



CHNA Implementation Strategy

Fiscal Years FY20-22



Loyola University Medical Center and Gottlieb Memorial Hospital, operating as Loyola Medicine (LM) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 6/28/2019. LM performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at www.loyolamedicine.org/community-benefit or printed copies are available at 2160 S. First Ave., Maywood IL 60153.

Hospital Information

Loyola Medicine is a not-for-profit, mission-based Catholic organization consisting of three hospitals located in the western suburbs of Chicago: Loyola University Medical Center (LUMC) in Maywood, IL, Gottlieb Memorial Hospital (GMH) in Melrose Park, IL, and MacNeal Hospital in Berwyn, IL. MacNeal Hospital conducted its own separate CHNA and will not be included in this implementation strategy. Three hospitals are members of Trinity Health, a national Catholic not-for-profit health system that serves patients in 22 states. LUMC is a 547-bed academic medical center that provides comprehensive services including centers for heart and nuclear medicine, Level 1 traumas, burn (Illinois' largest), cancer, pediatrics, rehabilitation, home health and organ transplants. LUMC conducts a wide variety of research studies and provides multiple healthcare professional training programs. GMH is a 247-bed community hospital offering services such as metabolic surgery and bariatric care, transitional care and geriatric behavioral healthcare. GMH also operates a childcare center and conducts cancer research.

Together, LUMC and GMH serve a population of just over 1.7 million people across 28 ZIP codes. This population is 49 percent male and 51 percent female; 24 percent under age 17, 64 percent ages 18-64, and 12 percent ages 65 or older; 53 percent white, 21 percent African American, 4 percent Asian, and 20 percent another race or multiple races; and 41 percent Hispanic/Latinx. Thirty-eight percent of households are low-income (< 200 percent of the Federal Poverty Level).

Mission

We, Loyola Medicine, a regional health ministry of Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.



Health Needs of the Community

The CHNA conducted in early 2019 identified the significant health needs within the LM community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1

Social and structural determinants of health

- Structural racism and inequities: Chicago and Cook County have a history of selective economic disinvestment based on race and ethnicity.
- Thirty-eight percent of service area households have incomes less than 200 percent of the Federal Poverty Level.
- Thirty-three percent of suburban Cook County Hispanic/Latinx residents have less than a high school education.
- More than 26 percent of Maywood and Melrose Park residents receive SNAP benefits; Maywood has no operating grocery store.
- More than 42 percent of service area households spend >35 percent of monthly income on housing.
- Seventeen percent of Maywood residents are unemployed, higher than the Cook County (10 percent), Illinois (8 percent) and national (7 percent) averages. Unemployment in the African American population is almost twice the rate of other groups.

2

Access to care, community resources, and systems improvement

- Community stakeholders reported inadequate insurance coverage and provider availability, particularly for those using public or Veterans' benefits.
- Community stakeholders cited a lack of affordable community activities and community-based services for older adults.
- Twelve percent of suburban Cook County residents are uninsured, higher than the IL average of 9 percent; LM service area has the highest rates of uninsured in the western suburbs at over 17 percent.

3

Mental health and substance use disorders

- Community stakeholders ranked mental health stigma and lack of care availability/fragmented care as the highest-priority health need to address and 38 percent of survey respondents listed mental health as the most important community health issue.
- The LM service area has the highest rates of mental health (121/10,000 visits), youth substance use (>65/10,000 visits), alcohol use (>92/10,000) and suicide/self-inflicted injury (47/10,000 visits) emergency department visits in the western suburbs.
- The largest proportion (48 percent) of survey respondents ranked diabetes as the most important health issue in the LM service area.

4

Chronic disease prevention and management

- Sixty-five percent of all deaths in suburban Cook County are due to chronic disease and African Americans/blacks have the highest mortality rates for heart disease, cancer, diabetes and stroke.
- Diabetes-related emergency department visits are 51.2/10,000 in Maywood and asthma-related emergency department visits are over 70/10,000 visits for adults and over 123/10,000 visits for children: the highest in the western suburbs.

