

Northwest Community Hospital



2023 Community Health Needs Assessment

nch Northwest
Community
Healthcare
Part of  NorthShore

In 2023, Northwest Community Hospital (NCH) conducted a comprehensive Community Health Needs Assessment (CHNA) to identify and address the key health issues of its community.

Introduction: About Northwest Community Healthcare

In January 2021, Northwest Community Healthcare (NCH) joined NorthShore University HealthSystem which has since become NorthShore – Edward-Elmhurst Health. The NCH Arlington Heights campus features a 509-bed hospital with a Level II Trauma Center, Level III Neonatal Intensive Care Unit and a dedicated pediatric acute care center in partnership with Chicago Children’s Health Alliance. Throughout the northwest suburbs, NCH has 23 doctor’s offices; five immediate care centers; seven physical rehabilitation sites; and 13 lab locations. A comprehensive listing of physicians and programs can be found at nch.org.

NorthShore – Edward-Elmhurst Health is a fully integrated healthcare delivery system committed to providing access to quality, vibrant, community-connected care, serving an area of more than 4.2 million residents across six northeast Illinois counties. More than 25,000 team members and more than 6,000 physicians aim to deliver transformative patient experiences and expert care close to home across more than 300 ambulatory locations and eight acute care hospitals – Edward (Naperville), Elmhurst, Evanston, Glenbrook (Glenview), Highland Park, Northwest Community (Arlington Heights), Skokie and Swedish (Chicago) – all recognized as Magnet hospitals for nursing excellence. Located in Naperville, Linden Oaks Behavioral Health, provides for the mental health needs of area residents.

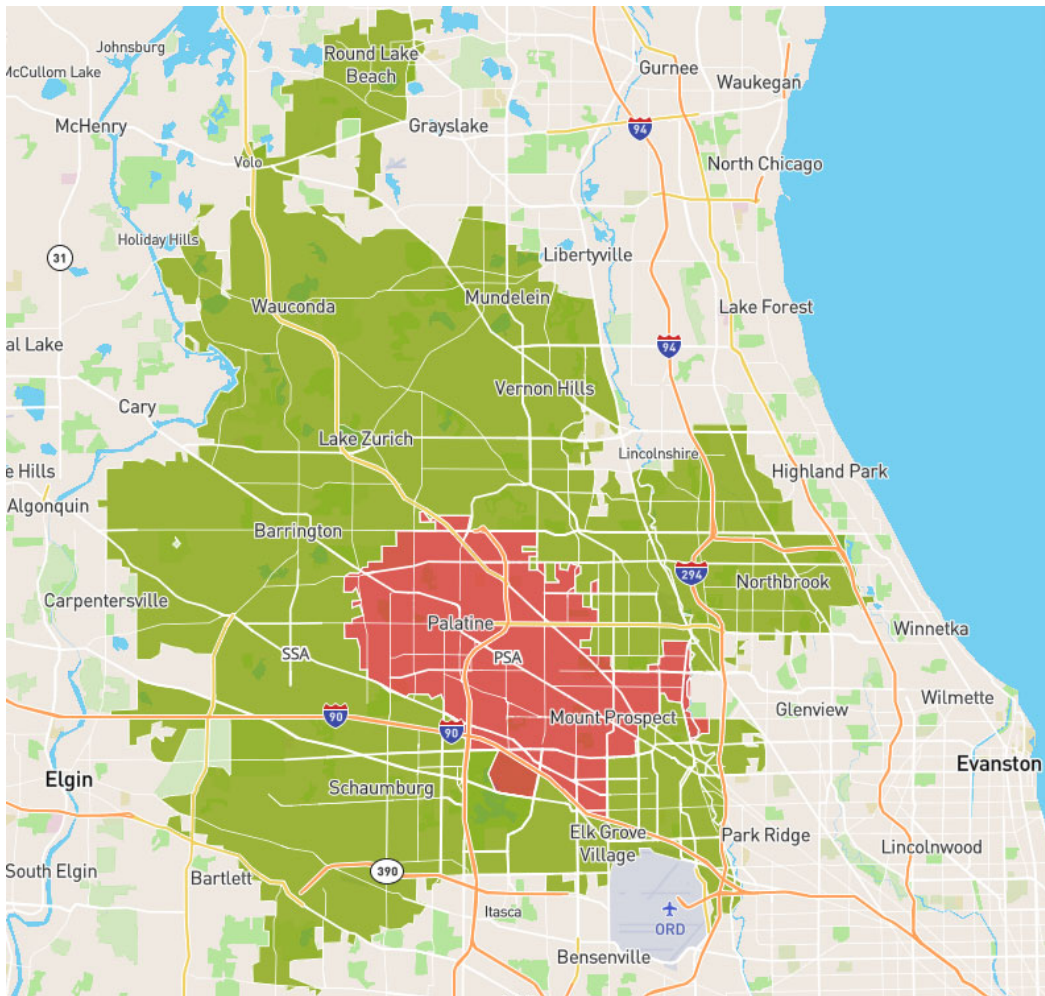
NCH has a proud and longstanding tradition of outreach to the medically underserved within its northwest suburban service area. Throughout the COVID-19 and post pandemic, NCH continues to care for the medically underserved by leading education efforts to promoting vaccine adoption, delivering vaccines to the community and supporting its community’s healing by recognizing social, economic and emotional impacts of the virus.

NCH is dedicated to addressing the needs of not only its patients, but of everyone who lives and works in the northwest Chicago suburbs. The Community Services Department utilizes hospital strengths alongside those of other well-established community partners to identify unmet health needs of their constituents and to develop strategic initiatives to address them. Working collaboratively allows NCH to better understand and reach the most vulnerable sectors with the ultimate goal of improving the community’s health status by ensuring everyone has access to care and by empowering individuals to make healthy life choices.

Definition of the Community Served

NCH’s community, as defined for the purposes of the CHNA, includes each of the ZIP codes that comprise the hospital’s Total Service Area (TSA). The TSA is comprised of both the hospital’s Primary Service Area (PSA) and Secondary Service Area (SSA). The geographic footprint is illustrated in the following map along with a chart that lists the zip codes and names of towns.

This community definition was determined because 85% of NCH’s patients originate from the primary and secondary service areas.



