Northwest Community Hospital

2018 Community Health Needs Assessment

nch
Northwest
Community
Healthcare

Introduction: About Northwest Community Healthcare

In 2018, Northwest Community Hospital (NCH) embarked on a comprehensive Community Health Needs Assessment process to identify and address the key health issues for its community.

Serving Chicago's northwest suburbs since 1959, NCH is a comprehensive, patient-centered system of care that serves more than 350,000 outpatients each year and more than 20,000 inpatients annually at the 489-bed acute care hospital in Arlington Heights. The award-winning hospital holds the prestigious Magnet designation for nursing excellence, is designated as a Comprehensive Stroke Center and earned the Joint Commission's Gold Seal of Approval in 2015. NCH also has four Immediate Care Center locations in the northwest suburbs. NCH has a medical staff of more than 1,000 physicians, which includes the board-certified primary care doctors and specialists of the NCH Medical Group.

NCH has a proud and longstanding tradition of outreach to the medically underserved within its northwest suburban Cook County service area. Although the requirement of conducting a Community Health Needs Assessment (CHNA) and Implementation Plan are newer mandates generated by the Affordable Care Act, NCH has been identifying and addressing unmet community needs for more than 55 years. NCH demonstrates its commitment to the community through its generous charity care policy and through the development and ongoing support of programs and initiatives designed to increase access to care and promote wellness and disease prevention.

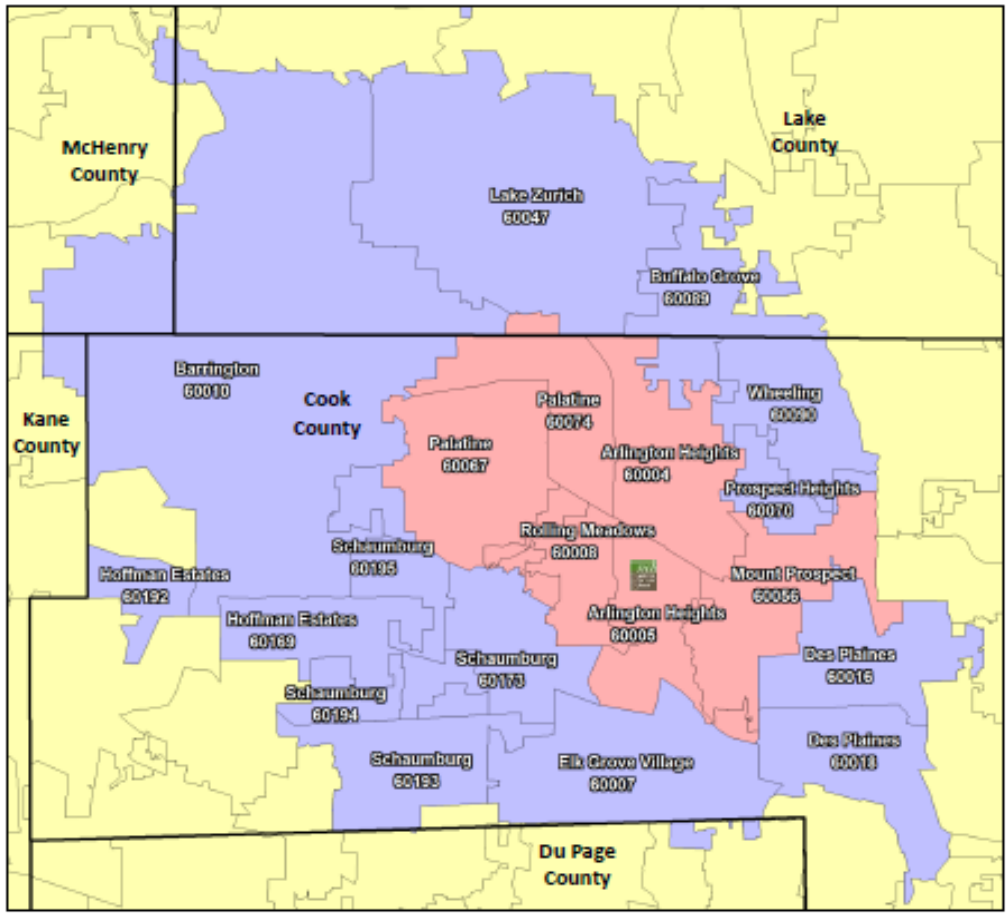
NCH maintains a Community Services Department dedicated to addressing the needs of not only its patients, but of everyone who lives and works in the community. The Community Services Department utilizes hospital strengths alongside those of other well-established community partners to identify unmet community needs and to develop strategic initiatives to address them. Working collaboratively allows NCH to better understand and reach the most vulnerable sectors of the community, while meeting pressing healthcare needs, with the ultimate goal of improving the community's health status 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) including Arlington Heights, Palatine, Rolling Meadows, and Mt Prospect and Secondary Service Area (SSA) including Barrington, Buffalo Grove, Des Plaines, Elk Grove Village, Hoffman Estates, Lake Zurich, Prospect Heights, and Schaumburg. A geographic description including zip codes is illustrated in the following map.

This community definition was determined because 76% of NCH's patients originate from the primary and secondary service areas.

