

Community Health Needs Assessment Implementation Plan 2017-2019

Advocate South Suburban Hospital

Date Created: May 2017

Date Reviewed/Updated:

PRIORITY AREA: Diabetes

GOAL: Reduce the incidence of Type 2 diabetes in zip codes 60428 and 60411.

LONG TERM INDICATORS OF IMPACT

	Baseline Value, Date and Source	Frequency
1. Decrease age-adjusted hospitalizations due to diabetes in Markham (60428) and Chicago Heights (60411)	60428 = 50.7/10,000 18+ years 60411= 34.7/10,000 18+ years Healthy Communities Institute (HCI), Illinois Hospital Association (IHA), COMPdata, 2013-2015	Annual
2. Decrease the age-adjusted Emergency Room (ER) rates due to diabetes in Markham (60428) and Chicago Heights (60411)	60428 = 88.5 ER visits/10,000 population 18+ years; 60411 = 45.5 ER visits/10,000 population 18+ years HCI, IHA, COMPdata, 2013-2015	Annual
3. Decrease the age-adjusted hospitalization rate due to long-term complications of diabetes in Markham (60428) and Chicago Heights (60411)	60428 = 31.8 hospitalizations/10,000 population 18+ years 60411 = 18.7 hospitalizations/10,000 population 18+ years HCI, IHA, COMPdata, 2013-2015	Annual

STRATEGY #1: South Suburban Hospital will hire a lifestyle coach to implement the National Diabetes Prevention Program (DPP), Prevent T2, in Markham (60428) and Chicago Heights (60411) in collaboration with community organizations.

TYPE: Counseling and Education: Long Lasting Protective Intervention

PARTNERS: Community-based organizations, faith communities and Centers for Disease Control and Prevention (CDC)

BACKGROUND ON STRATEGY

Evidence of effectiveness: Diabetes is a chronic, life-altering disease with complications that can significantly impact both quality of life and life expectancy. In 2002, the Diabetes Prevention Program Research Group completed the Diabetes Prevention Program study, a large, randomized clinical research study.

www.nejm.org/doi/full/10.1056/NEJMoa012512 (click here)

Results of the study showed that at-risk individuals who lost a modest amount of weight and got at least 30 minutes of moderate physical activity a day (such as brisk walking) five days a week, cut their chance of developing Type 2 diabetes by as much as 58 percent. At-risk individuals who were over the age of 60 and did so reduced their risk even more—by as much as 71 percent. The National DPP was developed based upon the findings of the Diabetes Prevention Program study.

www.cdc.gov/diabetes/prevention (click here)

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of sessions of DPP program offered	1 session	2 sessions	3 sessions
2. Number of faith/community partners to host the program	1 partner	2 partners	2 partners
3. Number of participants enrolled in DPP program	12-20 participants	24-40 participants	36-60 participants
4. 50% of participants must be eligible for the program based on their A1c level (CDC standard 50%)	50% of participants	50% of participants	50% of participants
5. Percentage of participants who complete at least 9 of 16 sessions	60% of participants	70% of participants	80% of participants
Impact Indicators	2017	2018	2019
1. Percentage of program participants who reduced their body weight by 5% within 12 months (CDC comparison 58%)	58% of participants July–December	58% of participants	58% of participants
2. Percentage of participants who self-report at least 150 minutes weekly of moderate physical activity (CDC comparison 60%)	60% of participants July-December	60% of participants	60% of participants
3. Percentage of participants with decreased A1c level post program (CDC comparison 50%)	50% of participants	50% of participants	50% of participants

STRATEGY #2: Establish South Suburban Hospital as a CDC designated diabetes prevention program approved site.	TYPE: Long-lasting Protective Intervention
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PARTNERS: Clinical diabetes education team at South Suburban Hospital and CDC

BACKGROUND ON STRATEGY
Evidence of effectiveness: According to the CDC, approximately 86 million Americans age 20 and older (37%) have prediabetes. The CDC's Diabetes Prevention Recognition Program is designed to recognize organizations that have demonstrated their ability to effectively deliver a proven Type 2 diabetes prevention lifestyle intervention. Lifestyle change programs offered through the DPP program can reduce the risk of developing Type 2 diabetes by as much as 58%.

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Submit CDC application	Summer 2017	N/A	N/A
2. Develop timeline for program process	Summer 2017	N/A	N/A
3. Begin DPP program implementation	Summer 2017	Ongoing	Ongoing
4. Receive pending approval status from CDC	Fall 2017	N/A	N/A

Impact Indicators	2017	2018	2019
1. Percentage of program participants who reduce their body weight by 5% within 12 months (58%, CDC comparison)	58% of participants July–December	58% of participants	58% of participants
2. Percentage of participants who self-report at least 150 minutes weekly of moderate physical activity (60%, CDC comparison)	60% of participants July–December	60% of participants	60% of participants
3. Percentage of participants with decreased A1c level post program (50%, CDC comparison)	50% of participants	50% of participants	50% of participants
4. Achieve full recognition as a CDC DPP approved site	N/A	Summer 2018	N/A

STRATEGY #3: Raise awareness of prediabetes through education programs in faith-based organizations in Markham (60428) and Chicago Heights (60411).	TYPE: Counseling & Education
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PARTNERS: Faith Partners, Community Partners

BACKGROUND ON STRATEGY

Evidence of effectiveness:
 DeHaven et al in the June 2004 issue of the *American Journal of Public Health* examined the published literature on health programs in faith-based organizations to determine the effectiveness of these programs. While the majority were not evaluated, the authors did find significant effects that included reductions in cholesterol and blood pressure levels, weight and disease symptoms and increases in the use of mammography and breast self-examination.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448385> (click here)

SHORT TERM INDICATORS

Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of community partners identified to host prediabetes awareness sessions	5 partners	5 partners	10 partners
2. Number of participants who attend prediabetes awareness sessions.	50 participants	70 participants	100 participants
3. Number of awareness sessions conducted	5 sessions	5 sessions	10 sessions
Impact Indicators	2017	2018	2019
1. Percentage of participants that will know how food impacts diabetes as measured by post tests	80% of participants	80% of participants	80% of participants
2. Percentage of participants that will know two ways to prevent diabetes as measured by post tests	80% of participants	80% of participants	80% of participants
3. Number of participants referred to the CDC Diabetes Prevention Program	10 participants	18 participants	30 participants

ALIGNMENT WITH COUNTY/STATE/NATIONAL PRIORITIES			
Strategy	County IPLAN	SHIP (State Health Improvement Plan)	Healthy People 2020
1-3	Participants at the January 21, 2016, WePLAN Community Health Partner Committee meeting worked together to identify priority health issues for the community health improvement plan as part of WePLAN2020. The group’s goal is to reduce inequities and the burden of chronic disease by cultivating environments, healthcare systems, and a culture that promotes health. Diabetes is categorized as a chronic disease.	SHIP 2021 is working to address chronic disease including diabetes. Discusses the Complete Streets recommendation that encourages walking as a measure to reduce incidence of diabetes	Healthy People 2020 has identified several objectives for the prevention of diabetes, including “Reduce the annual number of new cases of diagnosed diabetes in the population,” and “Increase prevention behaviors in persons at high risk for diabetes in the population.”