Primary Service Area (PSA)	
60004	Arlington Heights
60005	Arlington Heights
60008	Rolling Meadows
60056	Mt. Prospect
60067	Palatine
60074	Palatine
Secondary Service Area (SSA)	
60007	Elk Grove Village
60010	Barrington
60015	Deerfield
60016	Des Plaines
60018	Des Plaines
60042	Island Lake
60047	Lake Zurich/Kildeer
60060	Mundelein
60061	Vernon Hills
60062	Northbrook
60070	Prospect Heights
60073	Round Lake
60084	Wauconda
60089	Buffalo Grove
60090	Wheeling
60107	Streamwood
60133	Hanover Park
60169	Hoffman Estates
60172	Roselle
60173	Schaumburg
60192	Hoffman Estates
60193	Schaumburg
60194	Schaumburg
60195	Schaumburg

NCH’s holds a vast geographical position, extending across multiple counties and encompassing a diverse range of socioeconomic profiles. As a result of these unique circumstances, conducting a comprehensive CHNA necessitates a more thorough and extensive analysis of the data pertaining to the TSA.

Demographics and Chronic Disease Growth of the Community

POPULATION AND PROJECTED GROWTH

The population of NCH's total service area is currently 989,487 and is projected to remain relatively stable with slight declines in the primary service area (-1.2%) and secondary service area (-.7%).

By Service Area:

Zip Code	Town	2023	2028	% Change
Total PSA (Primary Service Area)		235,323	232,508	-1.2%
60004	Arlington Heights	50,836	49,901	-1.8%
60005	Arlington Heights	31,356	30,845	-1.6%
60008	Rolling Meadows	22,013	21,867	-0.7%
60056	Mt. Prospect	55,811	55,848	0.1%
60067	Palatine	38,825	38,260	-1.5%
60074	Palatine	36,482	35,787	-1.9%
Total SSA (Secondary Service Area)		754,164	748,901	-0.7%
60007	Elk Grove Village	32,413	31,781	-1.9%
60010	Barrington	45,955	45,674	-0.6%
60015	Deerfield	28,270	28,856	2.1%
60016	Des Plaines	59,798	59,119	-1.1%
60018	Des Plaines	29,062	28,537	-1.8%
60042	Island Lake	8,273	8,195	-0.9%
60047	Lake Zurich/Kildeer	42,630	42,810	0.4%
60060	Mundelein	37,921	37,814	-0.3%
60061	Vernon Hills	27,346	27,616	1.0%
60062	Northbrook	41,975	41,629	-0.8%
60070	Prospect Heights	15,162	15,098	-0.4%
60073	Round Lake	59,753	60,474	1.2%
60084	Wauconda	17,118	17,217	0.6%
60089	Buffalo Grove	42,802	42,390	-1.0%
60090	Wheeling	38,039	37,594	-1.2%
60107	Streamwood	38,267	37,630	-1.7%
60133	Hanover Park	36,069	35,550	-1.4%
60169	Hoffman Estates	32,023	31,354	-2.1%
60172	Roselle	24,376	24,247	-0.5%
60173	Schaumburg	14,200	14,088	-0.8%
60192	Hoffman Estates	15,674	15,391	-1.8%
60193	Schaumburg	40,799	40,058	-1.8%
60194	Schaumburg	20,871	20,493	-1.8%
60195	Schaumburg	5,362	5,280	-1.5%
NCH Total Service Area (PSA + SSA)		989,487	981,409	-0.8%

Source: Sg2 Market Demographics

By Age:

The highest utilizers of healthcare services are patients 65 and over; the 65-84 age group is expected to grow 11.1% in the primary service area and 13.5% in the secondary service area over the next five years. During this same time period, the number of residents in all other younger age groups is expected to decrease by 1-6%.

Age Group	2023 Population	2028 Population	% Change
Primary Service Area (PSA)	235,323	232,508	-1.2%
0-17	47,955	47,077	-1.8%
18-44	79,312	76,383	-3.7%
45-64	62,100	58,614	-5.6%
65-84	39,992	44,443	11.1%
85-up	5,964	5,991	0.5%
Secondary Service Area (SSA)	754,164	748,901	-0.7%
0-17	158,486	151,966	-4.1%
18-44	254,565	248,464	-2.4%
45-64	203,273	193,708	-4.7%
65-84	121,327	137,719	13.5%
84-up	16,513	17,044	3.2%
NCH Total Service Area (PSA + SSA)	989,487	981,409	-0.8%

Source: Sg2 Market Demographics

By Gender:

The percentage of females and males is not projected to change from 2020 to 2025.

Gender	2023 Population	% of Total	2028 Population	% of Total	% Change
Female	503,172	51%	499,157	51%	-0.8%
Male	486,315	49%	482,252	49%	-0.8%
Total NCH TSA	989,487	100.0%	981,409	100.0%	0.8%

Source: Sg2 Market Demographics

By Ethnicity/Race:

NCH's service area is predominately non-Hispanic White (72%), but also has substantial Hispanics (20%) and Asians (16%). The Hispanic/Latino population is expected to grow 6.6% over the next five years. The number of Black and White Non-Hispanics is projected to decrease 0.4% and 6.8% respectively.

This is further validated by data provided by Community Consolidated School District 15 (CCSD15), the second largest school district in the state, and located in NCH's primary service area. There are more than 80 languages spoken throughout the district and although 39% of its students are white, there are a significant number of Hispanic (35%) and Asian (19%) students.

Ethnicity/Race	2023	% of Total	2028	% Change
Hispanic/Latino	193,021	20%	205,678	6.6%
American Indian/AK Native	7,053	1%	7,367	4.5%
Asian	825	0%	863	4.6%
Black/African American	1,346	0%	1442	7.1%
Multiple Races	67,075	7%	71,719	6.9%
Native HI/PI	99	0%	105	6.1%
Other	88,095	9%	94,661	7.5%
White	28,528	3%	29,521	3.5%
Not Hispanic/Latino	796,466	80%	775,731	-2.6%
American Indian/AK Native	936	0%	954	1.9%
Asian	161,308	16%	173,032	7.3%
Black/African American	27,387	3%	27,285	-0.4%
Multiple Races	30,562	3%	36,193	18.4%
Native HI/PI	221	0%	238	7.7%
Other	4,088	0%	5,065	23.9%
White	571,964	58%	532,964	-6.8%
Grand Total	989,487		981,409	-0.8%

Source: Sg2 Market Demographics

By Language:

Spanish and Indo-European speakers each make up 15% of the total population.