5

Maternal and child health

- LM service area residents are primarily African American/black and/or Hispanic and:
 - African American/black women are six times as likely and Hispanic women are twice as likely as white women to die from a pregnancy-related cause.
 - The Illinois infant mortality rate is almost three times as high for African American/black infants (12.6/1,000 births) as for whites (4.4/1,000 births) and is also higher for Hispanic infants (5.5/1,000 births)

6

Injury (including violence-related injury)

- The epidemic of gun violence in Chicago and suburban Cook County places injury prevention on the list of priority health needs.
- Twenty-five percent of survey respondents listed “safety and low crime” as one of the most important factors for a healthy community, and 24 percent listed “violence” as one of the most important health needs in their community.



Hospital Implementation Strategy

LM resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

LM will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following health needs:

- 1 Social and structural determinants of health** – pages 5-6.
- 2 Access to care, community resources and systems improvement** – pages 7-8.
- 3 Mental health and substance use disorders** – pages 9-10.
- 4 Chronic disease prevention and management** – pages 11-12.

Significant health needs that will not be addressed

LM acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which are the most pressing, under-addressed and within its ability to influence. LM will not act on the following health needs:

- 5 Maternal and child health** – Loyola Medicine does not plan to directly address this particular need because our community stakeholder feedback did not indicate it was the most urgently needed use of our limited resources. Loyola will continue to offer quality healthcare to pregnant mothers and children at Loyola University Medical Center. We have achieved Baby-Friendly status (a World Health Organization designation) and will collaborate with the Alliance for Health Equity as appropriate to Loyola's mission and resources.
- 6 Injury (including violence-related injury)** – Loyola Medicine does not plan to directly address this particular need in the Community Health Implementation Plan because they are already engaged in structured violence prevention activities through "Loyola Stands Against Gun Violence," an interdisciplinary work group comprised of healthcare professionals, academics, students and community members.

This implementation strategy specifies community health needs that the hospital has determined to address in whole or in part and that are consistent with its mission. 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 these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY

FISCAL YEARS FY20-22

Hospital facility: Loyola Medicine

CHNA significant health need: Social and Structural Determinants of Health

CHNA reference pages: 59-87

Prioritization #: 1

Brief description of need:

- Chicago and Cook County have a history of selective economic disinvestment based on race and ethnicity that creates systematic barriers to society's opportunities for black and brown residents.
- Thirty-eight percent of Loyola Medicine's service area households have incomes less than 200 percent of the Federal Poverty Level.
- Thirty-three percent of suburban Cook County Hispanic/Latinx residents have less than a high school education.
- More than 26 percent of Maywood and Melrose Park residents receive SNAP benefits; Maywood has no operating grocery store.
- More than 42 percent of service area households spend >35 percent of monthly income on housing.
- Seventeen percent of Maywood residents are unemployed, higher than the Cook County (10 percent), Illinois (8 percent) and national (7 percent) averages. Unemployment in the African American population is almost twice the rate of other groups.

Goal:

Decrease structural racism and the economic disparities it has created for those living in Proviso Township and surrounding areas.

SMART Objective(s):

1. In collaboration with the communities we serve, accomplish at least one policy, systems or environmental change within the Loyola Medicine organization per year that promotes racial justice.
2. Increase community members' participation in existing social programs/opportunities that promote political, economic or social empowerment over the next three years.
3. Increase the number of new Loyola Medicine hires who reside within our 28 service area ZIP codes by 10 percent over the next three years.

1

Social and structural determinants of health



Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources			Potential Partners
	Y1	Y2	Y3	Hospitals		Other Sources	
				LUMC	GMH		
Apply the Seattle Race and Social Justice Initiative Racial Equity Toolkit to select health system policies, systems and environments.	X	X	X	In-kind (staff time); financial resources as needed	In-kind (staff time)		Proviso Partners for Health; City of Seattle; Center for Spiritual and Public Leadership
Promote voter registration	X			In-kind (staff time)	In-kind (staff time)		Catholic Charities; League of Women Voters
Promote participation in the 2020 Census	X	X		In-kind (staff time)	In-kind (staff time)		Center for Spiritual and Public Leadership
Create an intentional pipeline for training and hiring community members.	X	X	X	In-kind (staff time)	In-kind (staff time)		AmeriCorps

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
# of Loyola Medicine policies/systems/ environments evaluated and changed to promote racial justice.	0	3
# of Hispanic service area residents registered to vote	260,000 (based on average Hispanic population registration rate in IL of 36.8%)	261,000
% new Loyola Medicine hires who live in one of 28 service area ZIP codes	31%	41%

Plan to evaluate the impact:

Document racial justice policy/systems/environmental changes made within Loyola Medicine each quarter. Monitor the number of voters registering at Loyola-affiliated events who self-identify as Hispanic after each event. Twice per year, monitor the home ZIP codes of Loyola Medicine staff hired within the three years of this plan, per Human Resources records.