Northwest Community Healthcare – Service Area



Primary Service Area

60004	Arlington Heights
60005	Arlington Heights
60008	Rolling Meadows
60056	Mount Prospect
60067	Palatine
60074	Palatine

Secondary Service Area

60007	Elk Grove Village
60010	Barrington
60016	Des Plaines
60018	Des Plaines
60047	Lake Zurich
60070	Prospect Heights
60089	Buffalo Grove
60090	Wheeling
60169	Hoffman Estates
60173	Schaumburg
60192	Hoffman Estates
60193	Schaumburg
60194	Schaumburg
60195	Schaumburg

Demographics and Chronic Disease Growth of the Community

POPULATION AND PROJECTED GROWTH

The population of NCH's total service area is currently 435,141 and is projected to remain relatively stable with a projected growth of only 1% over the next five years in both the primary and secondary service areas.

By Service Area:

Zip Code	Town	Current 2017	5 Year Projection 2022	5 Year Change	% Change
NCH Primary Service Area (PSA)					
60074	Palatine	40,262	41,067	805	2%
60067	Palatine	39,328	39,648	320	1%
60008	Rolling Meadows	23,316	23,636	320	1%
60056	Mt. Prospect	54,916	54,873	-43	0%
60005	Arlington Heights	30,045	29,957	-88	0%
60004	Arlington Heights	50,329	50,217	-112	0%
Total NCH PSA		**238,196**	**239,398**	**1202**	**1%**
NCH Secondary Service Area (SSA)					
60016	Des Plaines	60,910	61,769	859	1%
60090	Wheeling	39,330	40,026	696	2%
60018	Des Plaines	30,747	31,211	464	2%
60173	Schaumburg	13,268	13,620	352	3%
60047	Lake Zurich	41,361	41,657	296	1%
60010	Barrington	44,909	45,203	294	1%
60192	Hoffman Estates	16,188	16,352	164	1%
60070	Prospect Heights	15,257	15,368	111	1%
60193	Schaumburg	40,795	40,882	87	0%
60195	Schaumburg	5,261	5,336	75	1%
60169	Hoffman Estates	32,609	32,655	46	0%
60007	Elk Grove Village	33,124	33,031	-93	0%
60194	Schaumburg	20,447	20,351	-96	0%
60089	Buffalo Grove	40,935	40,522	-413	-1%
Total SSA		**435,141**	**437,983**	**2842**	**1%**
Grand Total NCH TSA (PSA + SSA)		**673,337**	**677,381**	**4,044**	**1%**

Source: Sg2 Market Demographics

By Age:

The highest utilizers of healthcare services are patients 65 and over, and this age group is expected to grow 14% in the primary service area and 18% in the secondary service area over the next four years. During this same time period, the number of residents in all other age groups is expected to decrease by 1-4%.

Age Group	Current 2017	Current % of Total	5 Year Projection 2022	Projection % of Total	% Change
NCH Primary Service Area (PSA)					
0-17	51,986	22%	51,566	22%	-1%
18-44	80,672	34%	78,651	33%	-3%
45-64	66,982	28%	65,076	27%	-3%
65-UP	38,556	16%	44,105	18%	14%
Total NCH PSA	**238,196**	**100%**	**239,398**	**100%**	**1%**
NCH Secondary Service Area (SSA)					
0-17	91,127	21%	88,677	20%	-3%
18-44	146,804	34%	144,929	33%	-1%
45-64	127,538	29%	121,944	28%	-4%
65-UP	69,672	16%	82,433	19%	18%
Total NCH SSA	**435,141**	**100%**	**437,983**		**1%**
NCH Total Service Area (TSA)					
0-17	143,113	21%	140,243	21%	-2%
18-44	227,476	34%	223,580	33%	-2%
45-64	194,520	29%	187,020	27%	-4%
65-UP	108,228	16%	126,538	19%	17%
Total NCH TSA	**673,337**	**100%**	**677,381**	**100%**	**1%**

Source: Sg2 Market Demographics

By Gender:

Gender	Current 2017	Current % of Total	5 Year Projection 2022	Projection % of Total	% Change
Female Population	343,573	51.0%	345,488	51.0%	0.6%
Male Population	329,764	49.0%	331,893	49.0%	0.7%
Total NCH TSA	**673,337**	**100.0%**	**677,381**	**100.0%**	**0.6%**

Source: Sg2 Market Demographics

By Ethnicity/Race & Language:

NCH's service area is predominately non-Hispanic White (65.3%), but also has substantial Hispanics (15.7%) and Asians (14.9%). The number of Black and White Non-Hispanics is projected to decrease 5.2% and 3.7% respectively. The populations that are projected to have the largest growth are the Asian & Pacific Islanders (11.8%) and Hispanic (7.7%) populations. Spanish language at home is projected to grow 1.7% between 2017 and 2022.

This is further validated by data provided by Community Consolidated School District 15, one of the largest elementary school districts in NCH's primary service area, and where more than 75 languages are spoken. They report that the percentage of White Non-Hispanic students has decreased by 16.6%, the number of Hispanic students has increased by 10.3% and the number of Asian students has increased by 6% between 2008 and 2016.