Language	2023	% of Total	2028	% Change
Asian Pacific, English Not at All	2,332	0%	2,251	-3.5%
Asian Pacific, English Not Well	8,073	1%	7,841	-2.9%
Asian Pacific, English Very Well	39,441	4%	38,700	-1.9%
Asian Pacific, English Well	15,662	2%	15,313	-2.2%
Indo-European, English Not at All	3,910	0%	3,708	-5.2%
Indo-European, English Not Well	13,714	1%	13,496	-1.6%
Indo-European, English Very Well	93,534	10%	92,208	-1.4%
Indo-European, English Well	28,750	3%	28,233	-1.8%
Only English	580,210	62%	577,724	-0.4%
Other Language, English Not at All	392	0%	359	-8.4%
Other Language, English Not Well	854	0%	820	-4.0%
Other Language, English Very Well	8,443	1%	8,338	-1.2%
Other Language, English Well	1,966	0%	1,957	-0.5%
Spanish, English Not at All	7,136	1%	7,123	-0.2%
Spanish, English Not Well	18,494	2%	18,499	0.0%
Spanish, English Very Well	87,676	9%	87,390	-0.3%
Spanish, English Well	24,068	3%	24,020	-0.2%
Grand Total	934,655	100%	927,980	-0.7%

Spanish Total	137,374	15%	137,032	-0.2%
Indo-European Total	139,908	15%	137,645	-2.1%

Source: Sg2 Market Demographics

By Income:

The number of households in upper income brackets, \$100k and higher, are projected to increase while all lower income brackets are projected to decrease

Income	2023 Households	% of Total	2028 Households	% of Total	% Change
<\$15K	17,335	5%	15,082	4%	-13%
\$15-25K	16,041	4%	13,491	4%	-16%
\$25-\$50K	51,997	14%	44,629	12%	-14%
\$50-75K	52,493	14%	47,960	13%	-9%
\$75-100K	48,322	13%	44,898	12%	-7%
\$100-200K	117,406	31%	119,402	32%	2%
>\$200K	69,227	19%	86,357	23%	25%
Total NCH TSA	372,821	100%	371,819	100%	0%

Source: Sg2 Market Demographics

By Education:

No significant changes expected in Education level for the 25+ population.

Education*	2023 Households	% of Total	2028 Households	% of Total	% Change
Less than High School	13,218	2%	13,296	2%	1%
Some High School	18,698	3%	18,723	3%	0%
High School Degree	27,879	4%	28,138	4%	1%
Some College/Assoc. Degree	139,974	20%	140,509	20%	0%
Bachelor's Degree	193,141	27%	193,271	28%	0%
Greater than Bachelor's Degree	201,764	29%	200,376	29%	-1%
Professional Degree	108,390	15%	107,495	15%	-1%
Total NCH TSA	703,064	100%	701,808	100%	0%

*Excludes population age <25

Source: Sg2 Market Demographics

SERVICE AREA UNEMPLOYMENT STATISTICS

As indicated in the table, Arlington Heights has a lower unemployment rate than the Metro area, Cook County and the State. Residents are employed throughout the Chicago area.

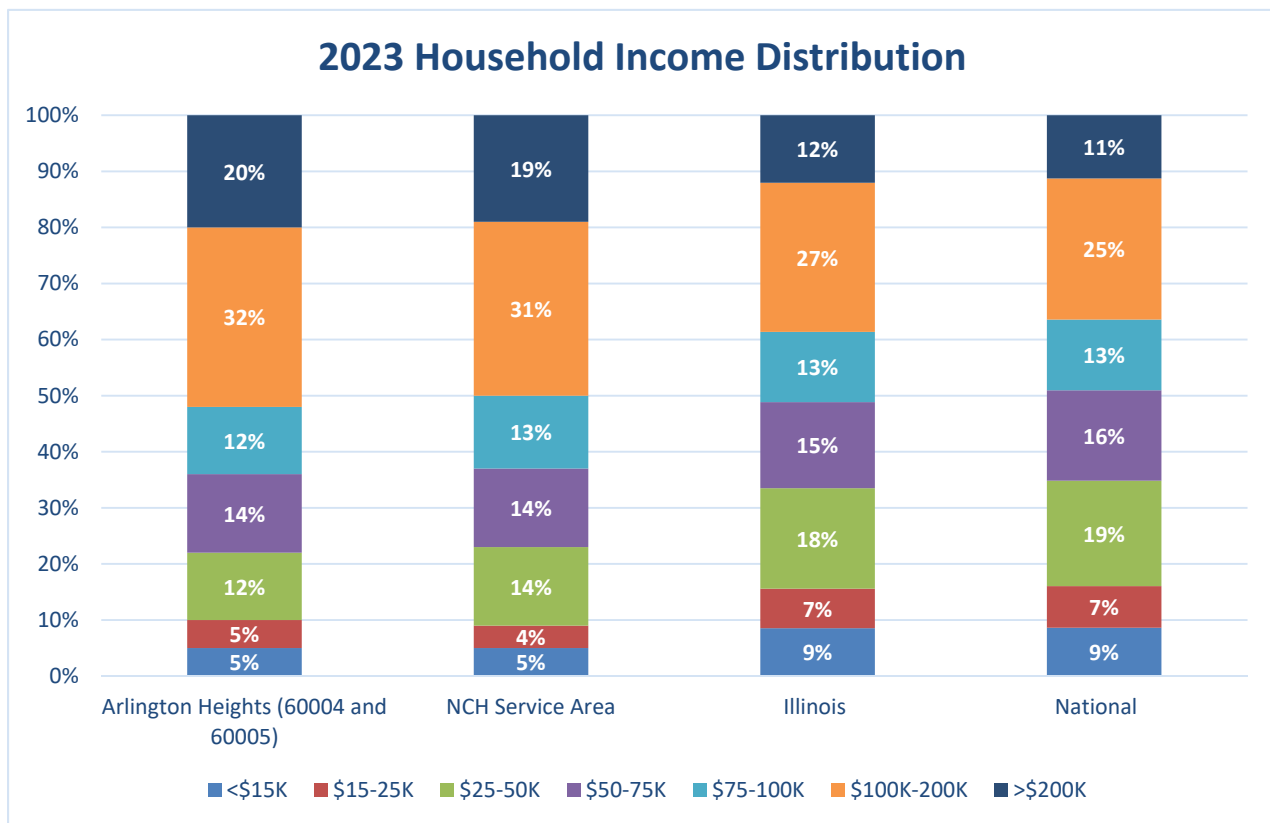
	Arlington Heights, Illinois**	Chicago-Naperville-Arlington Heights Metropolitan Division*	Cook County, IL*	Illinois*	USA*
2022 Unemployment Rate	3.4%	4.3%	4.9%	4.6%	3.7%

*Source: data.bls.gov (October 2022)

**Arlington Heights data from www.areavibes.com/arlinton+heights-il/employment

SERVICE AREA INCOME

The chart summarizes household income distribution of the population of Arlington Heights, NCH's total service area, Cook County, Illinois, Chicago and USA. The historical and projected per capita income levels of the total service area have exceeded and are projected to continue to exceed State of Illinois and national levels.