CHNA IMPLEMENTATION STRATEGY

FISCAL YEARS FY20-22

Hospital facility: Loyola Medicine

CHNA significant health need: Access to care, community resources and systems improvement.

CHNA reference pages: 88-97

Prioritization #: 2

Brief description of need:

- Community stakeholders reported inadequate insurance coverage and provider availability, particularly for those using public or Veterans' benefits.
- Community stakeholders cited a lack of affordable community activities and community-based services for older adults.
- Twelve percent of suburban Cook County residents are uninsured, higher than the IL average of 9 percent; LM service area has the highest rates of uninsured in the western suburbs at over 17 percent.

Goal:

Maximize utilization of existing community resources designed to improve health and well-being for vulnerable populations.

SMART Objective(s):

1. Co-design an additional strategy for collective impact across social support organizations in and around Proviso Township by the end of year three.
2. Over the next three years, implement two new initiatives that increase community member use of existing benefits for which they qualify.

2

Access to care,
community
resources,
and systems
improvement



Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources			Potential Partners
	Y1	Y2	Y3	Hospitals		Other Sources	
				LUMC	GMH		
Implement a Medical-Legal Partnership	X	X	X	In-kind (staff time)	In-kind (staff time)	Loyola University Law School	Loyola University Chicago Health Justice Project; Legal Aid Chicago
Use PP4H tenets of co-design to engage social support organizations in strategy development		X	X	In-kind (staff time)	In-kind (staff time)		Proviso Partners for Health; multiple community-based social service providers
Host and/or co-host Open Enrollment events for public and exchange-based health insurance plans		X	X	In-kind (staff time)	In-kind (staff time)		State-certified Navigators; In-house enrollment staff
Increase patient and community awareness of mental health parity laws	X	X	X	In-kind (staff time)	In-kind (staff time)		NAMI; Insurance carriers; other providers

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
% of participants engaged in Medical-Legal Partnership who report resolution of health-harming legal needs.	0 (new program)	75%
% of individuals attending enrollment events who successfully enroll in an affordable health insurance plan	0 (new program)	30%

Plan to evaluate the impact:

As part of co-design process, work with collaborative of community organizations to identify realistic and meaningful measures of resource use efficiency, then compare baseline to repeat measure at end of year three to assess presence of positive change. Document resolution of health-harming legal needs in Medical-Legal partnership record and monitor quarterly. Anonymously count insurance enrollment event attendees and whether they enroll in an insurance plan.

CHNA IMPLEMENTATION STRATEGY

FISCAL YEARS FY20-22

Hospital facility: Loyola Medicine

CHNA significant health need: Mental Health and Substance Use Disorders

CHNA reference pages: 98-109

Prioritization #: 3

Brief description of need:

- Community stakeholders ranked mental health stigma and lack of care availability/fragmented care as the highest-priority health need to address and 38 percent of survey respondents listed mental health as the most important community health issue.
- The LM service area has the highest rates of mental health (121/10,000 visits), youth substance use (>65/10,000 visits), alcohol use (>92/10,000) and suicide/self-inflicted injury (47/10,000 visits) emergency department visits in the western suburbs.

Goal:

Decrease stigma and improve the experience of those living in Proviso Township and surrounding areas when they need mental health support.

SMART Objective(s):

- Within the next three years, increase knowledge and skills for supporting individuals showing signs of mental health distress among key social “connectors” who live or work in and around Proviso Township.
- Within the next three years, increase the number of community-based preventive and/or peer support behavioral health promotion services available to those who live or work in and around Proviso Township above 2019 baseline.

