

Community Health Needs Assessment 2015

Evanston Hospital | Glenbrook Hospital | Highland Park Hospital | Skokie Hospital

The more NorthShore University HealthSystem and the community connect, the stronger and healthier both will become.

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Executive Summary

NorthShore University HealthSystem (NorthShore) completed a Community Health Needs Assessment (CHNA) between September 2015 and December 2015. This CHNA was conducted to cover the community service areas of NorthShore's four hospitals: Evanston Hospital, Glenbrook Hospital, Highland Park Hospital and Skokie Hospital. NorthShore's CHNA service area includes 51 zip codes in Lake County, northern Cook County and the north side of Chicago.

NorthShore contracted with the Illinois Public Health Institute (IPHI) to compile and analyze existing data and to lead the collection of community input data for the 2015 CHNA. Through IPHI's Center for Community Capacity Development, IPHI supports non-profit hospitals, local health departments and other community groups to conduct community health assessment and planning activities to improve health and increase health equity. NorthShore is also participating in the Health Impact Collaborative of Cook County – a collaborative of 23 nonprofit hospitals, 6 health departments, and community stakeholders – to ensure a coordinated effort to produce maximum impact and efficiency with regards to targeting similar issues in peer communities across Cook County.

This CHNA process included three community input data collection methods: a focus group with members of the four hospitals' Community Advisory Committees, a focus group with NorthShore staff and an online survey sent to all members of NorthShore's four Community Advisory Committees. Participating stakeholders represented public health, mental health providers, health care providers, educational institutions, children and youth, elected officials, local government, local business, foundations, and social service providers.

The assessment process also included the development of a Community Health Profile. IPHI gathered existing secondary data from the following sources for the Community Health Profile:

- **Five local health departments:** Cook County Department of Public Health, Lake County Health Department, Chicago Department of Public Health, Evanston Health Department, and the Village of Skokie Health Department
- **Federal data sources:** Census Bureau via American Factfinder website, Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA), United States Department of Agriculture (USDA), National Institutes of Health National Cancer Institute, and the Community Commons / CHNA.org website
- **State data sources:** Illinois Department of Public Health (IDPH), Illinois Department of Human Services (DHS), Illinois State Board of Education (ISBE), and Illinois Hospital Association COMP Data

This CHNA also includes data provided by the Chicago and Cook County Departments of Public Health from recent Forces of Change and Local Public Health System Assessments. The Forces of Change Assessment (FOCA) and Local Public Health System Assessment (LPHSA) summaries do not include Lake County results because there was not a recent report available at the time the summary was compiled in the fall of 2015. The FOCA gathers community leader perspectives on potential forces that are or may impact the health of the community or the public health system and any threats and opportunities related to the forces. This exploration of forces helps communities strategically think about the public health implications for the future to better prepare. The LPHSA also gathers community leaders who represent diverse sectors of the public health system to assess the strengths, weaknesses and priorities of the public health system based on a standardized assessment tool based on the 10 Essential Public Health Services. The results help communities identify public health system gaps to fill, strengths to build on and system improvements necessary to support public health initiatives and improve the health of the community.

NorthShore and IPHI made efforts to be comprehensive in data collection and analysis for this CHNA; however, there are a few data limitations to keep in mind when reviewing the findings:

- Population health and demographic data often lag by several years, so data is presented for the most recent years available for any given data source.
- Some data indicators are only available at the county level. Therefore, data is reported and presented at the geographic level available – ranging from census tract for American Communities Survey data to county-level for Behavioral Risk Factor Surveillance Survey data.
- Data availability varied across Cook and Lake Counties. Since NorthShore needed to complete this CHNA in fiscal year 2015, some data was not yet analyzed or available to include in this report.
- Some community health issues have less robust data available, particularly at the community level. In particular, secondary data about mental health and behavioral health is limited.

Priority community health issues were identified by NorthShore staff in partnership with IPHI by looking at findings from across all the assessment data and perspectives. To begin identification of priority issues, NorthShore and IPHI met midway through the CHNA process after a portion of the data had been collected to review issues emerging from the data and to discuss the framework for presenting community health issues in the CHNA. Next, IPHI analyzed assessment data (existing secondary data, community input and local health department assessments of Forces of Change and Local Public Health System) and drafted a list of priority health issues and populations affected. IPHI and NorthShore discussed the data and draft list of priority issues, and considered prioritization criteria consistent with guidance from the National Association of County and City Health Officials (NACCHO). Based on that discussion, NorthShore finalized a list of priority health needs divided into “External Factors Impacting Community Health” and “Disease Conditions.”

Priority Issues for Community Health

EXTERNAL FACTORS IMPACTING COMMUNITY HEALTH
Access and Coordination of Care (Affordability, education, transportation, specialty care, cultural competency)
Access to Behavioral Health
Health Literacy and Navigating the Health Care Environment
Access to Healthy, Affordable Food
Access to Oral Health Care
DISEASE CONDITIONS
Chronic Disease Risk Factors (Prevention and management of obesity, tobacco use, hypertension)
Behavioral Health (Mental health and substance abuse, psychiatry and community based services)
Oral Health
Cardiovascular Disease and Stroke
Diabetes
Cancer
Alzheimer’s / Dementia (prevention, management, caregiver support, long-term care)
Lung Health
Maternal and Child Health (infant mortality, low birth weight)

The assessment also helped to identify populations of focus, community conditions and geographic communities of highest need that are related to addressing the priority issues.

Populations of focus (in alphabetical order):

- Adolescents
- Caregivers
- Early childhood
- Immigrants and refugees
- Medicaid recipients
- Older adults
- People who are underinsured
- People with mental health issues
- Veterans

Geographic communities of highest need (in alphabetical order):

<u>Lake County</u>	<u>Cook County</u>	<u>Chicago</u>
Highwood	Evanston	Edgewater (Chicago)
North Chicago	Niles	Forest Glen (Chicago)
Round Lake	Prospect Heights	Irving Park (Chicago)
Waukegan	Skokie	North Park (Chicago)
Zion	Wheeling	Rogers Park (Chicago)
		Uptown (Chicago)
		West Ridge (Chicago)

Healthy community conditions:

- Affordable Housing
- Community connectedness, family-oriented service provision, intergenerational activities
- Quality education and jobs
- Transportation

As part of the development of the CHNA implementation plan, NorthShore will determine which of the identified priority issues the health system will address directly, and an explanation will be provided for issues that NorthShore chooses not to address through implementation. NorthShore staff will continue working with the Health Impact Collaborative of Cook County and four hospital Community Advisory Committees to develop coordinated implementation plans to address priority issues.

II. Introduction

NorthShore University HealthSystem (NorthShore) conducted a Community Health Needs Assessment (CHNA) between September 2015 and December 2015. NorthShore contracted with the Illinois Public Health Institute (IPHI) to support completion of the assessment activities and sought input from a range of stakeholders as detailed on page 8. This CHNA was conducted to cover the community service areas of NorthShore’s four hospitals: Evanston Hospital, Glenbrook Hospital, Highland Park Hospital and Skokie Hospital.

Headquartered in Evanston, Illinois, NorthShore University HealthSystem is a comprehensive, fully integrated healthcare delivery system serving the Chicago region. The system includes four hospitals: Evanston, Glenbrook, Highland Park and Skokie. NorthShore employs about 10,000 people and has approximately 2,100 affiliated physicians, including a 900+ employed physicians group with over 100 office locations.

The core mission of NorthShore University HealthSystem is to “preserve and improve human life.” NorthShore is a not-for-profit organization principally formed to provide quality healthcare services for the communities it serves. The delivery of healthcare services is provided in a wide range of inpatient and ambulatory healthcare settings, community-wide, employing modern technology and expertise. Support for qualified patients who may not be able to pay the entire cost of their care is a part of the organization's commitment. In support of its primary mission of patient care, the organization engages in a wide range of academic activities in medical education and research.

Community Description - NorthShore’s Service Area

NorthShore’s CHNA service area includes 51 zip codes in Lake County, northern Cook County and the north side of Chicago. The CHNA service area was defined based on the geographic area served by NorthShore. Figures 2.1 and 2.2 show the cities, villages and communities included in the CHNA service area. On p. 55 of this report, there is a summary of communities of highest need in the service area.

Figure 2.1. Communities included in NorthShore’s CHNA Service Area

Lake County		Cook County - North Suburbs		Cook County - Chicago North Side Communities	
Fort Sheridan	60037	Arlington Heights	60004, 60005	Edgewater	60626
Grayslake	60030	Buffalo Grove	60089	Forest Glen	60646
Gurnee	60031	Des Plaines	60016	Irving Park	60641
Highland Park	60035	Evanston	60201, 60202, 60203	North Park	60659
Highwood	60040	Glencoe	60022	Norwood Park	60631
Lake Bluff	60044	Glenview	60025, 60026	Ravenswood	60625
Lake Forest	60045	Golf	60029	Rogers Park	60660
Libertyville	60048	Kenilworth	60043	Uptown	60640
Lincolnshire	60069	Lincolnwood	60712	West Ridge	60645
Long Grove	60047	Morton Grove	60053		
Mundelein	60060	Mount Prospect	60056		
North Chicago	60064	Niles	60714		
Round Lake	60073	Northbrook/Techny	60062, 60065, 60082		
Vernon Hills	60061	Prospect Heights	60070		
Waukegan	60085, 60087	Skokie	60076, 60077		
Zion	60099	Wheeling	60090		
		Wilmette	60091		
		Winnetka	60093		

Figure 2.2. Map of Communities in NorthShore CHNA Service Area



Overview of this CHNA Process

NorthShore contracted with the Illinois Public Health Institute (IPHI) to facilitate and conduct the Community Health Needs Assessment. Through IPHI's Center for Community Capacity Development, IPHI supports non-profit hospitals, local health departments and other community groups to conduct community health assessment and planning activities to improve health and increase health equity. The CHNA included compilation and analysis of existing secondary data from a variety of sources including local health departments and other local agencies; state agencies and institutions including the Illinois Department of Public Health, the Illinois State Board of Education and the Illinois Hospital Association; and federal sources such as the Centers for Disease Control & Prevention (CDC), the Health Resources and Services Administration (HRSA), and the United States Department of Agriculture (USDA). IPHI staff also accessed and leveraged recent assessments conducted by local health departments in Lake and Cook Counties, and findings from the Forces of Change Assessment (FOCA) and the Local Public Health System Assessments (LPHSA) were included. The CHNA process also included community input data collection including a focus group with NorthShore staff, a focus group with community leaders, and an online survey for Community Advisory Committee members. Priority health issues were identified by NorthShore staff in partnership with IPHI by looking at findings from across all the assessment data and perspectives.

The following stakeholders participated in this Community Health Needs Assessment (CHNA) process.

Figure 2.3. Stakeholder Participants and Roles

Process facilitation, data analysis and report writing:

Jess Lynch and Kristin Monnard, Illinois Public Health Institute

Data sharing and analysis:

Skokie Health Department, Evanston Health Department, Lake County Health Department, Cook County Department of Public Health

Community Leaders Focus Group:

Jeanne Ang, Public Health Rep	Jeff Greenspan, Foundation Rep
Anne Bassi, Township Rep	Jane Grover, Elected Official Rep
Jill Brickman, Township Rep	Cindy Housner, Special Needs Rep
Mark Collins, Local Government Rep	Marcia McMahon, United Way Rep
David Clough, Public Health Rep	Ann Raney, Mental Health Rep
Catherine Counard, Public Health Rep	Keith Terry, Education/youth Rep
Lara Cummings, Education/youth Rep	Evonda Thomas Smith, Public Health Rep
Andrea Densham, Children Rep	Nancy Vaccaro, Village Rep
Eric Etherton, Education/youth Rep	Ernest Vasseur, Foundation Rep
Ginny Glassner, Business Rep	

Staff Leaders Focus Group:

Geri Ambrosia	Kayleigh Parent, LCSW, CAADC
Janice Benson, MD	Michelle Ortega, RN, NP
Linda Green, RN, MSN	Kathleen Moriarty, RN
Andrea Hurteau, MS	Jorge Saucedo, MD
Mary Keegan, RN, MSN	Madeleine Shalowitz, MD
Margaret Mary Mateja, RN	Deborah Taber, RN
Christopher Masi, MD	Vicki Tiller, RN, MSN
Christine Martens	Michael Vernon, Dr PH

Per federal guidelines, NorthShore completes a CHNA is every three years. As part of Community Benefits initiatives, NorthShore seeks an ongoing understanding of community health needs and public health data and solicits feedback from community leaders on an ongoing basis through the four hospitals' Community Advisory Committees.

Further, NorthShore is participating in the Health Impact Collaborative of Cook County to ensure a coordinated effort to produce maximum impact and efficiency with regards to targeting similar issues in peer communities across Cook County. The Health Impact Collaborative of Cook County is one of the largest collaborative CHNAs in the country with the current involvement of 23 nonprofit and public hospitals, along with six local health departments and representatives of nearly 100 community organizations serving on three stakeholder advisory teams. The Collaborative's mission is to work collaboratively with communities to assess community health needs and assets and implement a shared plan to maximize health equity and wellness.

III. Description of Data Collection and Analysis

The Illinois Public Health Institute (IPHI) worked with NorthShore to collect data through a variety of assessment activities to ensure a comprehensive needs assessment was conducted in 2015. Assessment data includes secondary data compiled in the community health profile, community input data collected through focus groups and an online survey, and Forces of Change and Local Public Health System Assessment data collected in partnership with the Health Impact Collaborative of Cook County and Chicago and Cook County Departments of Public Health. The community health profile and community input data cover NorthShore's full community area in Cook and Lake Counties. The Forces of Change Assessment (FOCA) and Local Public Health System Assessment (LPHSA) findings were provided for Cook County (including Chicago). FOCA and LPHSA data for Lake County was not available during the NorthShore assessment process.

For the Community Health Profile, IPHI gathered existing data from the following sources:

- Five local health departments: Cook County Department of Public Health, Lake County Health Department, Chicago Department of Public Health, Evanston Health & Human Services Department, and the Village of Skokie Health Department
- Federal data sources: Census Bureau via American Factfinder website, Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA), United States Department of Agriculture (USDA), National Institutes of Health National Cancer Institute, and the Community Commons / CHNA.org website
- State data sources: Illinois Department of Public Health (IDPH), Illinois Department of Human Services (DHS), Illinois State Board of Education (ISBE), and Illinois Hospital Association COMP Data

Once data was compiled, IPHI used the following software tools for data analysis and presentation: Census Bureau American FactFinder website, Community Commons / CHNA.org website, Microsoft Excel, and ArcGIS.

NorthShore and IPHI made efforts to be comprehensive in data collection and analysis for this CHNA; however, there are a few data limitations to keep in mind when reviewing the findings:

- Population health and demographic data often lag by several years, so data is presented for the most recent years available for any given data source.
- Some data indicators are only available at the county level, particularly self-reported data from the Behavioral Risk Factor Surveillance Survey. Therefore, data is reported and presented at the geographic level available – ranging from census tract for American Communities Survey data to county-level for Behavioral Risk Factor Surveillance Survey data.
- As mentioned above, data availability varied across Cook and Lake Counties. Since NorthShore needed to complete this CHNA in fiscal year 2015, some data was not yet analyzed or available to include in this report.
- Some community health issues have less robust data available, particularly at the community level. In particular, secondary data about mental health and behavioral health is limited.

Data collection methods for Community Input are described below on page 58.

IV. Findings from Community Health Profile Data

Community Resources

Hospitals and Health Departments

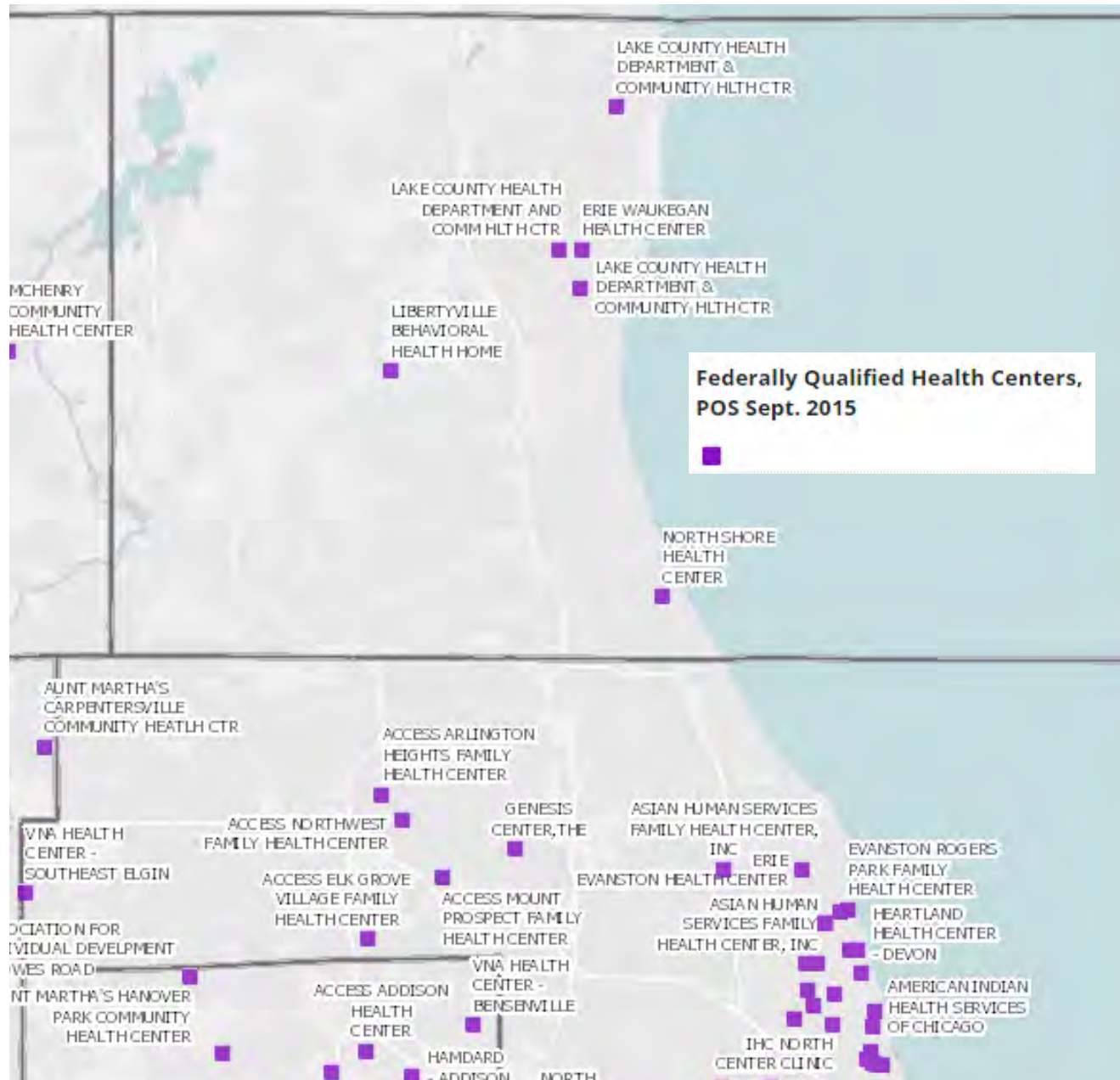
Hospital Facilities:

- Advocate Condell Medical Center
- Advocate Lutheran General Hospital
- Advocate Good Shepherd Hospital
- Cancer Treatment Centers of America, Midwestern Regional Medical Center
- Northwest Community Hospital
- Northwestern Lake Forest Hospital
- Presence Holy Family Medical Center
- Presence Saint Francis Medical Center
- Vista Medical Center East
- Vista Medical Center West

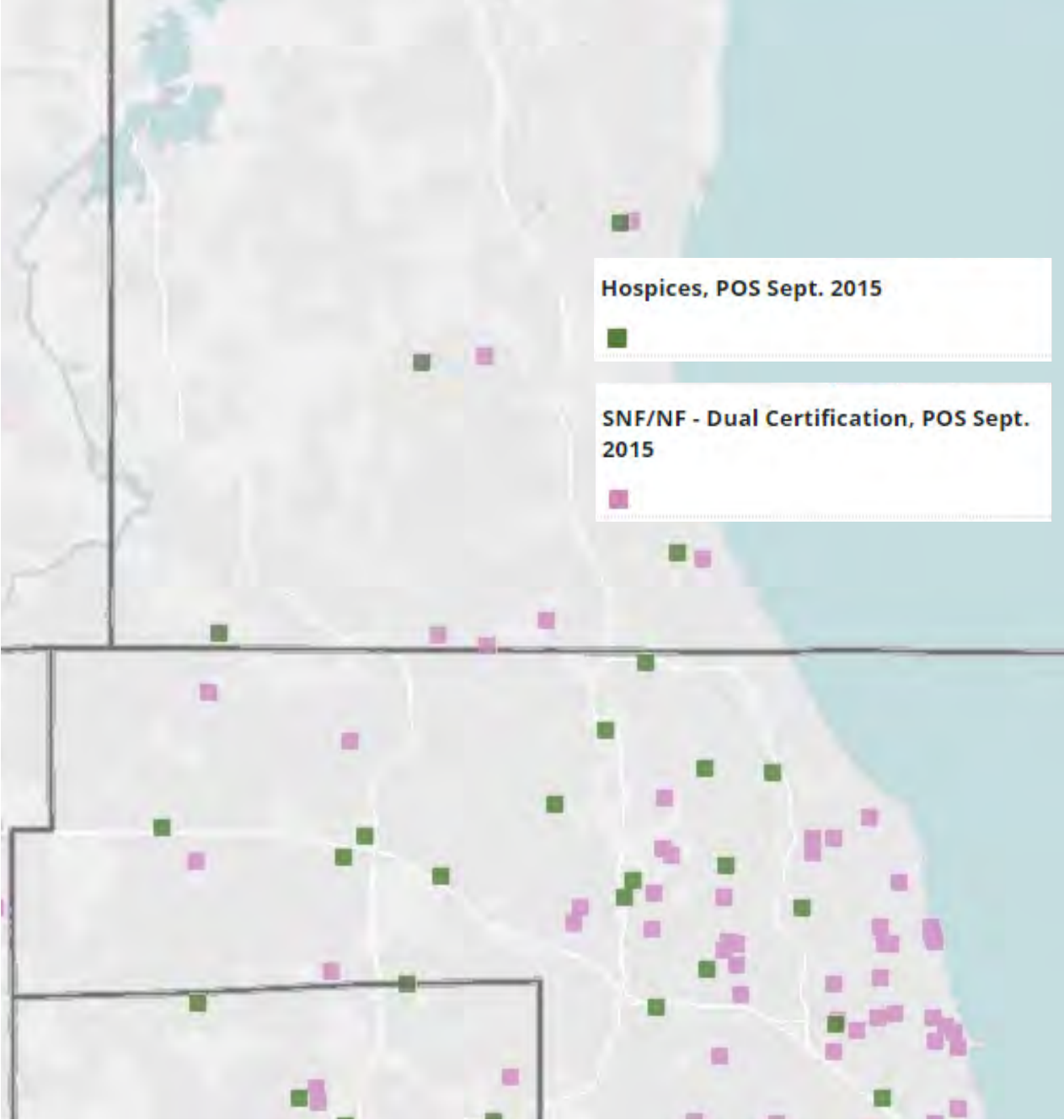
Health Departments:

- Chicago Department of Public Health
- Cook County Department of Public Health
- Evanston Health Department
- Village of Skokie Health Department
- Lake County Health Department

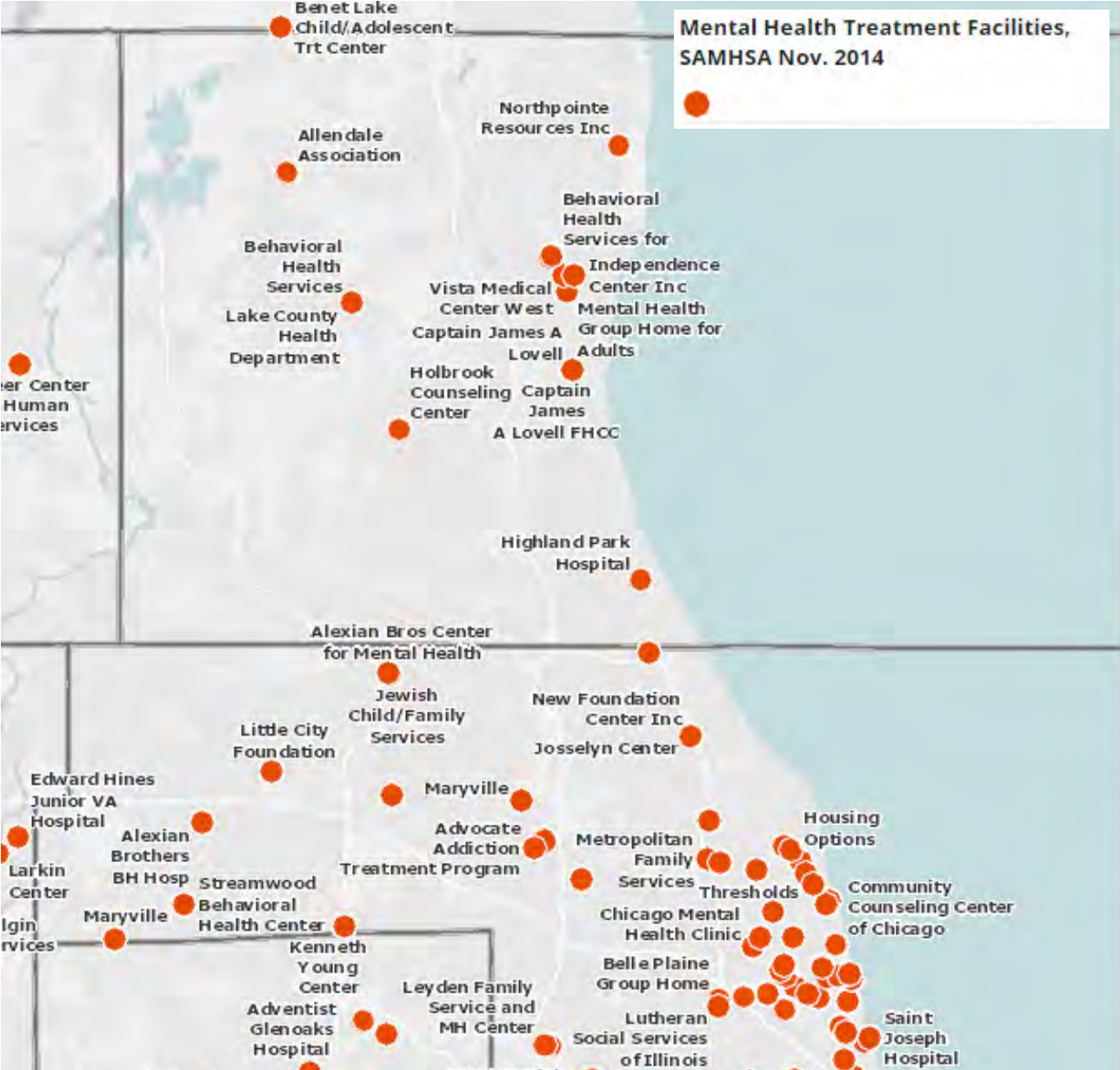
Map 4.1. Federally Qualified Health Centers (FQHCs)