Source: Sg2 Market Demographics

INSURANCE COVERAGE

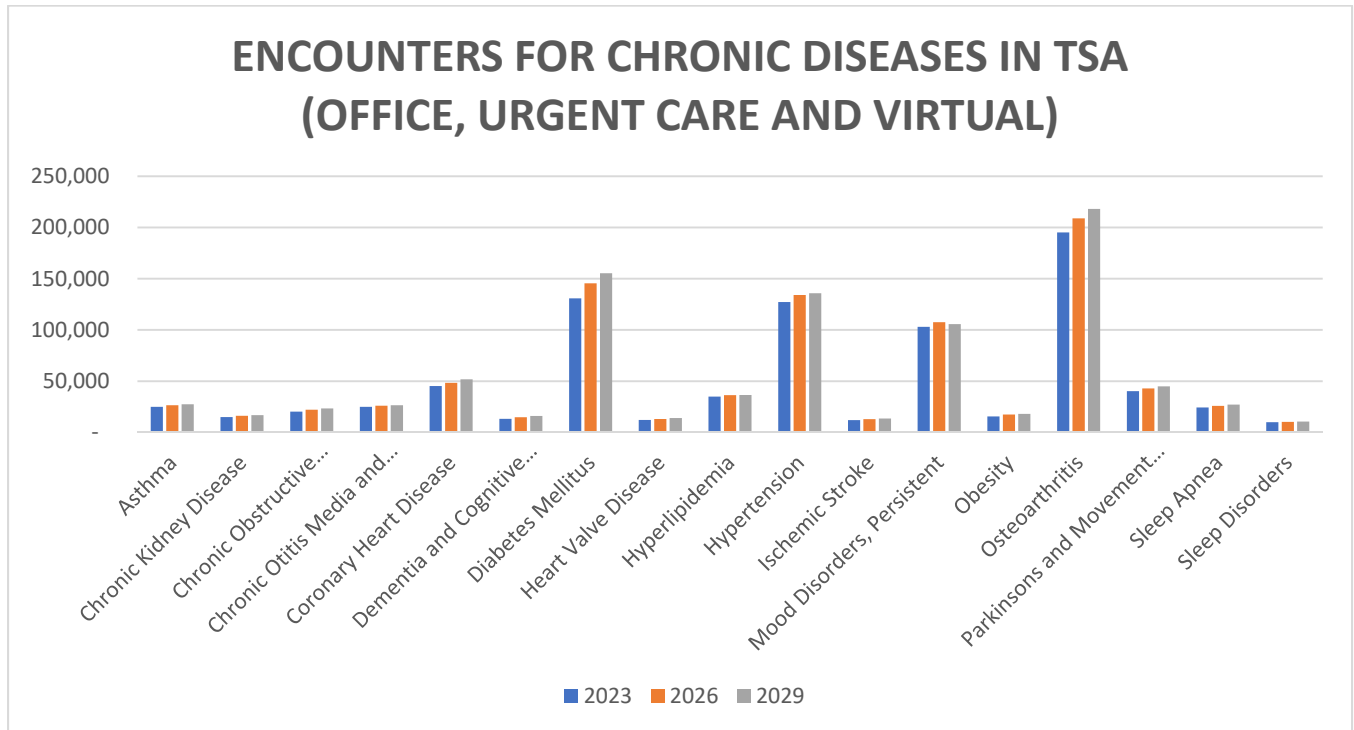
Although NCH's Total Service Area is dominated by Commercial insurance, there are still a substantial number of individuals on Medicaid (134,740) or uninsured (118,368).

Zip Code	Employment-Based Insurance	Medicare	No Health Insurance	Tri-Care/Military Health Insurance	Medicaid	Direct Purchase Health Insurance
60004	36,174	9,379	4,256	252	5,093	8,295
60005	17,892	5,435	2,901	111	3,860	4,949
60007	22,068	6,131	3,266	225	4,212	4,806
60008	13,543	3,488	3,323	58	3,087	3,009
60010	31,665	9,592	3,014	411	2,209	9,683
60015	20,060	4,723	1,653	317	1,356	5,252
60016	34,440	11,900	7,303	405	10,700	7,397
60018	15,345	4,312	5,169	78	5,715	3,553
60042	5,459	1,308	911	124	1,154	1,204
60047	34,948	4,911	3,252	97	1,438	6,431
60056	35,225	9,942	6,461	251	6,721	8,607
60060	23,423	5,664	5,113	410	4,769	5,380
60061	19,458	4,373	2,289	288	2,601	3,616
60062	28,876	10,096	2,779	90	2,006	8,829
60067	28,337	6,154	3,067	105	2,963	6,039
60070	7,578	2,835	2,328	101	2,962	2,810
60073	37,161	5,626	11,048	947	12,662	5,531
60074	19,843	4,806	5,580	224	7,299	5,126
60084	11,082	2,312	1,975	71	1,350	3,147
60089	31,846	5,909	2,983	290	3,801	5,404
60090	20,556	6,182	5,814	175	7,166	5,898
60101	20,892	6,345	6,588	332	7,965	4,418
60107	22,826	5,478	5,733	196	7,272	3,660
60133	21,540	4,258	6,224	170	8,777	4,497
60169	21,016	4,164	4,076	207	5,516	4,027
60172	17,379	4,192	2,260	16	2,185	3,569
60173	10,029	1,322	1,253	213	792	1,612
60192	12,804	2,864	1,291	40	1,155	1,688
60193	27,253	7,457	3,876	208	4,579	6,562
60194	13,166	3,212	2,062	125	3,176	2,453
60195	3,758	504	520	7	199	1,088
Total	665,642	164,874	118,368	6,544	134,740	148,540

Source: Metopio

Chronic Disease Growth in NCH Service Area

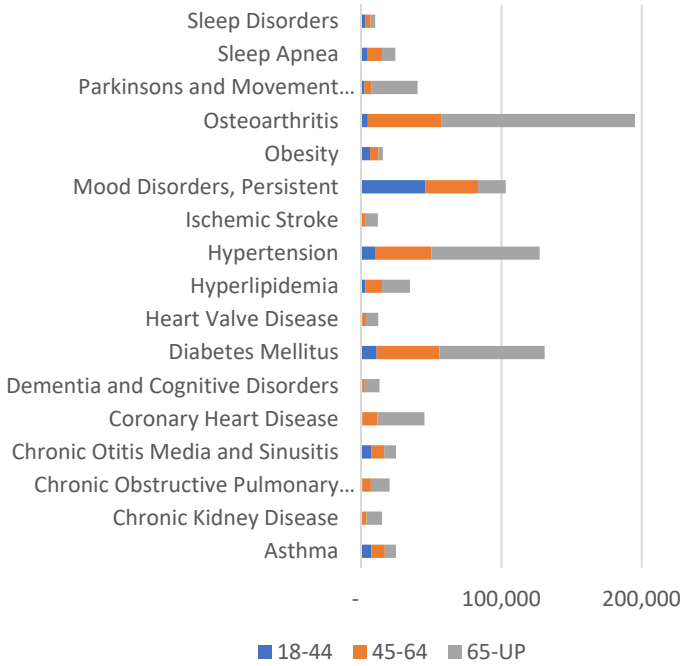
Areas of notable concern include diabetes, hypertension, osteoarthritis and persistent mood disorders by persons 18 and older.