3

**Mental health
and substance
use disorders**



Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources			Potential Partners
	Y1	Y2	Y3	Hospitals		Other Sources	
				LUMC	GMH		
Strategically disseminate Mental Health First Aid training in and around Proviso Township	X	X	X	In-kind (staff time)	In-kind (staff time)		Proviso Township Mental Health Commission; NAMI Metro-Suburban; Center for Spiritual and Public Leadership
Establish at least one community-based mental health peer support program		X	X	In-kind (staff time)	In-kind (staff time)		Proviso Partners for Health; Hines Veterans Administration Hospital; University of Michigan

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
% of Mental Health First Aid Training participants reporting confidence with helping those in mental health distress	(to be collected at training pre-test)	90%
# of self-reported "poor mental health days" in past 30 days	(to be collected upon program enrollment)	14% decrease under baseline

Plan to evaluate the impact:

Conduct pre- and post-tests at all Mental Health First Aid trainings. Collect peer support program participant self-assessment at program enrollment and twice per year thereafter.

CHNA IMPLEMENTATION STRATEGY

FISCAL YEARS FY20-22

Hospital facility: Loyola Medicine

CHNA significant health need: Chronic Disease Prevention and Management

CHNA reference pages: 110-127

Prioritization #: 4

Brief description of need:

- The largest proportion (48 percent) of survey respondents ranked diabetes as the most important health issue in the LM service area.
- Sixty-five percent of all deaths in suburban Cook County are due to chronic disease and African Americans/blacks have the highest mortality rates for heart disease, cancer, diabetes and stroke.
- Diabetes-related emergency department visits are 51.2/10,000 in Maywood and asthma-related emergency department visits are over 70/10,000 visits for adults and over 123/10,000 visits for children: the highest in the western suburbs.

Goal:

Increase opportunities for residents in and around Proviso Township to lower their risk for developing chronic diseases and to live well with chronic diseases.

SMART Objective(s):

1. Increase the number of VeggieRx participants receiving regular access to affordable produce and nutrition education by 100 percent over the next three years.
2. Engage 20 percent more participants in an evidence-based program or support group for individuals with or at high risk for a chronic disease such as cancer and diabetes over the next three years.
3. In the next three years, conduct at least six chronic disease screenings for populations experiencing health disparities related to the screened-for disease.

4

Chronic
disease
prevention
and
management



Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources			Potential Partners
	Y1	Y2	Y3	Hospitals		Other Sources	
				LUMC	GMH		
Launch additional VeggieRx site		X	X	In-kind (staff time)	In-kind (staff time)		Proviso Partners for Health; Windy City Harvest; the Alliance for Health Equity
Establish strong referral pipeline for Diabetes Prevention Program; tobacco cessation program, and future supportive programming for cancer survivors	X	X	X	In-kind (staff time)			West Cook YMCA; Pav YMCA; Trinity Health; CDC; Respiratory Health Association; American Cancer Society
Conduct screenings for chronic disease risk factors such as high blood pressure, cancer indicators, etc.	X	X	X	In-kind (staff time)	In-kind (staff time)		American Cancer Society; American Heart Association; local faith-based organizations

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
% participants achieving desired chronic disease program outcomes	To be collected at Year 1	Greater than 50%
Food and vegetable consumption of VeggieRx Participants (7-day recall)	To be collected upon enrollment in VeggieRx	75% of program participants report eating a fruit or vegetable 5 or more times per week
% of Loyola-sponsored/ provided screenings that are directed to a population experiencing a corresponding health disparity such as diabetes and/or asthma	TBD (assess FY2019 events for population targeting to establish baseline).	75%

Plan to evaluate the impact:

Aggregate participant outcomes data will be obtained from community-based program operators at least twice yearly. Screening events will be reported to Loyola Community Health and Well-Being team and evaluated for the intended audience. VeggieRx participants will be asked to self-report fruit and vegetable consumption based on 7-day recall.

Adoption of Implementation Strategy

On 11/11/19, the Board of Directors for Loyola Medicine voted after three weeks of review of the 2020-2022 Implementation Strategy for addressing the community health needs identified in the 2019 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

Daniel P. Isacksen, Jr. EVP and Regional CFO

Daniel P. Isacksen, Jr., EVP and Regional CFO, Loyola University Medical Center

11 / 15 / 2019

Date



ADDENDUM A

CHIP Strategy Sources

Loyola Medicine conducted community stakeholder meetings on September 25 and October 7, 2019 to review priority health needs and generate ideas for meaningful action. Below is the community stakeholder feedback that led to the Community Health Implementation Plan (CHIP) strategies.