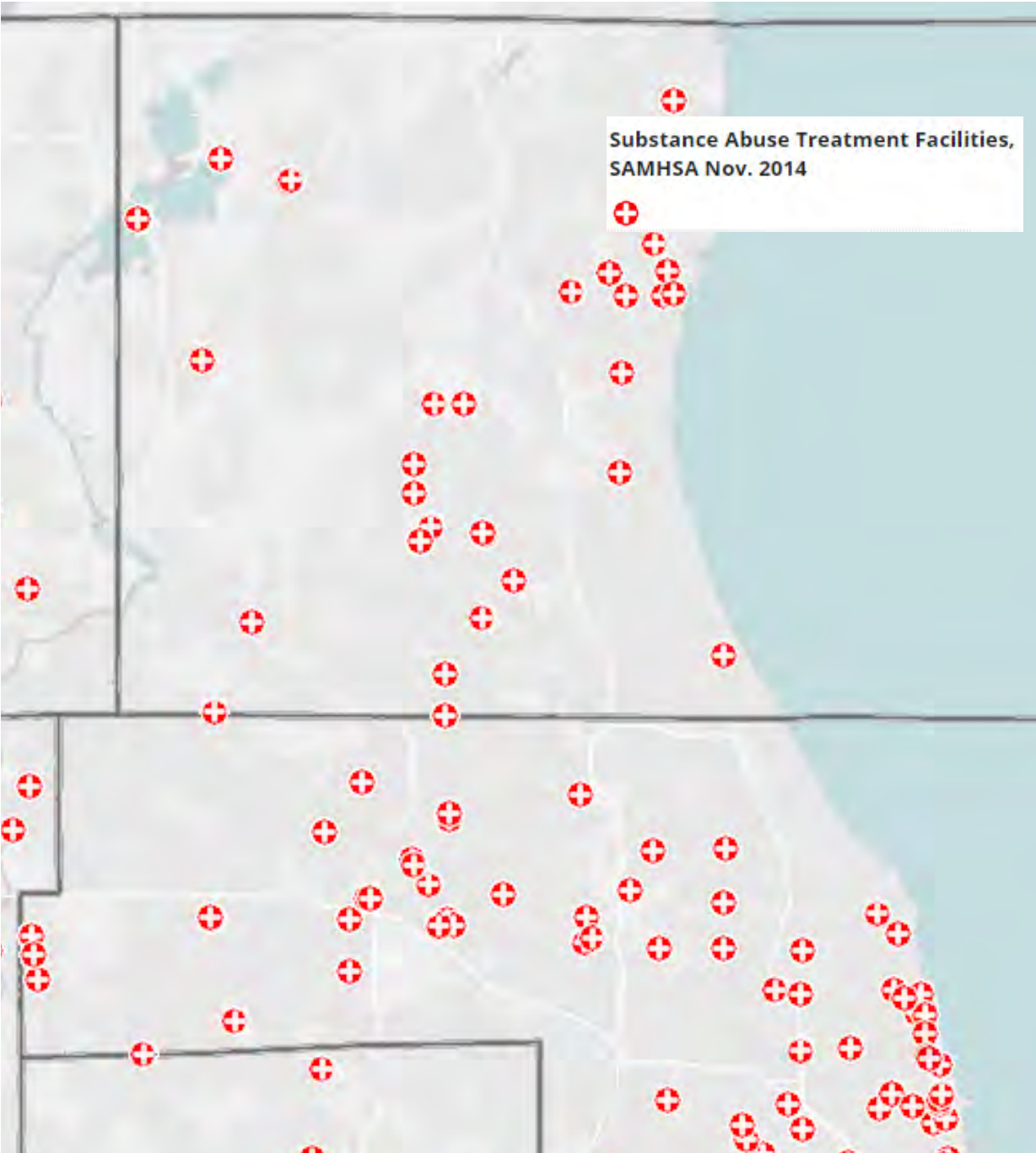
Map 4.2. Skilled Nursing Facilities (SNFs) and Hospice



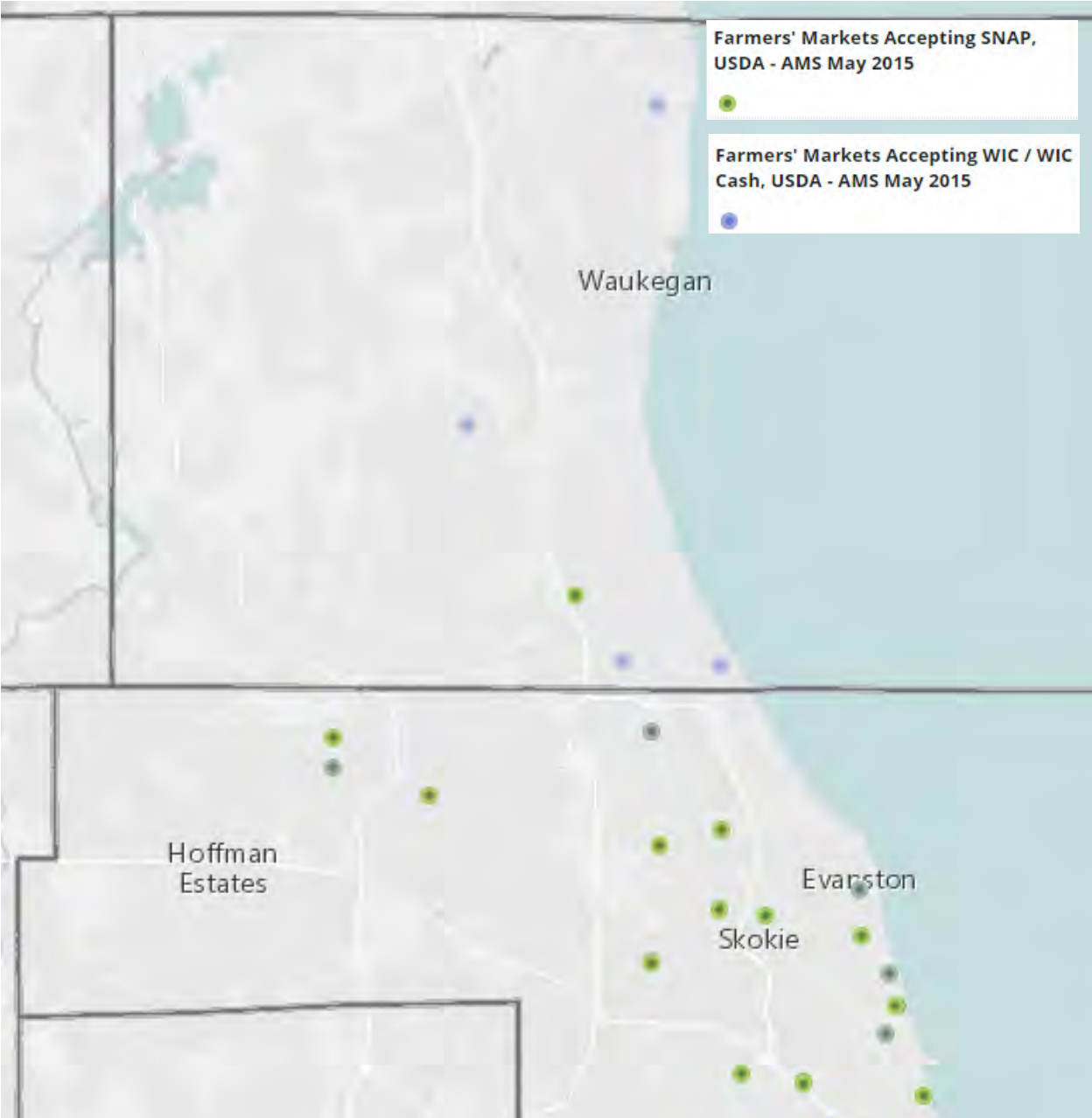
Map 4.3. Mental Health Treatment Facilities, as of November 2014



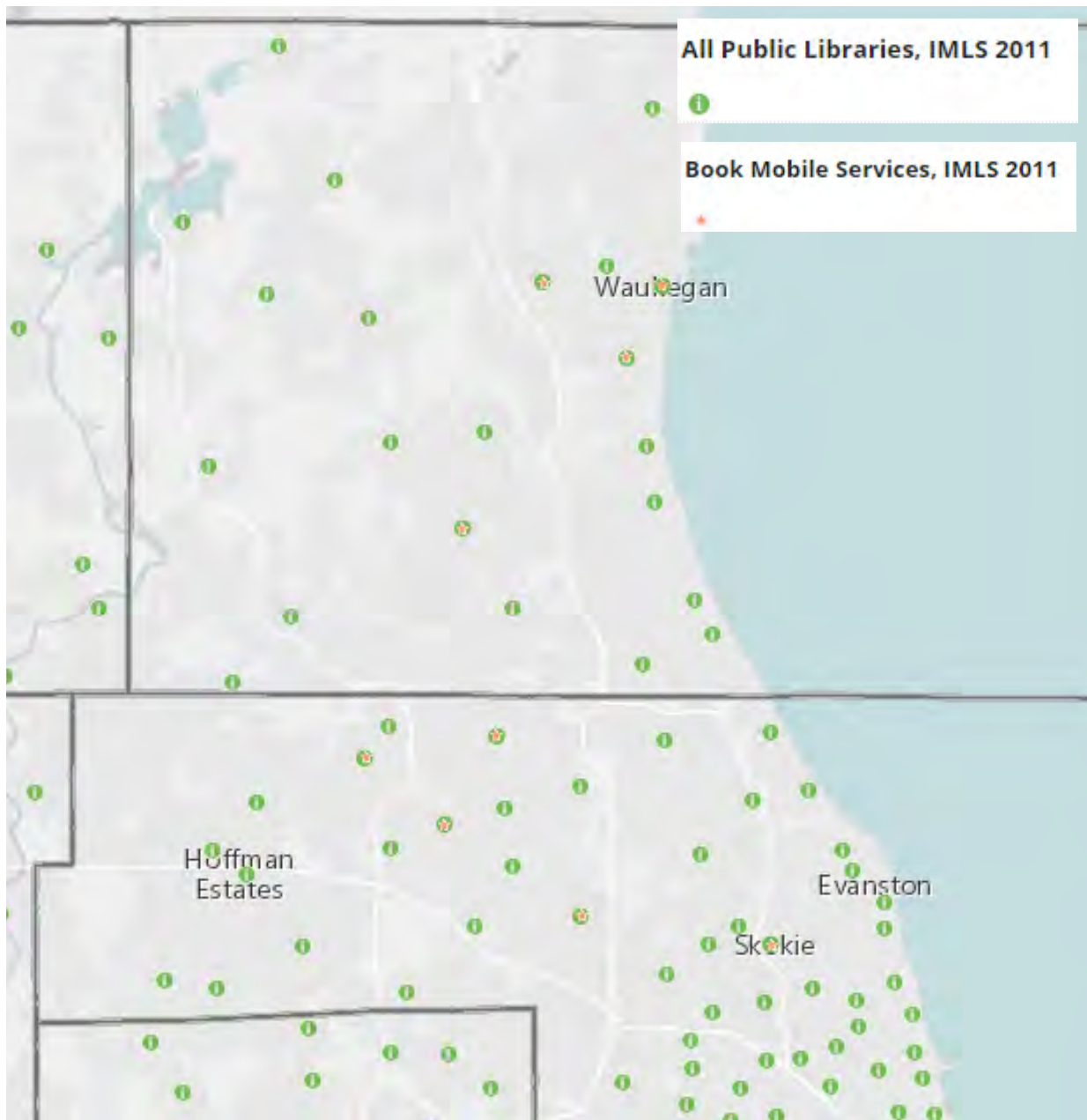
Map 4.4. Substance Abuse Treatment Facilities, as of November 2014



Map 4.5. Farmers Markets that Accept SNAP and WIC



Map 4.6. Public Libraries and Book Mobile Services



Demographics

Total Population

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
NorthShore Community Areas	1,615,183	355.29	4,546.15
Illinois	12,848,554	55,504.25	231.49
United States	311,536,591	3,530,997.6	88.23

Data Source: US Census Bureau, American Community Survey. 2009-13.

Age

	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
NorthShore Community Areas	101,490	274,145	145,606	222,116	224,348	237,734	195,826	213,918
Cook County	341,943	876,453	509,405	840,665	710,823	708,813	587,990	636,280
Lake County	45,194	142,753	65,444	79,606	97,059	112,451	83,076	76,516
Illinois	820,771	2,265,645	1,252,399	1,778,128	1,711,098	1,842,487	1,521,168	1,656,858
United States	20,052,112	53,825,364	31,071,264	41,711,276	40,874,160	44,506,268	37,645,104	41,851,040

Data Source: US Census Bureau, American Community Survey. 2009-13.

Race and Ethnicity

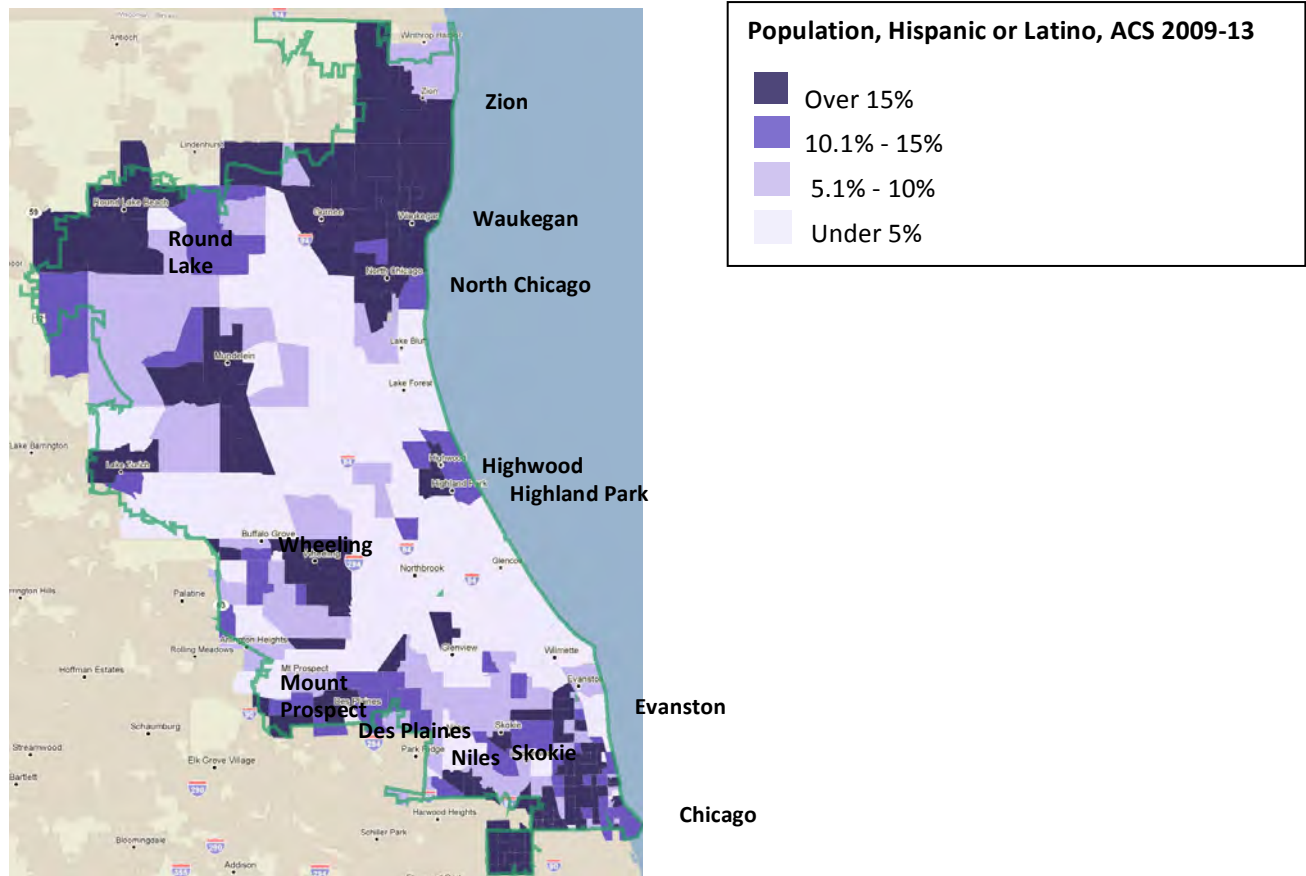
	White	Black	Asian	Native American	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
NorthShore Community Areas	71.94%	7.23%	11.33%	0.24%	0.04%	6.67%	2.55%
Cook County	56.71%	24.41%	6.45%	0.24%	0.02%	10.17%	2%
Lake County	78.74%	6.83%	6.37%	0.2%	0.04%	5.23%	2.59%
Illinois	72.54%	14.41%	4.75%	0.21%	0.02%	5.99%	2.07%
United States	74.02%	12.57%	4.89%	0.82%	0.17%	4.73%	2.8%

Data Source: US Census Bureau, American Community Survey. 2009-13.

	Percent Population Hispanic or Latino	Percent Population Non-Hispanic
NorthShore Community Areas	19.35%	80.65%
Cook County	24.21%	75.79%
Lake County	20.16%	79.84%
Illinois	16.04%	83.96%
United States	16.62%	83.38%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Map 4.7. Population, Hispanic or Latino



Data Source: American Communities Survey, 2009-2013

Change in Hispanic/Latino Population, 2000-2010

	Hispanic Population Change, Total	Hispanic Population Change, Percent	Non-Hispanic Population Change, Total	Non-Hispanic Population Change, Percent
Cook County	172,995	16.14%	-355,250	-8.25%
Lake County	47,258	50.96%	11,635	2.11%
Illinois	497,316	32.5%	-85,915	-0.79%
United States	15,098,149	42.7%	10,153,011	4.09%

Data Source: US Census Bureau, Decennial Census. 2000-2010.

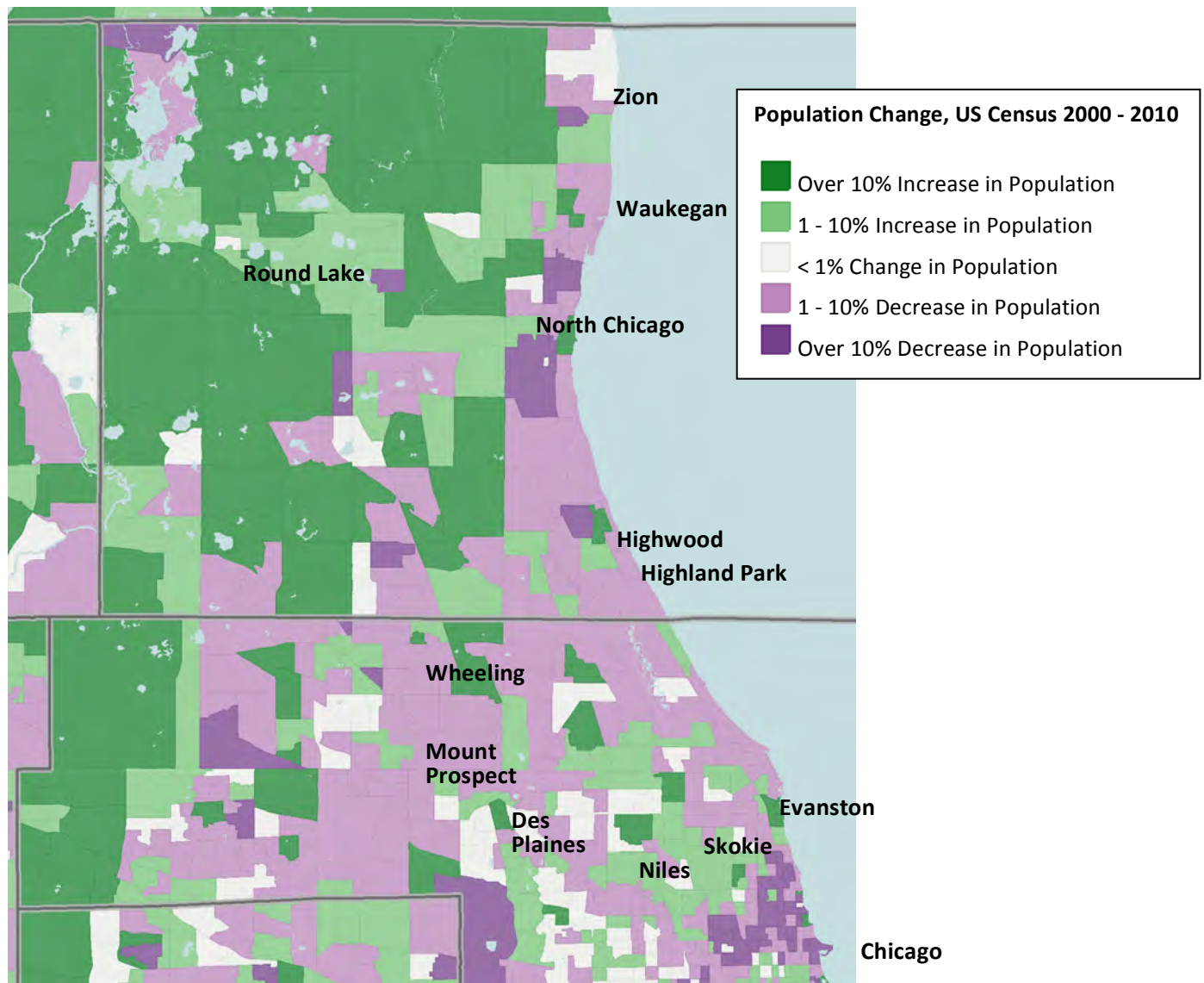
Change in Total Population

According to the U.S. Census Bureau, the total population in the communities served by NorthShore stayed the same between 2000 and 2010.

	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
NorthShore Community Areas	1,613,629	1,610,599	-3,030	-0.19%
Cook County	5,376,930	5,194,675	-182,255	-3.39%
Lake County	644,569	703,462	58,893	9.14%
Illinois	12,419,231	12,830,632	411,401	3.31%
United States	280,421,907	307,745,539	27,323,632	9.74%

Data Source: US Census Bureau, Decennial Census, 2000-2010.

Map 4.8. Change in Total Population



Data Source: US Census, 2000 and 2010.

Foreign-Born Population

	Total Foreign-Born Population	Foreign-Born Population, Percent of Total Population
NorthShore Community Areas	437,974	27.12%
Cook County, IL	1,098,918	21.08%
Lake County, IL	127,333	18.14%
Illinois	1,774,726	13.81%
United States	40,341,900	12.95%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Linguistically Isolated Population

This indicator reports the percentage of the population aged 5 and older who live in a home in which no person, 14 years old and over, speaks only English, or in which no person, 14 years old and over, speaks a non-English language and speaks English "very well."

	Linguistically Isolated Population	Percent Linguistically Isolated Population
NorthShore Community Areas	140,491	9.28%
Cook County	411,965	8.46%
Lake County	32,526	4.95%
Illinois	617,544	5.13%
United States	13,871,217	4.76%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Population with Limited English Proficiency

	Population Age 5+ with Limited English Proficiency	Percent Population Age 5+ with Limited English Proficiency
NorthShore Community Areas	250,749	16.57%
Cook County	739,245	15.18%
Lake County	68,510	10.43%
Illinois	1,131,389	9.41%
United States	25,148,900	8.63%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Households with Children (See Map 4.9)

	Total Households	Total Family Households	Families with Children (Under Age 18)	Families with Children (Under Age 18), Percent of Total Households
Cook County	1,933,335	1,186,609	607,969	31.45%
Lake County	241,072	179,071	97,101	40.28%
Illinois	4,772,723	3,136,362	1,562,500	32.74%
United States	115,610,216	76,744,360	37,741,108	32.65%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Older Adults, Age 65+ (see Map 4.10)

	Total Population	Population Age 65+	Percent Population Age 65+
NorthShore Community Areas	1,614,540	213,482	13.22%
Cook County	5,212,372	636,280	12.21%
Lake County	702,099	76,516	10.9%
Illinois	12,848,554	1,656,858	12.9%
United States	311,536,608	41,851,040	13.43%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Population with Any Disability (see Map 4.11)

	Total Population with a Disability	Percent Population with a Disability
NorthShore Community Areas	140,802	8.87%
Cook County	529,687	10.25%
Lake County	52,545	7.66%
Illinois	1,327,536	10.48%
United States	37,168,876	12.13%

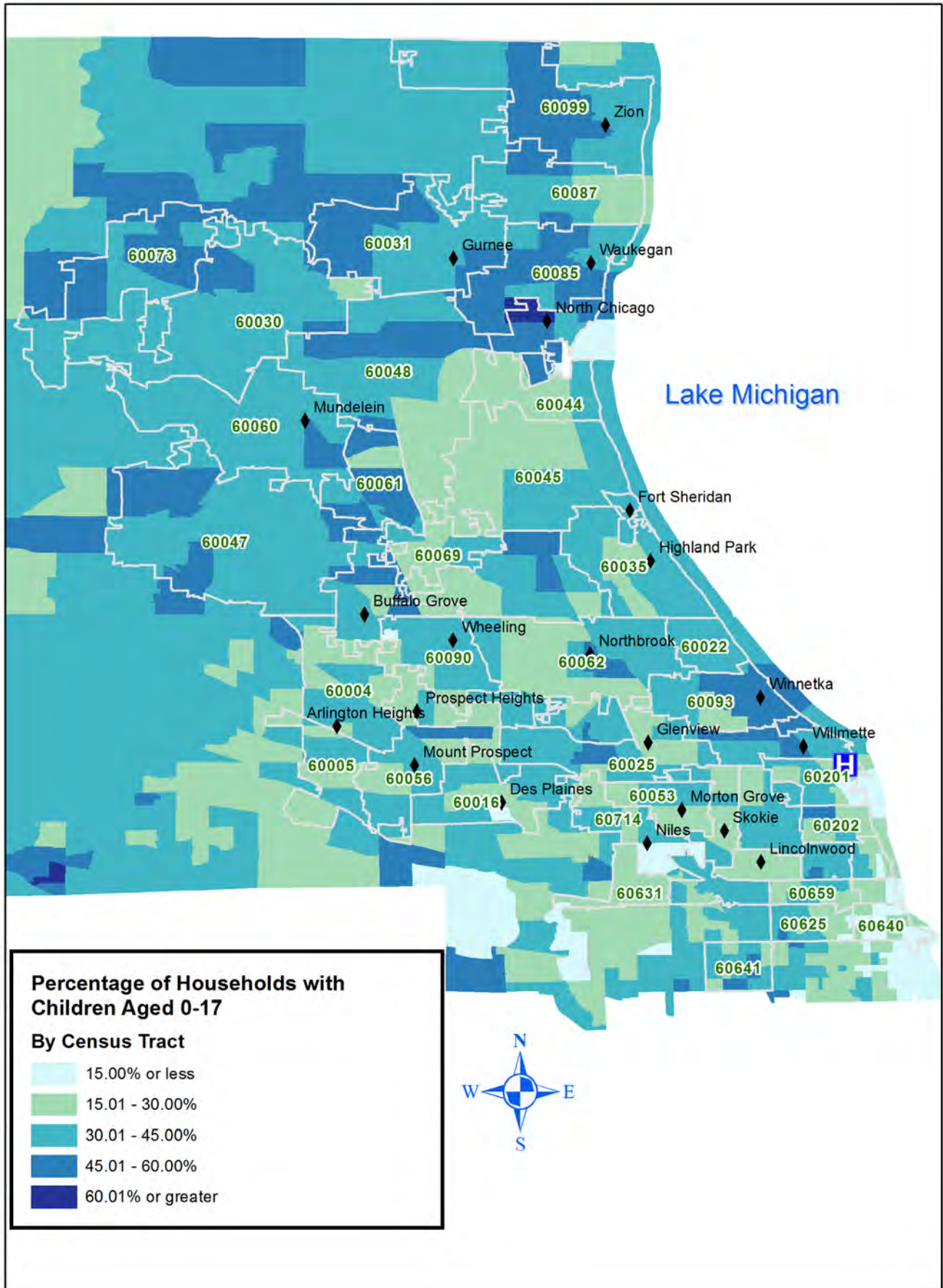
Data Source: US Census Bureau, American Community Survey. 2009-13.