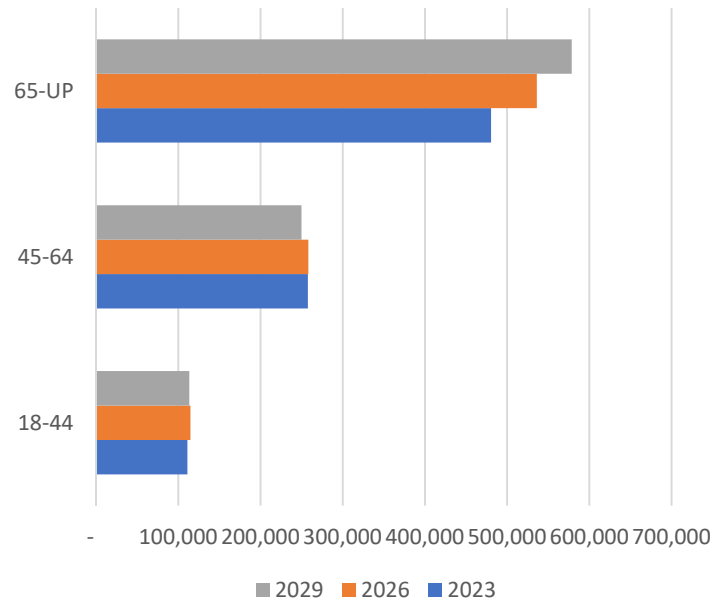
Source: Sg2 Analytics; Ages 18+; Office/Clinic, Virtual, Retail Site of Care; E&M Visits

Chronic Disease Growth in NCH Service Area

2023 ENCOUNTERS BY AGE AND CARE FAMILY



CHRONIC DISEASE ENCOUNTERS BY AGE GROUP



Source: Sg2 Analytics; Ages 18+; Office/Clinic, Virtual, Retail Site of Care; E&M Visits

Existing Healthcare Facilities and Resources

Northwest Community Hospital is the only acute care facility located in the hospital's primary service area. NCH recognizes that there are other existing healthcare facilities and resources within the community that are available to respond to the health needs of residents. These organizations include the following:

- **Acute-Care Hospitals/Emergency Departments**
 - Advocate Good Shepherd (Barrington)
 - Ascension Alexian Brothers Medical Center (Elk Grove)
 - Ascension St. Alexius Medical Center (Hoffman Estates)

- **Federally Qualified Health Centers and Other Safety Net Providers**
 - ACCESS Northwest Family Health Center/FQHC (Arlington Heights)
 - Arlington Heights Health Center/Cook County (Arlington Heights)
 - Genesis Health Center (part of ACCESS)/FQHC (Des Plaines)
 - Greater Family Health/FQHC (Palatine)
 - Greater Family Health/FQHC-(Wheeling)

- **Immediate/Urgent Care Centers**
 - 360 Immediate Care (Mt. Prospect)
 - Advocate Immediate Care (Des Plaines, Vernon Hills)
 - Advocate Clinics at Walgreens (Arlington Heights, Buffalo Grove, Elk Grove, Hanover Park, Lake Zurich, Mt. Prospect, Palatine, Wheeling)
 - Ascension Immediate Care (Elk Grove, Hanover Park, Lake Zurich, Palatine, Schaumburg)
 - Concentra Urgent Care (Elk Grove, Wheeling)
 - CVS Minute Clinic (Barrington, Buffalo Grove, Mundelein, North Brook, Rolling Meadows, Schaumburg)
 - EPIC Urgent Care (Palatine)
 - Family Practice Center of Palatine and Immediate Care Palatine (Palatine)
 - New Med Immediate Care (Rolling Meadows)
 - NorthShore (Buffalo Grove, Deerfield, Des Plaines, Mt. Prospect, Mundelein)
 - Northwestern Medicine (Deerfield, Vernon Hills)
 - Physicians Immediate Care (Hanover Park, Palatine)
 - Schaumburg Immediate Care Center (Schaumburg)
 - Vitality Urgent Care (Arlington Heights)

- **Behavioral Health Services/Facilities**
 - Advocate Addiction Program (Des Plaines)
 - Allendale Association (Lake Villa/Wauconda)
 - Ascension Alexian Brothers Behavioral Health Hospital (Hoffman Estates)
 - Ascension Alexian Brothers Center for Mental Health (Arlington Heights)

- **Behavioral Health Services/Facilities (continued)**

- Arlington Center for Recovery (Arlington Heights)
- Bridge Youth and Family Services (Palatine)
- Catholic Charities Holbrook (Des Plaines, Mundelein)
- Chicago Behavioral Health Hospital (Des Plaines)
- Compass Health Center (Northbrook)
- Eating Recovery Center (Northbrook)
- FAIR (Families and Adolescents in Recovery) (Schaumburg)
- Kenneth Young Center (Elk Grove)
- Keys to Recovery (Des Plaines)
- Latino Family Services (Arlington Heights)
- Leyden Family Services-SHARE (Hoffman Estates)
- Lutheran Social Services of Illinois (Des Plaines)
- Omni Youth Services (Arlington Heights)
- Nicasa (Round Lake Beach)
- NorthShore Josselyn Center (Deerfield/Northfield)
- Renfrew Center (Northbrook)
- Salvation Army Family Services (Arlington Heights)
- Streamwood Behavioral Health Hospital (Streamwood)
- Vernon Hills Senior Center (Vernon Hills)
- Youth Services of Glenview (Northbrook)

- **Oral Health Resources**

- Arlington Heights Health Center/Cook County (Arlington Heights)
- Willow Creek Community Church Care Center (South Barrington)
- University of Illinois College of Dentistry (out of service area but referral resource)

CHNA Goals and Objectives

The 2023 CHNA serves as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

CHNA Data Collection/Methodology

The CHNA was completed by incorporating data from a combination of quantitative and qualitative resources. Quantitative data included demographic information and secondary data and a combination of quantitative and qualitative data was gathered through focus groups, an online community survey and a key informant survey.