Social and Structural Determinants of Health

STRATEGY 1: Apply the Seattle Race and Social Justice Initiative Racial Equity Toolkit to select health system policies, systems and environments.

At both the September 25 and October 7 stakeholder meetings, community members said:

- Structural racism, or systems in which policies and practices reinforce racial group inequity, is the root cause of the health and social needs found in the 2019 CHNA.
- Loyola must address structural racism internally and externally.

STRATEGY 2: Promote voter registration.

At the October 7 stakeholder meeting, community members said:

- Loyola needs to advocate for increased government funding for mental health services, food access and other social challenges that affect health and well-being.

Elected officials make many decisions that affect government funding for health and social services, but many people – especially those in the Hispanic/Latinx community – are not registered to vote for the elected officials they want in power. Loyola can help by providing voter registration events.

STRATEGY 3: Promote participation in the 2020 Census.

Core government funding is based on the number of an area's residents counted in the U.S. Census. Under-counting is a common problem that leads to lower levels of core funding than a community needs. The more residents are counted in the upcoming 2020 U.S. Census, the more funding there will be for health and social services.

STRATEGY 4: Create an intentional pipeline for training and hiring community members.

At both the September 25 and October 7 stakeholder meetings, community members said:

- Lack of access to good jobs and economic opportunity has created many of the health and social needs found in the CHNA. Loyola is a large employer that can help create jobs and economic opportunity for its local community.

Access to Care, Community Resources and Systems Improvement

STRATEGY 1: Use PP4H tenets of co-design to engage social support organizations in strategy development.

At the October 7 stakeholder meeting, community members said:

- Local organizations trying to meet health and social services are not well-coordinated with each other. More intentional coordination could help each organization use limited resources more efficiently and make a bigger impact.

Proviso Partners for Health (PP4H) has experience using “collective impact” methods to share power among and coordinate many people and groups working together.

STRATEGY 2: Implement a Medical-Legal Partnership.

At the September 25 and October 7 stakeholder meetings, community members said:

- There should be access to care and resources to all who are in need. The system needs to be structured so that care and resources can be easily obtained.

Medical-Legal Partnerships place a legal aid attorney in a healthcare facility to help low-income patients address health-harming legal needs.

STRATEGY 3: Host or co-host Open Enrollment events for public and exchange-based health insurance plans.

While not everyone is eligible for a subsidized or government-run health insurance, Loyola can help those who are to take advantage of benefits that can help them access and pay for healthcare services.

Mental Health and Substance Use Disorder

STRATEGY 1: Strategically disseminate Mental Health First Aid training in and around Proviso Township.

At the September 25 and October 7 stakeholder meetings, community members said:

- There is significant stigma in the community around mental health challenges. The expectation is that individuals and their families do not talk about it.
- The staff of community-based organizations will serve the public better if they are prepared to recognize and help those suffering from poor mental health.

STRATEGY 2: Establish at least one community-based mental health peer support program.

At the September 25 and October 7 stakeholder meetings, community members said:

- There are not enough services available to help those suffering with poor mental health.
- Peer support programs can help to normalize the idea of managing one's mental health and help those with challenges feel less alone.

Chronic Disease Prevention and Management

STRATEGY 1: Launch additional VeggieRx site.

At the September 25 and October 7 stakeholder meetings, community members said:

- The community needs more education on nutrition and access to affordable fruits and vegetables. There is no grocery store in Maywood.
- Nutrition information needs to be culturally relevant.

The VeggieRx program offers nutrition education and weekly access to fresh, locally grown produce.

STRATEGY 2: Establish strong referral pipeline for the Diabetes Prevention Program, tobacco cessation programs and future supportive programming for cancer survivors.

- Loyola should be helping to prevent new cases of diabetes and cancer.
- Those living with chronic diseases need support groups so they know they are not alone and can help each other manage their conditions.

STRATEGY 3: Conduct screenings for chronic disease risk factors such as high blood pressure and cancer indicators.

- Loyola should be helping to prevent new cases of diabetes and cancer.



**LOYOLA
MEDICINE**

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