Veteran Population (see Map 4.12)

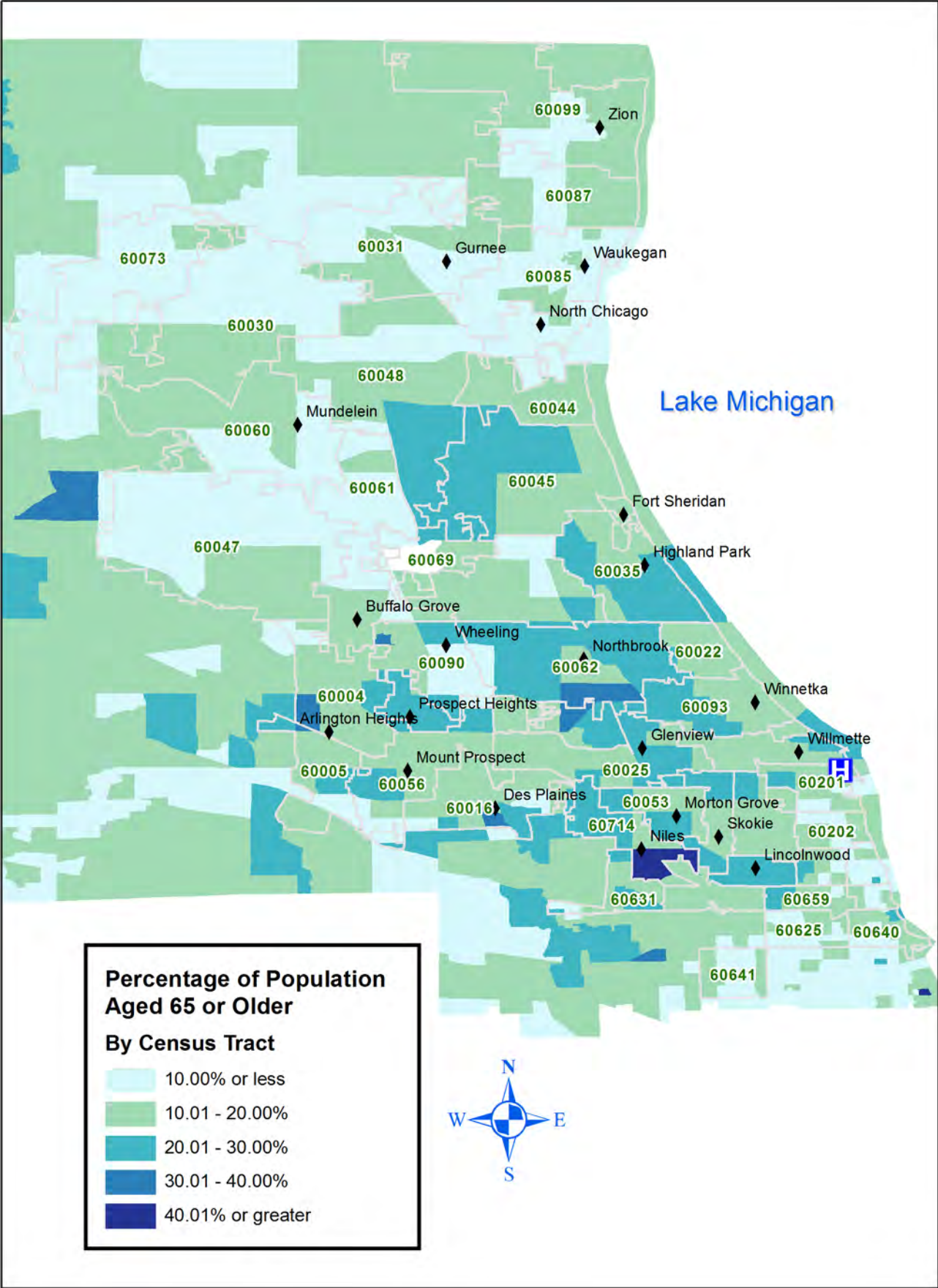
	Total Veterans	Veterans, Percent of Total Population 18+	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
NorthShore Community Areas	67,224	5.47%	N/A	N/A	N/A	N/A	N/A
Cook County	213,855	5.36%	1.19%	3.18%	7.85%	13.59%	20.31%
Lake County	35,286	7.01%	2.36%	4.03%	9.47%	17.9%	24.25%

Data Source: US Census Bureau, American Community Survey. 2009-13.

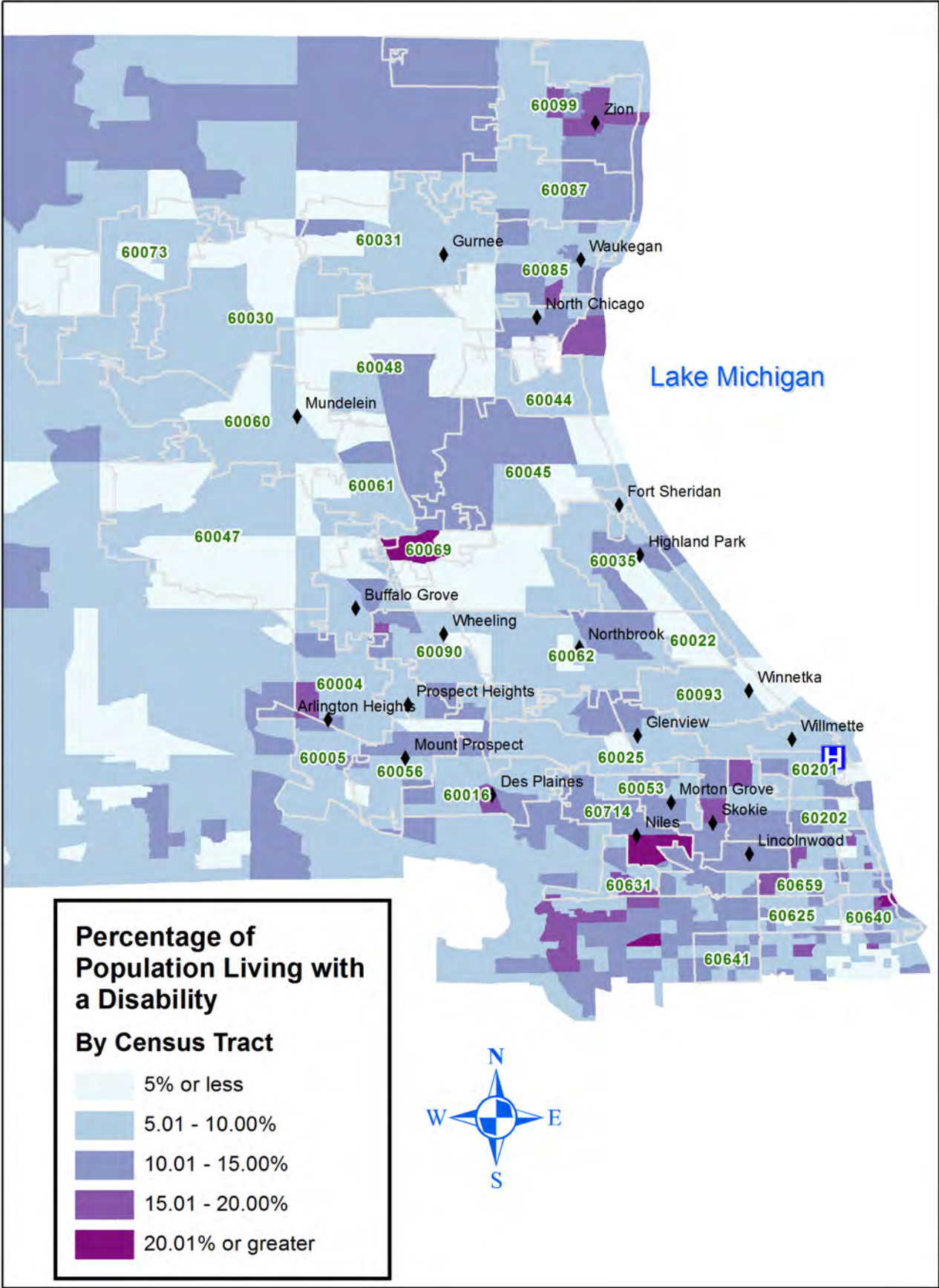
Map 4.9. Households with Children 0-17



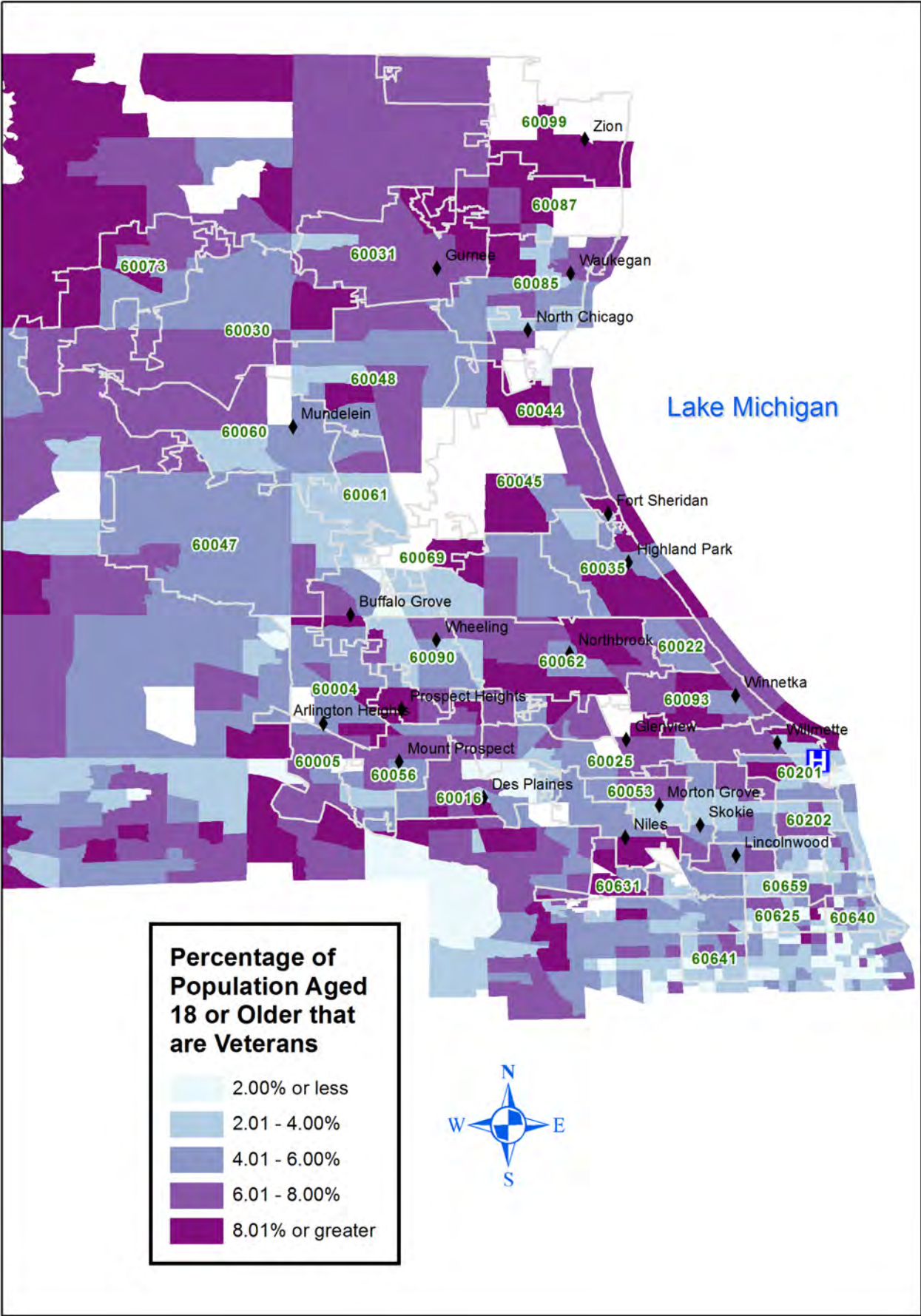
Map 4.10. Population 65 and Over



Map 4.11. Population Living with a Disability



Map 4.12. Population of Veterans



Social and Economic Factors

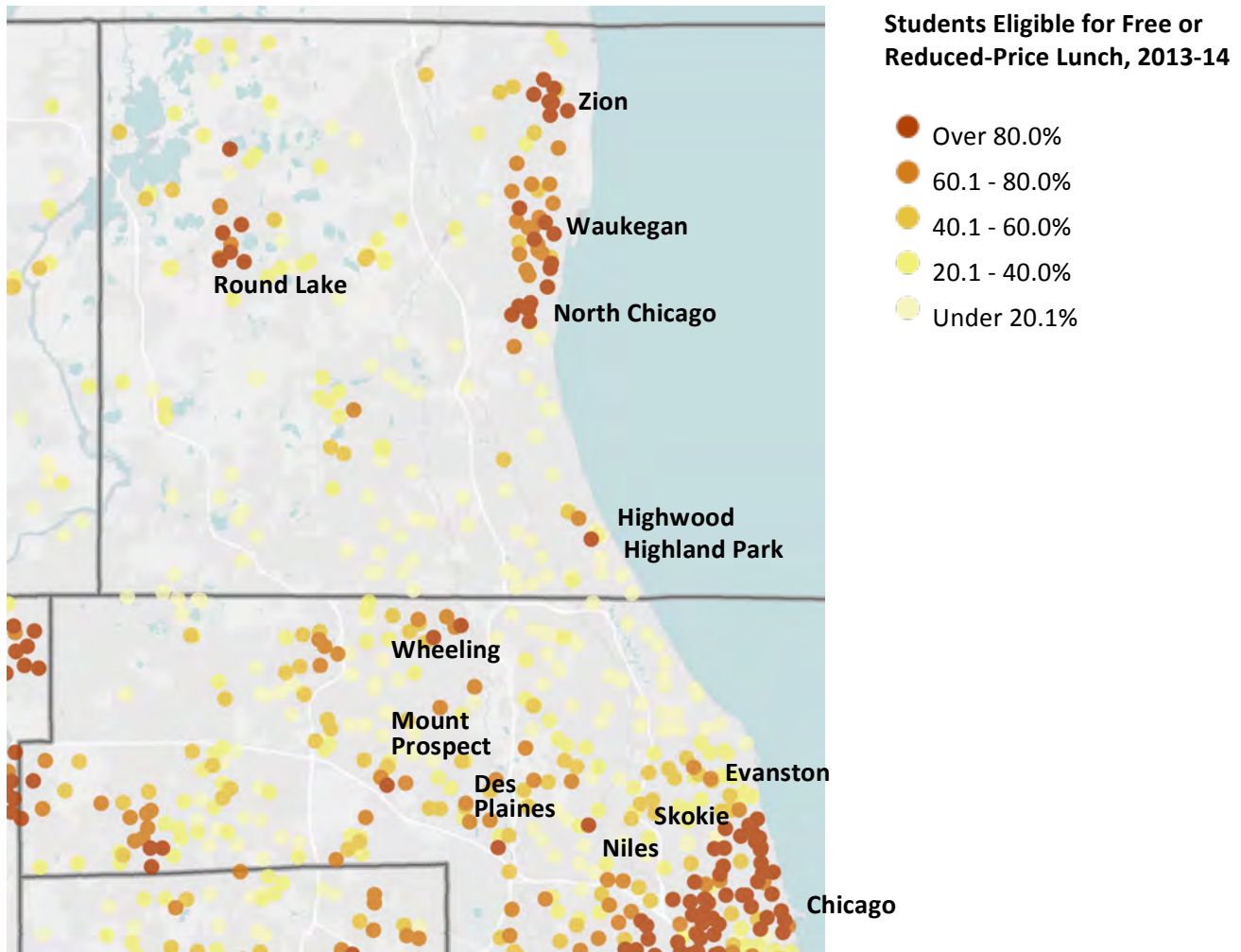
Children Eligible for Free/Reduced Price Lunch

Within the NorthShore Community Areas, 100,212 public school students or 41.45% are eligible for Free or Reduced Price Lunch out of 242,342 total students enrolled.

	Percent of Students Eligible for Free/Reduced Price Lunch
NorthShore Community Areas	41.45%
Cook County	66.57%
Lake County	31.99%
Illinois	51.44%
United States	52.35%

Data Source: National Center for Education Statistics, NCES 2013-14.

Map 4.13. Students Eligible for Free or Reduced Price Lunch



Data Source: National Center for Education Statistics, NCES. 2013-14.

Food Insecurity Rate

	Total Population	Food Insecure Population, Total	Food Insecure Population, Percent
Cook County	5,212,372	761,980	14.62%
Lake County	702,099	65,820	9.37%
Illinois	12,882,135	1,755,180	13.62%
United States	320,750,757	48,770,990	15.21%

Data Source: Feeding Illinois. 2013.

Households Receiving SNAP Benefits (See Map 4.14)

	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Cook County	1,933,335	275,500	14.25%
Lake County	241,072	18,327	7.6%
Illinois	4,772,723	564,185	11.82%
United States	115,610,216	14,339,330	12.4%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Households Receiving SNAP Benefits by Race/Ethnicity

	Overall	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Other Race	Multiple Race	Hispanic / Latino
Cook County	14.25%	4.26%	31.24%	8.15%	25.96%	21.73%	17%	20.68%
Lake County	7.6%	3.58%	28.47%	4.7%	18.45%	16.39%	15.44%	17.45%
Illinois	11.82%	6.34%	31.67%	7.15%	22.75%	21.32%	19.38%	19.74%
United States	12.4%	7.65%	27.14%	7%	25.52%	22.8%	19.72%	21.31%

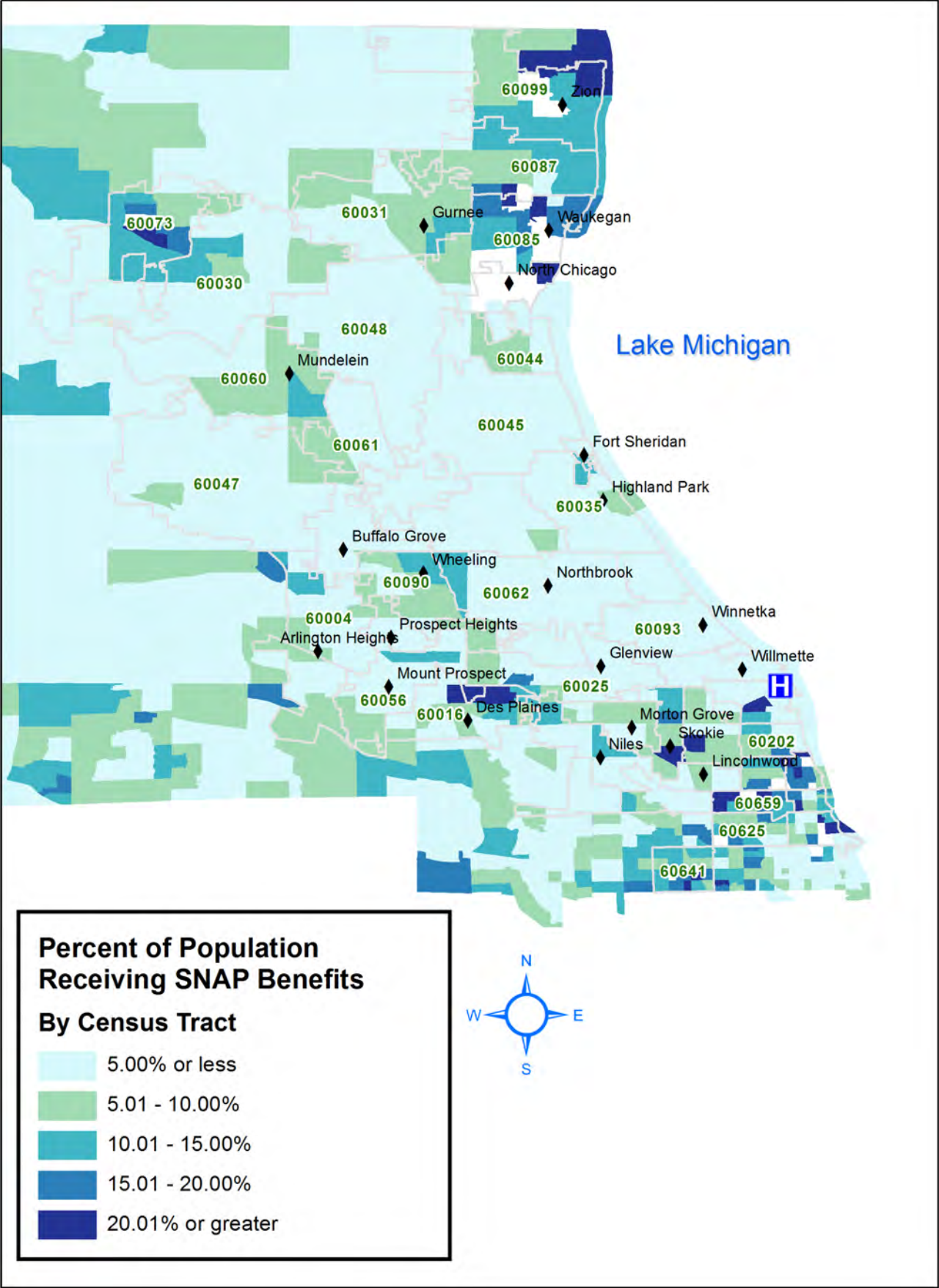
Data Source: US Census Bureau, American Community Survey. 2009-13.

Population with No High School Diploma (See Map 4.15)

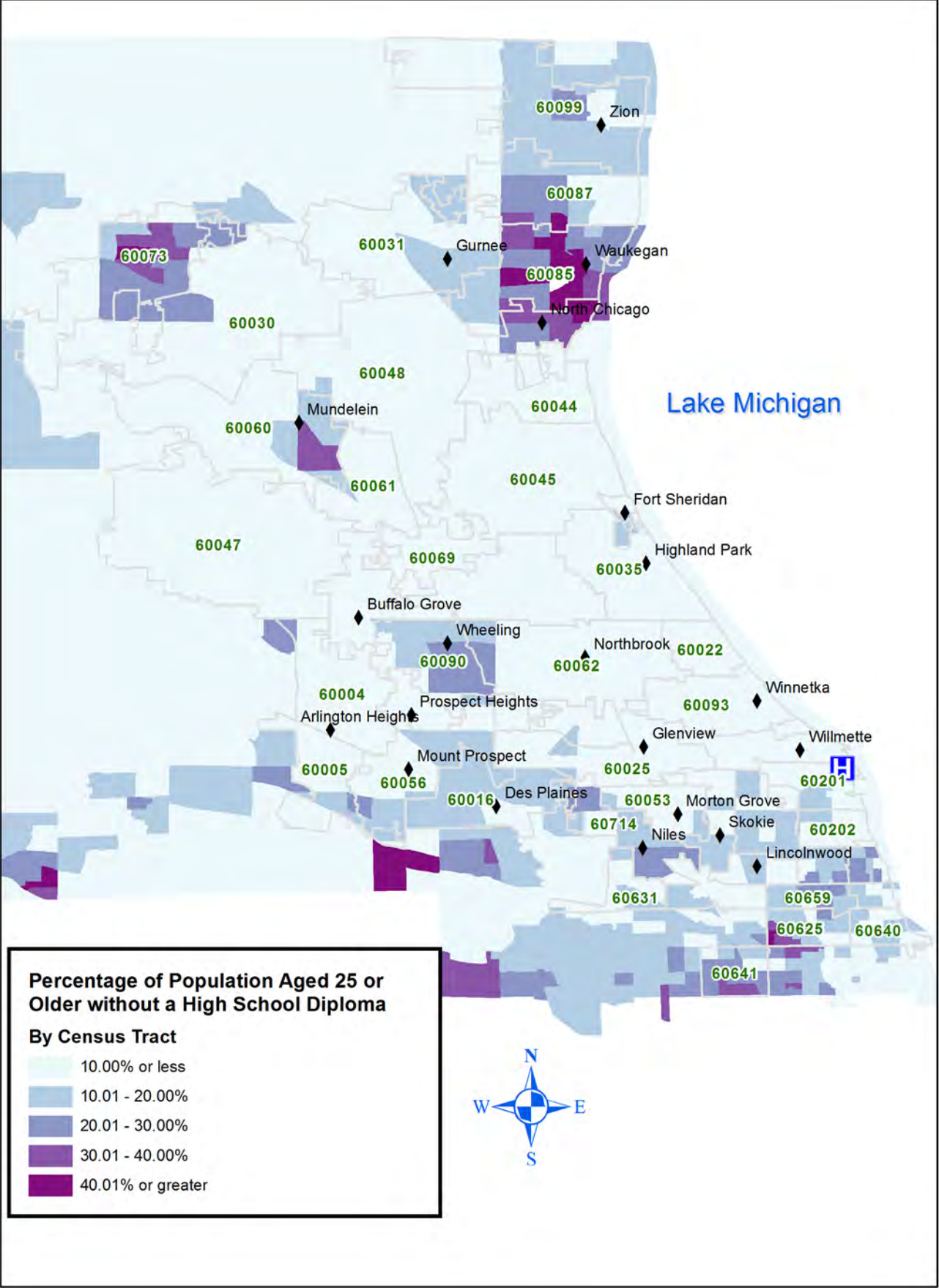
	Total Population Age 25+	Population Age 25+ with No High School Diploma	Percent Population Age 25+ with No High School Diploma
NorthShore Community Areas	1,093,400	131,331	12.01%
Cook County	3,484,571	541,355	15.54%
Lake County	448,708	49,893	11.12%
Illinois	8,509,739	1,082,381	12.72%
United States	206,587,856	28,887,720	13.98%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Map 4.14. Households Receiving SNAP Benefits



