

Community Health Needs Assessment Report

Focusing on Communities within
West Suburban Cook County

JUNE 2012



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Prepared by the Illinois Public Health Institute

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Table of Contents

Introduction and Mission Review	4
Review of LUHS Community Benefits	5
LUHS Approach to CHNA Development.	5
Executive Summary	6
Community Description of LUHS Service Area	8
Data Collection Approaches	10
Findings from Community Health Data	11
Findings from Community Input Process	15
LUHS Community Health Priority Issues	19
Reflections on Community Health Needs Assessment	20
Community Health Profile Report	Appendix 1
Community Input and Resources Report	Appendix 2

Introduction and Mission Review

Over the six months between January and June 2012, Loyola University Health System (LUHS) led a comprehensive Community Health Needs Assessment (CHNA). LUHS is made up of two hospitals – Loyola University Medical Center (LUMC) in Maywood and Gottlieb Memorial Hospital (Gottlieb) in Melrose Park and 22 primary and specialty care facilities. LUHS became a member of Trinity Health in 2011. As a recent member of Trinity Health, LUHS is committed to its mission:

We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

Figure 1. LUHS CHNA Values

- We believe that healing involves the body, mind and spirit.
- We are guided by the ethical and religious directives of Catholic health care institutions.
- We respect the sacredness of every human life (through all stages of life), and will be inclusive in our scope in order to address the needs of patients and community members of all faiths, races, ethnicities, ages, and income levels.
- We embrace a disease prevention and health promotion philosophy; not just caring for the sick, but helping people to be healthy.
- We believe in health equity and social justice, particularly by serving the underinsured and underserved; this will be reflected in all stages of LUHS' community health work including needs assessment and plan, implementation and evaluation.
- We believe that health care, across the full continuum of care, must be provided in the highest quality way.
- We seek to form collaborative partnerships and to engage and learn from our community.
- We believe that innovation and research are both important to creating a healthier community.
- Our work will be guided by the desire to advance the healing mission of Loyola University Health System.

The CHNA process was guided by a Community Health Needs Assessment Steering Committee composed of representatives from LUHS, Loyola Stritch School of Medicine, local public health departments, healthcare provid-

ers, community leaders, faith-based leaders and social and charitable service organizations knowledgeable of the local community (see Acknowledgements page for Steering Committee members). The Steering Committee's work was supported and facilitated by the Illinois Public Health Institute (IPHI).

The core of the Steering Committee's work was to review the health and community data and contribute to the identification of priority community health needs for the CHNA service area. Specifically, the charge of the Steering Committee was: *By efficiently using data and accessible information, the Loyola CHNA Steering Committee will describe the health and prevention needs of Loyola's defined community to produce a high-level plan of action that is consistent with the ethical and religious directives guiding Catholic healthcare institutions. The resulting "high level plan of action" will include priorities, objectives and key strategies.*

LUHS and the CHNA Steering Committee worked together to develop CHNA values (Figure 1). LUHS is guided by the values collaboratively developed through the assessment, implementation and evaluation of the community health plans.

The Steering Committee and LUHS also jointly developed a vision for the communities served by LUHS (Figure 2). This vision statement serves as an inspirational overarching goal to provide rationale and guidance for the CHNA, priority health issues and implementation of plans to address community health needs.

Figure 2. LUHS CHNA Vision Statement

Our community will be a place where health and wellness are promoted and achievable, and care is accessible, equitable, and provided with respect for the dignity of each person.

This CHNA report, and its two supporting appendices, is the culmination of efforts facilitated by the Steering Committee, LUHS and IPHI. The documents bring together the community health profile data analysis, survey and focus group input, and meeting discussions that occurred throughout the six month CHNA period. This report sets forth the community health priorities identified through the CHNA process.

Review of LUHS Community Benefits

LUHS undertook this comprehensive community health needs assessment under the sponsorship of Trinity Health. LUMC and Gottlieb have long traditions as health care resources to the communities they serve. LUHS community benefit activity is summarized and reported annually to the State of Illinois in the form of a Community Benefit Report for each fiscal year. The total amount of community benefits reported to the State of Illinois for both LUMC and Gottlieb in FY 2011 totaled more than \$143 million,

including charity care, subsidized clinical services, health professionals education, research activities, health awareness and prevention programs, support groups, language interpretation, donations and volunteer services.

The CHNA will provide a structure to develop and implement, under a coordinated plan, programs to address the priority health issues and barriers identified within the community health needs assessment report.

LUHS Approach to CHNA Development

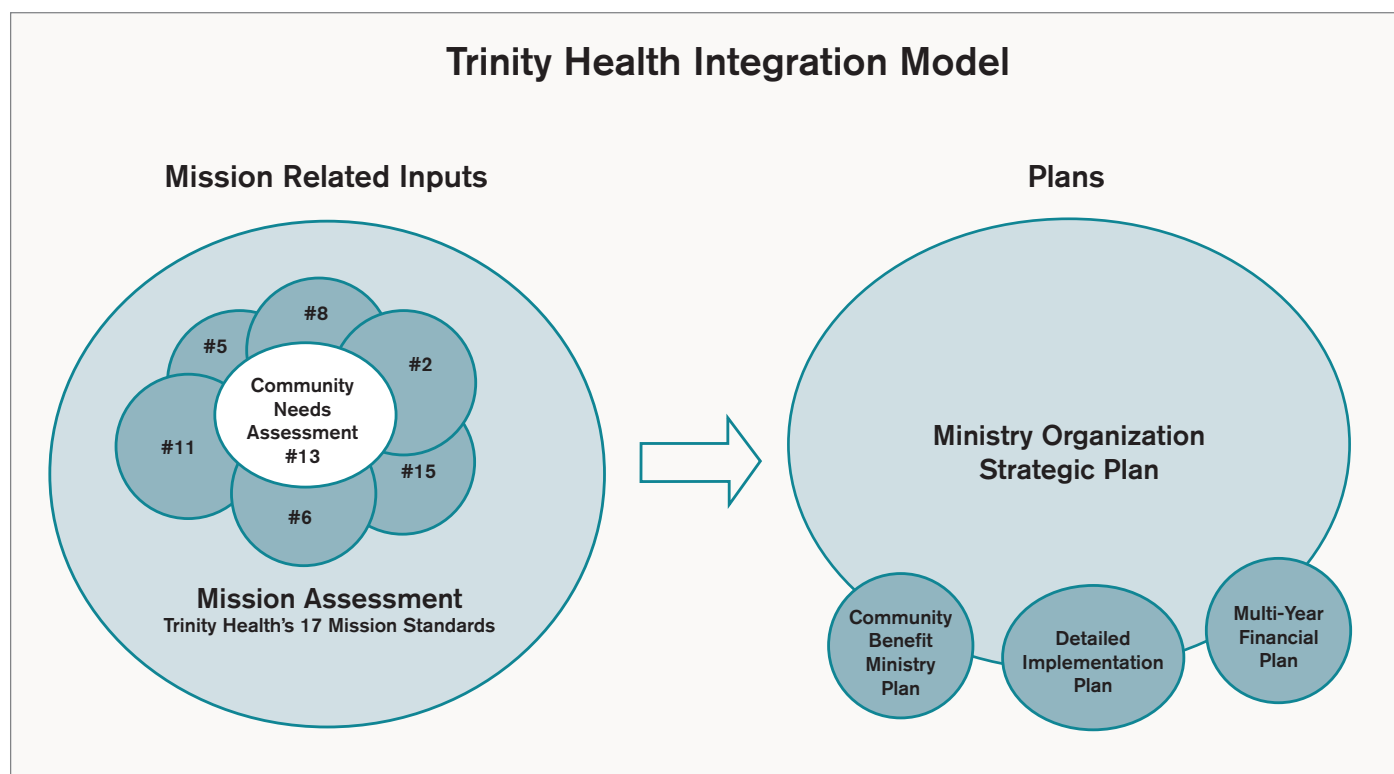
The CHNA process is an opportunity to develop and expand current programs and initiatives in advancing or aligning with LUHS' mission and work towards achieving the CHNA vision. The process as described in the Trinity Community Health Needs Assessment: A Complete and Simplified Guide for Mission Organizations to Prepare Their Individual Community Health Needs Assessments, revised August 2010 (Trinity Health CHNA Guide) is designed to be a first step in the preparation of a strategic plan encompassing community benefit goals and priorities. Trinity Health's Mission Assessment, mission standard number 13, directly relates to the Community Benefit Process, which states, *"We develop strategic plans in light of*

a thorough assessment of the health needs of the communities we serve."

Under the Trinity Health Integration Model (Figure 3), the CHNA report provides valuable community information on health and broader social issues as well as the identification of barriers to improving health. This report will be an important contribution to the strategic planning process as well as for the Community Benefit Ministry function of LUHS.

This CHNA report provides an in-depth view of the health needs as well as broader health indicators facing the community with special attention to vulnerable populations,

Figure 3.



underinsured, and underserved. The social and health indicators include demographic, socioeconomic, health status and access to health care. The most recent data from local, state and federal resources were used in addition to gathering the opinions and concerns of the community through surveys and focus groups. Through community input, other factors, barriers and gaps also were suggested and assisted the Steering Committee in prioritizing the community issues.

A community health needs assessment will be conducted every three years with interim assessments carried out during the intervening years to evaluate the progress made in addressing the issues found in the CHNA. We do this to maximize the effectiveness of decisions regarding the strategic direction and dedication of programs and resources to addressing the needs of our community. The CHNA process is designed to engage community stakeholders with perspectives on the health needs of the community, especially the public health departments. LUHS

engaged the Oak Park and Cook County health departments through the Steering Committee and reviewed the community health assessment and plans (IPLAN and We-Plan) developed by each health department to ensure alignment of efforts.