Ethnicity/Race	Current 2017	Current % of Total	5 Year Projection 2022	Projection % of Total	5 Year % Change
Asian & Pacific Is. Non-Hispanic	100,140	14.9%	111,942	16.5%	11.8%
Black Non-Hispanic	14,838	2.2%	14,071	2.1%	(5.2)%
Hispanic	105,655	15.7%	113,812	16.8%	7.7%
White Non-Hispanic	439,473	65.3%	423,129	62.5%	(3.7)%
All Others	13,231	2.0%	14,427	2.1%	9.0%
Total NCH TSA	**673,337**	**100.0%**	**677,381**	**100.0%**	**0.6%**

Language*	Current 2017	Current % of Total	5 Year Projection 2022	Projection % of Total	5 Year % Change
Only English at Home	399,466	62.9%	402,932	63.0%	0.9%
Other Asian-Pacific Lang at Home	17,784	2.8%	17,797	2.8%	0.1%
Other Indo-European Lang at Home	44,851	7.1%	44,772	7.0%	(0.2)%
Slavic Lang at Home	53,428	8.4%	53,513	8.4%	0.2%
Spanish at Home	78,933	12.4%	80,234	12.5%	1.7%
All Others	40,553	6.4%	40,483	6.3%	(0.2)%
Total NCH TSA	**635,015**	**100.0%**	**639,731**	**100.0%**	**0.7%**

***Excludes population age <5**

Source: Sg2 Market Demographics

By Income and Education:

The upper income brackets, $100k and higher, are projected to increase while all lower income brackets are projected to decrease. The projected change in the education level completed is concerning because the level with the largest projected growth are for those not achieving a high school diploma.

Household Income	Current 2017	Current % of Total	5 Year Projection 2022	Projection % of Total	5 Year % Change
<$15K	15,682	6.0%	14,445	5.5%	(7.9)%
$15-25K	17,431	6.7%	15,967	6.1%	(8.4)%
$25-50K	47,829	18.3%	45,209	17.1%	(5.5)%
$50-75K	45,198	17.3%	43,320	16.4%	(4.2)%
$75-100K	36,044	13.8%	35,628	13.5%	(1.2)%
$100K-200K	69,983	26.8%	74,197	28.1%	6.0%
>$200K	28,962	11.1%	35,049	13.3%	21.0%
Total NCH TSA	**261,129**	**100.0%**	**263,815**	**100.0%**	**1.0%**

Education Level**	Current 2017	Current % of Total	5 Year Projection 2022	Projection % of Total	5 Year % Change
Less than High School	20,225	4.3%	20,726	4.3%	2.5%
Some High School	19,991	4.2%	20,515	4.3%	2.6%
High School Degree	99,827	21.0%	101,759	21.1%	1.9%
Some College/Assoc. Degree	132,761	28.0%	134,868	28.0%	1.6%
Bachelor's Degree or Greater	202,144	42.6%	203,688	42.3%	0.8%
Total NCH TSA	**474,948**	**100.0%**	**481,556**	**100.0%**	**1.4%**

****Excludes population age <25**

Source: Sg2 Market Demographics and CCSD15

SERVICE AREA UNEMPLOYMENT STATISTICS

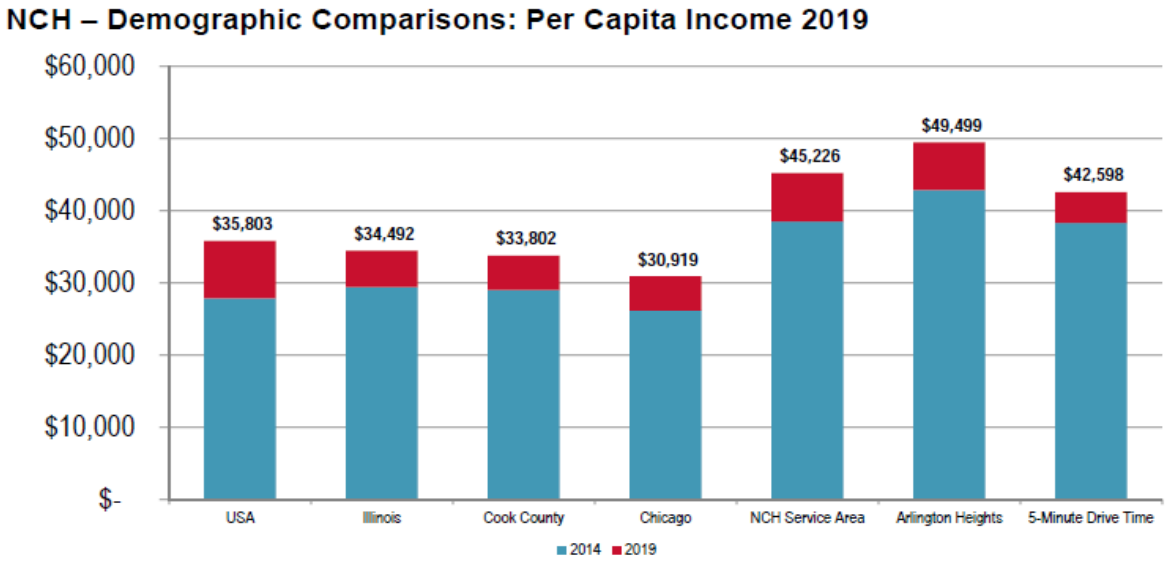
As indicated in the table below, Arlington Heights has a lower unemployment rate than the Chicago MSA, Cook County, State of Illinois and the country. Residents are employed throughout the Chicago area. There are many large employers in Arlington Heights, including Arlington Park Race Track, Northwest Community Healthcare, School District 214, School District 25, Paylocity, Restaurant.com, Pace Suburban Bus, VTech Electronics, and the Clearbrook Agency.

	Arlington Heights , IL	Chicago MSA	Cook County, IL	Illinois	USA
2016 Annual Average Unemployment Rates	4.6%	5.9%	6.2%	5.9%	4.9%

Source: IL Department of Employment Security

SERVICE AREA INCOME

The chart below summarizes per capita income of the population of NCH's total service area, Illinois, 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.