Map 4.15. Population 25+ without a High School Diploma



Poverty - Population Below 100% of the Federal Poverty Level (FPL) (See Map 4.16)

	Total Population	Population in Poverty	Percent Population in Poverty
NorthShore Community Areas	1,575,734	178,702	11.34%
Cook County	5,133,185	868,652	16.92%
Lake County	684,391	61,256	8.95%
Illinois	12,547,066	1,772,333	14.13%
United States	303,692,064	46,663,432	15.37%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Poverty - Population Below 200% of the Federal Poverty Level (FPL) (See Map 4.17)

	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
NorthShore Community Areas	1,575,734	426,799	27.09%
Cook County	5,133,185	1,845,816	35.96%
Lake County	684,391	160,204	23.41%
Illinois	12,547,066	3,954,161	31.51%
United States	303,692,064	103,964,464	34.23%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Poverty - Children Below 100% of the Federal Poverty Level (FPL)

	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
NorthShore Community Areas	373,704	55,453	14.84%
Cook County	1,205,025	297,204	24.66%
Lake County	186,459	24,115	12.93%
Illinois	3,044,377	606,606	19.93%
United States	72,748,616	15,701,799	21.58%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Children in Poverty, Race and Ethnicity

	Hispanic / Latino	Non-Hispanic White	Black or African American	Asian	Some Other Race	Multiple Race
Cook County	28.49%	7.81%	41.64%	13.79%	29.98%	19.64%
Lake County	21.63%	5.88%	42.44%	4.83%	18.96%	14.29%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Poverty - Children Below 200% of the Federal Poverty Level (FPL)

	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
NorthShore Community Areas	373,116	126,123	33.8%
Cook County	1,205,025	577,619	47.93%
Lake County	186,459	57,103	30.62%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Per Capita Income

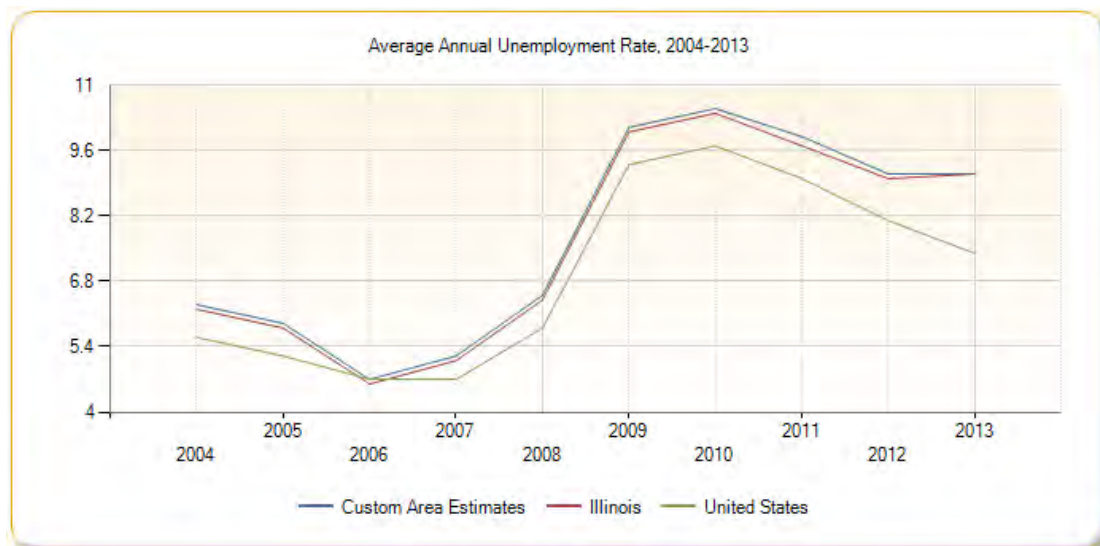
	White	Black or African American	Asian	Hispanic / Latino
Cook County	\$37,890	\$19,122	\$21,461	\$16,077
Lake County	\$41,785	\$21,521	\$19,388	\$15,880
Illinois	\$33,366	\$18,451	\$20,762	\$16,016
United States	\$30,963	\$18,864	\$16,975	\$16,051

Data Source: US Census Bureau, American Community Survey. 2009-13.

Unemployment Rate

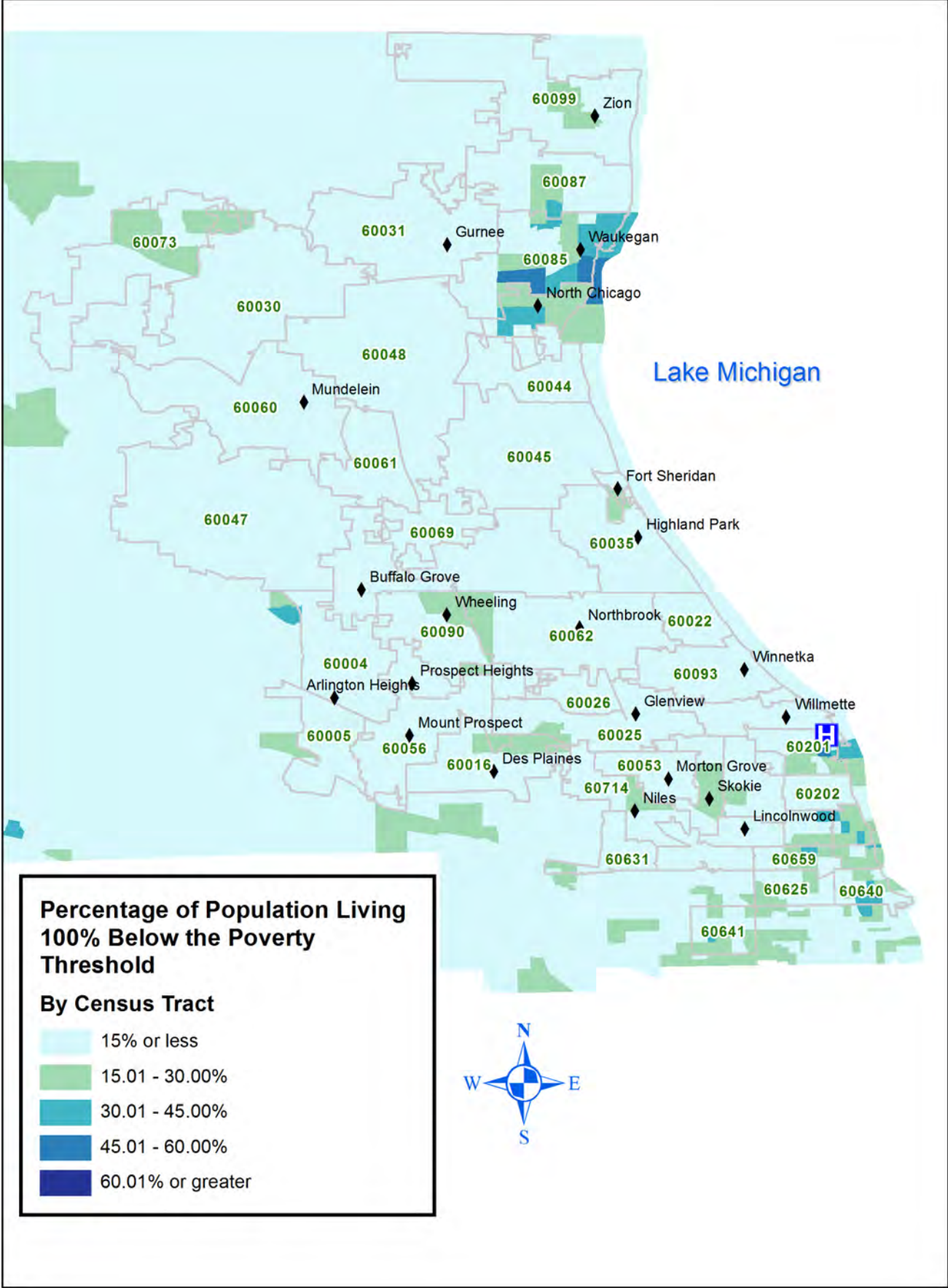
	Labor Force	Employed	Unemployed	Unemployment Rate
NorthShore Community Areas	842,060	790,165	51,895	6.2
Cook County	2,659,779	2,486,887	172,892	6.5
Lake County	363,630	343,636	19,994	5.5
Illinois	6,502,048	6,101,762	400,286	6.2
United States	157,349,384	148,197,942	9,151,442	5.8

Data Source: US Department of Labor, Bureau of Labor Statistics. September 2015.

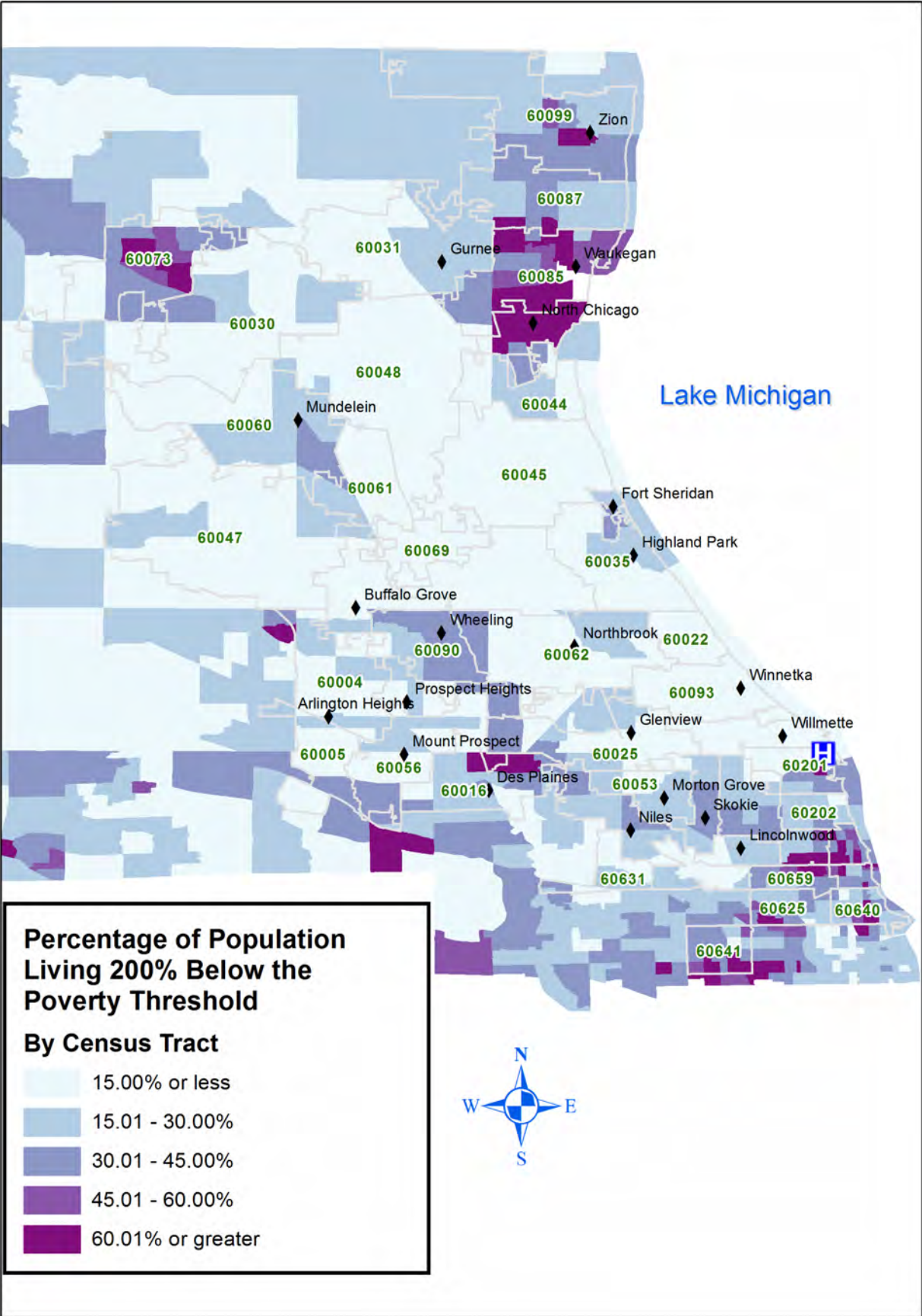


Data Source: US Department of Labor, Bureau of Labor Statistics.

Map 4.16. Population Living Below 100% of Federal Poverty Level

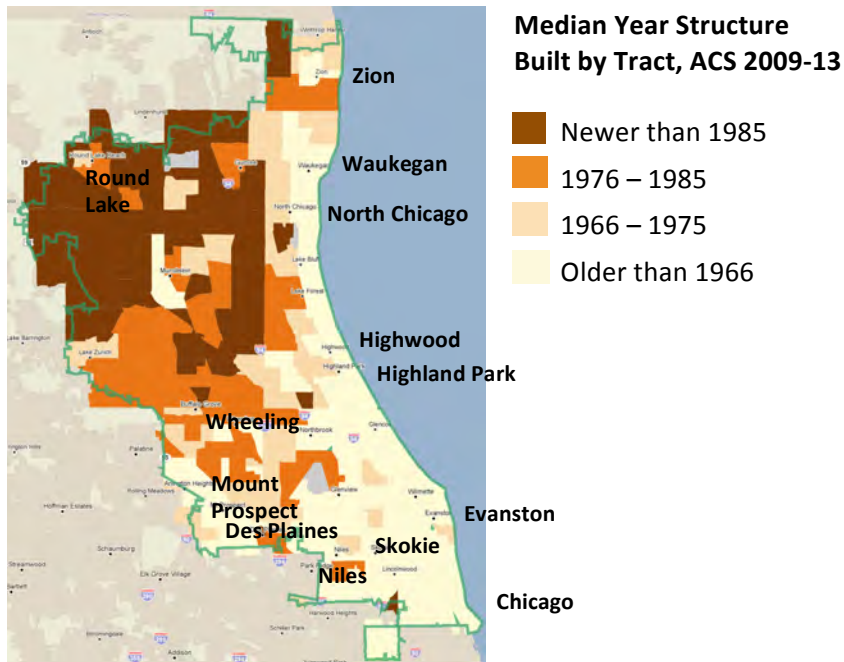


Map 4.17. Population Living Below 200% of Federal Poverty Level



Physical Environment

Map 4.18. Housing Unit Age



Data Source: American Communities Survey, 2009-2013

Overcrowded Housing

	Total Occupied Housing Units	Overcrowded Housing Units	Percentage of Housing Units Overcrowded
NorthShore Community Areas	456,220	20,862	4.57%
Cook County	1,188,331	74,377	6.26%
Lake County	198,757	6,092	3.07%
Illinois	3,661,825	125,739	3.43%
United States	90,126,088	3,797,345	4.21%

Data Source: US Census Bureau, American Community Survey. 2009-13.

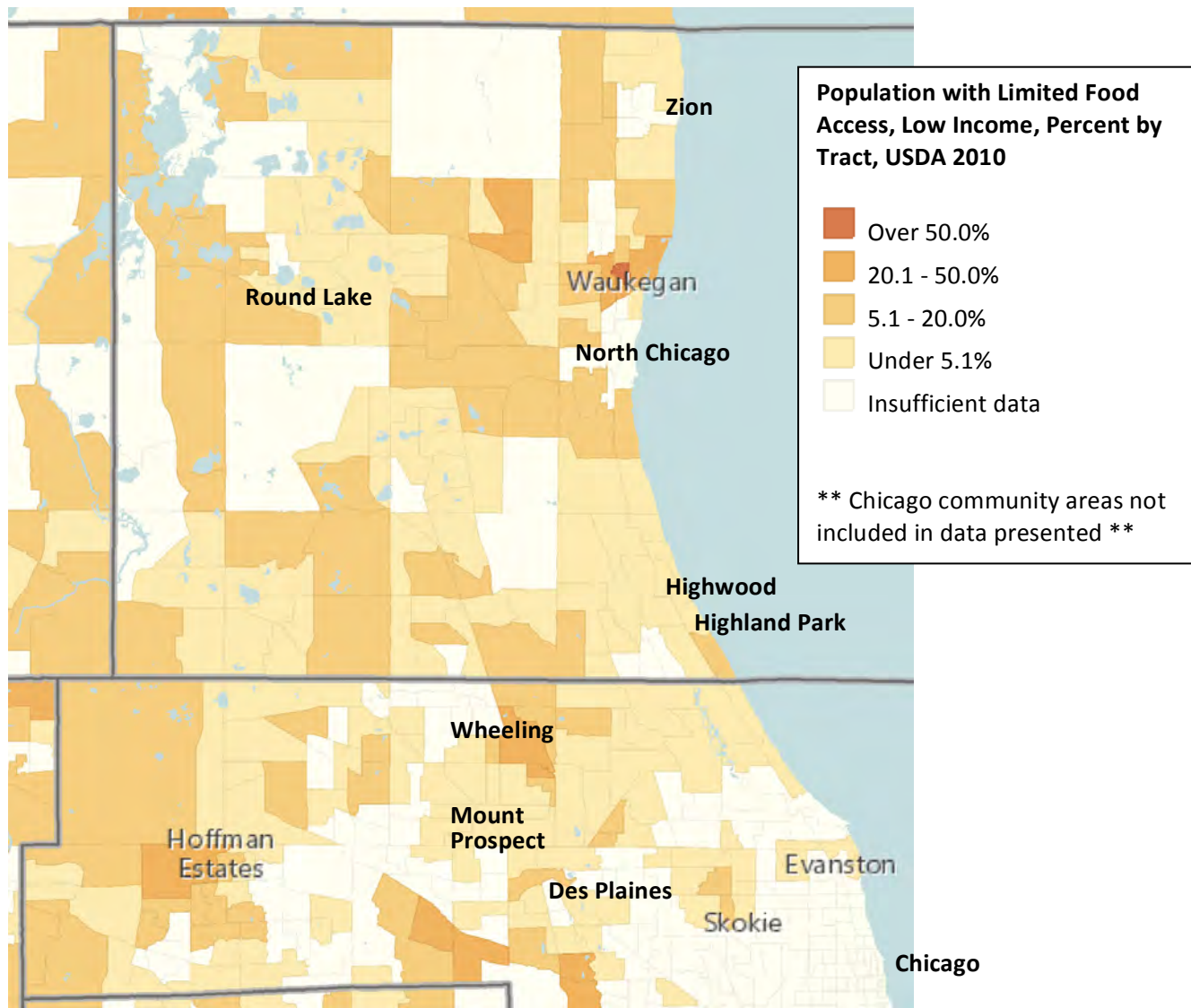
Housing Cost Burden (Housing Costs Exceed 30% of Income)

	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Cook County	1,933,335	826,167	42.73%
Lake County	241,072	92,004	38.16%
Illinois	4,772,723	1,715,279	35.94%
United States	115,610,224	41,002,236	35.47%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Map 4.19. Population with Low Food Access

Note: This map does not include data for Chicago community areas.



Data Source: US Department of Agriculture, Economic Research Service, USDA. Food Access Research Atlas. 2010.

Fast Food Restaurants

	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
NorthShore Community Areas	1,610,599	1,320	81.98
Cook County	5,194,675	4,388	84.47
Lake County	703,462	543	77.19
Illinois	12,830,632	9,696	75.6
United States	312,732,537	227,486	72.7

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.

Use of Public Transportation

This indicator reports the percent of population using public transportation as their primary means of commute to work.

	Total Population Employed Age 16+	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
NorthShore Community Areas	780,396	106,087	13.59%
Cook County	2,364,074	419,919	17.76%
Lake County	337,985	14,302	4.23%
Illinois	5,893,225	514,782	8.74%
United States	139,786,640	7,000,722	5.01%

Data Source: US Census Bureau, American Community Survey. 2009-13.

Health Equity – Populations of High Need

Review and analysis of the demographic and socioeconomic data on pages 17-36 point to some populations of higher need within NorthShore’s community areas, which includes the following:

Potential vulnerable populations (in alphabetical order)
Children and adolescents
Foreign-born population - immigrants and refugees
Older adults
People living in poverty (adults and children)
People who are uninsured or underinsured
People with disabilities
Racial and ethnic minorities
Veterans

Geographic communities of highest need (in alphabetical order)		
Lake County	Cook County	Chicago
Highwood	Evanston	Edgewater (Chicago)
North Chicago	Niles	Forest Glen (Chicago)
Round Lake	Prospect Heights	Irving Park (Chicago)
Waukegan	Skokie	North Park (Chicago)
Zion	Wheeling	Rogers Park (Chicago)
		Uptown (Chicago)
		West Ridge (Chicago)

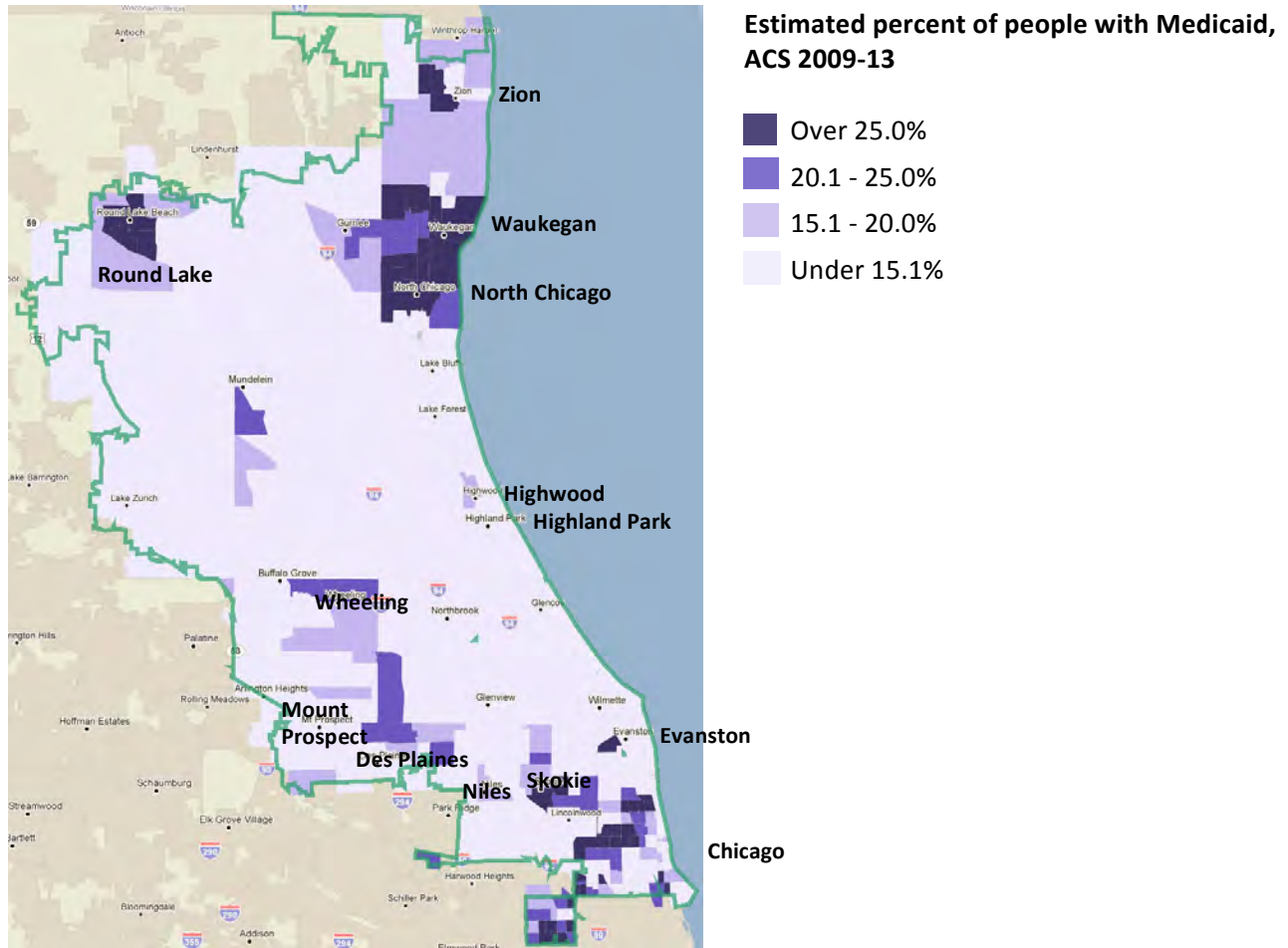
Clinical Care

Insurance - Population Reporting Receiving Medicaid (see Map 4.19)

	Population Receiving Medicaid	Percent of Insured Pop Receiving Medicaid	Under Age 18	Age 18-64
NorthShore Community Areas	219,014	16.12%	N/A	N/A
Cook County	1,024,039	23.78%	46.45%	10.91%
Lake County	87,359	14.35%	28.45%	6.38%
Illinois	2,212,779	20.08%	38.84%	10.25%
United States	52,714,280	20.21%	35.95%	10.57%

Data Source: US Census Bureau, American Community Survey, 2009-13.

Map 4.20. Population Reporting Receiving Medicaid



Data Source: American Communities Survey, 2009-2013

Uninsured Adults, 18-64

	Population 18-64 without Medical Insurance	Percent Pop 18-64 without Medical Insurance
NorthShore Community Areas	212,159	21.01%
Cook County	774,524	23.26%
Lake County	69,463	16.41%
Illinois	1,464,248	18.49%
United States	39,336,247	20.44%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2013.

Uninsured Population by Ethnicity

	Percent Hispanic / Latino	Percent Not Hispanic or Latino
Cook County	27.52%	13.24%
Lake County	29.05%	6.72%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2013.

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs.

	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
NorthShore Community Areas	1,617,019	1,541	95.33
Cook County	5,231,351	4,807	91.9
Lake County	702,120	716	102
Illinois	12,875,255	10,168	79
United States	313,914,040	233,862	74.5

Data Source: US Health Resources and Services Administration, Area Health Resource File. 2012.

Lack of a Consistent Source of Primary Care

	Survey Population (Adults Age 18+)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Cook County	3,298,670	665,571	20.18%
Lake County	447,160	85,452	19.11%
Illinois	9,702,848	1,743,367	17.97%
United States	236,884,668	52,290,932	22.07%

Data Source: Centers for Disease Control and Prevention, BRFSS. Additional data analysis by CARES. 2011-12.

Preventable Hospital Events

Ambulatory Care Sensitive Condition Discharge Rate

	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate (per 100,000)
Cook County	514,899	31,067	60.3
Lake County	78,025	4,523	58
Illinois	1,420,984	92,604	65.2
United States	58,209,898	3,448,111	59.2

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.

Preventable Hospital Events by Year, 2008 through 2012

Rate of Ambulatory Care Sensitive Condition Discharges (per 1,000 Medicare Part A Beneficiaries)

	2008	2009	2010	2011	2012
Cook County	79.75	76.15	72.58	69.86	60.34
Lake County	67.77	70.29	67.09	64.86	57.97
Illinois	81.51	77.35	74.96	73.14	65.17
United States	70.5	68.16	66.58	64.92	59.29

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.

