one chronic disease.	MMC budgets for program delivery costs.	Federally Qualified Health Centers (FQHCS), local physicians, faith communities	80% of program participants will report increased knowledge of self-management skills upon program completion. 80% of program participants will report increased self-efficacy. 80% of program participants will report better communication with their health care providers upon program completion.	**Target: 80%** **Actual: 95%** **Total Participants: 21** **Result: Completed. Target Met.** **Target: 80%** **Actual: 95%** **Total Participants: 21** **Results: Completed. Target Met.** **Target: 80%** **Actual: 95%** **Total Participants: 21** **Results: Completed. Target Met.**
2017 Objectives	**Ministry Role**	**Community Partner**	**2017 Goals**	**2017 Measurable Outcome/Impact**
Provide access to Take Charge of Your Health workshops for individuals diagnosed with at least one chronic disease.	MMC budgets for program delivery costs.	Federally Qualified Health Centers (FQHCS), local physicians, faith communities	80% of program participants will report increased knowledge of self-management skills upon program completion.	**Target: 80%** **Actual: 100%** **Total Participants: 9** **Results: Completed. Target Met.**

			80% of program participants will report increased self-efficacy. 80% of program participants will report better communication with their health care providers upon program completion.	**Target: 80%** **Actual: 100%** **Total Participants: 9** **Results: Completed. Target Met.** **Target: 80%** **Actual: 100%** **Total Participants: 9** **Results: Completed. Target Met.**
2018 Objectives	**Ministry Role**	**Community Partner**	**2018 Goals**	**2018 Measurable Outcome/Impact**
Provide access to Take Charge of Your Health workshops for individuals diagnosed with at least one chronic disease.	MMC budgets for program delivery costs.	Federally Qualified Health Centers (FQHCS), local physicians, faith communities	80% of program participants will report increased knowledge of self-management skills upon program completion. 80% of program participants will report increased self-efficacy. 80% of program participants will report better communication with their health care providers upon program completion.	**Target:** 80% **Actual:** No Data. **Results: Not Completed.** This program was not delivered in 2018 due to transition in staff and lack of available facilitators to deliver the program in 2018. **Target:** 80% **Actual:** No Data. **Results: Not Completed.** This program was not delivered in 2018 due to transition in staff and lack of available facilitators to deliver the program in 2018. **Target:** 80% **Actual:** No Data. **Results: Not Completed.** This program was not delivered in 2018 due to transition in staff and lack of available facilitators to deliver the program in 2018.

FRESHSTART SMOKING CESSATION PROGRAM

Program Description

Although smoking cessation was not one of the six major threats identified in the CHNA it was listed as a priority for Kane County. Smoking cessation is included in the Community Health Implementation Strategy Plan because of the impact that smoking has on the health of an individual when addressing chronic disease management and prevention. Smoking cessation initiatives was identified as a priority to address.

Freshstart is the American Cancer Society's quit smoking program. It consists of one hour sessions during a 4-week period. All of the methods and activities contain the most effective elements for success. The single most important element is **You** – and your dedication to fight the addiction to nicotine that makes you want to smoke. **Freshstart** can be your start to a new life without cigarettes! Here are some answers to questions you might have about **Freshstart.**

2016 Objectives	**Ministry Role**	**Community Partner**	**2016 Goals**	**2016 Measurable Outcome/Impact**
Increase access to smoking cessation workshops.	Provide smoking cessation workshops and resources free to the community.	Federally Qualified Health Centers, Family Focus, School district 129, Kane County Mental Health Council, Homeless Shelters, libraries, local physicians, American Cancer Society	Increase number of individuals completing smoking cessation workshops. Increase % of participants reporting increased knowledge after training	**Target:** 20 participants **Actual:** 6 participants **Result:** Completed. Target Met. **Target:** 90% **Actual:** 95% **Result:** Completed. **Target Met.**
2017 Objectives	**Ministry Role**	**Community Partner**	**2017 Goals**	**2017 Measurable Outcome/Impact**
Increase access to smoking cessation workshops.	Provide smoking cessation workshops and resources free to the community.	Federally Qualified Health Centers, Family Focus, School district 129, Kane County Mental Health Council, Homeless Shelters, libraries, local physicians, American Cancer Society	Increase number of individuals completing smoking cessation workshops. Increase % of participants reporting increased knowledge after training	**Target:** 20 participants **Actual:** 0 participants **Result:** **Not Completed.** Target Not Met **Target:** 90% **Actual:** None **Result:** **Not Completed. Target Not Met**

2018 Objectives	Ministry Role	Community Partner	2018 Goals	2018 Measurable Outcome/Impact
Increase access to smoking cessation workshops.	Provide smoking cessation workshops and resources free to the community.	Federally Qualified Health Centers, Family Focus, School district 129, Kane County Mental Health Council, Homeless Shelters, libraries, local physicians, American Cancer Society	Increase number of individuals completing smoking cessation workshops. Increase % of participants reporting increased knowledge after training	**Target:** 20 participants **Actual:** 0 participants **Result:** **Not Completed.** Target Not Met **Target:** 90% **Actual:** None **Result:** **Not Completed. Target Not Met**

FAITH COMMUNITY NURSING PROGRAM

Program Description

The Faith Community Nursing (FCN) program at MMC integrates faith and health in order to serve the health care needs of members of faith congregations and the community. The FCN role is a specialty of nursing focused on the integration of the spiritual dimension into the health system through visits involving advocacy, referral, wellness education and navigation of the health system.