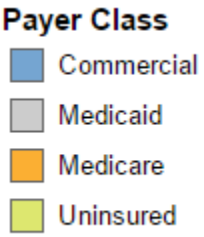


Service Area Income Comparisons

Source: Sg2 Market Demographics

INSURANCE COVERAGE

Primary Service Area				
ZIP	**Commercial**	**Medicaid**	**Medicare**	**Uninsured**
60004	61%	6%	23%	2%
60005	60%	8%	22%	3%
60008	60%	8%	21%	4%
60056	58%	8%	24%	3%
60067	66%	5%	19%	3%
60074	59%	10%	19%	4%
Secondary Service Area				
ZIP	**Commercial**	**Medicaid**	**Medicare**	**Uninsured**
60007	61%	6%	21%	4%
60010	66%	3%	23%	2%
60016	58%	9%	22%	4%
60018	57%	9%	22%	5%
60047	69%	3%	19%	2%
60070	58%	9%	22%	4%
60089	65%	5%	21%	2%
60090	60%	8%	21%	4%
60169	63%	8%	18%	4%
60173	66%	8%	15%	5%
60192	71%	3%	18%	2%
60193	64%	6%	20%	3%
60194	64%	6%	20%	3%
60195	67%	9%	13%	5%



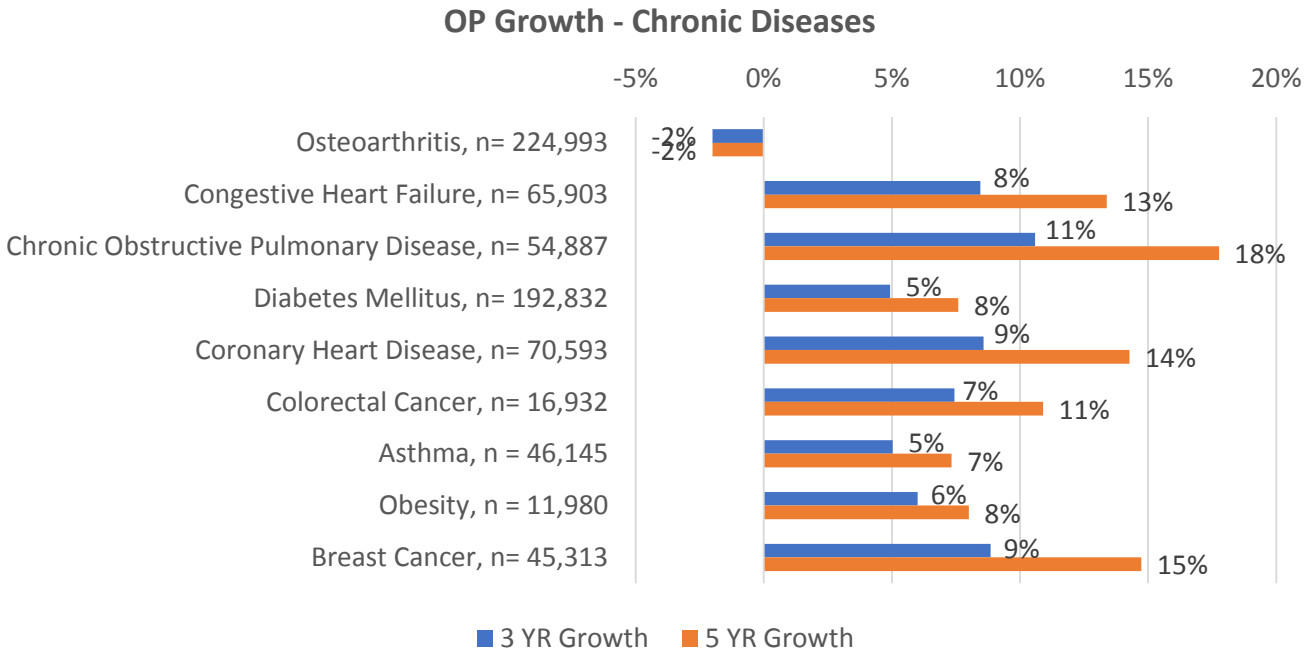
Although NCH's Total Service Area is dominated by Commercial insurance, there are still a substantial number of individuals on Medicaid (45,368) or uninsured (21,694).