Access to Dentists

	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Pop.
NorthShore Community Areas	1,619,630	1,431	88.36
Cook County	5,240,700	4,192	80
Lake County	703,019	735	104.5
Illinois	12,882,135	8,865	68.8
United States	316,128,839	199,743	63.2

Data Source: US Health Resources and Services Administration, Area Health Resource File. 2013.

Dental Care Utilization

	Total Population (Age 18)	Total Adults Without Recent Dental Exam	Percent Adults with No Dental Exam
Cook County	3,925,629	1,320,794	33.6%
Lake County	502,606	108,748	21.6%
Illinois	9,654,603	2,981,670	30.9%
United States	235,375,690	70,965,788	30.2%

Data Source: Centers for Disease Control and Prevention, BRFSS. Additional data analysis by CARES. 2006-10.

Cancer Screening - Mammogram in Past 2 Years

	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram	Percent Female Medicare Enrollees with Mammogram
NorthShore Community Areas	476,678	37,479	23,372	62.4%
Lake County	72,179	6,111	4,100	67.1%
Illinois	1,331,041	109,345	70,469	64.4%
United States	53,131,712	4,402,782	2,772,990	63%

Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012.

HIV Screenings

This indicator reports the percentage of adults, age 18-70, who self-report that they have never been screened for HIV.

	Survey Population	Total Adults Never Screened for HIV / AIDS	Percent Adults Never Screened for HIV / AIDS
Cook County	3,094,601	1,906,662	61.61%
Lake County	433,745	281,594	64.92%
Illinois	9,215,764	6,345,570	68.86%
United States	214,984,421	134,999,025	62.79%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Diabetes Management - Hemoglobin A1c Test

	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
NorthShore Community Areas	171,121	19,980	16,697	83.57%
Cook County, IL	476,678	58,312	48,227	82.7%
Lake County, IL	72,179	7,577	6,492	85.7%
Illinois	1,331,041	163,043	138,332	84.8%
United States	53,131,712	6,517,150	5,511,632	84.6%

Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012.

High Blood Pressure Management

	Total Population (Age 18+)	Total Adults Not Taking Blood Pressure Medication (When Needed)	Percent Adults Not Taking Medication
Cook County	3,925,629	859,520	21.9%
Lake County	502,606	120,175	23.9%
Illinois	9,654,603	2,116,424	21.9%
United States	235,375,690	51,175,402	21.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

Health Behaviors

Physical Inactivity

	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Cook County	3,887,000	777,400	20.0%
Lake County	493,596	100,200	20.1%
Illinois	9,462,843	2,096,552	21.8%
United States	231,341,061	53,415,737	22.6%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2012.

Percent Adults Physically Inactive by Year, 2004 through 2012

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Cook County, IL	23%	22%	21.4%	22.5%	23.1%	23.6%	22.2%	21.3%	20%
Lake County, IL	19.7%	19.4%	20%	20.3%	20.8%	18.9%	19.3%	19.2%	20.1%
Illinois	23.2%	22.44%	22.11%	23.07%	23.66%	24.48%	23.42%	22.56%	21.85%
United States	22.96%	22.82%	22.93%	23.2%	23.51%	23.67%	23.41%	22.47%	22.64%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2012.

Fruit/Vegetable Consumption

	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Cook County, IL	3,958,751	2,992,816	75.6%
Lake County, IL	504,702	363,890	72.1%
Illinois	9,591,923	7,318,637	76.3%
United States	227,279,010	171,972,118	75.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2005-09.

Tobacco Usage - Current Smokers

	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Cook County	3,945,556	722,037	18.3%	18.2%
Lake County	507,251	72,537	14.3%	14.1%
Illinois	9,654,603	1,766,792	18.3%	18.4%
United States	232,556,016	41,491,223	17.8%	18.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-12.

Tobacco Usage - Former or Current Smokers

	Survey Population (Adults Age 18+)	Total Adults Ever Smoking 100 or More Cigarettes	Percent Adults Ever Smoking 100 or More Cigarettes
Cook County, IL	3,280,205	1,384,755	42.22%
Lake County, IL	446,699	198,047	44.34%
Illinois	9,659,812	4,258,470	44.08%
United States	235,151,778	103,842,020	44.16%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Tobacco Usage - Quit Attempt

	Survey Population (Smokers Age 18+)	Total Smokers with Quit Attempt in Past 12 Months	Percent Smokers with Quit Attempt in Past 12 Months
Cook County, IL	639,093	433,770	67.87%
Lake County, IL	77,960	51,736	66.36%
Illinois	1,903,115	1,164,973	61.21%
United States	45,526,654	27,323,073	60.02%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Health Outcomes

High Blood Pressure (Adult)

	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Cook County	3,945,556	1,116,592	28.3%
Lake County	507,251	132,393	26.1%
Illinois	9,654,603	2,722,598	28.2%
United States	232,556,016	65,476,522	28.16%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.

High Blood Pressure (Medicare Population)

	Total Medicare Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
NorthShore Community Areas	201,817	115,191	57.08%
Cook County	578,203	339,773	58.76%
Lake County	79,993	42,531	53.17%
Illinois	1,623,784	934,967	57.58%
United States	34,126,305	18,936,118	55.49%

Data Source: Centers for Medicare and Medicaid Services. 2012.

High Cholesterol (Adult)

	Survey Population (Adults Age 18+)	Total Adults with High Cholesterol	Percent Adults with High Cholesterol
Cook County	2,597,680	912,184	35.12%
Lake County	346,888	146,114	42.12%
Illinois	7,348,647	2,794,348	38.03%
United States	180,861,326	69,662,357	38.52%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2012.

High Cholesterol (Medicare Population)

	Total Medicare Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
NorthShore Community Areas	201,817	89,932	44.56%
Cook County	578,203	256,930	44.44%
Lake County	79,993	35,878	44.85%
Illinois	1,623,784	754,150	46.44%
United States	34,126,305	15,273,052	44.75%

Data Source: Centers for Medicare and Medicaid Services. 2012.

Overweight

	Survey Population (Adults Age 18+)	Total Adults Overweight	Percent Adults Overweight
Cook County	3,220,980	1,196,049	37.1%
Lake County	435,885	158,212	36.3%
Illinois	9,476,490	3,448,247	36.4%
United States	224,991,207	80,499,532	35.8%

Data Source: Centers for Disease Control and Prevention, BRFSS. Additional data analysis by CARES. 2011-12.

Obesity

	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Cook County	3,876,835	965,332	24.7%
Lake County	494,220	143,818	28.4%
Illinois	9,449,802	2,592,853	27%
United States	231,417,834	63,336,403	27.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2012.

Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2012

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Cook County	21.4%	22.44%	22.8%	23.2%	24.9%	26%	26%	25%	24.7%
Lake County	20.7%	22.32%	23.5%	23.9%	24.4%	24%	24.6%	24.9%	28.4%
Illinois	22.68%	23.69%	24.59%	25.03%	26.01%	27.03%	27.37%	26.95%	27.04%
United States	23.07%	23.79%	24.82%	25.64%	26.36%	27.35%	27.29%	27.19%	27.14%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2012.

Heart Disease (Medicare Population)

	Total Medicare Beneficiaries	Beneficiaries with Heart Disease	Percent with Heart Disease
NorthShore Community Areas	201,817	58,075	28.78%
Cook County	578,203	170,846	29.55%
Lake County	79,993	21,589	26.99%
Illinois	1,623,784	470,575	28.98%
United States	34,126,305	9,744,058	28.55%

Data Source: Centers for Medicare and Medicaid Services. 2012.

Diabetes (Adult)

	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Cook County	3,859,576	328,064	8.5	8.3%
Lake County	493,067	44,376	9	8.4%
Illinois	9,429,505	873,757	9.27	8.67%
United States	234,058,710	23,059,940	9.85	9.11%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2012.

Percent Adults with Diagnosed Diabetes by Year, 2004 through 2012

	2004	2005	2006	2007	2008	2009	2010	2011
Cook County	7.3%	7.4%	8.3%	8.3%	8.5%	8.8%	9%	8.9%
Lake County	6.4%	6.5%	7.2%	7.3%	7.7%	7.1%	7%	7.4%
Illinois	6.88%	7.14%	7.94%	8.08%	8.16%	8.24%	8.6%	8.73%
United States	7.31%	7.58%	8.04%	8.33%	8.55%	8.72%	8.89%	9.03%

Diabetes (Medicare Population)

	Total Medicare Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
NorthShore Community Areas	201,817	55,800	27.65%
Cook County	578,203	168,945	29.22%
Lake County	79,993	19,207	24.01%
Illinois	1,623,784	441,148	27.17%
United States	34,126,305	9,224,278	27.03%

Data Source: Centers for Medicare and Medicaid Services. 2012.

Asthma Prevalence

	Survey Population (Adults 18+)	Total Adults with Asthma	Percent Adults with Asthma
Cook County	3,293,831	448,433	13.6%
Lake County	448,484	61,896	13.8%
Illinois	9,701,927	1,265,744	13%
United States	237,197,465	31,697,608	13.4%

Data Source: Centers for Disease Control and Prevention, BRFSS. Additional data analysis by CARES. 2011-12.

Adults Ever Diagnosed with Asthma by Race / Ethnicity, Percent

	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
Illinois	12.57%	19.27%	6.45%	10.27%

Depression in Medicare Population

	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
NorthShore Community Areas	201,817	27,736	13.74%
Cook County	578,203	81,270	14.1%
Lake County	79,993	10,415	13%
Illinois	1,623,784	239,311	14.7%
United States	34,126,305	5,271,176	15.4%

Data Source: Centers for Medicare and Medicaid Services. 2012.

Lack of Social or Emotional Support (as reported by Adults 18+)

Lack of Social or Emotional Support	
Cook County	23.9%
Lake County	17.7%
Illinois	20.4%
United States	20.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2012.

Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

	Total Population (Age 18+)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Cook County	3,925,629	540,999	13.8%
Lake County	502,606	44,688	8.9%
Illinois	9,654,603	1,418,280	14.7%
United States	235,375,690	36,842,620	15.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

Adults with Poor Dental Health (6+ Teeth Removed), Percent by Race / Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
Illinois	14.77%	22.22%	8.29%	7.24%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

Chlamydia Incidence

	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Cook County	5,217,080	37,946	727.3
Lake County	706,222	2,611	369.7
Illinois	12,869,257	67,701	526.1
United States	311,577,841	1,422,976	456.7

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012.

Chlamydia Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Asian / Pacific Islander	American Indian / Alaska Native	Hispanic or Latino
Illinois	162.25	1,605.79	68.81	147.31	322.79
United States	171.72	1,140.79	118.8	696.2	377.52

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012.

Chlamydia Incidence Rate (Per 100,000 Pop.) by Year, 2003 through 2011

	2003	2004	2005	2006	2007	2008	2009	2010	2011
Cook County	555.3	521.1	563.9	600.5	584.3	647	672	667.3	704.8
Lake County	238.1	244.5	225.6	249.5	298.2	355	301.7	282.3	323.7
Illinois	381.66	371.14	396.13	417.6	431.59	458.62	468.94	472.87	506.12
United States	298.78	313.66	326.59	341.74	365.5	395.54	402.72	420.56	454.12

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012.

HIV Prevalence

	Total Population	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Cook County	4,322,549	24,143	558.5
Lake County	569,843	628	110.2
Illinois	10,624,597	31,884	300.1
United States	509,288,471	1,733,459	340.4

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2010.

HIV Prevalence Rate by Race / Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic / Latino
Cook County	320.64	1,182.03	445.56
Lake County	53.76	645.78	157.78
Illinois	140.9	1,034.71	340.14
United States	180.16	1,235.54	464.11

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2010.

HIV Prevalence Rate (Per 100,000 Pop.) by Year, 2008 through 2011

	2008	2009	2010
Cook County	564.5	548.1	558.5
Lake County	101.2	106.9	110.2
Illinois	275.21	287.94	300.1
United States	327.37	335.38	342.17

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2010.

Cancer Incidence – Breast

	Female Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Pop.)
NorthShore Community Areas	814,165	1,131	129.8
Cook County	2,673,463	3,643	126.5
Lake County	350,596	505	136.5
Illinois	6,517,603	9,221	127.4
United States	155,863,552	216,052	122.7

Data Source: National Institutes of Health, National Cancer Institute. State Cancer Profiles. 2007-11.

Cancer Incidence - Cervical

	Female Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Pop.)
NorthShore Community Areas	814,165	73	8.8
Cook County	2,673,463	282	10.2
Lake County	350,596	21	5.9
Illinois	6,517,603	570	8.4
United States	155,863,552	12,530	7.8
HP 2020 Target			<= 7.1

Data Source: National Institutes of Health, National Cancer Institute. State Cancer Profiles. 2007-11.

Cancer Incidence - Colon and Rectum

	Total Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Pop.)
NorthShore Community Areas	1,605,829	741	47.2
Cook County	5,182,969	2,623	50.2
Lake County	700,424	263	40.9
Illinois	12,790,182	6,495	48.6
United States	306,603,776	142,173	43.3
HP 2020 Target			<= 38.7

Data Source: National Institutes of Health, National Cancer Institute. State Cancer Profiles. 2007-11.

Cancer Incidence - Lung

	Total Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Pop.)
NorthShore Community Area	1,605,829	985	64.2
Cook County	5,182,969	3,409	66.1
Lake County	700,424	370	60.2
Illinois	12,790,182	9,336	70.6
United States	306,603,776	212,768	64.9

Data Source: National Institutes of Health, National Cancer Institute. State Cancer Profiles. 2007-11.

Cancer Incidence - Prostate

	Male Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Pop.)
NorthShore Community Areas	791,668	1,108	153.5
Cook County	2,509,506	3,696	159.8
Lake County	349,828	441	141.2
Illinois	6,272,579	9,168	149.4
United States	150,740,224	220,000	142.3

Data Source: National Institutes of Health, National Cancer Institute. State Cancer Profiles. 2007-11.

Mortality - Cancer

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cook County	5,213,107	9,446	181.2	177.5
Lake County	703,173	1,046	148.7	159.2
Illinois	12,850,811	24,263	188.8	176.5
United States	311,430,373	577,313	185.4	168.9
HP 2020 Target				<= 160.6

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

	Male	Female
Cook County	212	155.3
Lake County	181.7	143.8
Illinois	211.6	152.8
United States	204	143.9

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cook County	176.3	225.9	100.8	34	111.8
Lake County	165	214.7	73.4	no data	104.7
Illinois	178.7	221.3	96.6	37.2	108.6
United States	173	202.7	105	113.4	117.4

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2013

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Illinois	202.8	198.2	194.8	192.1	188.7	186.6	185	181.8	178.6	175	175.6	171.9
United States	194.3	190.9	186.8	185.1	181.8	179.3	176.4	173.5	172.8	169	166.5	163.2

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Mortality - Heart Disease

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cook County	5,213,107	10,222	196.09	187.9
Lake County	703,173	920	130.84	141.5
Illinois	12,850,811	24,877	193.58	177.4
United States	311,430,373	600,899	192.95	175

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

	Male	Female
Cook County	242.2	147
Lake County	176.9	113.5
Illinois	225.8	140.1
United States	220.1	139.6

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cook County	179.5	249.3	93.1	48.5	106.3
Lake County	143.9	199.2	59.6	no data	99.8
Illinois	174.7	239.9	88.1	51.2	99.8
United States	176.4	223.1	96.1	124.4	126.6

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Illinois	250.2	239.2	224.3	220.7	208.5	196	195.1	184	181.7	178.1	172.7	170.9
United States	244.6	236.3	221.6	216.9	205.5	196.1	192.1	182.8	179.1	173.7	170.5	169.8

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

	Male	Female
Cook County	155	85.2
Lake County	106.9	58.3
Illinois	143.4	78.6
United States	146.2	81.3

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Mortality - Stroke

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cook County	5,213,107	2,000	38.4	37.1
Lake County	703,173	201	28.6	31.6
Illinois	12,850,811	5,322	41.4	38.2
United States	311,430,373	128,955	41.4	37.9
HP 2020 Target				<= 33.8

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cook County	33.6	49.6	29.6	no data	26
Lake County	31.2	56.9	29	no data	18.8
Illinois	36.9	51.4	30.5	no data	25.5
United States	36.7	52.4	31.5	26.7	30.8

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Illinois	58.3	55.4	51.5	49	46.3	44.7	43.4	39	39.3	38.6	37.7	36.7
United States	57.2	54.6	51.2	48	44.8	43.5	42.1	39.6	39.1	37.9	36.9	36.2

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Mortality - Unintentional Injury (Accident)

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cook County	5,213,107	1,382	26.52	26
Lake County	703,173	167	23.72	24.6
Illinois	12,850,811	4,225	32.87	31.9
United States	311,430,373	124,733	40.05	38.6
HP 2020 Target				<= 36.0

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

	Male	Female
Cook County	38.4	14.9
Lake County	33.4	16.2
Illinois	45.1	20
United States	52.3	26

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Mortality - Homicide

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cook County	5,213,107	566	10.9	10.6
Lake County	703,173	18	2.6	2.7
Illinois	12,850,811	820	6.4	6.4
United States	311,430,373	16,421	5.3	5.3
HP 2020 Target				<= 5.5

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

	Male	Female
Cook County	18.8	2.5
Lake County	4.1	1.2
Illinois	10.7	2.1
United States	8.4	2.3

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Cook County	1.6	32.5	no data	no data	no data
Lake County	1.7	13.9	no data	no data	no data
Illinois	1.8	27.5	1	no data	5.1
United States	2.6	18.9	1.9	5.8	5.1

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Mortality - Suicide

	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cook County	5,213,107	412	7.9	7.7
Lake County	703,173	67	9.6	9.6
Illinois	12,850,811	1,239	9.6	9.4
United States	311,430,373	39,308	12.6	12.3
HP 2020 Target				<= 10.2

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

	Male	Female
Cook County	12.8	3.1
Lake County	15	4.8
Illinois	15.5	3.8
United States	19.9	5.2

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2009-13.

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births.

	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Cook County	382,780	2,833	7.4
Lake County	47,080	259	5.5
Illinois	879,035	6,065	6.9
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0

Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2006-10.

Infant Mortality Rate (Per 1,000 Live Births) by Race / Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic or Latino
Cook County	4.8	13.1	no data	no data	5.7
Lake County	4.8	10.8	no data	no data	5.7
Illinois	5.5	13.4	5.4	no data	5.9
United States	5.5	12.7	4.5	8.5	5.4

Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2006-10.

Teen Births

This indicator shows births to women age 15-19 by rate (per 1,000 Pop.) by time period, 2002-2008 through 2006-2012.

	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Cook County	49.2	47.7	46.1	44.1	42.2
Lake County	27.9	27.5	26.7	25.5	24.3
Illinois	39.9	39	38	36.5	35
United States	41	40.3	39.3	38	36.6

Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2002-2012.

Low Birth Weight

	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Cook County	552,958	50,319	9.1%
Lake County	68,894	5,236	7.6%
Illinois	1,251,656	105,139	8.4%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. 2006-12.

Low Birth Weight by Race / Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian or Pacific Islander	Hispanic or Latino
Cook County	7.1%	14.3%	8.9%	7%
Lake County	7.3%	12.7%	8.1%	6.6%
Illinois	7.2%	13.9%	8.9%	6.8%
United States	7.2%	13.6%	8.2%	7%

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. 2006-12.

Babies Born with Low Birth Weight, Percent by Time Period, 2002-2008 through 2006-2012

	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Cook County	9.2%	9.2%	9.2%	9.2%	9.1%
Lake County	7.6%	7.5%	7.6%	7.6%	7.6%
Illinois	8.4%	8.4%	8.4%	8.4%	8.4%
United States	8.1%	8.1%	8.2%	8.2%	8.2%

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. 2006-12.

V. Findings from Stakeholder Input Data

This CHNA included three community input data collection methods: a focus group with members of the four hospitals' Community Advisory Committees, a focus group with NorthShore staff and an online survey sent to all members of NorthShore's four Community Advisory Committees. The community input process for the NorthShore CHNA was conducted from September through November 2015. In addition to basic analysis of each question in the community partner survey, IPHI performed more in-depth analysis of open-ended responses. A summary of the focus groups is presented below on pages 59-72 and a summary of the online survey responses is presented on pages 73-76.

The Community Leaders Focus Group was comprised of about twenty representatives from NorthShore's community advisory committees. The attendees included health care providers, social service providers, local government agency leaders, and small business organizations working throughout the NorthShore Service Area. The group discussed prominent health and wellness issues, barriers and assets to health in the communities NorthShore serves, and potential strategies to address barriers to community health and wellbeing.

The NorthShore Staff Leaders Focus Group was comprised of 18 staff members representing a range of departments throughout NorthShore. The group discussed prominent health and wellness issues and barriers and assets to health in the communities NorthShore serves. Finally, participants discussed potential strategies to address barriers to community health and wellbeing.

NorthShore and IPHI developed a nine-question online survey distributed to community partner organizations for two weeks in October 2015. The survey was emailed out to approximately 60 members of the four hospitals' Community Advisory Committees. NorthShore staff spoke with many of the members and encouraged them to fill out the survey, and a reminder was sent during the second week of the survey period. As a result, a total of 30 community partner organizations responded to the survey. IPHI staff summarized survey responses and performed qualitative analysis of responses to the open ended questions.

Several themes surfaced in the focus group discussion with members of the four hospitals' Community Advisory Committees and the focus group discussion with NorthShore staff. Key themes and issues are summarized in figure 5.1 and a more detailed summary begins on page 60.

Figure 5.1. Key Themes from Two Focus Groups with Community Leaders and Staff Leaders

Note: This is a list of themes and is not intended to indicate any ranking or priority.

- Access to Care
 - Prohibitively high cost, even for those with insurance
 - Challenge of navigating insurance & health care system
 - Low access to providers and services for Medicaid patients
- Mental and Behavioral Health
 - Increasing need with diminishing services
 - Low reimbursement and lack of providers for Medicaid patients
 - Pain medication leading to heroin use
 - Lack of mental health infrastructure leads to self-medicating behavior with alcohol and drugs
- Nutrition and Food Insecurity
 - High food insecurity among seniors and children
 - Cuts to summer feeding program for youth
 - Unhealthy food and beverage environments in schools
- Built Environment
 - Car-dependent community design
 - Transportation barriers
 - Opportunity to increase active transportation opportunity
- Policy, Systems, and Environmental Change Approaches to Improving Health
 - Evanston raising cigarette purchase age to 21
 - Work with schools to improve food and beverage environment (healthy vending, etc.)
 - Leverage local political will to improve health through policy
 - Advocate for funding at state level
- State Budget Crisis
 - Lack of funding for safety net services drives people to use emergency department
 - Lack of services for vulnerable communities reaching crisis level
- Immigrants and Refugees
 - Unique needs, particularly for those exposed to trauma and violence
 - Many do not qualify for coverage under the ACA
 - Need for culturally and linguistically competent care
- Seniors
 - Many struggle to afford food and health care costs on a fixed income
 - Lack of infrastructure to support the desire/need to age in place
 - Isolation, loneliness, and depression
- Intergenerational Services
 - Senior/Child Day Care Opportunities
 - Importance of providing supportive services to whole family unit
- Early Childhood
 - Access to quality childcare/ Impact of cuts to childcare subsidies
 - Importance of investment for future economic development

Community Leader Focus Group

September 10, 2015 8:00-9:30 AM at Skokie Hospital

Participants:

Jeanne Ang, Public Health Rep	Ginny Glassner, Business Rep
Anne Bassi, Township Rep	Jeff Greenspan, Foundation Rep
Jill Brickman, Township Rep	Jane Grover, Elected Official Rep
Mark Collins, Local Government Rep	Cindy Housner, Special Needs Rep
David Clough, Public Health Rep	Marcia McMahon, United Way Rep
Catherine Counard, Public Health Rep	Ann Raney, Mental Health Rep
Lara Cummings, Education/youth Rep	Keith Terry, Education/youth Rep
Andrea Densham, Children Rep	Evonda Thomas Smith, Public Health Rep
Eric Etherton, Education/youth Rep	Nancy Vaccaro, Village Rep
	Ernest Vasseur, Foundation Rep

Most Common Health and Wellness Issues in NorthShore Communities

Access to Care

Focus group participants identified lack of access to care among the most prevalent health and wellness challenges they see in the communities NorthShore serves. While the Affordable Care Act (ACA) was designed to increase access to health care coverage, participants identified a number of gaps that prevent community members from having true access to quality, preventive care. First, participants described that the complexity of insurance and the health care system constitutes a barrier, making it very challenging for patients to navigate the system and understand what is available to them and what services are covered. In addition to the complexity of navigating the system, several factors, including high insurance premiums, deductibles, and co-pays frequently make it cost-prohibitive to seek care. Thus, while people may be newly insured through the ACA, health care services are often only nominally accessible rather than truly accessible and affordable. Lack of understanding about how to navigate the system and fear of high charges for accessing care often result in people choosing not to seek preventive care and delaying care until a health problem rises to a crisis level, which runs contrary to the intent of the ACA. Participants emphasized the need to educate the public, particularly those newly covered through the ACA, to increase health care and insurance literacy. Focus group members suggested that the system needs more health care navigators to deliver this information to patients.

Nutrition and Obesity

Participants identified nutrition, obesity, and chronic disease as common health issues in the community, and expressed particular concern regarding the high cost of nutritious foods, which disproportionately impacts children living in poverty. Lack of access to affordable, healthy food is a driving factor in the high childhood obesity rate. The Skokie School District has a high percentage of students on free and reduced lunch, and over a third of Skokie schoolchildren are overweight or obese.

Mental Health

Mental health was also a prominent concern that surfaced throughout the discussion. Mental and behavioral health issues are a rising problem both locally and nationally, and participants described the lack of infrastructure to prevent and treat mental health issues as a substantial challenge.

Funding Shortages for Health and Social Services

Focus group participants reported that the lack of state funding for health and social services is among the greatest barriers to health and wellness in NorthShore communities. Participants reported that, while there are wonderful agencies throughout northern Cook and Lake Counties, a lack of funding from the state limits agencies' capacity to adequately provide the supportive services the community needs. Participants expressed concern regarding declining support and political will from elected officials at the state level to address growing needs.

Vulnerable Populations

Participants identified several populations that are disproportionately impacted by health problems and are underserved by the community.

Immigrants and Refugees

Skokie and the surrounding communities have a large immigrant and refugee population, who add a rich diversity to the area, but also have specific needs that are not well-addressed by the existing health and social service infrastructure. There is a lack of linguistically and culturally competent care for non-English speaking communities. Refugees fleeing conflict zones, in particular, have highly specific needs that are critical to address for their health and wellbeing, including recovery support following exposure to violence and trauma. In addition, immigrants lacking documentation are not covered under the ACA, making it hard for them to access health care. One participant reported that approximately 40% of the Skokie population is not covered by the ACA, making it challenging for the health care system to appropriately serve their needs.