The CHNA report and its data appendices are a valuable community resource. These will be made widely available for use by all local and regional organizations, agencies and interested individuals to develop their own programs and initiatives to address the health issues and barriers impacting the health and well-being of vulnerable populations, the underinsured and the underserved.

Over the next year, LUHS will build on the work of the CHNA Steering Committee and will develop a strategic implementation plan that will be used by LUHS to target activities for investment and action. This CHNA process marks the beginning of a formal process to continually assess and seek opportunities to improve the health needs of our community.

Executive Summary

Over six months, beginning in January 2012, Loyola University Health System (LUHS) led a comprehensive Community Health Needs Assessment (CHNA). The process was modeled on the Trinity Health CHNA Guide. A Steering Committee composed of representatives from LUHS, Loyola Stritch School of Medicine, local public health departments, healthcare providers, community leaders, faith-based leaders and social and charitable service organizations helped lead the process. The core of the Steering Committee's work was to review health and community data and contribute to identification of priority community health needs for the CHNA service area. This CHNA report, and its two supporting appendices, is the culmination of efforts facilitated by the Steering Committee, LUHS and IPHI. The report looks at broad health issues facing West Suburban Cook County communities which comprise LUHS' service area with special attention to vulnerable populations, underinsured and underserved. The report brings together the community health profile data analysis, surveys, focus groups input, and meeting discussions that occurred throughout the six month CHNA period. It also sets forth the community health priorities identified through the CHNA process.

LUHS defined a service area for the CHNA made up of the communities surrounding LUHS' two hospital sites - Loyola University Medical Center in Maywood and Gottlieb Memorial in Melrose Park. The CHNA Service Area consists of 26 zip codes in West Suburban Cook County, covering the municipalities of Bellwood, Berkeley, Berwyn, Broadview, Brookfield, Cicero, Elmwood Park, Forest Park, Franklin Park, Hillside, LaGrange Park, Lyons, Maywood, Melrose Park, Northlake, North Riverside, Oak Park, River Forest, River Grove, Riverside, Stone Park and Westchester, as well as the Austin neighborhood of Chicago. Based on demographic data and input from the Steering Committee, LUHS identified five sub-regions (A - E) within the CHNA service area as described on page 8 of this report.

The total population of the LUHS CHNA Service Area is approximately 500,000, and the population size remained the same between 2000 and 2010. During that period, the Hispanic population increased substantially to 39% of the population in 2010, and the white population declined; the size of the African American population remained the same. Several cities in West Suburban Cook County have large youth populations. Over 30% of the populations of Stone Park, Cicero, Bellwood, Berwyn and Melrose Park

are under 18. Westchester and LaGrange Park have particularly high populations of seniors.

The Community Health Profile data collected across a range of indicators show that there are many health and social issues affecting community health in the LUHS service area. Overall, West Suburban Cook County fares worse on most of the indicators than does the whole of Suburban Cook County. Sub-Regions A, B and E are disproportionately affected by health disparities. These Sub-Regions include the communities of Maywood, Bellwood, Berkeley, Hillside, Broadview, Melrose Park, Stone Park, Northlake, Franklin Park, Berwyn and Cicero. Across the LUHS CHNA service area, obesity/overweight and heart disease are issues that affect a majority of the population. Access to care is also an important issue, since about half of the residents in the LUHS CHNA service area are either on Medicaid or are uninsured.

LUHS used four methods for collecting community input data: 1) asset inventory; 2) community survey; 3) provider and faith leader survey; and 4) physician focus groups. Several common themes surfaced across the different community input data, which are also consistent with the findings from the Community Health Profile as described above. Risk factors for chronic disease - such as hypertension, obesity and high cholesterol - were of high concern for community residents, LUHS physicians, and community-based service providers. Access to care, including dental and mental health services, also were cited as major health issues. Health insurance, jobs and economic stability, access to healthy food and the need for safe places were identified as barriers to health. Primary crosscutting issues for teens included teen pregnancy, substance abuse and barriers to school success.

Through a facilitated prioritization process, LUHS and the CHNA Steering Committee analyzed the findings from the Community Health Profile and Community Input Reports and identified top two priority issues: Obesity and Access to

Care. In addressing these two broad priorities, LUHS and the Steering Committee believe that the following important issues will also be contemplated: Heart Disease, Diabetes, Coordination of Care, Focus on Prevention, and Loss of Services due to state budget cuts. LUHS and the Steering Committee also identified that community-building opportunities (e.g., partnerships with area community organizations) could be woven into implementation strategies.

The CHNA report and its data appendices are a valuable community resource. These will be made widely available for use by all local and regional organizations, agencies and interested individuals to develop their own programs and initiatives to address the health issues and barriers impacting the health and well-being of vulnerable populations, the underinsured and the underserved.

Over the next year, LUHS will build on the work of this CHNA process and will develop a strategic implementation plan that will be used by LUHS to target activities for investment and action. This CHNA process marks the beginning of a formal process to continually assess and seek opportunities to improve the health needs of our community. As LUHS moves into the action-planning and implementation stages, gathering further community input will help LUHS to better understand community-specific needs, barriers and assets, and it will be essential to the goal of leveraging community benefit activities for community-building. Furthermore, on-going analysis of demographic trends, health status and health disparities will help to inform effective strategies to address the priority issues of obesity and access to care. LUHS looks forward to building on the momentum generated through this process, working in partnership with diverse community stakeholders to address issues related to obesity and access to care, and to foster improved community health in West Suburban Cook County.

Community Description of LUHS Service Area

LUHS, a member of Trinity Health, is a quaternary care system based in Western Cook County. It includes the 61-acre LUMC campus, the 36-acre Gottlieb campus and 22 primary and specialty care facilities in Cook, Will and DuPage counties. The heart of the medical center campus, Loyola University Hospital, is a 569-licensed-bed facility. It houses a Level 1 Trauma Center, a Burn Center and the Ronald McDonald® Children's Hospital of Loyola University Medical Center. Also on campus are the Cardinal Bernardin Cancer Center, Loyola Outpatient Center, Center for Heart & Vascular Medicine and Loyola Oral Health Center as well as the LUC Stritch School of Medicine, the LUC Marcella Niehoff School of Nursing and the Loyola Center for Fitness. Loyola's Gottlieb campus in Melrose Park includes the 264-licensed-bed community hospital, the Professional Office Building housing 150 private prac-

tice clinics, the Adult Day Care, the Gottlieb Center for Fitness and Marjorie G. Weinberg Cancer Care Center.

LUHS defined a service area for the CHNA made up of the communities surrounding LUHS' two hospital sites, LUMC and Gottlieb. The service area was defined based on patient zip code analysis from both hospitals. The CHNA Service Area consists of 26 zip codes in West Suburban Cook County. These zip codes cover 22 cities across the west part of Cook County. The LUHS CHNA Service Area covers the municipalities of Bellwood, Berkeley, Berwyn, Broadview, Brookfield, Cicero, Elmwood Park, Forest Park, Franklin Park, Hillside, La Grange Park, Lyons, Maywood, Melrose Park, Northlake, North Riverside, Oak Park, River Forest, River Grove, Riverside, Stone Park and Westchester, as well as the Austin neighborhood of Chicago.

Figure 4.