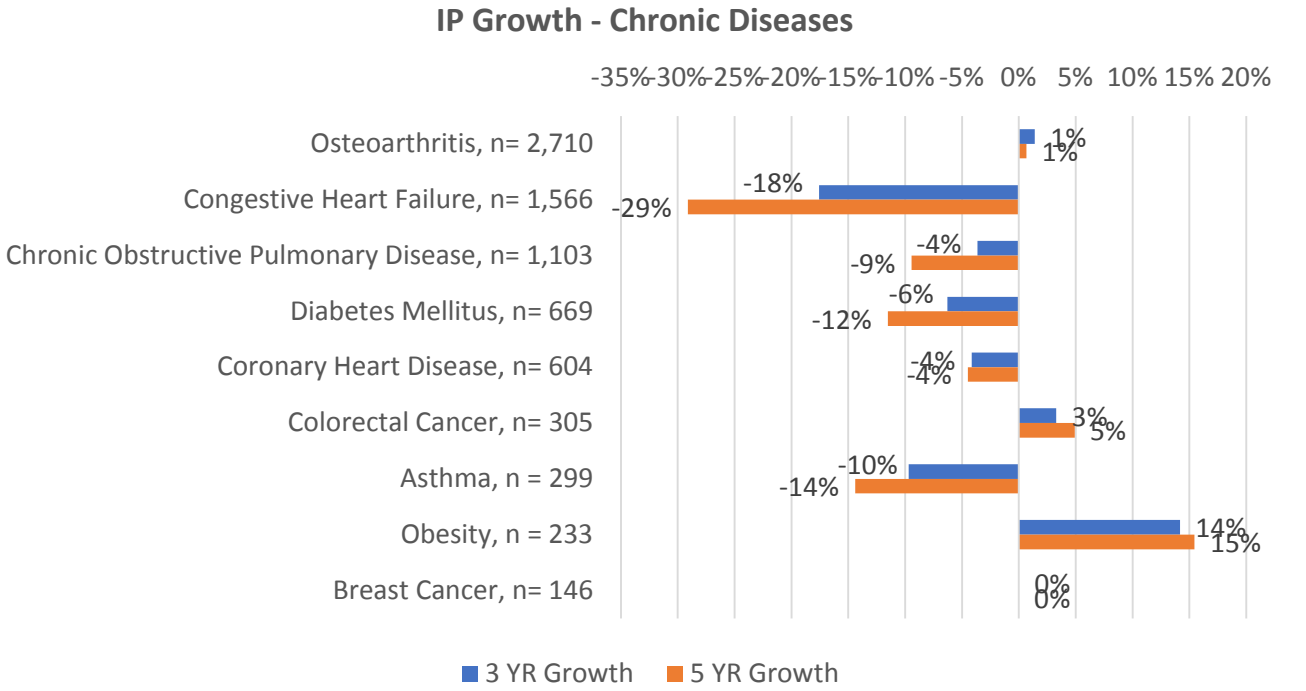
Service Area	Individuals on Medicaid	Uninsured Individuals
Primary (PSA)	17,674	7,278
Secondary (SSA)	27,694	14,416
Total (TSA)	45,368	21,694

Source: Sg2 Market Demographics

Chronic Disease Growth in NCH Service Area

Notable outpatient growth is projected in the areas of heart disease, cancer (breast and colorectal), diabetes/obesity and asthma. The only projected inpatient growth is in obesity and colorectal cancer.





n=2016 market volume

Source: Sg2 Market Demographics

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)
  - Amita Health Alexian Brothers Medical Center (Elk Grove)
  - Amita Health St. Alexius Medical Center (Hoffman Estates)

- **Federally Qualified Health Centers and Other Safety Net Providers**
  - ACCESS Northwest Family Health Center/FQHC (Arlington Heights)
  - Vista Health Center/Cook County Health and Hospital System (Arlington Heights)
  - Creekside Health Center/FQHC (Wheeling)

- **Immediate Care Centers/Walk-In Facilities**
  - Amita Health Alexian Brothers (Elk Grove, Mt. Prospect, Palatine, Schaumburg)
  - CVS Minute Clinic (Barrington, Buffalo Grove, Rolling Meadows, Schaumburg)
  - Walgreens Advocate Healthcare Clinics (Arlington Heights, Buffalo Grove, Elk Grove, Lake Zurich, Mt. Prospect, Palatine, Wheeling)

- **Behavioral Health Services/Facilities**
  - Advocate Addiction Program (Des Plaines)
  - Amita Health Alexian Brothers Behavioral Health Hospital (Hoffman Estates)
  - Amita Health Alexian Brothers Center for Mental Health (Arlington Heights)
  - Arlington Center for Recovery (Arlington Heights)
  - Bridge Youth and Family Services (Palatine)
  - Chicago Behavioral Health Hospital (Des Plaines)
  - 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)
  - Salvation Army Family Services (Arlington Heights)

- **Oral Health Resources**
  - Cook County Public Health Dental Health Services (Rolling Meadows)
  - 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 2018 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 quantitative, qualitative or a combination of both resources. Quantitative data included demographic information and secondary data and qualitative data was gathered through focus groups. A combination of both quantitative and qualitative data was collected through online community surveys and key informant surveys.

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, income and education. In addition, they forecasted the projected growth of chronic disease areas by both inpatient and outpatient for NCH's service area. Changes in community demographics have a direct correlation with healthcare needs and how to address them.

Secondary Data
Community Commons (communitycommons.org) is a web portal that allows public access to data in multiple categories which can be used to explore community health. These categories include demographics, social and economic factors, physical environment, clinical care, health

behaviors and health outcomes. The goal of Community Commons is to increase the impact of those working toward healthy, equitable, and sustainable communities. Custom tools allow the user to filter data by zip code and create a report specifically for its community (*Appendix A*). It also allows the user to create a custom report which highlights its community's greatest areas of concern *(Appendix B)*.

The 2018 County Health Rankings and Roadmaps Report (countyhealthrankings.org), a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, ranks U.S. counties in every state on various health outcomes, health factors, social and economic conditions, and the physical environment. The major goal of the Rankings is to raise awareness about the many factors that influence health and that health varies from place to place. Although the Rankings provide valuable county-wide information it does not examine data at the sub-county level. Cook County is unique in that it is the second-most populous county in the United States after Los Angeles County, California. There are 135 incorporated municipalities partially or wholly within Cook County, the largest of which is Chicago, which is home to approximately 54% of the population of the county. The Cook County Department of Public Health recognizes the uniqueness of the county and identified indicators from the Rankings for which local data existed and created a report specifically for Suburban Cook County (*Appendix C*).