Veterans

Veterans recently returning from deployment also have unique needs as they reintegrate into civilian society, ranging from support with securing employment to mental health and trauma recovery services. Focus group members discussed that veterans returning from duty often struggle with a loss of identity and purpose. Creating volunteer opportunities can help to maintain a sense of mission, purpose, camaraderie, and peer support among veterans while leveraging their skills for the benefit of the community.

Seniors

As the population of aging adults grows and as the desire of seniors to age in place and live independently rises, the community must address gaps in a supportive infrastructure for this population. Seniors living on a fixed income are challenged by the lack of affordable housing in the area, and struggle to maintain good nutrition as they are faced with difficult choices between paying for groceries or prescription medications. Seniors who can no longer drive are at risk of social isolation, which is compounded by the American cultural tendency to disregard or ignore aging individuals. Another cultural barrier to quality of life for aging adults is the discomfort many Americans feel regarding the discussion of end of life and death issues. Political rhetoric and widespread misinformation results in many American families equating palliative care with death, which keeps many older adults from getting the care that could substantially increase comfort and quality of life. An added area of vulnerability for seniors is the growing prevalence of abuse through scams and crimes targeting seniors. Identity theft is a rising concern. Participants reported that scammers call older adults posing as an insurance provider and ask for confidential information or payment.

Medicaid Recipients

Participants discussed that low reimbursement rates for Medicaid makes it challenging to secure providers, particularly specialty providers, for patients on Medicaid. This frequently results in a lack of access to care, despite technically having insurance coverage, and a lack of follow-up care by specialty providers.

Definition of a Healthy Community

When asked what a community needs to have to be healthy, participants described the following:

Healthy Built Environment

Participants described a healthy community as one that is designed to facilitate physical activity. Safe, accessible sidewalks and bike lanes make active transportation easier to integrate into daily life. Parks, playgrounds, and green space provide recreation opportunities, and community gardens build a sense of community identity, and provide a source of nutritious food. Grocery stores make healthy food accessible and affordable for all community members. Participants also emphasized the importance of community design that is friendly to all ages. Abundant, wide sidewalks and public transportation support good health and accessibility for community members of every life stage.

Strong Community Partnerships

Participants also described a healthy community as one with strong cross-sector collaboration. Non-traditional, creative partnerships bring together all the pieces to create a comprehensive approach to community development and population health improvement.

Social Cohesion

Participants' vision for healthy NorthShore communities also includes a strong sense of community connectedness. People know and trust their neighbors and are invested and involved in the community. All community members are valued and their needs are addressed. The elderly are respected and active in community activities. Homelessness is addressed through strong human services and good social and economic policy. Veterans are honored for their contributions and are supported as they return to civilian life.

Policy-Driven Efforts

Focus group participants acknowledged the critical role of a policy and systems approach to achieving their vision for a healthy community. In a healthy community, elected officials would adopt a Health in All Policies approach, in which community health is an important consideration in all decision-making, and policies are designed to maximize wellbeing for all community members.

Greatest Barriers to Health and Wellness for the Communities NorthShore Serves

When asked about the most significant barriers to health, focus group participants mentioned the following:

Mental Health

Participants described mental health as a growing crisis, exacerbated by a lack of funding and infrastructure to address it. Low salaries and an aging workforce make it hard for suburban and rural communities to attract and retain psychiatrists to meet the mental health care needs. Participants described that low access to psychiatric care and the high costs of prescription medication leads to self- medicating behavior through

substance abuse, further perpetuating the mental health crisis. In the communities served by NorthShore, Post-Traumatic Stress Disorder (PTSD) is a particular concern, as many refugees have been exposed to violence and trauma from living in conflict zones.

Isolation and Loneliness

Social isolation has a detrimental impact on community health and wellbeing. Individuals with limited access to transportation, particularly older adults and individuals with disabilities, may experience a sense of isolation from their community. Participants also described that the trend toward declining interaction among neighbors is problematic, as communication between neighbors builds a sense of community cohesion and connectedness.

Lack of Physical Activity

Participants reported that physical activity has largely been engineered out of our daily lives. Communities are designed to be heavily reliant on automobiles, and much of our work and leisure activities are sedentary, making it challenging for people to stay physically active.

High Cost of Basic Needs

Cost of living has outpaced wages, making it hard for families to afford basic needs, such as food, housing, and health care. Workers earning minimum wage are particularly challenged by the lack of affordable housing in NorthShore communities. While access to health insurance has increased, high co-pays and deductibles still make seeking care cost-prohibitive for many community members, and others remain completely uninsured.

Access to Healthy Foods

Food deserts and the high cost of nutritious foods make it difficult for many low-income families in NorthShore communities to maintain a healthy diet. Focus group participants noted that children are particularly vulnerable to food insecurity, as a large percentage of school children qualify for free and reduced lunch.

Access to Health Care

Participants described that despite implementation of the Affordable Care Act, many community residents remain uninsured and many more are technically covered but unable to use their insurance due to the restrictive nature of their plans and the high cost of deductibles and co-pays. Beyond the cost of health care, the complexity of insurance and the health care system make it challenging for community members to navigate, serving as an additional barrier to care.

Barriers to Accessing Social Services

While participants reported that the communities in the NorthShore service area have many excellent social service providers, there are a number of barriers preventing community members from fully accessing all the services available to them. First, they described social service agencies as “islands” rather than as a cohesive network. There is no cohesive system linking social services together so clients can have “one stop shop” access. Supportive assistance may exist, but people in need may not know the services are available. Focus group participants emphasized the importance of intentionally building bridges and strategic relationships between the health care and social service sectors. Participants also described that social service agencies often feel like the “step children” to the health system. However, because health systems have direct access to target populations for health care, we need to do a better job integrating health and social service providers to align efforts and maximize our ability to meet the needs of the community.

Another barrier discussed was relying too heavily on a one size fits all approach to social service provision. It is critical to understand and appreciate the unique needs of subpopulations and target services and outreach appropriately. For example, immigrants and refugees have unique needs, however, social service providers do not necessarily have the linguistic or cultural competency to address them.

A final challenge participants discussed is the tendency to treat families as individuals in silos rather than as a household unit. Focus group members described that there needs to be greater continuity of care across families, and appreciation for the ways in which, for example, an elderly grandparent with PTSD impacts the children and grandchildren living in the same household.

Greatest Strengths and Assets to Support Health and Wellness for the Communities NorthShore Serves

When asked about the most significant assets supporting community health, focus group members mentioned the following:

Strong Partnerships and Relationships

Above all other strengths, focus group participants emphasized the critical role of partnerships in supporting health and wellness in the communities NorthShore serves. There are significant public/private sector relationships that are not found in every community, which can be leveraged in a strategic, coordinated way. Institutional and personal relationships are intentionally cultivated and are both formal and informal in nature. Many entities have MOUs and contractual commitments to formalize their partnerships, but partners across sectors can also pick up the phone and call one another to collaborate. These purposeful relationships spanning across public and private entities are an incredible asset that can be leveraged to catalyze community health improvement.

While the relationships, coalitions, and networks across the community are a great strength, focus group participants also acknowledged the important caveat that partners must continually ask who is not at the table and who is not being served. Participants expressed concern that the African American community is often underrepresented in coalitions and left outside of the conversation. Participants suggested that greater outreach must be conducted to engage influential faith leaders of the African American community. Alternative health practitioners, such as herbalists, massage therapists, and faith healers, are another group that has been under-engaged in partnerships. This is an important gap to address because alternative healers are very revered and respected by the community, but are rarely invited to the table. It is important to shift from seeing this group as an adversary to the health care system to seeing them as respected partners with valuable perspectives and authority among community members.

Focus group participants underscored the need to think about Health in All Policies when considering important sectors and stakeholders to invite to the table for partnerships to advance community health. The Department of Transportation has important expertise and influence on healthy community design. Housing developers in construction and real estate agency representatives can be engaged to identify approaches to increasing the availability of affordable housing in NorthShore communities. The active library system in the community also has an important pulse on the community and can be leveraged to engage community members at large. Libraries can also serve as important gathering spaces that facilitate community cohesion and connectedness.

Community Diversity

The rich diversity across NorthShore communities is a wonderful asset. Focus group participants described opportunities to leverage this diversity to create a workforce of community health workers, which has been a very effective approach to implementing health education and interventions in other communities. Participants recommended that the public health system should seek funding to build an infrastructure to advance this work.

Community Commitment

Focus group members reported an abundance of investment and involvement from community members, including a large volunteer force that is active and engaged in community development efforts.

Local Political Will

Participants said that local policymakers are very receptive and responsive to community health issues and concerns. While they noted a lack of political will at the state level, participants expressed feeling fortunate to have a lot of positive political will and support among local elected officials, who are invested in making the community healthier and more equitable.

Suggested Strategies to Address Important Community Health Issues

Improve Community Design

Participants proposed that cities in the NorthShore service area can do more to build and design cities in a way that supports health and accessibility for community members. One participant proposed that whenever communities need to rebuild a road, community leaders should consider whether sidewalks can be widened, a bike lane can be added, or whether intersections can be made more pedestrian-friendly. Participants stressed the importance of being intentional about designing communities to facilitate health and wellness for all community members.

Reduce Barriers to Services

Focus group participants reported that service agencies existing in islands is a barrier to vulnerable community members in need, reducing both awareness and accessibility of services. Co-location of services to create a one-stop shop could not only facilitate closer partnerships and alignment between service providers, but could also reduce the burden on clients, who currently need to go from place to place to access services. This isolation of services is a particular barrier for the most vulnerable community members who lack access to transportation. Another suggestion was to increase the use of navigators, case managers, and community health workers to help clients navigate the complexity of health and human services to access the support they need. It is also critical to dismantle road blocks between health care and social services, to leverage public-private partnerships, and to further engage businesses and other nontraditional partners to better serve the community. Focus group participants emphasized the need to become more client-based, and said that shifting to a more client-focused mindset in all aspects of service provision will improve quality and effectiveness of services.

Address Gaps in Mental Health Care

There are a number of barriers that impede providers' ability to address mental health needs in the community. Lack of insurance parity and low reimbursement for mental health care is a substantial barrier limiting the availability and accessibility of mental health care providers. Participants reported that employing nurse practitioners under the supervision of a psychiatrist is one way to make care more accessible and

affordable, explaining that this approach both lowers costs and is received favorably by patients. Participants also said that while Medicaid reimbursement for mental health is very low, reimbursement rates are much better for Federally Qualified Health Centers (FQHC). One agency representative explained that if delivery of mental health care could be integrated through an FQHC, revenue would increase enough to hire two additional psychiatrists. This would greatly increase accessibility and sustainability of mental health care to vulnerable populations in the community. As one participant described, “The idea is to find the right partner with the right access to reimbursement, and then share staff strategically.” However, participants acknowledged that while this approach would be an improvement, a true solution to this problem requires legislators to increase Medicaid reimbursements.

Focus group participants underscored the need to unite in advocacy efforts to communicate the critical importance of mental health infrastructure to state policymakers. At the time of the focus group, the impasse in state budget decisions among the Illinois General Assembly was preventing psychiatrists from being paid by the state. Participants stressed communication to policymakers that this problem has reached a crisis level and must be immediately addressed. In addition, in place of a mental health safety net, policymakers are building prisons to address mental illness, which is both unjust and financially unsound. Focus group members stressed the need to speak openly to de-stigmatize mental illness, and the need to educate policymakers on the cost of prison versus the cost savings from diverting people from prison.

Controlling health care costs and making insurance easier to navigate would also help to reduce the self-medicating behavior contributing to the growing substance abuse crisis. Participants shared that law enforcement is seeing a growing number of people who are turning to alcohol and drugs to cope with mental illness, due to the incredible cost of health care and the complexity of navigating the insurance system.

It is particularly important to address mental health among youth, which is a rapidly growing crisis both locally and nationally. One participant reported that families experience nearly insurmountable barriers in seeking mental health care for their children, from the high cost and lack of insurance coverage for drugs, the lack of providers, and the lack of support and education for parents on how to cope with mental illness in the family. Another participant referred to the alarming trend of increasing pre-school expulsions, which are a strong predictor of future involvement in the criminal justice system. Focus group members emphasized that in order to address youth mental health needs, mental health must be addressed holistically with the entire family unit, rather than treating children in isolation. Tools and resources are needed to help the whole family to thrive.

Health Care Workforce Planning

Because there will be growing health care needs and a shortage in the workforce to address these needs, participants suggested that the health care field should partner with high schools and higher education to communicate future career options to students and provide job shadow opportunities to build interest in careers such as nursing and psychiatry. One participant shared that School District 219 has an excellent job shadow day to generate interest in careers in behavioral health, which could be replicated in neighboring districts.

Engage Employers in Early Childhood Investments

Participants stated the need to explore ways that health care can spur healthy economic development, and noted that investment in early childhood education and quality childcare to ensure a healthy start is critical to future economic wellbeing. Participants explained that employers need to understand the importance of quality, affordable childcare and early childhood education, because when parents have good childcare, they

can be available, present, and on time to work. Ensuring good childcare is a good investment in an employer's bottom line, preventing high turnover and ensuring workforce continuity. Finding ways to communicate these connections to employers to ensure investment in health and economic development from the private sector is important.

Conclusion

A number of key themes developed throughout focus group dialogue. Recurring barriers included the challenges patients experience in navigating the very complex health insurance system, the lack of culturally and linguistically appropriate services to meet the unique needs of diverse community groups, the lack of proper infrastructure and reimbursement for mental health care, and the high cost of basic needs, such as safe housing, healthy food, and transportation for low income families and other vulnerable residents. Community leaders in this focus group referred to several key assets present in NorthShore communities that support health and wellbeing in the area and can be leveraged to address the health problems they discussed. Strong relationships and partnerships exist throughout the community, and agencies within and across sectors are willing to come to the table to work together and advocate for community health improvement. There is a high level of citizen engagement and volunteerism in NorthShore communities, as well as a great deal of positive political will among local elected officials, who are invested in community health. These assets form a solid infrastructure for coming together for collective action to address some of the area's most prominent health and wellness concerns

Focus Group with NorthShore Staff Leaders

October 8, 2015 7:00-8:30 AM at Evanston Hospital

Participants:

Geri Ambrosia	Kayleigh Parent, LCSW, CAADC
Janice Benson, MD	Michelle Ortega, RN, NP
Linda Green, RN, MSN	Kathleen Moriarty, RN
Andrea Hurteau, MS	Jorge Saucedo, MD
Mary Keegan, RN, MSN	Madeleine Shalowitz, MD
Margaret Mary Mateja, RN	Deborah Taber, RN
Christopher Masi, MD	Vicki Tiller, RN, MSN
Christine Martens	Michael Vernon, Dr PH
Geri Ambrosia	Kayleigh Parent, LCSW, CAADC

Most Common Health and Wellness Issues in NorthShore Communities

Access to Care

Focus group participants identified lack of access to care as a common challenge among community members, and described a number of barriers that impede access. First and foremost, participants discussed the high cost of care as a barrier particularly for low income and uninsured patients and a factor limiting access even for those with higher incomes and insurance coverage. High deductibles and co-pays can make seeking care cost-prohibitive. Participants also called attention to the lack of transparency regarding the costs of prescription medication, explaining that the same medication can cost \$50 at one pharmacy and \$300 at another, and there is no way for patients to know this until they go to the pharmacy.

Travel to medical appointments is another impediment to accessing care, disproportionately affecting elderly and low-income community members. Seniors who cannot drive may rely on family members to take them to appointments, who may not be able to take time off work to transport them. Participants also reported that some specialty services are geographically concentrated, leaving some parts of the community underserved. For example, patients in Gurnee have to come down to Highland Park to access oncology services. Participants identified the need to expand access to services in the northern part of the NorthShore service area.

Awareness of services is an additional barrier to access to care. Participants explained that a lot of people don't know what services are available to them, and how to navigate the health care system to access care. For example, sliding scale services are available in some cases, but if community members are not aware of this, they may forgo care because they don't think they can afford it.

Mental & Behavioral Health Services

Within the larger scope of access to care, access to mental and behavioral health care was a particular concern. Participants reported that the health care system is seeing an increasing number of behavioral and mental health patients, and at the same time, the already limited infrastructure for mental health is crumbling due to the budget impasse at the state level. Medicaid reimbursement for mental health services has been prohibitively low, limiting access to providers. However, in the current budget crisis, access is even worse because mental health agencies that get reimbursed through Medicaid are not getting paid. Participants reported that many mental health agencies are projected to close due to lack of funding, which will leave emergency departments as last resort sources of care. More and more patients are coming to the emergency

department seeking care for mental health and substance abuse issues, which prohibits continuity of care. This growing crisis not only increases vulnerability of patients in need of services, but also strains the health care system.

Obesity & Chronic Disease

Participants emphasized the magnitude of chronic disease in the communities NorthShore serves and identified obesity as a critical underlying risk factor driving chronic disease. NorthShore staff participants described that lifestyles frequently promotes, rather than prevents, obesity. Office jobs and long commute times promote sedentary behavior. Auto-dependent community design discourages against active transportation like biking and walking. The high cost of healthy food and ubiquity of unhealthy options makes healthy eating a challenge.

Participants expressed concern in particular at rising rates of childhood obesity, and described school environments as barriers to health. Many school settings are unhealthy food and beverage environments, and many lack a robust physical education curriculum. The absence of pedestrian-friendly community design is an additional barrier, leaving many parents afraid to let their children walk to school.

Participants emphasized the importance of both educating community members with existing chronic disease on healthy behaviors, as well as improving community design to promote health among children, which will reduce the future burden of chronic disease.

Vulnerable Populations

Participants identified several populations that are disproportionately impacted by health problems and are underserved by the community.

Seniors

Participants perceived a rapidly increasing senior population, who frequently struggle to get by on fixed incomes and high medical costs. Many seniors have difficulty navigating the complexity of Medicare and supplemental insurance plans, and lack an understanding for what is covered and not covered by Medicare. The high cost of prescription medication comprises a substantial portion of many elderly adults' monthly income, leaving limited money for necessities like food, leading to nutritional deficiencies. The high cost of assisted living facilities keeps many seniors in their homes where they may be unsafe and isolated. Increasing geographic dispersion of families means that older adults are less likely to have access to family support. Isolation, loneliness, and depression are critical problems facing the senior population.

Children, Ages 0-3

Early childhood is a critical time in shaping one's health and wellbeing throughout the life course. Participants highlighted that mental health needs in early childhood are often underappreciated, but have a dramatic impact on shaping future social and emotional development. Just as the current state fiscal crisis has put mental health services for adults at risk, services for early childhood mental health are similarly vulnerable.

The high cost of childcare is a burden for many families, particularly following the state's dramatic cut to childcare subsidies. Access to quality childcare is an important determinant of future health and economic outcomes.

Individuals Experiencing Homelessness

Participants perceived homelessness as a growing problem in NorthShore communities, and expressed concern regarding the lack of supportive infrastructure for this population. People experiencing homelessness lack access to nutritious foods and basic health care, and area shelters lack the capacity to meet the level of need in the community. Participants reported that shelters and services are particularly lacking on nights and weekends. Beyond the insecurity and health risks associated with homelessness, participants described that many people comprising the homeless population struggle with persistent mental illness that is left untreated due to the lack of mental health safety net services.

Culturally and Linguistically Diverse Populations

NorthShore communities, particularly Skokie, have a high proportion of immigrant and non-English speaking community members. Language barriers and a lack of culturally competent services prevent diverse populations from being able to access the care they need. The Skokie Board of Health has been very active in trying to create clinic services that address the unique needs of diverse communities with culturally and linguistically competent providers.

Formerly Incarcerated Community Members

Community members transitioning out of the justice system are uniquely vulnerable as they reintegrate into society and need to secure housing, employment, and health care, often with little financial means. Participants described that probation officers emphasize securing employment, and assistance with securing insurance coverage is frequently left out of the conversation.

Greatest Barriers to Health and Wellness for the Communities NorthShore Serves

When asked about the most significant barriers to health, focus group participants mentioned the following:

State Budget Crisis

Participants described that Illinois' fiscal crisis seriously jeopardizes health and social service provision for the most vulnerable community members in NorthShore communities and throughout the state. Participants reported seeing service providers turn away new clients or close down altogether in the absence of funding from the state. The budget impasse will cause further deterioration of the social safety net the longer it lasts. As services become increasingly scarce, community needs will continue to mount, leaving community members with few places to seek help other than the emergency department, where care is most expensive and where continuity is lacking.

Environmental Barriers to Health

The built environment in many NorthShore communities is very automobile dependent, which impedes physical activity.

Food Insecurity

Participants identified children as being particularly vulnerable to food insecurity. Skokie and Gurnee schools have a high proportion of students qualifying for free and reduced lunch. Summer feeding programs exist to serve these children, but these programs have been cut due to the state budget crisis.

Seniors living on a fixed income with high health care costs also struggle to afford food, and often experience nutritional deficiencies due to the high cost of prescription medications and groceries.

Greatest Strengths and Assets to Support Health and Wellness for the Communities NorthShore Serves

When asked about the most significant assets supporting community health, focus group members mentioned the following:

Excellent Health Departments

Participants reported that the Lake County Health Department and the Skokie Health Department are model health departments that provide high quality services to community members.

Libraries

Libraries are an important access point for community members of all ages and backgrounds and can serve as valuable partner in disseminating health messages to the public.

Civic Centers

Civic centers are important community resources that can be used as public gathering spaces and venues for community events.

Faith Groups

Faith groups have ready access to the community, which can be leveraged to disseminate health messaging and services.

Volunteerism and Community Giving

While there are many vulnerable communities that are struggling in the NorthShore service area, there is also a population that is thriving economically and interested in helping the community. This population can be leveraged for philanthropic and volunteer contributions. There is a need to raise awareness among this population about where needs exist and guide them in their giving to maximize the impact of their contributions.

Suggested Strategies to Address Important Community Health Issues

Improve Support for Older Adults and their Caregivers

Participants identified a number of strategies to increase support for seniors in the community. Specifically, participants highlighted the need for senior centers where older adults can be active and involved in the community, and described an opportunity to create joint senior and child day care programs. This would be beneficial for seniors by providing them with opportunities to volunteer with childcare, which could instill a sense of purpose and keep them active. Children would benefit from having additional adult attention. Having access to high quality care for both seniors and children would help support parents and caregivers by allowing them to work outside of the home, knowing their loved ones are in a safe environment.

For seniors without family members in the area to support them, participants suggested the opportunity to recruit volunteers to do home visits to prevent isolation and loneliness and to ensure that seniors have everything they need. As families are increasingly geographically dispersed, there is an opportunity to build a social network to connect people who can take care of one another's parents.

Address Mental and Behavioral Health Needs among Youth

Participants suggested a number of intervention opportunities to address mental and behavioral health among community youth. Growing trends of adolescent depression and suicide can be addressed through mental health screening and parent education in school settings to identify mental health needs before they escalate to self-harm. In higher education settings, universities can train resident assistants to identify mental and behavioral health issues and connect students to supportive services. Universities can also educate students about the importance of stress management and self-care.

Reduce Barriers to Services

Participants identified several potential solutions to barriers community members face in accessing the services they need. For community members for whom transportation is a barrier, participants suggested the possibility of creating mobile services as a way to increase access to care. For working community members, expanding clinic and social service provider hours can allow people to access the services they need without taking time away from work.

Conclusion

A number of key themes surfaced throughout focus group dialogue. Recurring health and wellness issues included the challenge of accessing care due to cost and lack of transportation, diminishing mental and behavioral services in the context of growing need, increasing obesity and chronic disease, coupled with food insecurity among vulnerable populations such as children and seniors. While NorthShore communities have many assets they can leverage for community improvement, including civic centers, health departments, libraries, faith groups, and community members interested in volunteering and giving, these communities also face substantial barriers to health, with the state fiscal crisis being the most prominent concern among focus group participants.

Online Survey of Community Advisory Committee Members

NorthShore and IPHI developed a nine-question online survey distributed to community partner organizations for two weeks in October 2015. The survey was emailed out to approximately 60 members of the four hospitals' Community Advisory Committees. NorthShore staff spoke with many of the members and encouraged them to fill out the survey, and a reminder was sent during the second week of the survey period. As a result, a total of 30 community partner organizations responded to the survey. IPHI staff summarized survey responses and performed qualitative analysis of responses to the open ended questions.

As shown in Figure 5.2, the community partners represented a range of organizations, including local government agencies, education institutions, health and social service providers, and community based organizations.

Figure 5.2. Organization type (n=30)

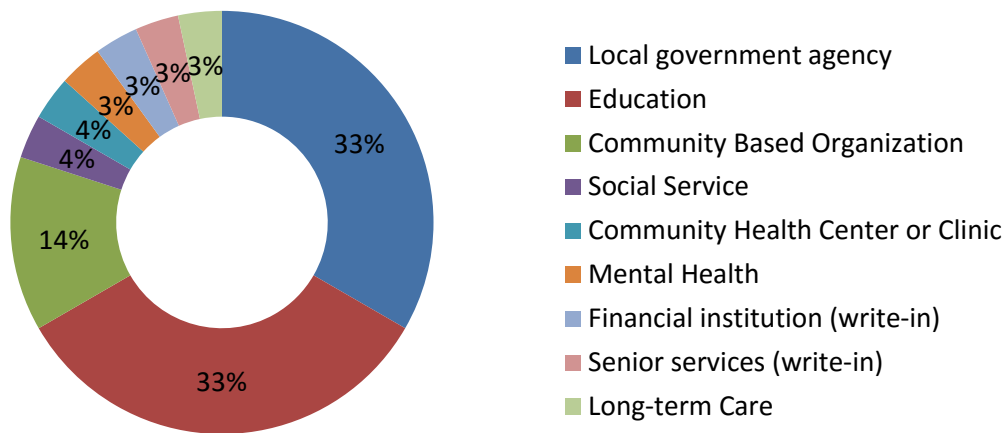
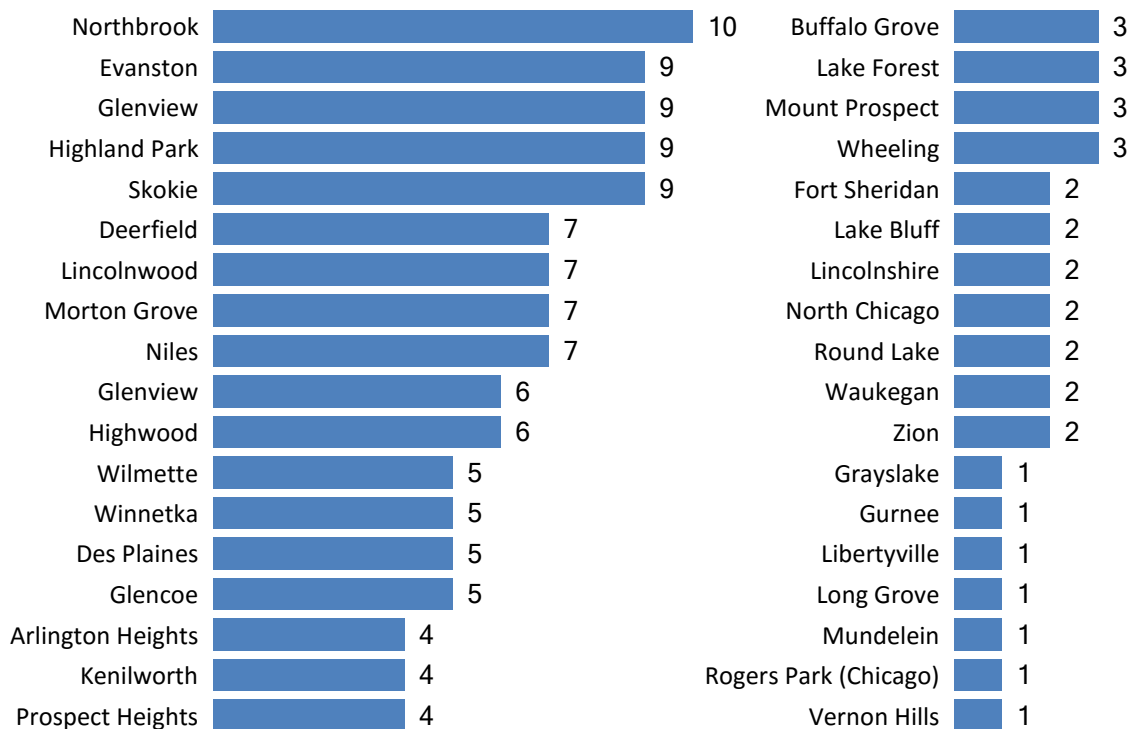


Figure 5.3. Communities Served By Responding Organizations (n=30)



Mental health issues were by far the health condition that the most community partners identified as a top issue for people who are uninsured or underinsured. Seventy percent of community partners indicated that mental health conditions were among the most common health issues seen in the uninsured and underinsured individuals that they served, as shown in Figure 5.4 below. The most common mental health issues seen by those community providers were depression, anxiety and substance use, as presented in Figure 5.5 below.