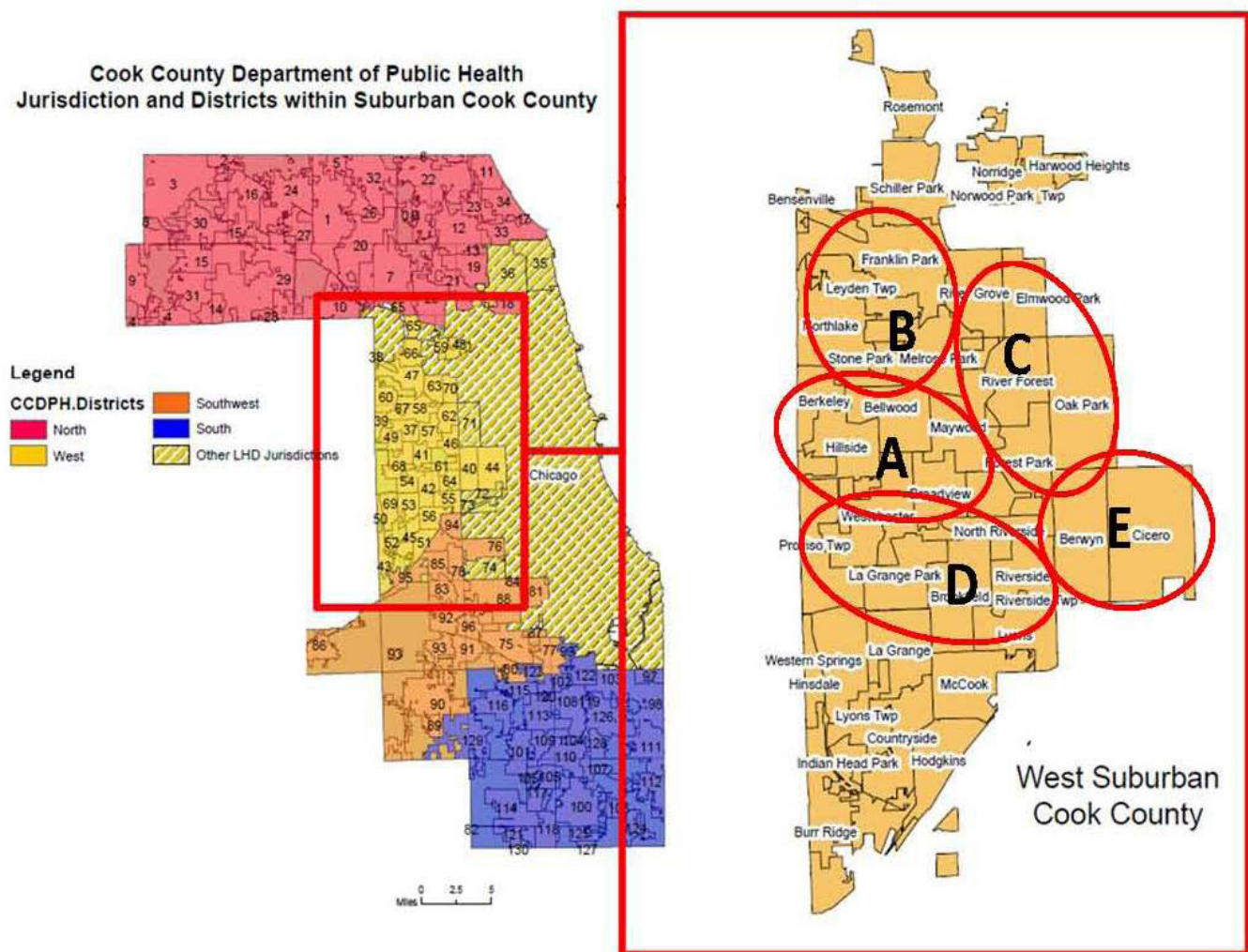
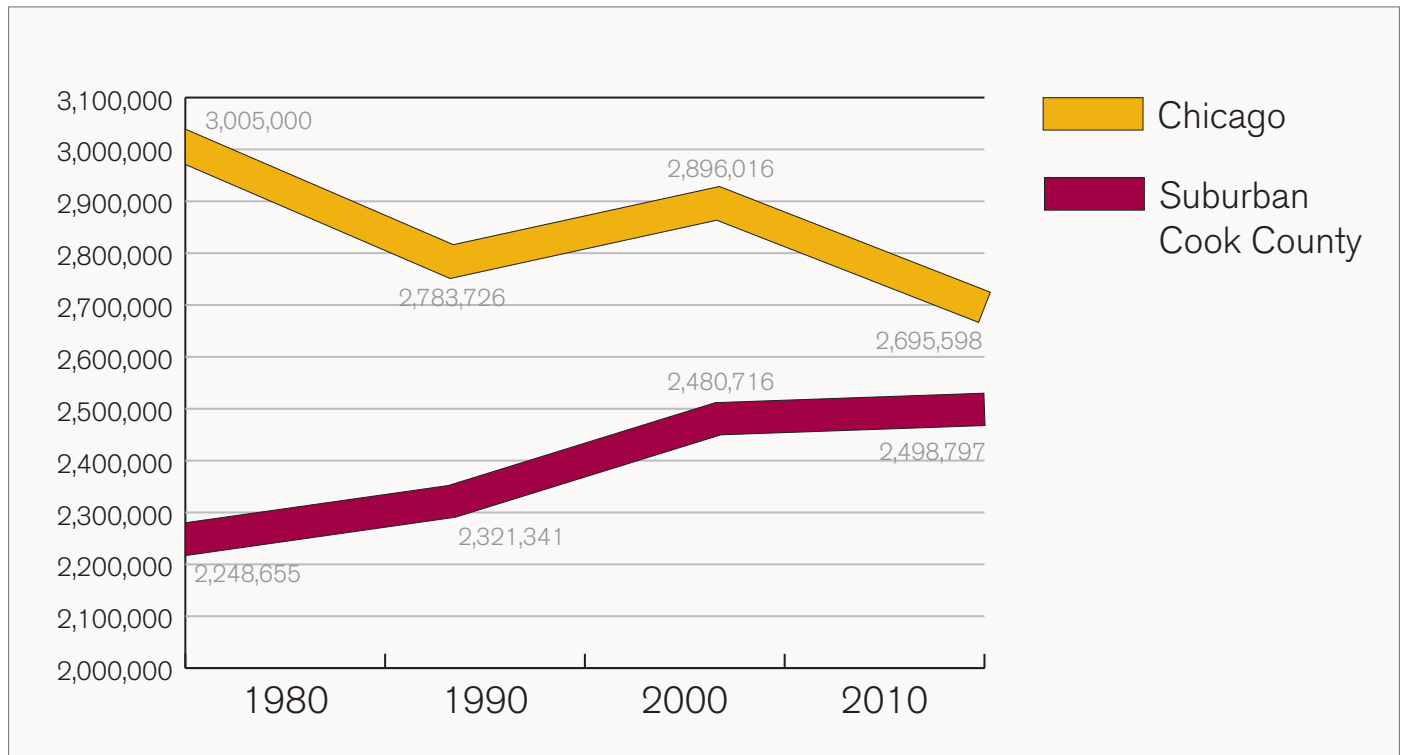


Figure 5. Chicago and Suburban Cook County Total Population, 1980 – 2010

Source: Census Quick Facts



Population shifts in Chicago and Suburban Cook County between 1980 and 2010 have important implications for LUHS' health systems planning and community health work (Figure 5).

The total population of the LUHS CHNA Service Area in West Cook County is approximately 500,000, and that overall population size changed very little between 2000 and 2010. Five municipalities in the area gained population over that period – Berwyn, La Grange Park, Lyons, Melrose Park and Northlake.

The age profile of the CHNA Service Area population was relatively similar in 2000 and 2010. The population of residents 25-49 grew slightly and the population of residents 50-64 declined slightly. The Hispanic population increased substantially from 2000 to 2010 and the white population declined; the size of the African American population remained the same (Figure 6).

Based on demographic data and input from the CHNA Steering Committee, LUHS identified five sub-regions within the service area (Figure 4):

- **Sub-region A includes Maywood, Bellwood, Berkeley, Hillside and Broadview.** This area has a large African American population and significant populations living below 200% of the Federal Poverty Level (FPL). There are large populations of youth in this area. LUMC is located

in this area.

- **Sub-region B includes Melrose Park, Stone Park, Northlake and Franklin Park.** This area has a rapidly growing Hispanic population and significant populations living below 200% FPL. There are large populations of youth in this area. Gottlieb is located in this area.
- **Sub-region C includes River Grove, Elmwood Park, River Forest Oak Park and Forest Park.** There is a large white and Italian population in this area, and a high 65+ population in Elmwood Park and River Forest. River Forest and Oak Park, in particular, have higher median incomes than most of West Suburban Cook.
- **Sub-region D includes La Grange Park, Brookfield, Riverside, North Riverside, Lyons and Westchester.** Westchester, La Grange Park and Riverside all have high 65+ populations. Those same communities also have higher median incomes than most of West Suburban Cook. The area is predominantly white, but Lyons has a growing Hispanic population.
- **Sub-region E includes Berwyn and Cicero.** Large populations of Hispanics, youth and residents below 200% FPL reside in this area.

Figure 6. Demographics of CHNA Service Area

		2010	2000			2010	2000
Age	0-17	26.1%	26.6%	Gender	Men	48.9%	48.8%
	18-24	9.2%	9.3%		Women	51.1%	51.3%
	25-49	34.3%	36.9%	Race/ Ethnicity	White	45.3%	56.1%
	50-64	18.1%	13.7%		African American	12.9%	12.0%
	65-84	10.2%	11.8%		Hispanic	38.7%	28.3%
	85+	2.1%	1.7%				

Source: CCDPH

Data Collection Approaches

Per guidance from Trinity Health and from the Internal Revenue Service on Community Health Needs Assessment, LUHS pursued two avenues of data collection for this assessment: (1) compilation and analysis of secondary data to create a Community Health Profile and (2) gathering community input through surveys, focus groups and other methods.

For the Community Health Profile, LUHS collected data from a range of secondary sources. As defined in the Trinity Health CHNA Guide, the Community Health Profile reports on data collected for Health Indicators and Social Indicators that are based on the County Health Rankings indicators (www.countyhealthrankings.org). LUHS was fortunate to be able to access data from Cook County Department of Public Health for many demographic and health status indicators. Other sources include the Decennial Census, American Communities Survey, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), Illinois Department of Public Health, Illinois Department of Economic Security, Illinois State Board of Education, Illinois Department of Healthcare and Family Services, Illinois State Police, and LUHS Internal Records.

LUHS used four methods for collecting community input data: asset inventory, community survey, provider and faith leader survey, and physician focus groups. The community input process for the LUHS CHNA was carried out between February and May 2012. During this time period, additional data collected in the community also was reviewed as part of the assessment and included: three community conversations regarding youth conducted by the United Ways of Metropolitan Chicago and DuPage/West Cook and data from the 2010/11 National Research Cor-

poration (NRC) Consumer Health Report for the Loyola CHNA Market.

Community Survey

LUHS, IPHI and the CHNA Steering Committee collaborated to develop a 38-question survey for community residents about health care, health issues and quality of life. The LUHS Department of Planning and the CHNA Steering Committee worked to identify community sites to field surveys with a priority target population of uninsured and under-insured residents. A total of 429 community residents were surveyed at ten different sites during a three-week period in April 2012. The survey sites were: West Cook YMCA, Corazon/Cicero Youth Task Force, PCC Community Wellness Center, Infant Welfare-Oak Park, West Suburban PADS Support Center, Catholic Charities, Aging Care Connections, Procure Resurrection Behavioral Health Center, Gottlieb Adult Day Care and Proviso Pantry.

Community residents filled out a paper survey in either English or Spanish on site, and the responses were entered into Survey Monkey by the LUHS Department of Planning. In addition to basic analysis of each question in the Community Survey data, IPHI performed more in-depth analysis of open-ended responses and also looked at cross-tabs related to insurance status and race/ethnicity on all questions.

Provider Survey

LUHS, IPHI and the CHNA Steering Committee also developed a 9-question survey for providers – health care, social service and community based organizations – on health issues, quality of life and partnerships between LUHS and other community health organizations. LUHS and IPHI identified health care providers, social service

providers and community based organizations serving residents in the CHNA area through consultation with the CHNA Steering Committee and online research. The LUHS Department of Planning sent an electronic letter, with a link to the online survey, to approximately 100 organizations across the CHNA area. A total of 20 providers responded to the survey. Providers came from a range of organizations, including school-based, faith-based, social service and primary care. Even though the response rate was small, the insight gained from the survey was valuable to understanding the health needs and barriers for the uninsured and under-insured in the community.