2016 Objectives	Ministry Role	Community Partner	2016 Goals	2016 Measurable Outcome/Impact
Provide faith communities with health information and resources integrating the spiritual dimension with evidence based knowledge to enhance decision making for optimal healthy choices.	Support Faith Community Nursing (FCN) services with established congregational partners	Our Lady of Mercy Catholic Church, St. Katharine Drexel Catholic Church, Bethany Lutheran Church, St. Mark Lutheran Church, Main Baptist Church, Fox Valley Christian Ministers Alliance	85% of congregation members and families who utilized FCN services will report improved decision making regarding their chronic disease	**Target:** 85% **Actual:** 100% of participants surveyed **Total Participants:** 6,640 **Result:** **Completed.** Target Met.
2017 Objectives	**Ministry Role**	**Community Partner**	**2017 Goals**	**2017 Measurable Outcome/Impact**
Provide faith communities with health information and resources integrating the spiritual dimension with evidence based knowledge to enhance decision making for optimal healthy choices.	Support Faith Community Nursing services with established congregational partners.	Our Lady of Mercy Catholic Church, St. Katharine Drexel Catholic Church, Bethany Lutheran Church, St. Mark Lutheran Church, Main Baptist Church, Fox Valley Christian Ministers Alliance	85% of congregation members and families who utilized FCN services will report enhanced decision making regarding their chronic disease	**Target:** 85% **Actual:** 100% of participants surveyed **Total Participants:** 2,090 **Result:** **Completed.** Target Met.

2018 Objectives	Ministry Role	Community Partner	2018 Goals	2018 Measurable Outcome/Impact
Provide faith communities with health information and resources integrating the spiritual dimension with evidence based knowledge to enhance decision making for optimal healthy choices.	Support Faith Community Nursing services with established congregational partners.	Our Lady of Mercy Catholic Church, St. Katharine Drexel Catholic Church, Bethany Lutheran Catholic Church, Main Baptist Church, Fox Valley Christian Ministers Alliance	85% of congregation members and families who utilized FCN services will report enhanced decision making regarding their chronic disease	**Target:** 85% **Actual:** 100% of participants surveyed **Total Participants:** 8,874 **Result:** **Completed.** Target Met.

MENTAL HEALTH FIRST AID (MHFA)

Program Description

In response to a demonstrated system and state-wide need of addressing barriers to accessing and utilizing mental health services, MMC introduced Mental Health First Aid (MHFA), to reduce the stigma associated with mental illness and improve the coordination of mental health care throughout a six county service area. Community stakeholders partnered in the development of the strategy and its implementation throughout the process, recruiting trainees, identifying resources, and disseminating findings. Program participants increased recognition of mental health disorders, increased understanding of appropriate treatments, improved confidence in providing help to others during crisis situations, and decreased stigmatizing attitudes. Having demonstrated its effectiveness, the program continues to expand and add both participants and partners.

2016 Objectives	Ministry Role	Community Partner	2016 Goals	2016 Measurable Outcome/Impact
Increase access to Mental Health First Aid (MHFA) trainings for lay community.	Provide MHFA trainings free to community.	Family Focus, School district 129, Kane County Mental Health Council	Increase number of individuals completing MHFA training Increase % of participants reporting increased knowledge after training	**Target:** 30 participants **Actual:** 35 participants **Result:** Completed. Target Met. **Target:** 90% **Actual:** 95% **Result:** **Completed. Target Met.**

2017 Objectives	Ministry Role	Community Partner	2017 Goals	2017 Measurable Outcome/Impact
Increase access to Mental Health First Aid (MHFA) trainings for lay community	Provide MHFA trainings free to community.	Family Focus, Our Lady of Mercy Catholic Church, Oswego High School, Kane County Behavioral Health Council	Increase number of individuals completing MHFA training Increase % of participants reporting increased knowledge after training	**Target: 40 participants** **Actual: 77 participants** **Result: Completed. Target Met.** **Target: 95% participants** **Actual: 100% participants** **Result: Completed. Target Met.**
2018 Objectives	**Ministry Role**	**Community Partner**	**2017 Goals**	**2018 Measurable Outcome/Impact**
Increase access to Mental Health First Aid (MHFA) trainings for lay community	Provide MHFA trainings free to community.	Oswego High School, Simply Destinee, School District 131, Family Focus, Linden Oaks, Our Lady of Mercy Catholic Church, Kane County Behavioral Health Council	Increase number of individuals completing MHFA training Increase % of participants reporting increased knowledge after training	**Target: 50 participants** **Actual: 67 participants** **Result: Completed. Target Met.** **Target: 100% participants** **Actual: 100% participants** **Result: Completed. Target Met.**

LANGUAGE ACCESS TO HEALTHCARE (LAH) INTERPRETING SERVICES

Program Description

Language Access to Healthcare is a community-based interpreting and translating services program. In an effort to provide equal access to health care, LAH was designed to help break the language barriers for limited English proficient and non-English speaking individuals. Interpreting and translating services are available to individuals and organizations within the hospital's primary and secondary service areas.

2016 Objectives	Ministry Role	Community Partners	2016 Impact
Increase access to healthcare by breaking the language barrier for limited English Proficient and non-English speaking individuals.	Provide interpreting services free to community individuals and organizations.	Breaking Free Communities in Schools Kane County Health Department Rainbow Center Community Individuals	1,445 Interpreter Hours Provided 849 Encounters

2017 Objectives	Ministry Role	Community Partners	2017 Impact
Increase access to healthcare by breaking the language barrier for limited English Proficient and non-English speaking individuals.	Provide interpreting services free to community individuals and organizations.	Breaking Free Communities in Schools Kane County Health Department Rainbow Center Community Individuals	52 Interpreter Hours Provided 53 Encounters *Program dissolved in August 2017.

Report Prepared By:

MAD 08/2019

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