Quantitative Data

Demographic and Chronic Disease Growth Information

NCH contracted with Sg2, an industry leader in healthcare analytics and consulting, for a comprehensive demographic snapshot of the hospitals service area. Sg2 provided population growth projections for the community by town, age, gender, ethnicity/race, language, income and education. In addition, they forecasted the projected growth of chronic disease in the outpatient setting for NCH's service area. Changes in community demographics have a direct correlation with healthcare needs and how to address them.

Secondary Data

NCH used Metopio, a data finding platform designed to discover deep insights and plan meaningful actions for places and populations. The platform features pre-loaded, curated data, built-in analytics, and powerful visualizations, enabling healthcare organizations and their partners to share data, meet increased demand for healthcare analytics, and advance initiatives to reduce disparities (*Appendix A*).

Quantitative/Qualitative Data

Focus Groups

NCH realized the importance of gathering opinions and feedback from vulnerable populations in the community who have some of the greatest healthcare needs. An independent moderator was hired to conduct two focus groups, one with Spanish-speaking under-resourced community members and one with English-speaking under-resourced community members. These focus groups were held at the Community Resource Center in Palatine, located in the hospital's primary service area. Potential participants were given a short screening questionnaire to ensure they lived in the hospital's service area and so that participants would vary in age, gender, insurance status, income and educational levels if possible. The focus groups followed a guideline which mirrored questions included in the community and key informant surveys so that the information gathered could be used to compare with the survey results. The moderator summarized the results of the focus groups which were used as one of the tools in identifying the most predominant community needs (*Appendix B*).

Community Survey

NCH developed a comprehensive online community health survey in order to take into account input from persons who represent the broad interests of the community served by the hospital. The survey asked participants to share their beliefs and perceptions about access to care, behavioral health, chronic disease/health issues, modifiable risk factors/behaviors and other concerns. It also asked the participants to rank their "top three health concerns" for the community. Community members who live in the hospital's service area were invited to participate in the online survey through a media release in a local newspaper, social media, a system leader newsletter, and emails to NCH's donors, volunteers and employees. The survey link, located on the hospital's website (nch.org), was open April 17-28, 2023 and 636 people responded. The majority of the respondents were Caucasian (87%), female (77%) and older adults Age 55-64 (23%), Age 65-74 (23%), and Age 75 or older (19%). The majority (61%) had attained a college degree (associates or higher) and had either private insurance (61%). Or Medicare (37%). The majority (60%) live in the hospital's primary service area and the remainder (40%) live in the hospital's secondary service area. Results from the survey were summarized in a quantitative/qualitative report (*Appendix C*).

YOUR OPINION MATTERS
Your opinion on community health needs is important to NCH.

We are looking for participants to join us in a paid focus group.
In order to apply, you must live in our service area, speak English and be willing to participate for up to 2 hours



In order to be considered for participation, fill out an application & return no later than April 1, 2023 to
Community Resource Center C/O E. Flores
1585 Rand Rd. Palatine, IL 60074.
Stipend payment is \$50. We will contact you if you have been selected to participate.
Focus groups will be held in April, exact dates to be determined

nch.org Northwest Community Healthcare



Key Informant Surveys

An additional online survey was implemented as part of the CHNA process specifically to solicit input from key informants; individuals who are considered experts in public health. Potential participants were chosen because of their ability to identify primary concerns of the community, including the medically underserved, low-income and minority populations served by the hospital.

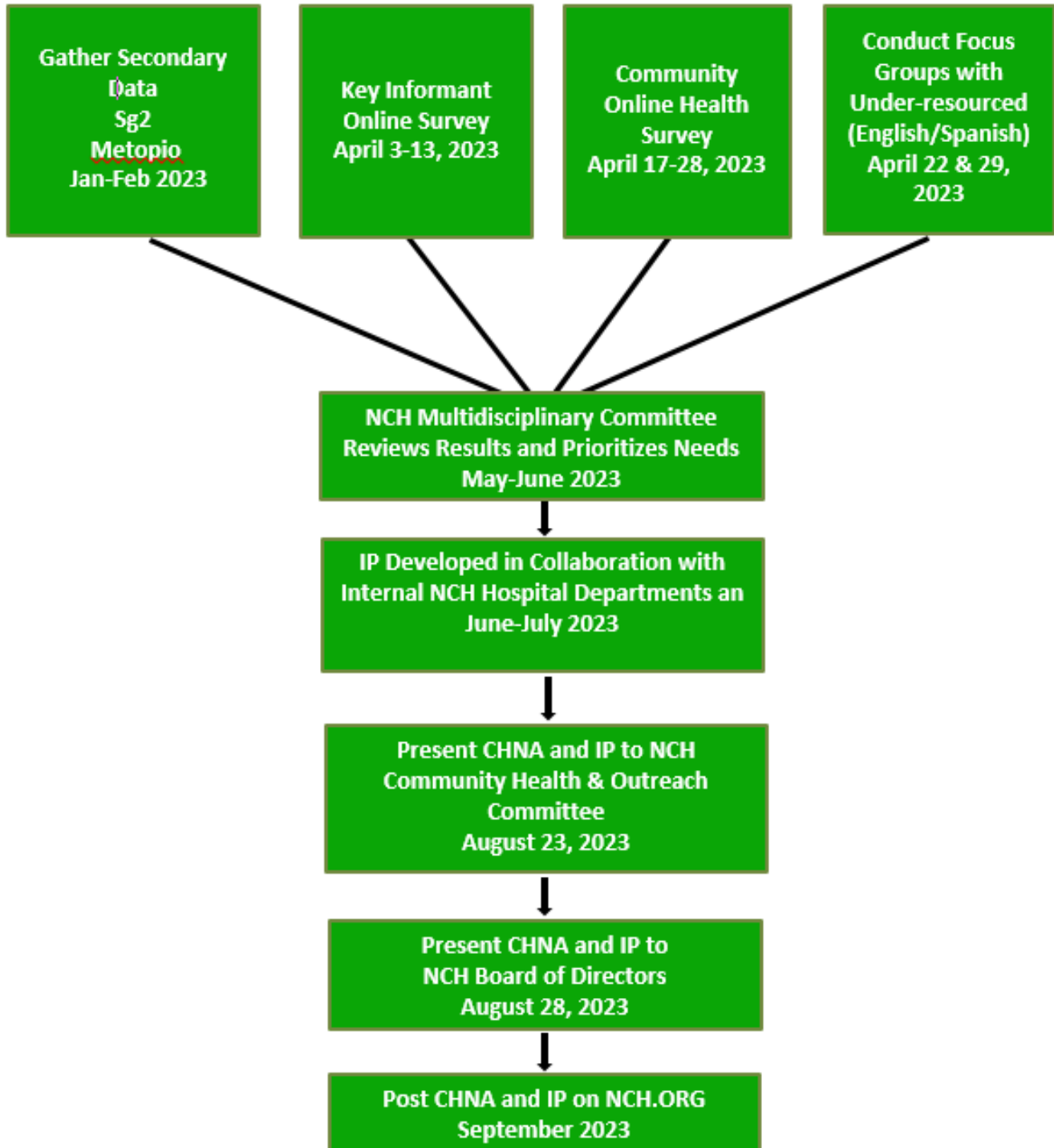
In March, 2023, 60 potential key informants were identified and sent a letter from the hospital's President to explain the purpose of the survey and to invite them to participate. A link to the online survey was then emailed to each key informant and was open from April 3-13, 2023.. A reminder email was sent to encourage participation. The key informants were asked the same questions as the community which focused on access to care, behavioral health, chronic disease/health issues, modifiable risk factors/behaviors and other concerns. It also asked them to rank their "top three health concerns" for the community. Results from the survey were summarized in a quantitative/qualitative report (*Appendix D*).