Focus Groups

Two focus groups were held with LUHS physicians. One focus group was made up of six doctors from LUMC, and the other had participation from six doctors from Gottlieb. Each focus group had representation of physicians from a range of practices including ER and various specialties. The focus groups were conducted by Laurie Call from IPHI and followed a semi-structured format, using the same six questions in each focus group. In addition,

the United Ways of DuPage/West Cook County and Metro Chicago conducted community conversations with leaders in Melrose Park and parents and youth in Cicero. The data from these events was shared with LUHS for the Community Input report, and will also be utilized during the action-planning phase of this CHNA process.

National Research Corporation 2010/11 Consumer Health Survey

Data also was used from the National Research Corporation (NRC) 2010/11 Consumer Health Report for LUHS, based on the zip codes contained within the CHNA service area. The LUHS-CHNA 2011 market sample for 2010/11 was composed of 497 households. NRC uses an online survey that respondents receive through Internet invitations. Questions are designed to provide a view of health status, perceptions of residents and health care utilization. NRC weights the data according to a number of demographic variables: Age of Head of Household, Area Population, Race; Household Income, Presence of Children and Marital Status.

Findings from Community Health Data

The Community Health Profile (Appendix 1) reports on data collected for Health Indicators and Social Indicators, as defined in the Trinity Health CHNA Guide. Trinity Health bases these indicators on the County Health Rankings indicators (www.countyhealthrankings.org). Local data in this report is presented at the smallest available scale and then compared with available county, state and federal data. In many cases, the data is presented at the city or zip code level. In some cases, the smallest available scale is West Suburban Cook County or Suburban Cook County. Suburban Cook County is all of Cook County excluding Chicago. West Suburban Cook County is an area defined by the Cook County Department of Public Health. Analysis shows approximately 85% overlap between West Suburban Cook County and the zip codes that make up LUHS' CHNA Service Area. After consulting with the LUHS Planning Department and the members of the CHNA Steering Committee, it was determined that presenting data for West Cook County would provide very relevant data for the LUHS Service Area.

Based on demographic data and input from the Steering Committee, five sub-regions within the LUHS CHNA service area were identified as described on page 8 of this report. Sub-region A includes Maywood, Bellwood, Berkeley, Hillside and Broadview. Sub-region B includes Melrose

Park, Stone Park, Northlake and Franklin Park. Sub-region C includes River Grove, Elmwood Park, River Forest, Oak Park and Forest Park. Sub-region D includes La Grange Park, Brookfield, Riverside, North Riverside, Lyons and Westchester. Sub-region E includes Berwyn and Cicero.

Some of the key findings from the Community Health Profile include:

- The LUHS service area is experiencing changing demographics, particularly with a growing Hispanic population in Sub-Regions B & E.
- There is a large youth population in the LUHS service area, particularly in Sub-Regions A, B & E.
- There are substantial disparities in terms of socioeconomic status, unemployment rates, educational attainment and health status.
- In comparison to the whole of Suburban Cook County, West Suburban Cook County has a lower health status, by most indicators.
- Across the LUHS service area, there are high rates of obesity and heart disease mortality.
- Approximately half of the population in the LUHS CHNA service area is either on Medicaid or uninsured.

Demographics

As detailed in the Community Description above, the overall population size and age profile of West Suburban Cook County remained stable between 2000 and 2010. The Hispanic population increased from 28.3% to 38.7% of the population between 2000 and 2010, and the white population declined from 56.1% to 45.3%. West Suburban Cook County has a much greater proportion of Hispanic residents compared to the whole of Suburban Cook County. As of 2010, 39% of West Suburban Cook residents are Hispanic, compared to 19% of the whole of Suburban Cook County. West Suburban Cook has smaller proportions of African American and Asian residents than the suburban county as a whole. Several cities in West Suburban Cook have large youth populations. Over 30% of the populations of Stone Park, Cicero, Bellwood, Berwyn and Melrose Park are under 18. Westchester and La Grange Park have particularly high populations of seniors.

Socio-Economic Status

Many communities in West Suburban Cook County have high rates of poverty (Figure 7). Several communities in West Suburban Cook have very high percentages of households living under 200% FPL. In Cicero and Melrose Park, nearly half of the population falls under 200% FPL. More than one quarter of the population in 13 of the 22 communities in the LUHS service area live below 200% of the FPL.

Cook County's unemployment rate is consistently slightly higher than the rates for Illinois and the U.S. Within West Suburban Cook County, there are significant disparities in terms of unemployment rates. Twelve communities had unemployment rates over 10% in 2011, including Bellwood, Broadview, Lyons and Stone Park at 15%+.

Education

Many of the same communities in West Suburban Cook with high poverty rates and high unemployment rates also have low levels of educational attainment among the adult population (25+). In 14 of the 22 communities in the LUHS service area, less than a quarter of the populations over 25 have a college degree. Several high schools have very low graduation rates. Four high schools – Proviso East, Proviso West, Morton West and Morton East – have graduation rates below 80%. Proviso East High School (Maywood) and Proviso West High School (Hillside) have the lowest graduation rates in the West Cook region at 60.1% and 66.5% respectively.

Food Access and Food Security

A recent report by the Greater Chicago Food Depository shows that many communities in the LUHS service area experience high levels of food insecurity. The most affected communities are in Sub-Regions A, B and E. At least 20% of the population of Stone Park, Bellwood, Maywood, Cicero, Broadview, Melrose Park and Franklin Park expe-

Figure 7. Poverty Rates in West Cook Communities, 2005-2009

Source: CCDPH

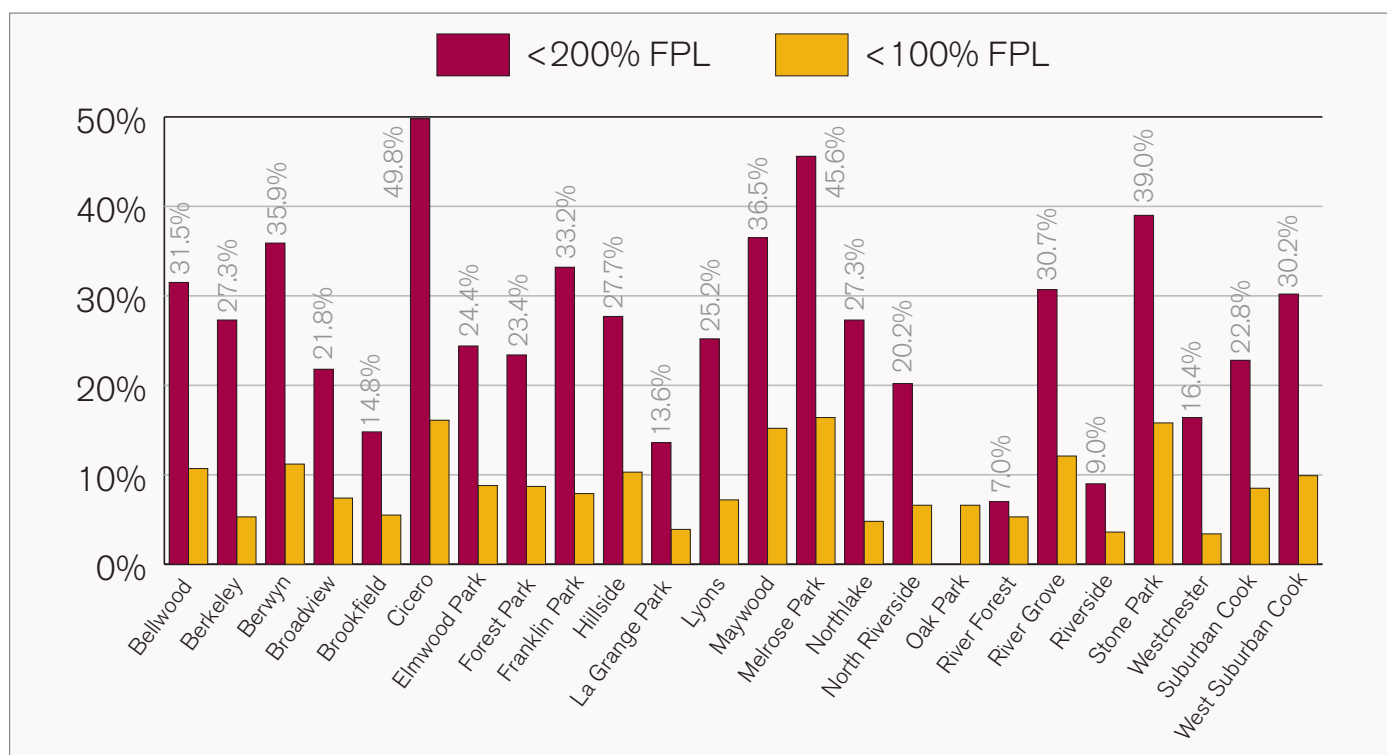
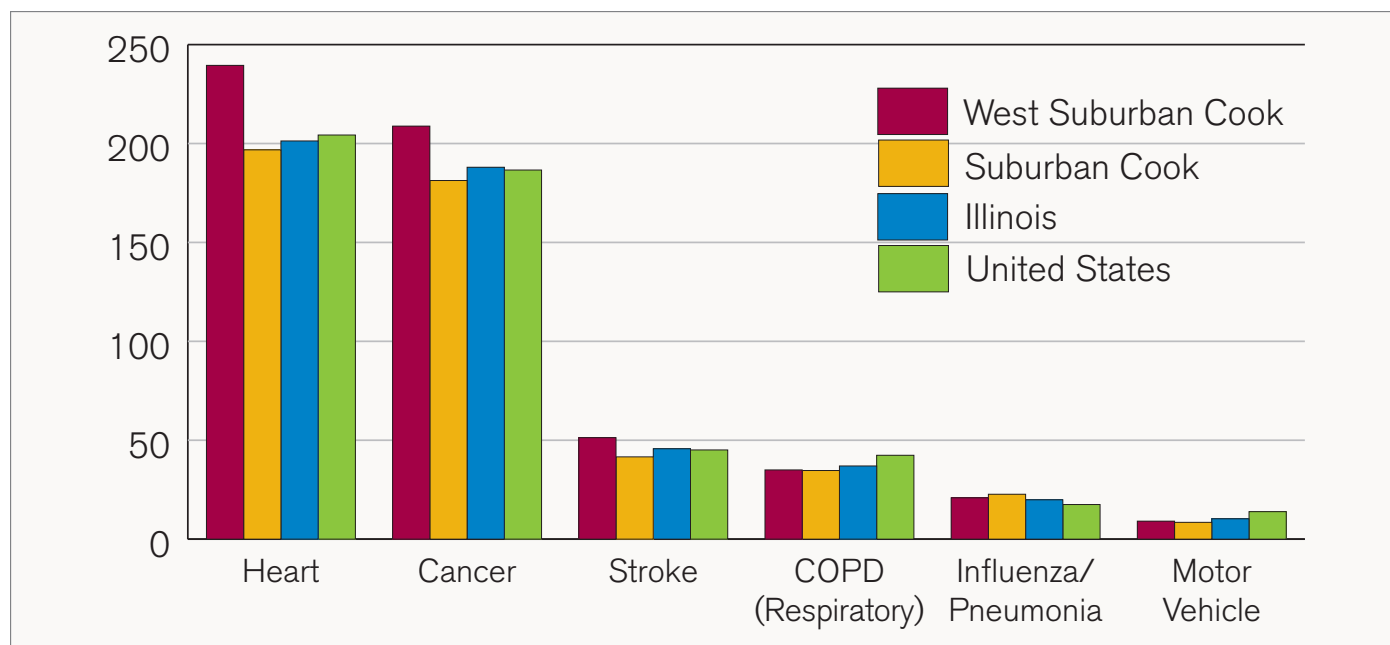