Other health issues that were identified by many partners as common in uninsured and underinsured populations were: weight problems, drug and alcohol use/addiction, dental health problems, and diabetes. Alzheimer’s/dementia and chronic disease risk factors (tobacco use, high blood pressure and high cholesterol).

Figure 5.4. Community Partners’ Responses for Top 5 Health Issues for Uninsured/Underinsured (n=30)

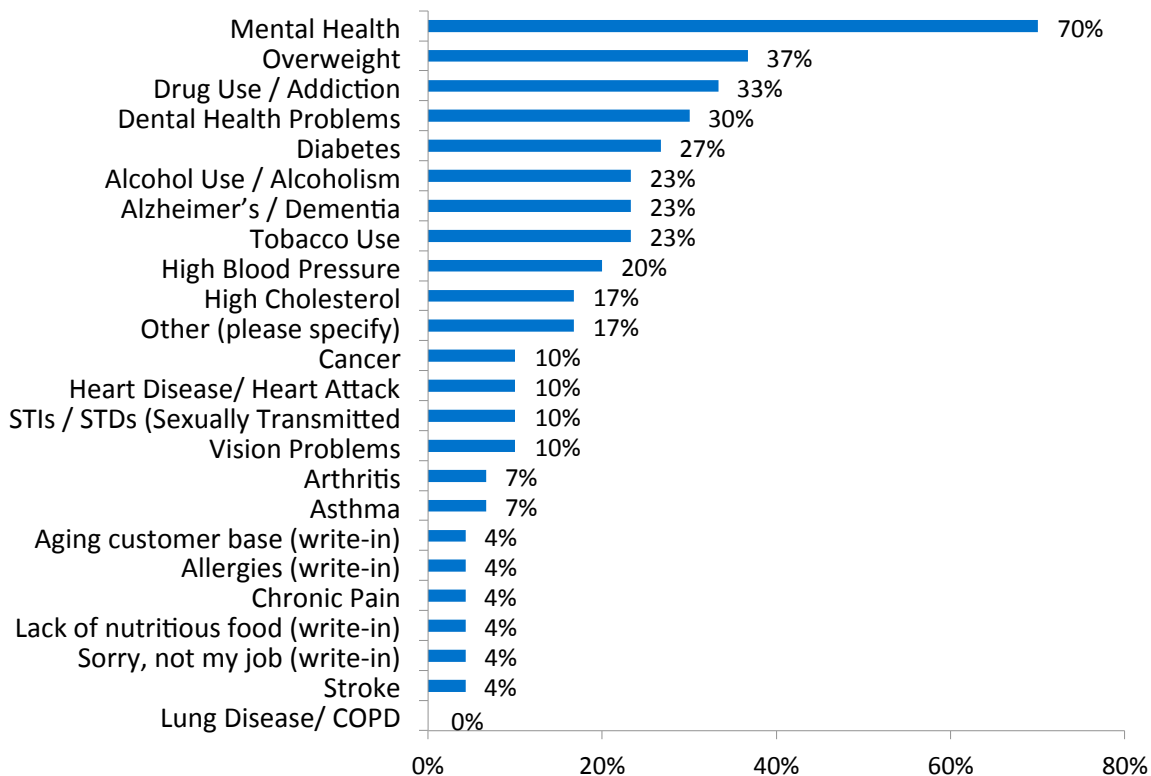


Figure 5.5. Community partners’ responses for behavioral/mental health issues seen most frequently among uninsured or underinsured (n=30)

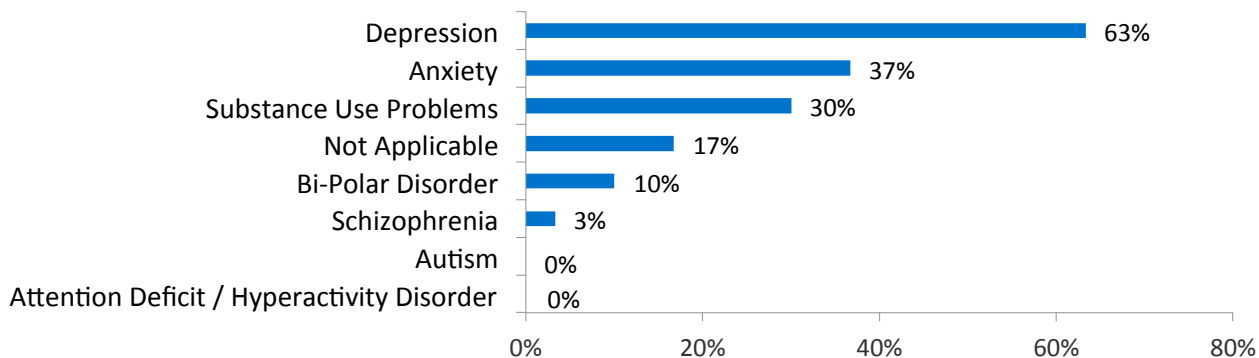
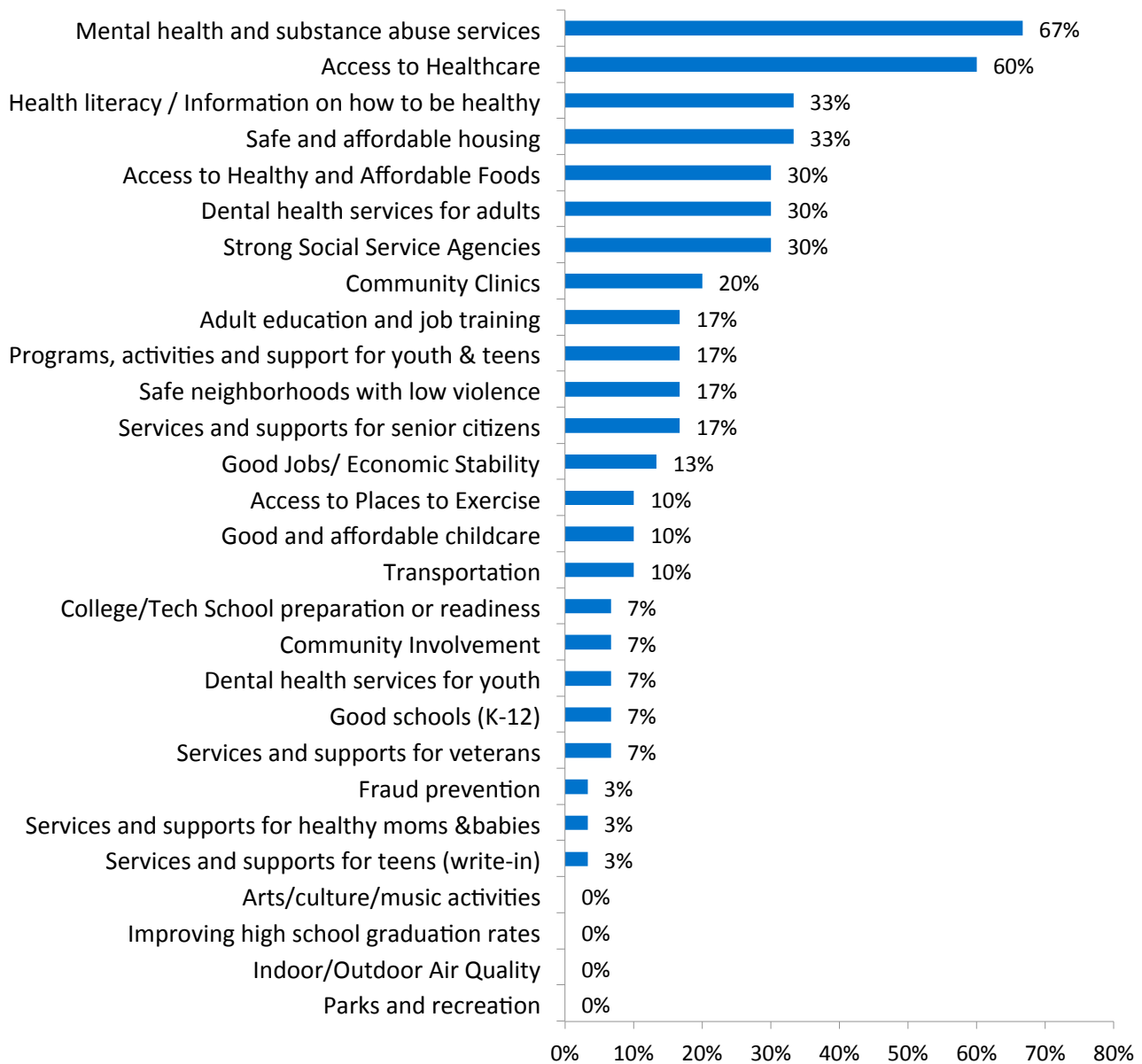


Figure 5.6. Community Partners’ Responses to the 5 Most Important Community Factors for Residents to be Healthier



Two-thirds of community partners who responded to the survey indicated that (a) mental health and substance abuse services and (b) access to healthcare were among the most important factors in making the NorthShore communities healthier. Other factors identified as particularly important by respondents included health literacy, safe and affordable housing, access to healthy and affordable foods, dental health services and strong social service agencies.

The 30 survey respondents also had the opportunity to share more detailed input on needs, barriers and opportunities through four open-ended survey questions. The following is a summary of responses to questions 6 through 9 of the survey.

Figure 5.7. Summary of Survey Responses Related to Health and Wellness Issues

Survey respondents identified the following health and wellness barriers and issues:

- Access to services for mental health and substance abuse, including for children and adolescents
- Lack of affordable services for uninsured populations and the working poor
- Challenges in navigating the complex health care environment and understanding insurance coverage
- Need for health education and health literacy
- Language and cultural diversity and a need for materials in diverse languages, culturally competent care, and services to support new immigrants
- Lack of activities and social places for teens
- Obesity and access to affordable, healthy foods
- Lack of access to affordable dental services, especially for adults

When asked to identify “which barrier or issue do you consider to be most important to address over the next three years in order to improve the health and wellness of the communities you serve”, respondents prioritized:

- Access to mental health services (over half of respondents identified this as a top priority)
 - Psychiatric services – need for quality, affordable, accessible services
 - Reducing childhood stress and anxiety
 - Mental health services for children and adolescents
- Support for navigating the complex healthcare environment, understanding insurance coverage, and health literacy
- Public funds to support local social services
- Dental health services
- Affordable food and housing

Survey respondents also identified a variety of ways that community organizations can partner together to address these barriers and issues, and those ideas will be reviewed for the Implementation Planning stage of this CHNA process (to occur in 2016).

VI. Findings from Forces of Change and Local Public Health System Assessments

The following Forces of Change Matrix was created by Illinois Public Health Institute for the Health Impact Collaborative of Cook County using data provided by Chicago and Cook County Departments of Public Health and input from stakeholders. The Forces of Change Assessment summary does not include Lake County results because there was not a recent report available at the time the summary was compiled in the fall of 2015.

Figure 6.1. Forces of Change Matrix

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
Access to Care: Health Care, Behavioral Health, Social Services	<ul style="list-style-type: none"> Emergence of the Affordable Care Act and Medicaid Managed Care Inadequate state mental health system <u>Chicago</u>: City mental health clinic closures Risk to Planned Parenthood funding-impact on reproductive health Declining acceptance of Medicaid patients due to low reimbursement 	<ul style="list-style-type: none"> Difficulty navigating health/insurance systems Not everyone covered & threat of inadequate care, many providers not accepting new Medicaid patients Access to social services Unequal distribution of medical services Cuts to programs and services, including suspension of enrollment/outreach programs, childcare subsidies, etc. 	<ul style="list-style-type: none"> Navigators and community health workers can bring about trust in system Public health and managed care work to assure network advocacy Advocacy for mental health services
Aging Population	<ul style="list-style-type: none"> Growing population of older adults with services and supports they need 	<ul style="list-style-type: none"> Impacts on workforce, economic development and tax base. Gaps in supports and services threatens health and quality of life for seniors Increased burden of diseases that affect older adults From <u>Chicago FOCA</u>: Possibility of older adults relocating to more age-friendly, affordable areas Aging caregivers 	<ul style="list-style-type: none"> WHO Global Network of Age-Friendly Cities; community-wide assessment with recommendations for improvements Age-friendly communities and hospital initiatives

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
Built Environment- Housing, Infrastructure, & Transportation	<ul style="list-style-type: none"> Lack of rental housing and affordable housing in safe neighborhoods The high cost of living and property taxes have contributed to a lack of affordable and safe housing. Aging housing stock Economic challenges and rising housing costs have contributed to more intergenerational living 	<ul style="list-style-type: none"> High cost of living leaves less month for other essential needs, Threatens health, mental health and well-being Homelessness potential consequence which linked to poor health outcomes. Gentrification displaces communities of color Transportation very challenging for low income, seniors, & people w/ disabilities First responders act as cabdrivers to hospitals due to lack of access to transit (mentioned specific to NW suburbs) Transit inequality- mismatch between where public transit exists and where people need it (particularly low in Southern Cook County) Transportation service has to be scheduled 2 days in advance for public aid- this affects discharge availability- criteria to access it (case management) 	<ul style="list-style-type: none"> Initiatives to rehab vacant housing for vulnerable populations <u>Chicago</u>: Ordinance amendments require 10-20% units more affordable in market rate developments Opportunity to create new jobs building/rehabbing housing Efforts to redesign outdoor spaces to foster recreation by Healthy Schools Campaign Opportunity to scale up projects that have been successful (sidewalks, play spaces, bike lanes...)
Chronic Disease	<ul style="list-style-type: none"> Growing burden of chronic disease 	<ul style="list-style-type: none"> Need to understand the complex interaction between environment and genetics 	<ul style="list-style-type: none"> 12 step model could be adopted as model of support for people with diabetes for example Activity trackers- could this help to shift health?
Climate and Environment	<ul style="list-style-type: none"> Global warming trends Air quality Radon levels Lead poisoning Water quality 	<ul style="list-style-type: none"> Direct threats to health 	<ul style="list-style-type: none"> Federal climate change legislation Multi-sector strategies to create healthy housing <u>Chicago</u>: Climate Action Plan

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
Data and Technology	<ul style="list-style-type: none"> Open data trends make health-related data more widely available Health applications for personal fitness and well-being Big data for public health needs Social media usage to connect 	<ul style="list-style-type: none"> Ethical challenges in technology-privacy, transparency, trust and provide for common good-must be addressed Differential access can increase health inequalities 	<ul style="list-style-type: none"> Foster networks & systems to increase use of reliable & secure platforms/mobile apps Implement a universal EHR system Empower residents with open data Improve public health through research and real-time data
Economic stability/security and Inequality	<ul style="list-style-type: none"> Poverty and wealth disparity Keeping up with high cost of living Lack of decent paying jobs Social determinants of health interconnect & contribute to inequities. High student loan debt: young people can't afford rent, loans and healthcare so they go uninsured Interconnectedness of economics, housing, and transportation Interconnectedness of workforce readiness-debt, rising rent, lack of skilled workforce 	<ul style="list-style-type: none"> Housing instability; risk for foreclosures and homelessness More people qualify for social services and assistance Poverty associated with poorer health <u>Cook County FOCA</u>: Diminishing power of labor unions & "right-to-work" efforts especially affecting populations of color 	<ul style="list-style-type: none"> Living wage legislation School based job training and apprenticeships Support higher education reimbursement and lower interest rate for student loans (<u>Chicago ex</u>: Free tuition at City Colleges) When a patient is discharged, look at whether they have housing, access to food
Education	<ul style="list-style-type: none"> Unequal school quality <u>Chicago</u>: School closings Unequal discipline (suspension and expulsion) among black youth Disparities of Access/quality of early childhood education 	<ul style="list-style-type: none"> Lack of job and college readiness that can threaten individual and community well-being Inadequate early childhood education leads to greater involvement in the justice system in the future 	<ul style="list-style-type: none"> Improve school quality through model school improvements and evidence-based programming Community & vocational learning opps Advocacy efforts Opportunities to leverage MCH funding to improve outcomes for birth- 5

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
Food and Food Systems	<ul style="list-style-type: none"> Lack of healthy food access Federal food policies and food marketing contributing to unhealthy food environments Increase in community gardens and urban agriculture 	<ul style="list-style-type: none"> Obesity and chronic disease School performance threatened 	<ul style="list-style-type: none"> Extension of SNAP Double Bucks incentives at farmers markets Incentives for locally owned grocery stores & community gardens in food deserts Encourage development of urban agriculture- foster through community benefit and use hospital land to build gardens, farmer's markets, grocery stores Incentivize urban ag as a job creation mechanism- collaborate with YMCAs and other community based orgs to work with youth to educate on urban ag and foster workforce development
Globalization/ Global Forces	<ul style="list-style-type: none"> Outsourcing of jobs, stock market impact, transfer of jobs Impact of terrorism, US military involvement overseas 	<ul style="list-style-type: none"> Many jobs being taken overseas- a lot of people got started off that way, now they are outsourced, banks- economy has gone down b/c jobs aren't available- leads to crime & homelessness & violence Media coverage breeds culture of fear, perpetuates discrimination 	<ul style="list-style-type: none"> New technology coming in from other countries-- hospitals taking a look at what that means in terms of technology being much cheaper than what we have in the states
Immigration & Cultural Competence	<ul style="list-style-type: none"> Evidence-based approach to address health disparities Culturally effective care and services are essential Growing refugee populations 	<ul style="list-style-type: none"> When not culturally effective, results may be poor health outcomes or poor outcomes from other services Challenging to ensure access to linguistically and culturally competent providers to the diversity of populations 	<ul style="list-style-type: none"> Community health workers and patient navigators can help build a culturally effective health care system Continual development of skills that follow the principles of patient-centered care Quality improvement interventions with attention to diverse patient groups Opportunity: Skype translation, community health workers, work with faith orgs where diverse people gather, leverage ACS translation service as an existing asset

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
Health care systems issues/ Health care transformation	<ul style="list-style-type: none"> • Affordable Care Act (ACA) move from sick care to preventative care • Transition to population health approach • Health Department used to be direct service provider- now play more of a role as convener to create coordination 	<ul style="list-style-type: none"> • Competition threatens population health approach • ACA consolidation make it hard for small groups that have community trust to continue to thrive • Continuing challenge of addressing mental health through the health care system • Can be challenging for hospitals to find ways to address social determinants of health without being too political 	<ul style="list-style-type: none"> • Leverage social media to educate the public about resources and services • Emergence of telehealth and potential expansion in access • Health Departments can serve as a catalyst for system and environmental change to prevent chronic disease so people stay healthier longer • Build Hospital leaders' understanding of population health and importance of collaboration as good business • Inspire collaboration among CEOs with better perspectives- how do we tell the story of hospital budget cuts- Advocate, Presence CEOs getting together to collaborate for advocacy • Hospitals and HDs could mentor youth from underrepresented groups to nurture them as future health care professionals • Leverage collaboration to determine how to address mental health • Hospitals looking at incentivizing psychiatrists to do this work as part of their community benefit • Safety net hospitals collaborating as a group- helping to articulate how early childhood impacts health care outcomes through collective story telling

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
Mental/ behavioral health	<ul style="list-style-type: none"> • Criminalization of addiction • Availability of drugs-low price of heroin • Self-medicating behavior due to lack of mental health access 	<ul style="list-style-type: none"> • Mental health funding cuts • Lack of reimbursements for psychiatrists and medication management • Low salaries for mental health professionals leads to provider shortages • Role of stigma influences access to treatment 	<ul style="list-style-type: none"> • Training with police and first responders on mental health first aid and first response; (specific example from Park Ridge mentioned) working on national models of community health approach to mental health • Opportunity: Evanston policy work to reduce access to tobacco
Policy and Politics	<ul style="list-style-type: none"> • New state leadership; shrinking public health budget • New public health policies • Distrust in government • Overall State budget 	<ul style="list-style-type: none"> • Budget cuts impact multiple sectors and services • Decreased funding for social determinants of health • Potential to increase health disparities • From <u>Cook County FOCA</u>: Power is concentrated - corporations, institutions and government 	<ul style="list-style-type: none"> • Civic engagement to address policy making • Community health issue forums & advocacy promotion • Health in all policies approach in government decision-making • Collaborate, unify, eliminate silos • From <u>Cook County FOCA</u>: Social movements can shift the balance of power
Racism, Discrimination and Stigma	<ul style="list-style-type: none"> • Implicit or covert forms of bias common • Mass incarceration- disproportionate impact on communities of color • Unequal quality of education / unequal distribution of educational resources 	<ul style="list-style-type: none"> • Poorer health outcomes; increased health disparities; decreased access to resources 	<ul style="list-style-type: none"> • Public education campaigns to reduce stigma • Organizational values • Collective impact, community organizing and social movements
Safety and Violence	<ul style="list-style-type: none"> • Gun violence • Intimate partner violence • Police violence • Bullying 	<ul style="list-style-type: none"> • Community violence linked to chronic disease and mental health problems • Impact of fear on health and wellbeing 	<ul style="list-style-type: none"> • Role of schools to provide safe, nurturing environment for children and youth and connect families to services • Increased communication between communities and police

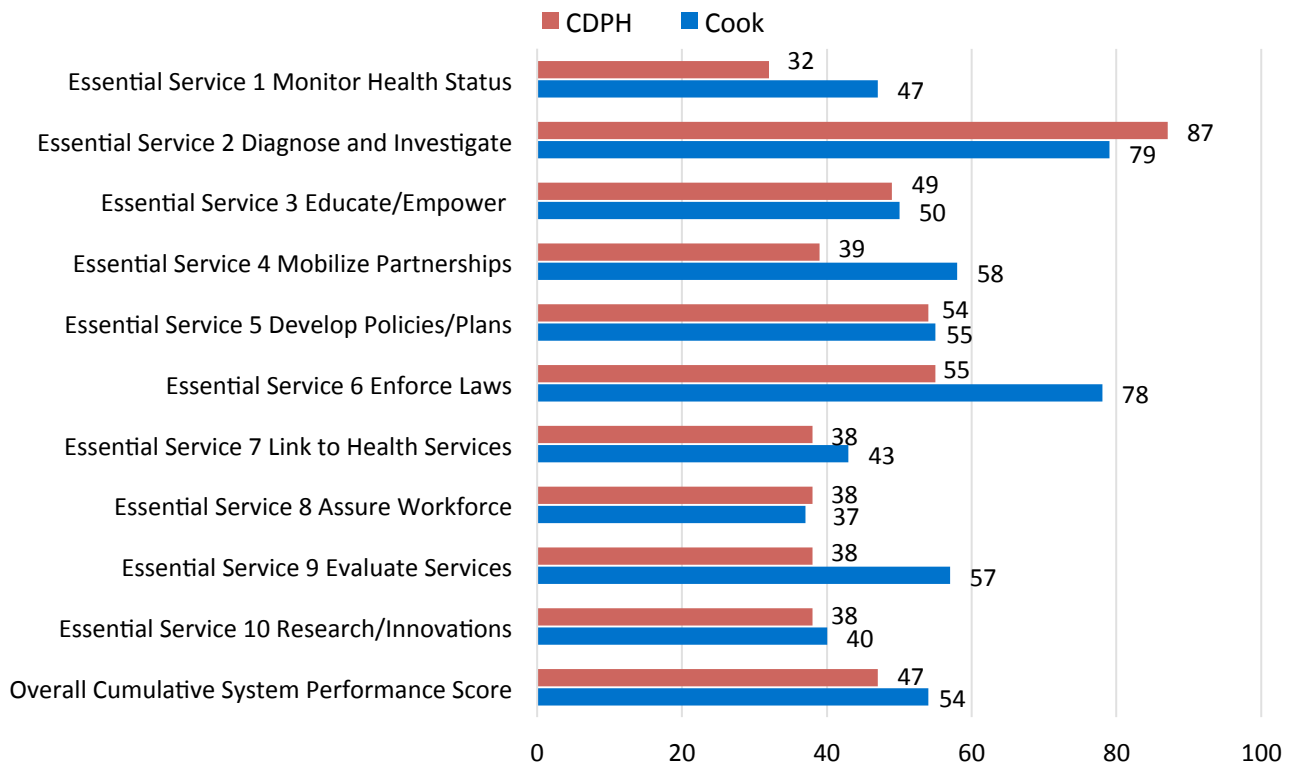
Local Public Health System Assessment

The following summary of Local Public Health System Assessment findings for Chicago and Cook County was created by Illinois Public Health Institute for the Health Impact Collaborative of Cook County using data provided by Chicago and Cook County Departments of Public Health and input from stakeholders. Local Public Health System Assessment data does not include Lake County results because there was not recent data available at the time the data summary was compiled in the fall of 2015.

Figure 6.2. Cook County and Chicago Local Public Health System Assessment

Essential Public Health Services and Rankings	Cook Ranking	Chicago Ranking
1 Monitor health status to identify community health problems.	7 th	10 th
2 Diagnose and investigate health problems and health hazards in the community.	1 st	1 st
3 Inform, educate, and empower people about health issues.	6 th	4 th
4 Mobilize community partnerships to identify and solve health problems.	3 rd	5 th
5 Develop policies and plans that support individual and community health efforts.	5 th	3 rd
6 Enforce laws and regulations that protect health and ensure safety.	2 nd	2 nd
7 Link people to needed personal health services & assure provision of health services.	8 th	6 th -9 th
8 Assure a competent public and personal health care workforce.	10 th	6 th -9 th
9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	4 th	6 th -9 th
10 Research for new insights and innovative solutions to health problems.	9 th	6 th -9 th

Figure 6.3. Cook County and Chicago Local Public Health System Assessment Scores



Essential Service 1: Monitor health status to identify and solve community health problems.