In all, 28 of the 60 invited participants took part in the Online Key Informant Survey.

Key Informant Survey		
Key Informant Type	Organizations Invited to Participate	Number Invited
Physicians	Arlington Heights Health Center (Cook County), Northwest Community Healthcare	5
Public Health Expert	Cook County Department of Public Health, Illinois Department of Public Health, Northwest Community Healthcare, Village of Arlington Heights Health & Human Services Department, Village of Mt. Prospect Health & Human Services Department	7
Community/ Business Leader	Arlington Heights Chamber of Commerce, Elk Grove Township, IL State Senator and Representatives, Palatine Township, Schaumburg Township, Wheeling Township, Village of Arlington Heights	9
Other Health Provider	Access Community Health Network, Community Consolidated School District 15, Greater Family Health, Heartland Alliance, Village of Arlington Heights Health & Human Services Department	10
Social Service Agencies	Arlington Heights Senior Citizens Center, Bridge Youth and Family Services, Community Consolidated School District 15, Center for Teaching and Learning, City of Rolling Meadows, Connections to Care, Elk Grove Township, Family Forward, Hopeful Beginnings, Journeys The Road Home, Kenneth Young Center, Maryville, Northwest Community Hospital, Northwest Compass, Palatine High School, Palatine Township, Palatine Township Senior Citizens Center, Partners for our Communities, Schaumburg Township, Shelter Inc., Village of Arlington Heights, Village of Mt. Prospect Community Connections, Village of Palatine, Wheeling Township, WINGS	29
Total		60

Through this process, input was gathered from individuals whose organizations work with low-income populations, minority populations (including African-Americans, Asians, Eastern Europeans, Hispanics, Indian, Japanese, Polish and Russian), or other medically underserved populations (including the disabled, the elderly, the homeless, Medicaid/Medicare beneficiaries, the mentally ill, pregnant teens, substance abusers, undocumented individuals, uninsured/underinsured residents, veterans, young adults and women).

2023 Community Health Needs Assessment (CHNA) 2024 Implementation Plan (IP) Process



Prioritization Process

In May and June 2023, NCH convened an internal, Multidisciplinary Committee that met multiple times to review the results of the CHNA, affirm and prioritize needs and to identify the most qualified internal and external persons to develop implementation plans to address each priority need. Representatives from the following departments served on the multidisciplinary committee: Ambulatory, Behavioral Health, Care Coordination, Community Based Care, Community Services, DE & I, Emergency Department, EMS, Foundation, Guest Services, Immediate Care Centers, Medical Group, Nursing Excellence, Nutrition Services, Patient Access Services, Patient Experience, Quality, Senior Services and Women's and Children's Services. In addition, a member of the Community Health and Outreach Committee of the NCH Board of Directors participated in the committee.

The committee members were provided with an overview of the community health needs assessment process and received a summary and comparison document (Appendix E) which was used as a tool to review all of the quantitative and qualitative findings. The findings from the focus groups, community survey and key informant survey were compared and the secondary data provided supplemental information. The most common themes and comments from the narrative portion of the surveys were also highlighted in the document.

In addition, the committee was given web access to the community and key informant survey results, focus groups summaries and all secondary data. The committee was given time to review the summary and comparison document and to access the additional resources and was asked to rank or prioritize the issues from one to three, with one being the greatest concern. The committee then reviewed the cumulative rankings and used the following criteria to identify which health needs would be addressed over the next three years:

- **Magnitude:** The size or extent of the issue and/or populations affected
- **Impact/Seriousness:** The degree to which the issue affects or exacerbates other quality of life and health-related issues
- **Feasibility:** The ability to reasonably impact the issue, given available resources
- **Consequences of Inaction:** The risk of not addressing the problem at the earliest opportunity
- **Professional Experience:** Health concerns committee members witnessed working at NCH during the recent year

Prioritization Results

Area of Concern	Committee Ranking
Mental Health	1.04
Obesity-Children	1.15
Access to Care-Mental Health	1.19
Diabetes	1.23
Heart Disease/Stroke/High Blood Pressure	1.23
Obesity-Adults	1.23
Suicide	1.35
Access to Care-Substance Abuse	1.38
Drug Abuse	1.38
Cancer	1.38
Food insecurity (not having access to healthy food)	1.38
Nutrition (choosing healthy food)	1.42
Access to Care-Specialty Care	1.54
Adequate/Affordable Housing	1.54
Access to Care-Prescription Medication	1.62
Alcohol Abuse	1.62
Domestic Violence	1.64
Community Violence	1.65
Dementia/Alzheimer's	1.69
Older Adults Ability to Age in Place (Stay in home)	1.69
Child Abuse	1.76
Physical activity	1.81
Access to Care-Primary Care	1.88
Respiratory (Asthma)	2.0
Homelessness	2.0
Smoking/Tobacco	2.07
Access to Care-Preventative Screenings	2.08
Access to Care-Vision	2.08
Adequate Employment Opportunities	2.12
Access to Care-Oral Health	2.15
Elder Abuse	2.15
Infant/Child Health	2.19
Chronic Kidney Disease	2.23
Access to Care-Audiology/Hearing	2.35
Vision	2.35
Teen Births	2.35
HIV/AIDS/Sexually Transmitted Diseases	2.42
Oral Health (Dentist)	2.5
Arthritis/Osteoporosis/Back	2.58
Hearing Loss	2.64
Access to Care-Immunizations	2.65

Top 25%

Top 50%

NCH Priority Health Issues to Be Addressed

In consideration of the top health priorities identified through the CHNA process — and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined that NCH would focus the majority of its efforts on developing and/or supporting strategies and initiatives that address the following priority areas:

Behavioral Health

Concern about behavioral health was a predominant theme throughout the CHNA. This issue has no economic or societal boundaries; all data confirmed that mental health and substance abuse is a major and growing concern in NCH's service area. In addition, access to care for behavioral health is extremely difficult for under-resourced, often uninsured individuals. There is a shortage of providers, especially providers who are bilingual and/or accept Medicaid or uninsured patients. Qualitative feedback included many comments about COVID-19's negative impact on both mental health and substance abuse. Survey participants also shared that treatment for behavioral health issues carries embarrassment and a stigma which discourage many from seeking help.