Figure 8. Mortality Rates (per 100,000), 2008

Source: CCDPH



rience food insecurity. A 2012 study on food access in Suburban Cook County identified Stone Park, Lyons, North Riverside, Melrose Park, Northlake and Maywood as the communities in West Cook with the greatest percentage of population living in a food desert.

Mortality Rates

The West Suburban Cook County mortality rates for Heart Disease, Cancer and Stroke are all higher than the corresponding Illinois rates (Figure 8). Mortality rates (per 100,000 population) for heart disease are much higher in West Suburban Cook than in the whole of Suburban Cook County. Mortality rates for heart disease decreased considerably between 2000 and 2008. Public health researchers attribute much of this downward trend in heart disease mortality to declining rates of tobacco use and improvements in cardiac care. Predictions are that increasing obesity rates and obesity-related diseases may soon reverse this trend on heart disease.

Natality

Teen births, as a percentage of all births, are higher in West Suburban Cook County (10.2%) than in Suburban Cook County overall (7.7%). The percentage of low-birth weight babies in Suburban Cook County and West Cook are the same, and substantially lower than the percentage in Illinois and the US.

Health Status

Suburban Cook County data from the 2009 Behavioral Risk Factor Surveillance System (BRFSS) survey shows that 59% of respondents reported being overweight or obese. In the same survey, 16% of respondents reported being current smokers and 23% reported being former smokers. Fifteen percent of respondents reported acute binge drinking.

In the same BRFSS survey, 37% of respondents reported at least one physically unhealthy day in the preceding month, and 37% reported at least one mentally unhealthy day in the preceding month. Twenty-two percent of respondents reported not always having the social support that they need.

West Suburban Cook has substantially higher rates of HIV/AIDS and chlamydia than the whole of Suburban Cook County. Maywood, Bellwood and Broadview have very high chlamydia rates - the rates in those cities are double the rates found in other West Suburban Cook cities.

Health Care Access and Coverage

In FY 2010, there were 162,787 Medicaid recipients in the LUHS Service Area (Figure 9). This represents approximately a third of the area's population. Children compromised 98,900 of the area Medicaid recipients. Also in 2010, the Metropolitan Chicago Information Center estimates that there were 105,071 uninsured residents in the LUHS service area. This represents approximately 21% of the area's population.

In FY 2011, 65% (33,092 of 51,231) of Emergency Department patients at the LUMC came from the LUHS CHNA

Figure 9. Illinois Department of Healthcare and Family Services Number of Persons Enrolled in the Medicaid Program by Zip Code FY2010

Zip Code	Child	Disabled Adults	Other Adults	Seniors	Partial	All Recipients
60104	4,060	607	1,396	225	614	6,902
60130	1,287	271	541	203	337	2,639
60131	3,025	264	892	219	408	4,808
60141	31	32	13	20	45	141
60153	6,514	1,031	2,082	444	843	10,914
60154	944	146	356	156	346	1,948
60155	1,162	179	429	70	237	2,077
60160	6,380	314	1,526	441	550	9,211
60162	1,290	189	436	193	202	2,310
60163	719	80	226	55	106	1,186
60164	4,181	292	1,154	519	574	6,720
60165	1,538	56	327	72	57	2,050
60171	1,244	116	468	83	249	2,160
60301	131	17	37	8	27	220
60302	1,345	501	571	369	550	3,336
60303	91	21	36	10	17	175
60304	1,003	196	391	75	223	1,888
60305	234	33	102	33	82	484
60402	11,905	929	3,806	768	1,394	18,802
60513	1,313	178	552	83	292	2,418
60526	428	77	183	70	159	917
60534	1,726	165	616	101	306	2,914
60546	755	112	319	84	252	1,522
60644	15,710	4,536	6,035	1,648	2,308	30,237
60707	5,200	630	1,732	689	1,156	9,407
60804	26,684	1,647	6,241	1,386	1,443	37,401
Total for LUHS area	98,900	12,619	30,467	8,024	12,777	162,787
Cook County	830,753	134,690	272,527	93,681	256,112	1,587,763

Service Area. Of that number, 38% were insured by Medicaid, 29% by private insurance, 19% by Medicare and 12% uninsured. Among outpatients at LUMC, 41% had private insurance, 30% had Medicare, 16% Medicaid and 2% uninsured. For the zip codes that comprise the LUHS CHNA service area, LUMC has the largest market share of inpatients in charity care, Medicaid and self-pay categories. LUMC serves 14.4% of that market for the zip codes that comprise the LUHS CHNA Service Area.

In summary, the community health data collected across a range of indicators show that there are many health and social issues affecting community health in the LUHS service area. Overall, West Suburban Cook County fares worse on most of the indicators than does the whole of Suburban Cook County. Sub-Regions A, B and E are disproportion-

ately affected by health disparities. These Sub-Regions include the communities of Maywood, Bellwood, Berkeley, Hillside, Broadview, Melrose Park, Stone Park, Northlake, Franklin Park, Berwyn and Cicero. Across the LUHS service area, obesity/overweight and heart disease are issues that affect a majority of the population. Access to care is also an important issue, since about half of the residents in the LUHS service area are either on Medicaid or uninsured. This data is consistent with findings in the LUHS Community Health Profile, the Cook County We-Plan and the Oak Park IPLAN. As LUHS moves into the action-planning and implementation to address CHNA priorities, on-going analysis of demographic trends, health status and health disparities will be important in effectively addressing priority issues and improving community health across the LUHS service area.

Findings from Community Input Process

The Community Input and Resources Report (Appendix 2) analyzes all community data reviewed during the CHNA. Four-hundred twenty nine community residents completed a community survey about health care, health issues and quality of life. It was the intention of this survey to oversample the priority target population of uninsured and under-insured residents. Therefore, the project worked with community organizations to gather a convenience sample of respondents representing the target populations. As a result, this convenience sample is already connected to community organizations and would be expected to have fewer challenges accessing services than the broader population of underinsured residents.

Demographics of the community survey respondents show that LUHS was successful at reaching its target population of underinsured. Of the community survey respondents, 44% were uninsured or underinsured, and 25% were on Medicare. The sample was racially and ethnically diverse, with 36.5% reporting as non-Hispanic white, 30.7% as Hispanic and 25.9% as African American. (Figure 10) Fifty-four percent of respondents reported a household income of less than \$25,000. It is notable that the sample for this survey differs markedly from the National Research Corporation (NRC) Consumer Health Report sample, wherein only 22% of respondents earned less than \$25,000.

