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Healthy Jacksonville

Erica Hunt

Alison Fornoff

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Healthy Jacksonville

Alison Fornoff and Erica Hunt

Executive Summary

Introduction of the Problem

Affordable, quality healthcare is a basic need for all individuals. Social determinates of health (SDOH), including living environments, economic stability, and education, directly affect the health and quality of life of individuals in a community (HealtyPeople.gov, 2019). Those who are economically or socially disadvantaged are less likely to have access to material and healthcare resources. Underserved individuals are also less likely to be in good health and more likely to die prematurely compared to socially and economically advantaged counterparts (National Center for Health Statistics, 2017). The necessity to provide resources for underserved people and communities is well established; however, the needs of individuals with poor SDOH continue to be unmet. Screening, access to appropriate resources, and interventions to identify SDOH improve access to healthcare, which improves the health of the community.

According to the Morgan County Community Needs Assessment 2015, there was a significant need for the improvement of healthcare access among individuals in the northeast region of Jacksonville, Illinois. This project aimed to implement a community resource registry and individualized needs assessment form to ease the transition from a reactive to a proactive approach to healthcare through "Healthy Jacksonville". Through SDOH screening and implementation of a community resource registry, community health care workers (CHWs) were able to play a vital role in educating the community about the availability of local resources. The tools in this project were designed to be used as an efficient means to provide the best outcomes for patients, communities, and the local healthcare system.

Literature Review

A literature review was conducted to determine how SDOH screening tools and community resource registries impact the overall health of communities, particularly in socially and economically disadvantaged. In comparison to other nations, the United States (U.S.) spends significantly more on healthcare than on prevention and social services (Bradley & Taylor, 2015). Healthcare mismanagement for underprivileged continues despite the understanding that SDOH is a significant cause of health inequality and shorter life expectancy. Individuals with unmet needs created by SDOH are more likely to miss scheduled healthcare appointments and frequently visit emergency departments (EDs), contributing to decreased healthcare quality.

Social determinants of health are classified to five core domains: housing instability, food insecurity, transportation difficulties, utility assistance needs, and interpersonal safety concerns. Other areas of focus for screening included: family and social support, education, employment and financial strain, health behaviors, mental health, and disabilities (Billioux, Verlander, Anthony, & Alley, 2017). The focus areas affect a wide array of health outcomes and are particularly crucial in low-income individuals and communities. The Institute of Healthcare Improvement (2019) identified a Triple Aim Framework to systematically address the social and physical determinants of health and health equity. Tremendous opportunities are present to improve public health and lower healthcare costs in the U.S. by systematically arranging available resources and services, such as standardized screening tools and resource registries (Van Brunt, 2017).

A cross-sectional study by Berkowitz et al. (2016) reported individuals with unmet needs were significantly more likely to have depression, diabetes, and hypertension. Identifying

individuals with unmet needs and connection to resources and community services is an effective strategy to improve overall healthcare quality indicators in low-income communities. Without addressing social adversities, work focused on community health will be ineffective. Gold et al. (2018) found strong evidence to correlate the use of SDOH screening and intervention on the patients' social and economic contexts directly to shape an individual's health. Providing an equal chance for all people to maximize health, regardless of SDOH, directly improves the health of entire communities.

Project Methods

The purpose of this project was to implement a community resource registry and individualized needs assessment form as a part of the Healthy Jacksonville initiative in order to better serve the northeast region of Jacksonville, Illinois. The interdisciplinary team researched the literature carefully and selected a suitable individualized needs assessment. The team collaborated to revise the outdated community resource registry. The previous resource registry was effectively condensed into an updated, efficient, user-friendly format. The repetitive resources were consolidated, and outdated contact information was updated using resource webpages and contact information currently used by Passavant Area Hospital (PAH) CHWs. Resources no longer in existence or deemed extraneous were removed.

The interdisciplinary team was available to the CHWs for questions or concerns regarding the tools via e-mail, telephone, and in-person meeting sessions. Events attended by the interdisciplinary team to promote Healthy Jacksonville included: food bank distribution events, "Take it to the Streets" sack lunch preparation for underprivileged children in the targeted area, "Share the Love" interactive community household supply drive, "Diaper Bags to Backpacks" community school supply drive, and monthly Healthy Jacksonville progress meetings at PAH.

The major stakeholders involved were the individuals living in the northeast region of Jacksonville, IL., social workers, and patient care facilitators of PAH. Additional stakeholders were healthcare providers and administrators of PAH as well as the Jacksonville community members at large. An IRB for this project was submitted on 5/4/2019. The Not Human Subjects Research (NHSR) considered this project a Quality Improvement Project (QIP), which does not constitute human subjects research on 5/6/2019. The NHSR deemed we were able to complete our project without further IRB approval.

Evaluation

Primary outcome measures were efficacy, efficiency, and ease of use of the individualized needs assessment and community resource registry. The outcomes of the needs assessment and resource registry were measured using a brief post-implementation survey using SurveyMonkey. Survey results were collected from six participants.

The survey questions were presented in an ordinal format with responses being either strongly agree, agree, neutral, disagree, strongly disagree, or not applicable (N/A). The healthcare workers were also asked open ended questions regarding primary concerns and barriers to integrating the tools into their workflow. One participant recommended an easy to use application be built to use on a cellphone. Another participant noted a barrier of not always being able to log in to access the resources in client homes without Wi-Fi access. All participants either strongly agreed or agreed that the resource registry provided an easy, efficient solution for contacting relevant resources patient/client needs. Also, all participants either strongly agreed or agreed that the individualized needs assessment was a helpful tool to identify client needs.

Impact on Practice

Significant evidence shows the gap between socially and economically advantaged and disadvantaged individuals produces disparities in overall community health. Barriers such as transportation, access, time, and lack of resources and knowledge hinders self-management of appropriate healthcare resources. Screening, access to appropriate resources, and interventions to identify SDOH can promote improved healthcare access, which improves the health of the community. By providing an updated, electronic resource registry list and a standardized individualized needs assessment form, healthcare workers have been able to provide ongoing assessment, collaboration, and improved healthcare promotion in the targeted population. However, more implementation needs to occur in order for the community health workers to determine if the tools fit in well with their current workflow, particularly in regard the individualized needs assessment. Long-term follow-up to evaluate the implementation of the Healthy Jacksonville Resource Manual and individualized needs assessment are required to determine if the tools are effective for use by community health workers in Jacksonville, Illinois.

Conclusions

The results of the surveys indicate the community healthcare workers found the newly updated Healthy Jacksonville Resource registry a useful, relevant, and efficient tool for directing patients to appropriate community health resources. The results also indicate the community health workers using the individualized needs assessment tool have found the tool a quick and efficient way to identify resources their clients need. However, more implementation needs to occur in order for the community health workers to determine if the tools fit in well with their current workflow, particularly in regard to the individualized needs assessment. Long-term follow-up to evaluate the implementation of the Healthy Jacksonville Resource Manual and

individualized needs assessment is required to determine if the tools are effective for use by community health workers in Jacksonville, Illinois.

Author Contact Information

Alison L. Fornoff
alissan@siue.edu

Erica Hunt
ehunt@siue.edu