Qualitative Data

Focus Group

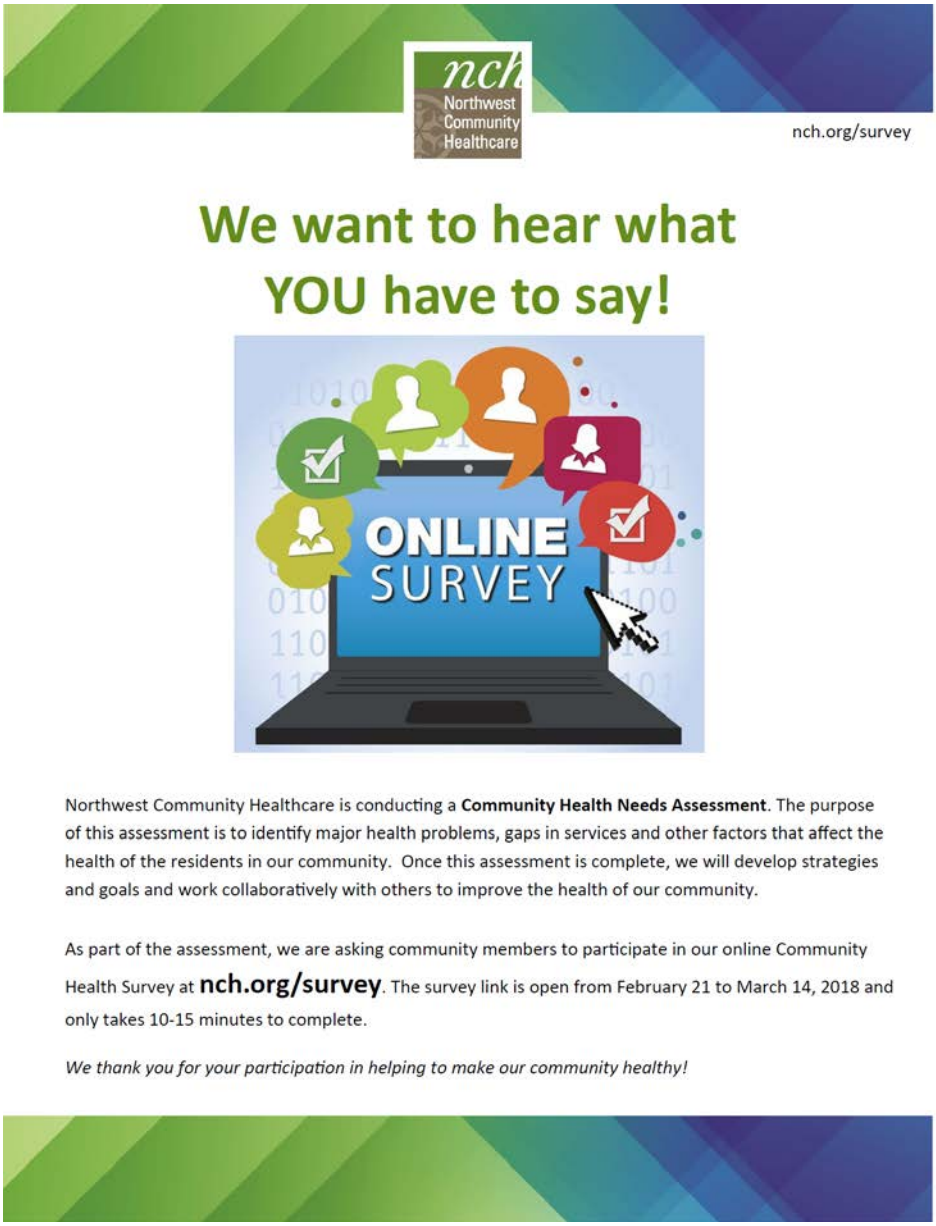
NCH realized the importance of gathering opinions and feedback from vulnerable populations in the community who have some of the greatest healthcare needs. A professional moderator was hired to conduct three focus groups in February 2018: one with seniors; one with Spanish-speaking under-resourced community members and one with English-speaking under-resourced community members. Two locations in the hospital's primary service area were selected to host the focus groups; The Arlington Heights Senior Center and the Community Resource Center. 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. 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 D*).

Qualitative/Quantitative Data

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 "grade" their communities overall health and provide feedback on access to care, behavioral health, chronic disease/health issues, family issues and

modifiable risk factors. It also asked the participants to rank their "top five health concerns" for the community (*Appendix E*). The community was invited to participate in the online survey through a media release and a paid advertisement in a local newspaper, NCH's electronic community newsletter "A Healthier You", NCH's electronic volunteer and employee newsletters and through social media. The survey link, located on the home page of the hospital's website (nch.org), was open from February 21 to March 14, 2018 and 414 people responded. The majority of the respondents were Caucasian (93%), female (73%) and older adults (29% Age 55-64, 28% Age 65-74, 17% Age 75 or older). The majority (68%) had attained a college degree (associates or higher) and had either private insurance (56%) or were on Medicare (40%). The majority (71%) live in the hospital's primary service area and the remainder (29%) live in the hospital's secondary service area. Results from the survey were summarized in both a quantitative *(Appendix F*) and qualitative (*Appendix G*) report.



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 February 2018, 30 potential key informants were identified and sent a letter from the hospital's President and CEO 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 February 12-26, 2018. A reminder email was sent to encourage participation. The key informants were asked the same questions as the community; asking them to "grade" their communities overall health and provide feedback on access to care, behavioral health, chronic disease/health issues, family issues and modifiable risk factors. It also asked them to rank their "top five health concerns" for the community. Results from the survey were summarized in both a quantitative (*Appendix H*) and qualitative (*Appendix I*) report.

In all, 18 of the 30 invited participants took part in the Online Key Informant Survey (below).