Figure 10. Community Survey Respondents

		Survey Respondent	Census 2010	
Sex	Men	32%	48.9%	
	Women	68%	51.1%	
Age	18-24	13.20%	9.2%	18-24
	25-34	23.90%	34.3%	25-49
	35-44	13.70%		
	45-54	16%		
	55-64	11.20%	18.1%	50-64
	65-74	10.40%	10.2%	65-84
	75+	11.70%	2.1%	85+
Race/ Ethnicity	White	36.50%	45.3%	
	African American	25.90%	12.9%	
	Hispanic	30.70%	38.7%	

Among community survey respondents, dental care and family doctors were repeatedly identified as the care that was most difficult to access. Cost was often identified as the biggest barrier to care, as was finding a doctor. When asked

to identify the top issues that could improve health in their community, community survey respondents identified five top issues:

- health insurance
- access to care
- jobs/economic stability
- access to healthy food
- safe places to play, live and work

Similarly, physicians that participated in two focus groups ranked access to care, social support agencies and job/economic stability as the top barriers to health. Overall, the physician focus group themes centered on:

- need for community building
- addressing obesity
- increasing access to mental health care
- making clinic hours more accessible

When asked to name the issues that LUHS could best impact, provider survey respondents identified:

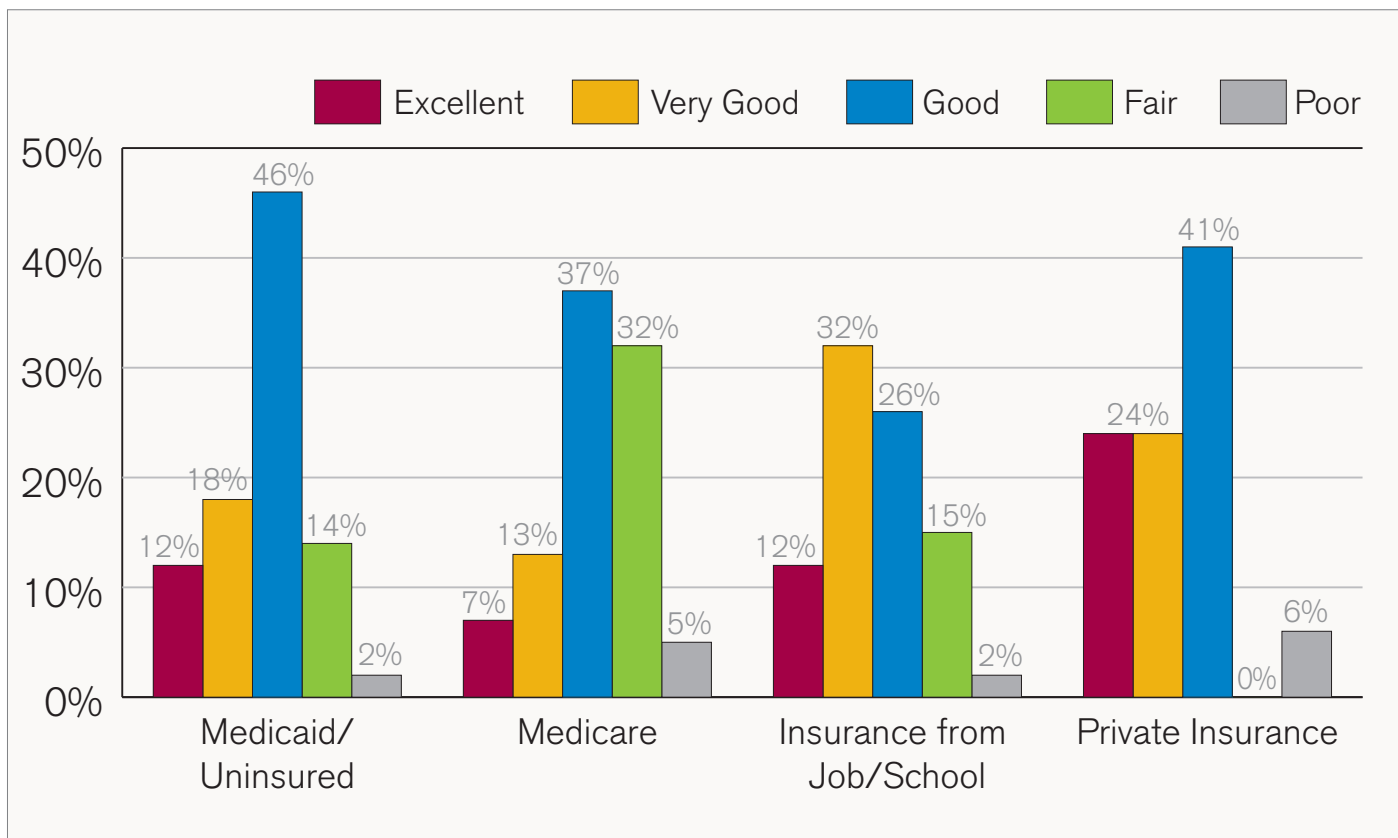
- access to care
- obesity/nutrition/fitness
- coordination of care
- health education
- loss of services

Overall, community survey respondents reported being healthy - 42% reported good health and 35% reported excellent/very good health. In the community survey, respondents that were on Medicaid or uninsured reported being in worse health overall - 16% reported fair/poor health and only 30% reported very good/excellent health. (Figure 11)

Community survey respondents reported high blood pressure, arthritis, vision problems, high cholesterol, weight and diabetes as their top health diagnoses. (Figure 12) Provider survey respondents also ranked diabetes, high blood pressure, dental health and weight as the top health problems seen in the un/underinsured. (Figure 13) In NRC surveying, respondents from the CHNA service area reported to be the same or better than the state in terms of cholesterol and arthritis, but worse in terms of high blood pressure, diabetes and obesity.

Community survey respondents reported depression/anxiety as the most common mental health problem. (Figure 14) Provider survey respondents reported depression/anxiety and substance abuse as the top mental health concerns. (Figure 15) Physician focus group participants were very concerned about access to mental health care as well as substance abuse and violence. Community survey respondents reported substance abuse and teen pregnancy

Figure 11. In general, how would you say your health is?



as the biggest health concerns facing teens, which were reflected in the physician focus groups as well.

Overall, community survey respondents were divided in their assessment of community healthcare systems in the area - 39% provided a rating of good, 31% said very good or excellent, and 30% said fair or poor. The NRC data found that LUMC was perceived as the best community health program by 21% of the sample, followed by Gottlieb (12%) and Rush Oak Park (11%). When NRC respondents were asked where to go for care for those who can't pay, Stroger Hospital (Cook County's public hospital) was most often reported (30%), followed by LUMC (17%).

Those insured by Medicare or through their job were most likely to go to private doctors offices, while the Medicaid/uninsured respondents were most likely to go to Cook County Health Department. Where individuals sought care also differed by race/ethnicity. White respondents most often reported going to private doctors offices (32%), while Hispanics reported going to MacNeal Hospital (30%) and African Americans reported most often going to West Suburban Hospital (30%).

Respondents to the provider survey prioritized preventative services as an area for improvement. Among respondents to the community survey, the most common reason

for seeing a doctor was yearly check-up (54%), followed by ongoing health problems (26%). Twenty-three percent of community survey respondents reported seeking care for preventive services in the past year. The NRC report found that 44% of women received mammograms and 35% received pap smears, similar to state levels; only colon screening, at 12%, was below state levels. It is important to note that the NRC sample includes far fewer uninsured and underinsured than the sample for LUHS' survey.

In summary, risk factors for chronic disease - such as hypertension, obesity and high cholesterol surfaced as themes. Access to care, including for dental and mental health services, were also cited as major health issues. Health insurance, jobs and economic stability, access to healthy food and the need for safe places were identified as barriers to health. Primary crosscutting issues for teens included teen pregnancy, substance abuse and barriers to school success. These results are consistent with findings in the LUHS Community Health Profile, the Cook County We-Plan and the Oak Park IPLAN. Gathering further community input will help LUHS to better understand: community-specific needs, barriers and assets in order to effectively address these specific priority issues and improve community health across the LUHS service area.

Figure 12. Have you or any member of your immediate family ever been told by a doctor or other health professional that you have any of the following?

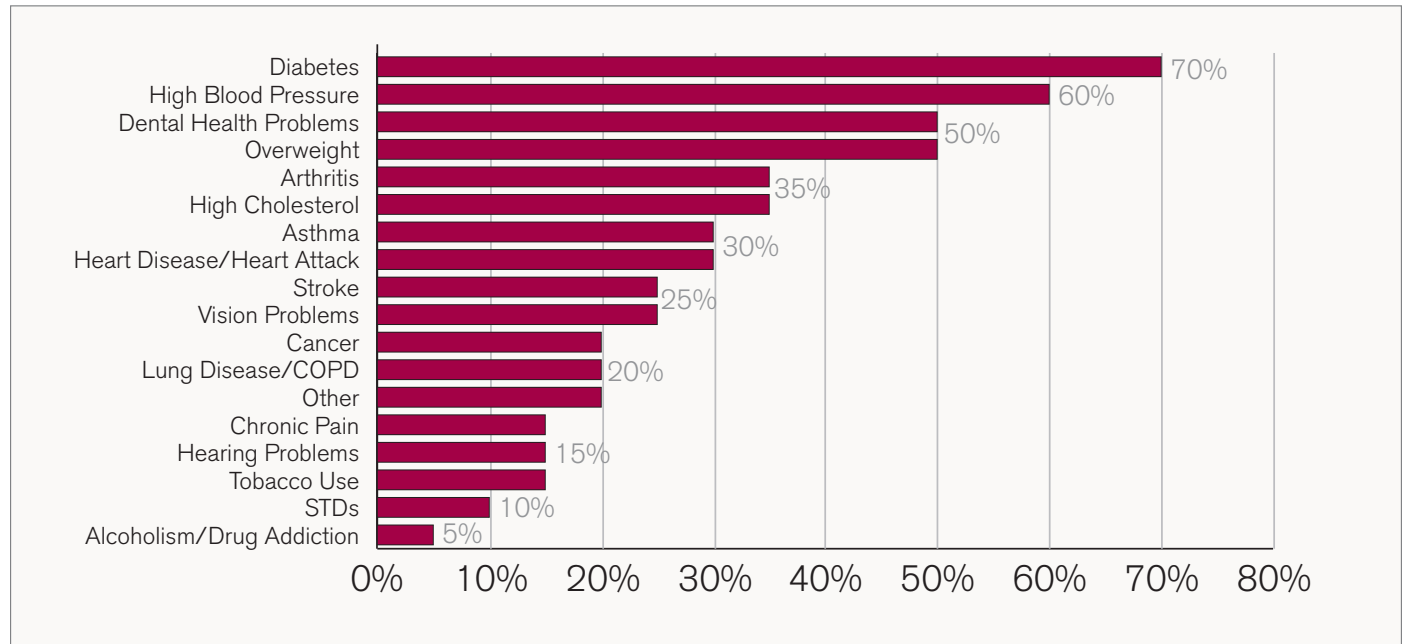


Figure 13. Percentage of Providers Selecting Issues as Top 5 Most Seen Among Un/Underinsured