Diabetes/Obesity

Diabetes and obesity were ranked as major concerns in the CHNA. A majority of the focus group and survey participants felt that obesity rates in both adults and children is alarming and should be addressed. Diabetes and obesity are intricately linked and share similar strategies to address them. In addition, the majority of the low-income focus groups were very concerned about nutrition, physical activity and having access to healthy food (food insecurity). Secondary data shows that the hospital's service area has a higher percentage of food insecurity than the state of Illinois and that there are more households in poverty not receiving SNAP benefits than the state average. Food insecurity translates directly into poorer health and more visits to the emergency department. A U.S. Department of Agriculture report found that food insecurity was linked to 10 of the costliest and deadliest preventable diseases in the country.

Cancer

Cancer continues to be the second leading cause of death in the United States, exceeded only by heart disease. It is estimated that in 2023 there will be 74,580 new cases of cancer and 23,380 cancer deaths in Illinois alone. NCH's service area has a higher cancer diagnosis rate than the state. Participants in the focus groups and community members who participated in the online survey all indicated cancer was ranked one of their top 4 health concerns.

Chronic Disease (Heart Disease, Stroke, and High Blood Pressure)

One hundred percent of the participants in the focus groups and the majority of both the key informant and community survey participants ranked heart disease, blood pressure and stroke as a major concern. Secondary data shows that the hospital's service area has a

higher percentage of people taking blood pressure medication than the state. Heart disease is the leading cause of death in Illinois and stroke is the third leading cause of death. The majority of those in Illinois who died of heart disease or stroke were overweight or obese so the strategies and tactics developed for Diabetes/Obesity mentioned previously should also address these chronic disease and supplement the strategies and tactics developed by the Chronic Disease Implementation Committee.

Access to Healthcare

Accessing healthcare was another predominant theme throughout the CHNA. The under-resourced focus group participants felt strongly that there aren't enough providers that accept Medicaid or uninsured patients and that often language and transportation are barriers. They also noted that people of color were not treated equitably and that they don't receive the same quality of care as other populations. All participants, under-resourced and the broad community, noted that there is a shortage of physicians in all areas of healthcare and this negatively impacts the ability to secure an appointment and be seen in a timely fashion. All participants also noted that the cost of accessing care has skyrocketed and that often people don't seek care due to financial barriers. The hospital's service area has a higher percentage of uninsured adults and has less primary, specialty and mental health providers than the state.

Also Noted

The committee also spent a great deal of time discussing abuse, neglect and interpersonal violence. Domestic and community violence, as well as child abuse, ranked in the top 50% of prioritized needs. NCH recognizes that these types of needs should be addressed by experienced professionals so it partners in a number of ways with local not-for-profit organizations to address these concerns. One example is NCH's partnership with WINGS (Women in Need Growing Stronger) to address domestic violence. WINGS has a hospital based program so that they can meet patients experiencing domestic violence at the bedside and offer post-discharge support. They also provide training for staff so that they can better recognize and respond to victims of domestic violence. Another example is how NCH works collaboratively with POC (Partners for Our Communities) to run the Community Resource Center, which houses a number of organizations that provide counseling as well as prevention programs. NCH also provides financial support to many local organizations addressing these issues.

Lastly, the committee discussed how the hospital's service area is comprised of many older adults and that 65+ is the only age group projected to grow over the next five years. Older adults have a unique set of challenges including how to remain in their homes, accessing care and prescription medications and addressing dementia and Alzheimer's. The magnitude of these issues is certainly going to require a long-term, community-wide, collaborative approach that NCH will be a part of.

Once the priority areas were identified, the Multidisciplinary Committee recommended key individuals to serve on issue specific committees to develop implementation strategies and tactics for each of the areas. The members of the Implementation Committee also developed metrics to measure the success of the strategies which will be monitored and updated in 2024.

In acknowledging the wide range of priority health issues that emerged from the CHNA process, NCH determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence. Responses to the remaining needs identified are noted below:

Health Priority	Reason
Homelessness	NCH believes that Journey's The Road Home, a local not-for-profit organization that addresses homelessness and located in the hospitals primary service area, is addressing this issue.
Domestic Violence, Community Violence, Child Abuse	NCH will address through community partnerships with organizations that have expertise and experience addressing these issues.
Adequate Affordable Housing	NCH is a healthcare facility and is not equipped to address housing issues. However, housing for older adults will be addressed through long-term, community-wide collaborations focused on healthy aging.
Dementia and Alzheimer's	NCH believes there are sufficient community resources available including primary care physicians to diagnose and nursing homes and memory care facilities to treat. However, dementia and Alzheimer's will be addressed through long-term, community-wide collaborations for healthy aging.

Public Dissemination

The CHNA was posted on NCH's hospital website, nch.org/chna, in September 2023. There is also a link which allows an opportunity for the public to submit any comments or questions they may have on the report. There were no comments or questions received regarding the previous assessment conducted in 2021.

NCH will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. NCH will also maintain at its facilities hard copies of the CHNA report that may be viewed by any who requests it.

Information Gaps

While this CHNA is quite comprehensive, NCH recognizes that it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as institutionalized persons or those who only speak a language other than English or Spanish— are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

2024 IMPLEMENTATION PLAN

Integration with Operational Planning

Community benefit is included in both NCH’s strategic plan and operating budget.

Implementation Strategies

The Community Health Implementation Plan outlines NCH’s plans to address the priority health issues chosen for action in 2024. Note that these strategies are in addition to millions of dollars of Charity Care and Medicaid/Medicare shortfalls that NCH provides. The Implementation Plan, along with the full Community Health Needs Assessment, were reviewed and approved by the Community Health and Outreach Committee of the Board on August 23, 2023 and presented to the entire corporate board of directors on August 28, 2023. It was posted on nch.org in September 2023.