	Online Key Informant Survey Participation		
Key Informant Type	**Participating Organizations**	**Number Invited**	**Number Participating**
Community/Business Leader	Schaumburg Township	4	1
Physicians	Cook County, Heartland, NCH	4	3
Other Health Provider	Cook County, Linden Oaks, NCH	9	4
Public Health Expert	Arlington Heights Health Department	2	1
Social Service Agencies	Asian Human Services, The Bridge, Elk Grove & Wheeling Township GA, Journeys, NCH, St. Mary's Services, POC	11	9
Total		30	18

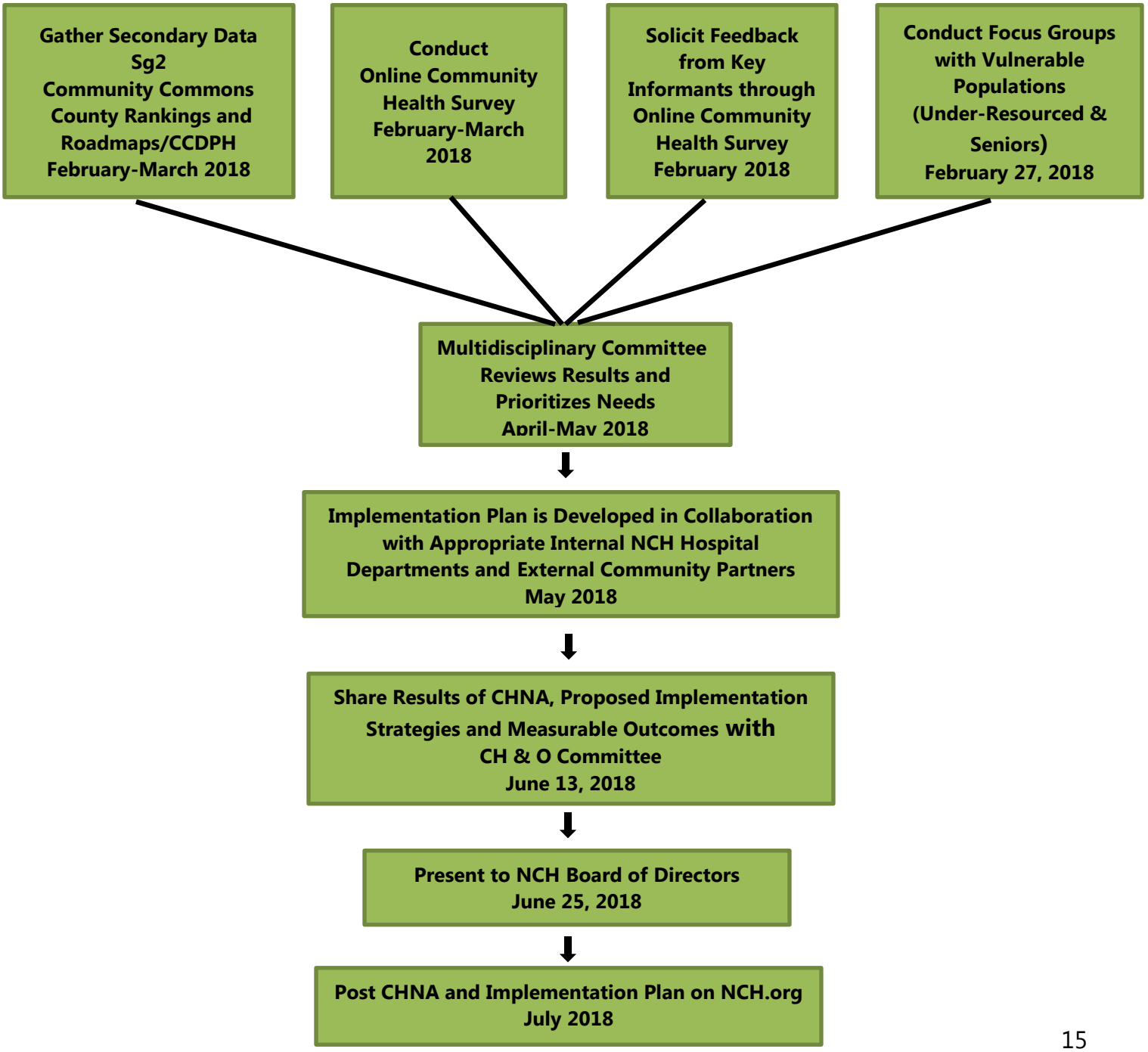
Through this process, input was gathered from individuals whose organizations work with low-income populations, minority populations (including African-Americans, Asians, Eastern Europeans, Hispanics, Indian, Japanese, Polish and Russian), or other medically underserved populations (including the disabled,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

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.

2018 Community Health Needs Assessment & 2019-2021 Implementation Plan



Prioritization Process

In April 2018, 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 committee: Behavioral Health, Care Coordination, Community Services, Compliance, Decision Support, Diabetes Services, Emergency Department, EMS, Foundation, Guest Services, Immediate Care Centers, Marketing, Medical Group, Nursing, Patient Access Services, Research, and Patient Experience. In addition, the chairman of the NCH Board of Directors and the Executive Vice President Chief Legal Counsel participated in the committee.