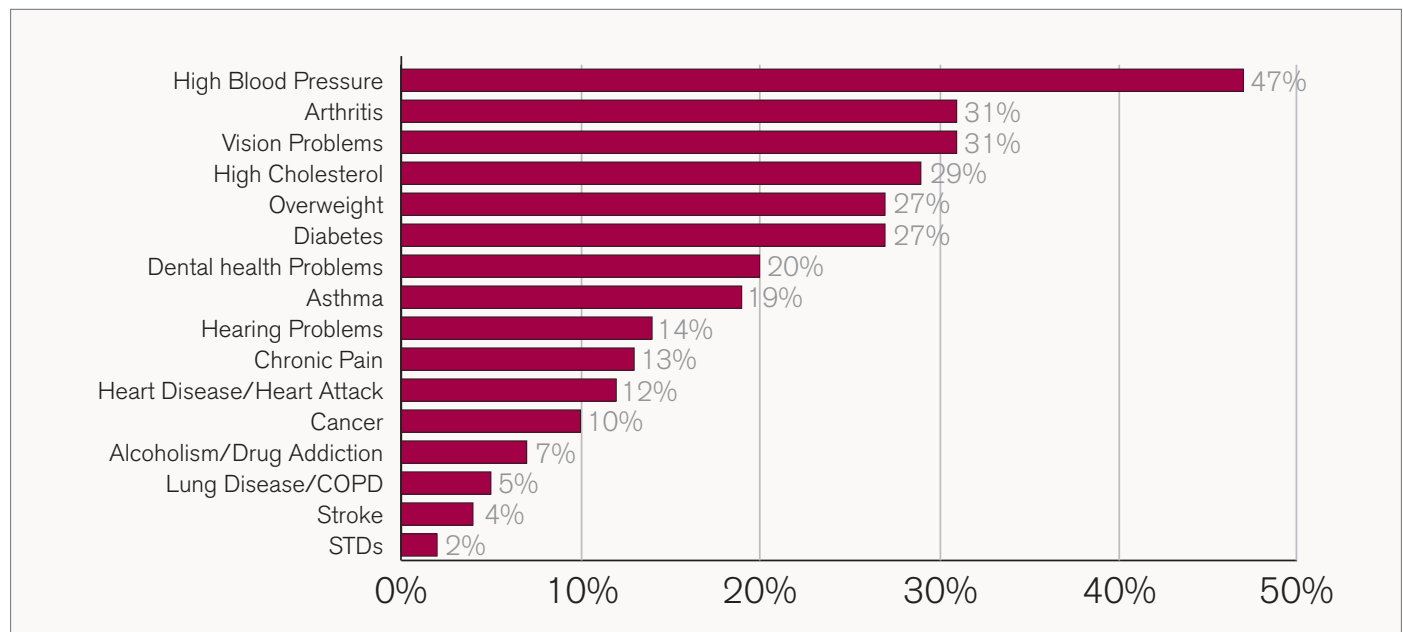


Figure 14. Have you or any member of your immediate family ever been told by a doctor or other health professional that you have any of the following?

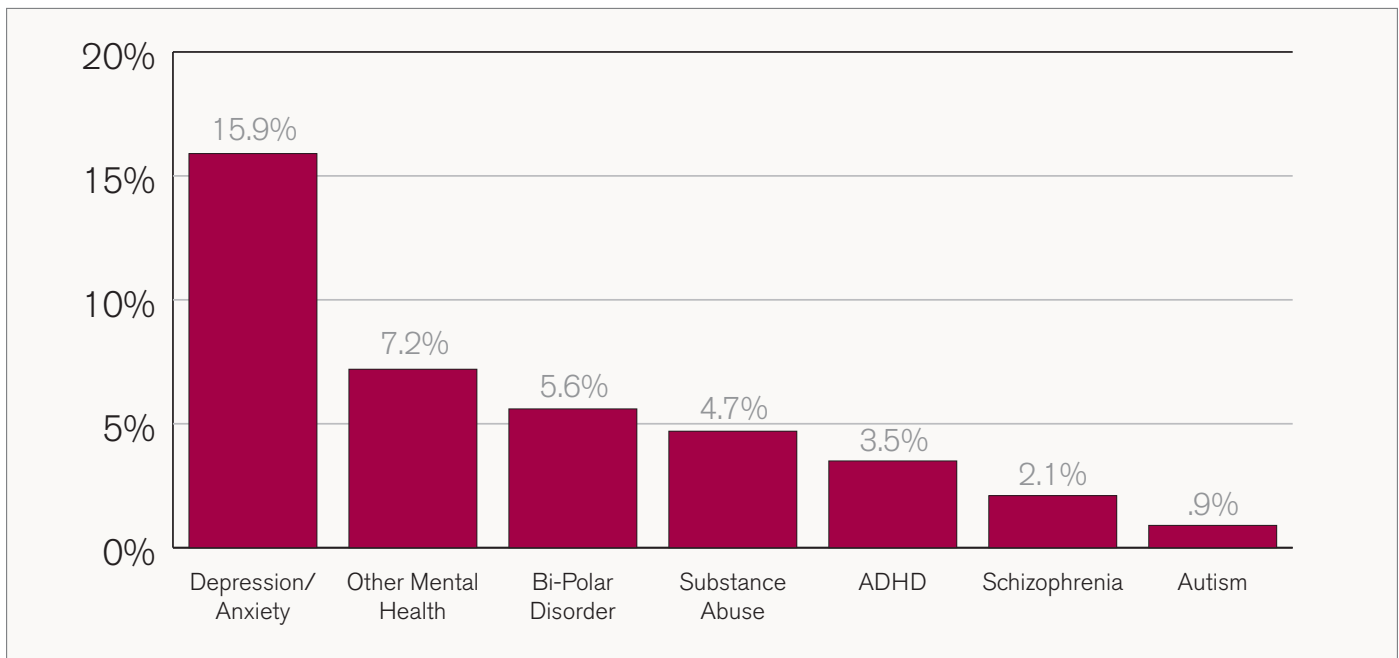
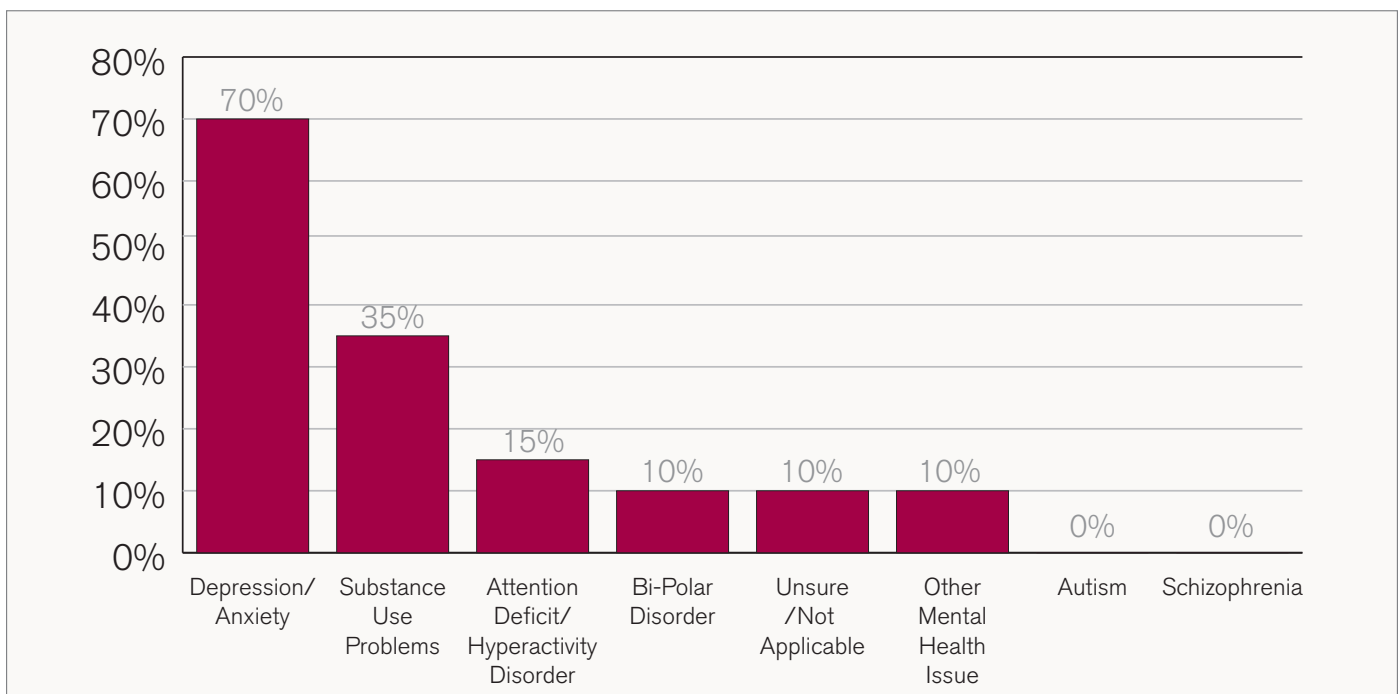


Figure 15. Percentage of Providers Selecting Issues as Top 5 Most Seen Among Un/Underinsured



LUHS Community Health Priority Issues

Following data collection and the presentation of findings, LUHS and the CHNA Steering Committee worked to identify priority health issues for the LUHS CHNA Service Area. The IPHI facilitated a process at the third of four Steering Committee meetings to guide LUHS and the Steering Committee in prioritizing community health issues. First, Steering Committee members created a list of important issues based on the assessment data. IPHI then facilitated a multi-voting process where each Steering Committee member at the meeting voted for his or her top three priorities. IPHI provided a set of prioritization criteria to help guide each individual in deciding his/her priorities. The prioritization criteria were:

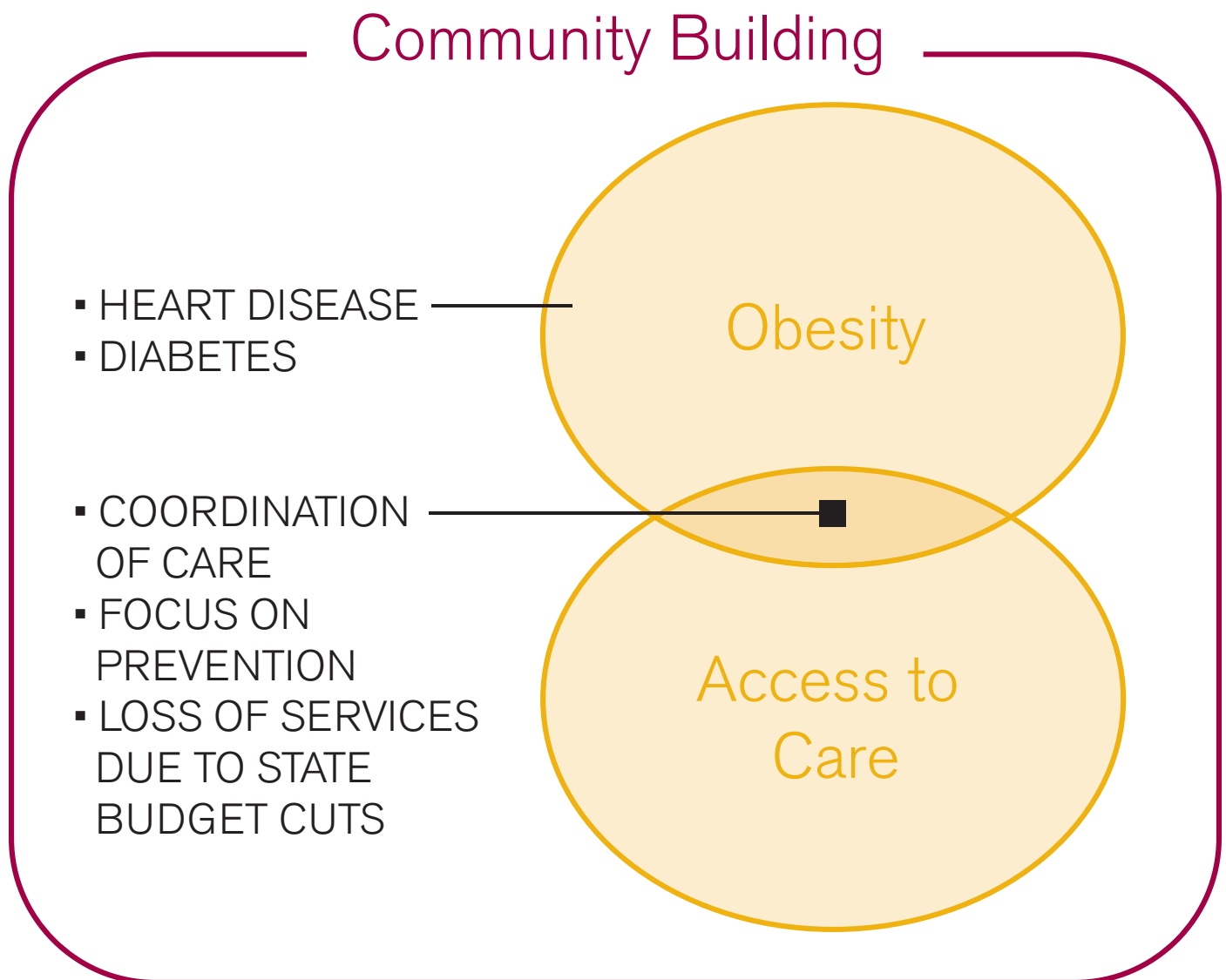
Size of the Issue/Problem – Percent of the population impacted by the issue or whether there is a health disparity that needs addressing related to this issue.

Seriousness of Not Addressing the Issue – Potential consequences to the overall health of the community if the issue is not addressed in the near future.

Available Resources/Assets to Address the Issue – Existing or potential resources and assets to be directed towards addressing this issue including opportunities for alignment, linkage and leveraging existing work.

Potential to Impact the Issue – Likelihood that impact can be made on this issue at a local level.

Figure 16. Priority Issues: Obesity & Access to Care



Following the meeting, an electronic survey was sent to Steering Committee members to ensure that all members, even those not present at the meeting, had an opportunity to identify the priority issues identified and weigh in on ranking. Along with the survey, IPHI created a summary of relevant data from the assessments for each of the issues to aid Steering Committee members in reviewing specific data related to each issue while identifying their priorities.

The combination of these two initial prioritization exercises yielded 10 top issues (listed here in alphabetical order):

- Access to Care
- Coordination of Care
- Dental Health
- Diabetes
- Heart Disease
- Jobs and Economic Stability
- Lack of Health Education/Empowerment of Community Members
- Loss of Services
- Mental Health
- Obesity

At the final Steering Committee meeting, IPHI facilitated a final prioritization exercise. Through discussion, priorities were selected based on: (a) strength of the data related to a particular issue; and (b) whether or not the issue emerged in both of the previous prioritization activities. It also became clear that several of the issues were interrelated or could serve as strategies to address overarching issues, and LUHS and the Steering Committee decided it made sense to combine a few of the issues. The priority issues of Obesity and Access to Care are shown in Figure 16.

In addition to identifying these priority issues at the last meeting, the Steering Committee also started brainstorming potential goals, objectives and strategies to begin addressing these issues. LUHS has compiled the ideas that came out of that meeting, and the newly-formed Community Benefits office will incorporate those ideas as it moves into the action planning and implementation phases.

Reflections on Community Health Needs Assessment

In embarking on LUHS' first comprehensive Community Health Needs Assessment process, it was extremely helpful to have guidance from Trinity Health. The Trinity CHNA Guide and its strong assessment framework as well as the involvement of Trinity Health staff throughout the process were key success factors for this assessment. LUHS' experience with this CHNA points to a couple areas where further guidance would be helpful: (1) an orientation for presenting the rationale behind the County Health Rankings-based assessment framework and how it can shape CHNA process and priorities; and (2) guidance and ideas for the Steering Committee up front about the types of programs and investments that can be done as community benefit, particularly with respect to social and environmental factors. Also, continued guidance from Trinity Health as the IRS rules related to community health needs assessments develop will be helpful for the CHNA process and for implementation by the Community Benefits Department.

The CHNA process presented an exciting opportunity to engage a diverse group of stakeholders from across West

Suburban Cook County. The LUHS Planning Department worked diligently to recruit a Steering Committee representing a wide range of service providers and community leaders that provided a broad perspective on health a community issues in the CHNA service area. Steering Committee members commented frequently at the value of bringing together the assembled stakeholders. This networking function of the Steering Committee equally served members internal to the LUHS system and external partners. The Steering Committee, to an unexpected extent, provided a chance for people working in different LUHS departments to learn about services and activities throughout the system. The wide range of perspectives from different LUHS employees was also a major asset of the Steering Committee. In addition to continued engagement with the organizations represented on the Steering Committee, as LUHS moves forward with CHNA and Community Benefits work, hopes to engage additional community groups.

For other health systems that are beginning their CHNA processes, three keys to success for the LUHS Steering

Committee were: (1) putting in legwork up front to recruit and engage diverse committed stakeholders representing service providers and organizations across the geographical area including public health departments; (2) working with Steering Committee members to establish clear roles and expectations for their work with the CHNA; and (3) ensuring that meetings are well-planned and professionally facilitated in a focused and interactive manner for maximum effectiveness as the stakeholders gathered often have with limited time to contribute to such a process.

A few lessons learned in compiling the Community Health Profile:

- With a large and diverse region like West Suburban Cook County, the identification of sub-regions was key for data analysis and presentation of findings. These sub-regions were also helpful in guiding community input work as well.
- The local health departments – in this case Cook County Department of Public Health and Oak Park Public Health Department – are huge assets both for accessing and analyzing data. Community Health Needs Assessment and Community Benefits work offer an exciting opportunity for hospitals and local health departments to strengthen their collaborative work.
- Steering Committee members are important resources in identifying relevant local health indicators and data sources.
- LUHS recognizes that the Community Health will be of interest and utility for many community groups, and the report was designed to be accessible to a public audience.

A few lessons learned in gathering Community Input:

- Throughout the LUHS CHNA process, it was very apparent that Community Input data was equally as important as the Community Health Profile data for identifying needs and assets and arriving at priority issues.

- Community Input is the element of this CHNA that is most constrained by any timeline. Understanding community perspectives is an ongoing process. LUHS views this community input process within a broader framework of community building within the system's Community Benefits and Community Relations work. More data from across the West Suburban Cook County region and targeted input from populations with specific needs will be helpful.

Engaging in this comprehensive CHNA process has opened the door for many opportunities moving forward. The Steering Committee members are all major assets in the West Suburban Cook region, and LUHS is excited to continue relationships with many new partners. Further, the relationships that were established between different LUHS departments, and particularly between many LUHS employees with interest and expertise in community health, will facilitate a stronger and more coordinated LUHS presence in our community moving forward.

The assessments presented in this report uncovered many health needs and health disparities. However, the process of engaging with the Steering Committee and surrounding communities also illuminated many resources and assets in West Suburban Cook County. This CHNA process has established momentum for community health work at LUHS. LUHS looks forward to building on the momentum, working in partnership with diverse community stakeholders to address issues related to obesity and access to care, and foster improved community health in West Suburban Cook County.