The committee members received a summary and comparison document (Appendix H) 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 complete survey results, focus groups summaries and all secondary data. The committee was given two weeks to review the summary and comparison document and to access the additional resources and then reconvened to rank or prioritize the issues. The committee then 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

Prioritization Results

Ranking of Health Concerns Ranking: 1-5 (1 is highest level of concern)	
Rank #1	Access to Care-Behavioral Health Behavioral Health (Mental Health, Alcohol & Drug Abuse) Cancer Heart Disease/Stroke Obesity Physical Activity Nutrition
Rank #2	Access to Care-Oral Health Access to Care-Specialty Care Access to Care-Vision Chronic Kidney Disease Dementia/Alzheimer's Respiratory Disease Smoking/Tobacco
Rank #3	Access to Care-Primary Care Access to Care-Prescription Medication Child Abuse Domestic Violence Oral Health
Rank #4	Access to Care-Preventive Screenings Access to Care-Audiology Arthritis/Osteoporosis Elder Abuse Family Planning Hearing Loss HIV/Sexually Transmitted Diseases Infant/Child Health Immunizations Vision
Rank #5	None

NCH Priority Health Issues to Be Addressed

In consideration of the top health priorities (rankings #1-3) 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 to improve the following priority areas:

1. **Access to Healthcare for Under-Resourced**
   The committee spent a great deal of time discussing access to care and the inequities within the hospital's service area. The survey rankings for access to care, and all of the health concerns, are representative of the entire broad community. Individuals with insurance have little issues with accessing healthcare services but the assessment clearly indicated that this is not the case with under-resourced, often uninsured individuals. Access to all areas of healthcare, including primary, specialty, behavioral, oral, vision, screenings, and medication is challenging when financial resources are limited. The CHNA showed that NCH's service area has a higher uninsured rate for both adults (12.94%) and children (3.01%) than the state (10.24% and 2.89%). In addition, NCH's service area has a higher percent of individuals with limited English proficiency (16.27%) than both the state (9.19%) and US (8.57%) which often makes accessing healthcare difficult. Unemployment rates for NCH's service area (5.4%) are higher than both the state (5.2%) and US (4.5%) and public transportation is extremely limited. Because of these factors, the committee selected "Access to Care for the Under-Resourced" as one of the key priority areas.

2. **Behavioral Health (Mental Health and Substance Abuse)**
   Concern about behavioral health was a consistent 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, as noted above, access to care for behavioral health is extremely difficult for under-resourced, often uninsured individuals. State and community-based resources have almost disappeared due to funding cuts and those that do remain often do not accept individuals without insurance or those who are on Medicaid which leaves no alternative other than using area emergency departments for care and medications. A vast majority of the qualitative feedback from the CHNA indicated significant concern about alcohol and drug abuse with opioids and heroin addiction being the most prevalent. Survey participants shared that treatment for behavioral health issues carries embarrassment and a stigma which discourage many from seeking help.

3. **Obesity, Physical Activity and Weight**
   Obesity is another issue that was consistently expressed as a major health concern in all aspects of the CHNA. All three focus groups ranked obesity as a major concern and more than half of the key informants (63%) and community (53%) also ranked this a major problem. The concern about lack of physical activity and access to nutritious food further solidified obesity as health concern of epidemic proportion. Secondary data shows that 13.1 % of people living in NCH's service area experience food insecurity; higher than the state rate of 12.9%. In addition, 18.6% of people living in the NCH service area receives SNAP (Supplemental Nutrition Assistance Program) benefits which is higher than both the state (16.2%) and the US (14.9%).

4. **Cancer (Including Smoking/Tobacco)**
   Cancer is the second leading cause of death in the United States, exceeded only by

heart disease. One of every four deaths in the United States is due to cancer. The Centers for Disease Control and Prevention (CDC) projects that from 2010-2020 the number of new cancer cases will increase by 24% in men, to more than 1 million cases per year, and by about 21% in women to more than 900,000 cases per year. The kinds of cancer expected to increase the most are melanoma (in white men and women), prostate, kidney, liver and bladder cancers in men and lung, breast, uterine and thyroid cancers in women. The focus groups comprised of seniors and under-resourced Spanish speakers ranked cancer as a major concern as did 50% of the participants of the community survey. Key informants and the English-speaking focus group ranked it as a moderate concern. In addition, four of the five groups ranked cancer as one of the top five health concerns for the community.

5. **Chronic Disease (Diabetes, Heart Disease/Stroke, Respiratory, and Kidney)** Cardiovascular disease claims more lives than all forms of cancer combined and is the leading cause of death in some states. Meanwhile, strokes kill someone every four minutes and are the leading cause of disability. The CHNA revealed that 82.2% of people in NCH's service area have one or more cardiovascular risk factors. A large majority (88.2%) of the key informants who were surveyed online ranked heart disease and stroke as either a major or moderate concern.

Once the priority areas were determined, the multidisciplinary committee identified key individuals to serve on issue specific committees to develop implementation strategies for each of the areas. These individuals also developed metrics to measure the success of the strategies which will be monitored and updated over the next three years.

In acknowledging the wide range of priority health issues (those ranked 1-3) 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
Access to Care: Specialty and Vision	NCH believes access to these areas will be addressed through referrals from primary care physicians.
Chronic Kidney Disease	NCH believes chronic kidney disease will be addressed through the new heart failure and diabetes initiatives.
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.
Child Abuse and Domestic Violence	NCH collaborates with three local not-for-profit community agencies (Children's Advocacy Center, Northwest CASA and WINGS) to address child abuse and domestic violence.

Public Dissemination

The CHNA was posted on NCH's hospital website, nch.org/chna, in July 2018. 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 2015.

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 a hard copy of the CHNA report that may be viewed by any who request it.

FY2019-FY2021 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 those priority health issues chosen for action in the FY2019-FY2021 period. Note that these strategies are in addition to millions of dollars of Charity Care and Medicaid/Medicare shortfalls that NCH provides. The Implementation Strategies, along with the full Community Health Needs Assessment, were reviewed and approved by the Community Health and Outreach Committee of the Board on June 13, 2018 and presented to the entire board of directors on June 25, 2018.