Both scored moderate

- Common areas for improvement:
 - Need to improve data dissemination to LPHS partners and community members
 - Need to make data more accessible, understandable, and actionable

Essential Service 2: Diagnose and investigate health problems and health hazards in the community.

Both scored optimal

- Common strengths:
 - Strong surveillance
 - Strong emergency preparedness
 - Excellent laboratory capacity

Essential Service 3: Inform, educate, and empower people about health issues.

Both scored moderate

- Common strength: Strong risk communication
- Common area for improvement:
 - Need to strengthen relationships with media to better disseminate messaging to the public
 - Opportunities to strengthen partnerships with communities for coordinated messaging and outreach about health issues.

Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.

Chicago scored moderate; Cook scored significant

- Common areas for improvement:
 - Many coalitions exist, but efforts are siloed and narrow. Increase coordination and breadth of focus to maximize impact.

Essential Service 5: Develop policies and plans that support individual and community health efforts.

Both scored significant

- Common strength: Strong emergency planning

Essential Service 6: Enforce laws and regulations that protect health and ensure safety.

Chicago scored significant; Cook scored optimal

- Common strength: Good enforcement of laws and regulations
- Common area for improvement:
 - Opportunities to strengthen policy review to impact social determinants of health and health equity.

Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Both scored moderate

- Common strengths: Good identification/understanding of vulnerable and marginalized populations
- Common areas for improvement:
 - Need to improve care coordination through a referral follow up system
 - Need to improve access to culturally/linguistically competent care

Essential Service 8: Assure competent public and personal health care workforce.

Both scored moderate

- Common areas for improvement:
 - Workforce assessments are conducted, but they are done in silos and assess individual organizations rather than the public health system as a whole
 - Leadership development and training opportunities exist, but are not necessarily made available at all organizational levels

Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Chicago scored moderate; Cook scored significant

- Common strengths: Strong evaluation of personal health services
- Common areas for improvement:
 - Need for increased data sharing across system for collective Quality Improvement
 - Evaluation of population health services is much less robust than evaluation of personal services

Essential Service 10: Research for new insights and innovative solutions to health problems.

Both scored moderate

- Common strengths:
 - Many existing linkages with academic institutions
 - Growing momentum of community based participatory research
- Common areas for improvement:
 - Limited capacity to participate in research due to lack of funding and resources
 - Need for more practice-based & action-oriented research that can directly inform public health practice
 - Need to develop a shared research agenda with health equity and practice focus

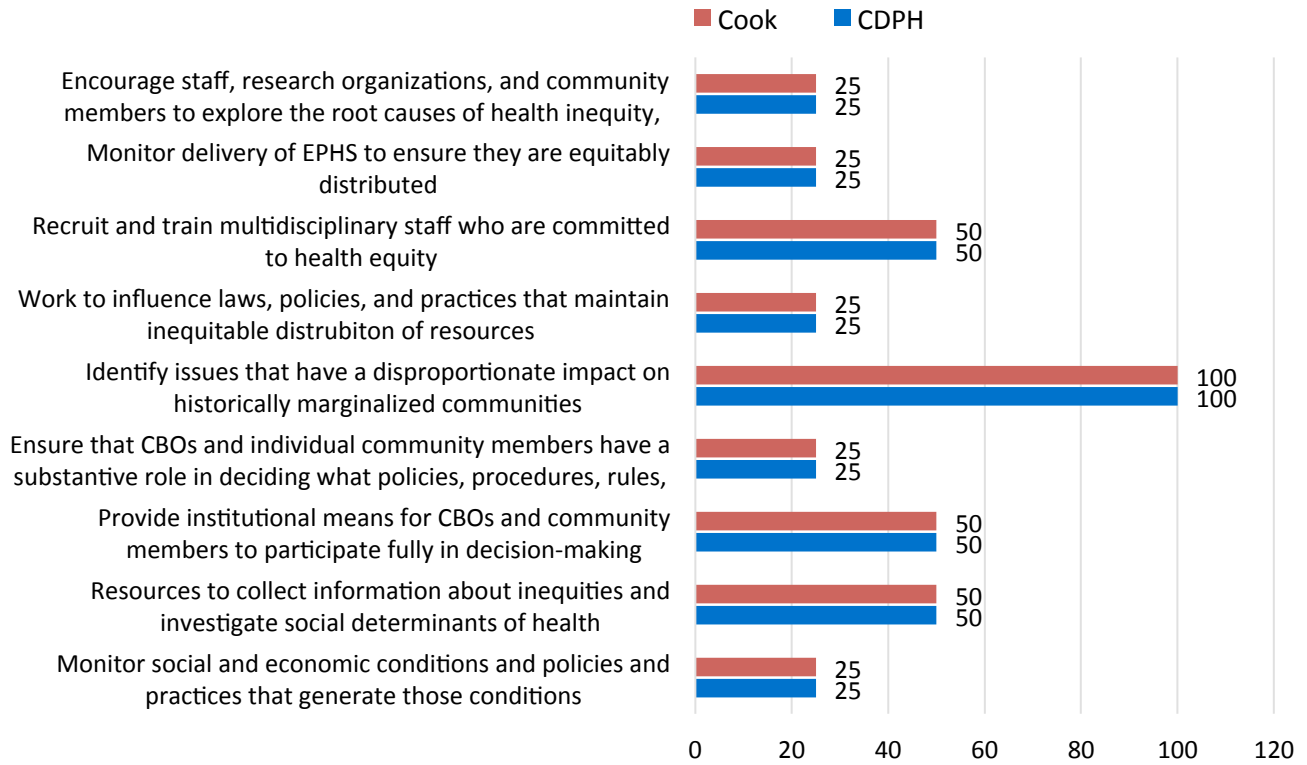
Health Equity Findings from the Chicago and Cook County Local Public Health System Assessments

Both Cook and Chicago reported growing attention and emphasis on health equity across the public health system. WePlan and Healthy Chicago 2.0 have health equity integrated within their assessment frameworks. However, stakeholders from both assessments perceived a need for greater monitoring of social and economic conditions that drive inequity, and perceived that their respective systems have the resources that would allow for collection of information on health inequity.

Both Cook and Chicago stakeholders reported a growing recognition for the importance of community voices in influencing policy and decision making. While there is a good understanding of issues that have a disproportionate impact on marginalized communities and serve to perpetuate inequity, system performance in addressing and influencing these issues has been low. Stakeholders pointed to funding and political barriers as limiting factors in this work. The public health system must seek out funding opportunities that address the social determinants of health and mobilize grassroots efforts among the public to advocate for policy and systems changes that promote greater equity.

Stakeholders from both groups also underscored the importance of building greater competency and understanding of the principles of health equity across the public health workforce. Health equity should also be further built in to evaluation and research activities across the public health system.

Figure 6.4. Cook County and Chicago Equity Scores for Local Public Health System Assessment



VII. NorthShore’s Priority Issues for Community Health

Process for Prioritizing Community Health Issues

NorthShore worked collaboratively with the Illinois Public Health Institute (IPHI) to identify priority community health issues. The prioritization took place in four steps:

1. NorthShore and IPHI met midway through the CHNA process after a portion of the data had been collected to review issues emerging from the data and to discuss the framework for presenting community health issues in the CHNA. Both NorthShore and IPHI agreed that this CHNA would follow the format of the previous CHNA in identifying a list of several key community health issues reflective of the range of issues affecting community health in the service area.
2. IPHI compiled and analyzed data as described on page 9 and 58 above. The data analyzed came from existing secondary data, community input and local health department assessments of Forces of Change and Local Public Health System. Through the analysis of the data, IPHI identified a draft list of priority health issues and populations affected. As part of this step, IPHI also reviewed the priority issues for the Illinois State Health Improvement Plan and Healthy Chicago Community Health Improvement Plan that were both recently completed.
3. IPHI and NorthShore discussed the data and draft list of priority issues, and considered prioritization criteria consistent with guidance¹ from the National Association of County and City Health Officials (NACCHO): size of the problem, urgency of the problem, impact of the problem, urgency of solving the problem, availability of resources and capacity, availability of solutions, and health equity/disproportionate impacts.
4. Based on that discussion, NorthShore finalized a list of priority health needs divided into “External Factors Impacting Community Health” and “Disease Conditions.”

NorthShore’s Priority Issues for Community Health are presented below in Figure 7.1.

As part of the development of the CHNA implementation plan, NorthShore will determine which of the identified priority issues the health system will address directly, and an explanation will be provided for issues that NorthShore chooses not to address through implementation. NorthShore staff will continue working with the Health Impact Collaborative of Cook County and four hospital Community Advisory Committees to develop coordinated implementation plans to address priority issues.

¹ National Association of County and City Health Officials (NACCHO), *Prioritizing Health Problems*, <http://www.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf>

Figure 7.1. Priority Issues for Community Health for NorthShore CHNA 2015

Priority Issues for Community Health

EXTERNAL FACTORS IMPACTING COMMUNITY HEALTH
Access and Coordination of Care (Affordability, education, transportation, specialty care, cultural competency)
Access to Behavioral Health
Health Literacy and Navigating the Health Care Environment
Access to Healthy, Affordable Food
Access to Oral Health Care
DISEASE CONDITIONS
Chronic Disease Risk Factors (Prevention and management of obesity, tobacco use, hypertension)
Behavioral Health (Mental health and substance abuse, psychiatry and community based services)
Oral Health
Cardiovascular Disease and Stroke
Diabetes
Cancer
Alzheimer’s / Dementia (prevention, management, caregiver support, long-term care)
Lung Health
Maternal and Child Health (infant mortality, low birth weight)

The assessment also helped to identify populations of focus, community conditions and geographic communities of highest need that are related to addressing the priority issues listed in Figure 7.1 above.

Populations of focus (in alphabetical order):

- Adolescents
- Caregivers
- Early childhood
- Immigrants and refugees
- Medicaid recipients
- Older adults
- People who are underinsured
- People with mental health issues
- Veterans

Geographic communities of highest need (in alphabetical order):

Lake County

- Highwood
- North Chicago
- Round Lake
- Waukegan
- Zion

Cook County

- Evanston
- Niles
- Prospect Heights
- Skokie
- Wheeling

Chicago

- Edgewater (Chicago)
- Forest Glen (Chicago)
- Irving Park (Chicago)
- North Park (Chicago)
- Rogers Park (Chicago)
- Uptown (Chicago)
- West Ridge (Chicago)

Healthy community conditions:

- Affordable Housing
- Community connectedness, family-oriented service provision, intergenerational activities
- Quality education and jobs
- Transportation
- Violence Prevention

VIII. Review of NorthShore's Community Benefits Strategy and Implementation of Previous CHNA

Strategic Approach to CHNA and Community Benefits

NorthShore implements a three-fold strategy to address the identified health needs of the communities that it serves as follows:

1. Community benefits programs and partnerships will address a need identified in the community health needs assessment (CHNA) conducted by NorthShore.
* If an identified health need is not to be addressed by NorthShore, rationale will be provided.
2. Community benefits programs, initiatives and partnerships will address a need requested by the community.
3. Community benefits programs, initiatives and partnerships will be aligned with the guiding principles outlined in *Advancing the State of the Art of Community Benefits for Nonprofit Hospitals*. The guiding principles are: Disproportionate Unmet Health-Related Needs; Primary Prevention; Seamless Continuum of Care; and, Build Community Capacity and Community Collaboration.

NorthShore places priority on providing community benefits and services in the communities located nearest to our hospitals, where we believe we have the greatest capacity and responsibility to serve.

Community health needs data is used in NorthShore's annual planning processes. Stakeholder participation is critical and influences NorthShore's prioritization and execution of its community benefits programs. In addition, collaboration with local leadership allows NorthShore to detect urgent and growing needs that may be under represented or absent from aggregate data, in a timely and effective manner. Lastly, collaboration with local leaders has facilitated the development of programs and partnerships to provide real time solutions to critical health challenges.

Overview of Anticipated Impact: For the 2013 CHNA and implementation, NorthShore evaluated the anticipated impact of the initiatives listed for each hospital outlined in the strategic plan by collecting data on how many individuals utilized components of the initiative. Measurement of the impact will also be assessed by gathering ongoing feedback from the hospitals' Community Advisory Committees, senior leadership and physician leadership.

In accordance with Internal Revenue Code § 501(r) and the December 2014 final rules for IRS implementation of the Patient Protection and Affordable Care Act, NorthShore presents the following review and evaluation of implementation activities carried out over the past two years related to the previous 2013 CHNA and Implementation Strategy (2013-2015).

In the 2013 CHNA Implementation Strategy ² , NorthShore identified the following needs to address:
<ul style="list-style-type: none"> • Cardiovascular Diseases/Stroke • Access to Care (affordability, education, transportation, primary/sub-specialty care) • Diabetes (prevention & management) • Cancer (prevention & management) • Obesity (prevention & management) • Psychiatry (mental health/substance abuse) • Trauma • Pulmonary Health • Dental Health • Digestive Health
<p>NorthShore’s 2013 Implementation Strategy provides in-depth explanation about why the following needs would not be addressed directly by NorthShore in their community benefit work: Violence Prevention, Healthy Environment, Tobacco Use Prevention</p>

Implementation Strategy Review

As stated in NorthShore’s Implementation Strategy Plan completed during fiscal year 2013: “NorthShore plans to evaluate the anticipated impact of the initiatives listed for each hospital outlined in the strategic plan by collecting data on how many individuals utilized components of the initiative. Measurement of the impact will also be assessed by gathering ongoing feedback from the hospitals’ Community Advisory Committees, senior leadership and physician leadership.” The information in the chart on pages 91-113 below lists the average number of individuals served during fiscal years 2013, 2014 and 2015.

Reporting Method:

1. Initiatives identified by named hospital are managed from that site
2. Corporate/System initiatives are applied to all four NorthShore hospitals
3. Financial contributions to community organizations correlate as indirect impact to identified community health needs

² NorthShore’s 2013 CHNA Implementation Strategy can be accessed at www.northshore.org.

Figure 8.1. The table below lists the initiatives based out of the Evanston Hospital campus, which addressed the health needs identified in the NorthShore 2013 CHNA.

Implementation Strategy Plan Activities/Initiatives/Events and Programs Reporting:

- 1. Initiatives identified by named hospital are managed from that site**
- 2. Corporate/System initiatives are applied to all four NorthShore hospitals**
- 3. Financial contributions to community organizations correlate as indirect impact to identified community health needs**

Initiative	Community Health Need Assessed		Outcomes/Individuals Served
Charity Care (free or discounted care) is provided to all NorthShore patients who qualify based upon federal poverty guidelines.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore provided charity care to an average of 20,000 patients annually.
The NorthShore Community Health Center provides medical care to adults and children who lack private medical insurance. Medical services include, but are not limited to: Primary Care, Obstetrics/Gynecology, General Surgery, Orthopedics, Diabetes Education and Podiatry.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	The NorthShore Community Health Center provided services to approximately 4,700 individuals annually.
Emergency Departments within NorthShore are staffed 24/7 with physicians, nurses and technicians who are trained to respond to medical emergencies. Evanston Hospital provides Level 1 trauma services.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	On an annual basis, the Emergency Departments at NorthShore had approximately 125,000 patient visits.
The Dental Center provides primary care dental services and special consultations for medically underserved adult patients, pre-screenings for cardiovascular patients, management for oral complications in oncology patients and refractory dental problems.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input type="checkbox"/> Digestive	Annually, the Dental Center served approximately 3,500 underserved individuals.
The Cardiovascular Center provides comprehensive cardiology services, which has a combined expertise of cardiologists and cardiac surgeons working together to develop treatment plans designed to provide patients with exceptional heart care including cardiac imaging, cardiovascular surgery, clinical cardiology, electrophysiology, heart failure, interventional cardiology and a women’s heart program.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore hospitals had an average of 124,000 cardiology procedures each year including open heart surgeries, coronary interventions, echocardiograms, and stress tests.

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
The Primary Stroke Center follows national standards and guidelines that include an Acute Stroke Team for rapid diagnosis and treatment. The Center is staffed 24 hours a day, seven days a week, by a team of neurologists.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore continues to maintain Primary Stroke Centers at each hospital with an Acute Stroke Team available 24 hours a day, seven days a week, for rapid diagnosis and treatment.
The Kellogg Cancer Center is a cancer treatment center that offers comprehensive, compassionate cancer care and treatments for oncology patients and their families. Our collaborative cancer treatment model focuses on each patient's individual needs, providing medical, surgical, radiation, psychological and emotional care.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	The Kellogg Cancer Centers at Evanston, Glenbrook, and Highland Park Hospitals had an average of 77,000 patient visits each year.
The Gastroenterology (GI) Department provides a full complement of services including early diagnosis and prevention of Colorectal, Esophageal, Pancreatic Cancer, Inflammatory Bowel Disease and other GI conditions.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore hospitals had an average of 41,000 GI procedures each year including colonoscopies, endoscopies, and advanced therapeutics.
The Division of Pulmonary, Allergy and Critical Care Medicine provides consultative services, diagnosis, and treatment of all aspects of lung disease in adults including allergy, asthma, lung cancer, bronchiectasis, COPD, cystic fibrosis, pulmonary fibrosis, persistent cough, shortness of breath, lung infections, and other diseases of the lung.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	The NorthShore Division of Pulmonary, Allergy, and Critical Care had an average of 17,000 patient visits each year.
The Division of Endocrinology, Diabetes and Metabolism provides consultative services, diagnosis and management of diseases of the endocrine system. The program offers a multidisciplinary approach to diabetes treatment including patients with type 1 diabetes, type 2 diabetes, gestational diabetes and those requiring insulin pumps. The staff consists of physicians, nurses, dietitians and certified diabetes educators who work together for diabetes management.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	The NorthShore Division of Endocrinology, Diabetes and Metabolism had an average of 20,000 patient visits each year.
Interpretive Services provides comprehensive, in-person, telephonic translation and interpretation services for patients and family members receiving medical treatment at any of the NorthShore facilities.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore provided an average of 45,000 hours per year of verbal and translation services by NorthShore staff interpreters and agency resource pool.

Initiative	Community Health Need Assessed		Outcomes/Individuals Served
The Medication Assistance Program provides help with the cost of prescriptions for patients of the NorthShore Community Health Center.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	Over a three year period, NorthShore provided an average of 35,000 prescriptions to 2,700 low income patients per year.
Specialty Care Services are provided to patients of the Erie Evanston/Skokie Health Center, a Federally Qualified Health Center providing primary, mental and dental care services to under and uninsured patients in the community.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	Nearly 600 Erie Evanston/Skokie Health Center clients received specialty care services at NorthShore on an annual basis.
Annually, NorthShore provides Financial Support to a variety of national and local non-profit organizations throughout NorthShore hospitals' service area. These funds support NorthShore's mission to preserve and improve human life and to help NorthShore connect with the communities it serves. Additionally, fund allocations were directed to those organizations who are addressing an identified health need in our communities.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	Over the last three years, NorthShore donated a total of over \$6.5 million to an average of 100 organizations per year.
Inpatient and intensive outpatient Mental Health Services are offered along a continuum of care including group, individual and family services.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	Annually, NorthShore provides mental health services to nearly 52,000 patients. This also includes nearly 2,000 intake calls, which are patients registering for NorthShore programs, and 300 calls from Community Care Partners patients (NorthShore's Accountable Care Entity) to access NorthShore psychiatric services. Over 4,500 emergency department crisis visits occur with an additional 562 crisis hotline calls.
LIFE: Living in the Future Cancer Survivorship Program provides unique cancer survivorship program designed to create a bridge for continued care of post-treatment cancer survivors. At its cornerstone, cancer patients receive a customized survivorship care plan that facilitates a dynamic partnership between the patient, the oncologist and the primary care physicians.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	The LIFE program provides approximately 250 risk adaptive visits annually for Kellogg Cancer Center patients. Over the last three years nearly 3,000 cancer survivors, family members and healthcare professionals attended survivorship education programs.

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
NorthShore Kellogg Cancer Center offers educational programs on various cancer related topics for the community at large through the Understanding Cancer Lecture Series .	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore Kellogg Cancer Center offered approximately three educational programs annually. Over the last three years nearly 1,150 individuals attended the cancer lecture series.
NorthShore offers educational programs on various heart related topics to the community at large through the Understanding Your Heart Lecture Series .	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore offered approximately three educational programs annually. Over the last three years more than 1,100 individuals attended the heart lecture series.
Perinatal Depression Program works to identify women who are suffering from perinatal depression and offers referrals for women who may need additional help. The program screens women for perinatal depression during and after their pregnancy and offers a 24/7 crisis hotline for women and their family members who may find themselves in an emergent situation. All services are provided free of charge.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	Annually, NorthShore physicians conducted an average of 7,800 screenings to identify at-risk patients. Free psychological support and referrals were provided for over 500 women identified as at-risk for perinatal mood disorders. The hotline received nearly 800 calls.
Health Education Programs	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore provided on average 460 health education programs in its service area to nearly 9,500 individuals per year.
Speaking Engagements	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore provided on average 90 speaking engagements in its service area to nearly 3,600 individuals per year.
Health Fairs	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore participated in an average of 25 health fairs per year.

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
Health Screenings	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore provided on average 230 health screenings in its service area to nearly 4,600 individuals per year.
The Perinatal Family Support Center provides a wide array of free services to women and their families experiencing challenges related to pregnancy, birth, prematurity or perinatal loss. Services are provided in both inpatient and outpatient settings and also include groups, sibling tours and a literacy program in the Child and Adolescent Clinic.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	The Perinatal Family Support Center responded to more than 1,600 referrals annually.
Child Passenger Safety & Injury Prevention Services are offered by a certified technician and provide one-on-one training to new parents on proper car seat placement, harness placement and infant/child safety.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	On average, 30 child passenger safety inspections were offered on an annual basis.
Diabetes Health Fair	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	Over the last three years, NorthShore hosted two diabetes health fairs that were attended by more than 120 individuals.
Pioneering Healthier Communities (PHC) is a community-based policy change initiative at the local and state level in six states and 32 communities over a period of 5 years. The aim of the initiative is to address the childhood obesity epidemic through policy, system and environmental (PSE) changes that will have implications for communities, states and the nation. Evanston Hospital is a member of the Evanston-based PHC coalition and provided a cardiologist, two pediatricians, a family medicine practitioner and a clinical research informatics staff member to assist with program implementation.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore's Evanston Hospital is a member of the Evanston-based PHC coalition, providing a cardiologist, two pediatricians, a family medicine practitioner and a clinical research informatics staff member.
Wellkits is a clinic-based, healthy weight program at the School-Based Health Center at Evanston Township High School. A NorthShore physician dedicates 4-5 hours of work per week to the program. The program is based upon six evidence-based goals that improve weight and overall health. Overweight and obese students are identified by clinic and school staff and asked to participate in the program.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	An estimated 65 students per year participate in the program. Additionally, a NorthShore physician collaborates with the physical education department to adopt components of Wellkits into the freshman curriculum of approximately 800 students.

Initiative	Community Health Need Assessed		Outcomes/Individuals Served
<p>Evanston Township High School Health Center is a school-based health clinic, funded and staffed by NorthShore. The Center provides physical exams, immunizations, treatment of acute and chronic illnesses, individual counseling, health education, gynecological care and support groups to students whose parents allow them to enroll in the health center.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>An average 750 ETHS students made 2,500 visits to the Health Center annually.</p>
<p>Evanston Hospital provides a Nurse Practitioner at Evanston/Skokie School District 65 to provide specific health care services one day per week for the students. The nurse makes in-school visits in addition to seeing students at the Evanston Township High School Health Center.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Over a three year period the nurse made an average of 150 student visits.</p>
<p>Connections for Pregnant & Parenting Teens works with a consortium of agencies to network and share resources to provide education and assistance to pregnant and parenting teens.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Over the last three years NorthShore provided services to nearly 60 teenagers and their families on an annual basis.</p>
<p>NorthShore collaborates with the Cancer Wellness Center, Northbrook by providing both financial and staff support for programs and services that address the needs of cancer patients, cancer survivors, family members and caregivers.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Annually, NorthShore Kellogg Cancer Center offered eight educational programs to Cancer Wellness clients.</p>
<p>NorthShore partners with Erie Family Health Center, Lake County Health Department/Community Health Center and Vista Health System to manage Community Care Partners.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>Community Care Partners is an Accountable Care Entity (ACE) launched in 2014. The organizations and physicians have come together to create a network of providers to improve efficiency and access to care for this population of over 40,000 Medicaid patients.</p>
<p>Evanston/Skokie School District 65 Water Fountain Donation and “Rethink Your Drink” program.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>In 2015, NorthShore purchased two filtered water bottle refilling stations at Willard Elementary School as part of a pilot “Rethink Your Drink” program. The program also involved a NorthShore physician that provided education on the negative health impact of sugar-sweetened beverages. The program resulted in students consuming less sugar-sweetened beverages.</p>

Initiative	Community Health Need Assessed		Outcomes/Individuals Served
<p>Childcare Network of Evanston received funding from NorthShore to implement health behavioral change strategies in early childhood families through a year-long campaign.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>The 2015 campaign encouraged children and families to follow a simple formula for their daily health and use traditional and social media efforts to reinforce those health messages in the broader community. Total Impact: 59,276 impressions through print advertising, social media and email campaigns, and hands-on community events.</p>
<p>Throughout the year, NorthShore identifies and addresses health needs through Employee Volunteerism opportunities, partnering with diverse local community agencies to become involved in civic and social service organizations by helping to further their programs and initiatives.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore annually promotes a minimum of 25 volunteer opportunities for its employees that the organization supports in addition to volunteer requests from community partners.</p>

Figure 8.2. The table below lists the initiatives based out of the Glenbrook Hospital campus, which will address health needs identified by the NorthShore 2013 CHNA.

Implementation Strategy Plan Activities/Initiatives/Events and Programs Reporting:

- 1. Initiatives identified by named hospital are managed from that site**
- 2. Corporate/System initiatives are applied to all four NorthShore hospitals**
- 3. Financial contributions to community organizations correlate as indirect impact to identified community health needs**

Initiative	Community Health Need Assessed		Outcomes/Individuals Served
Charity Care (free or discounted care) is provided to all NorthShore patients who qualify based upon federal poverty guidelines.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore provided charity care to an average of 20,000 patients annually.
Emergency Departments within NorthShore are staffed 24/7 with physicians, nurses and technicians who are trained to respond to medical emergencies. Evanston Hospital provides Level 1 trauma services.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	On an annual basis, the Emergency Departments at NorthShore had approximately 125,000 patient visits.
Glenbrook Hospital provides comprehensive care for people of all ages and serves as a training site for Family Medicine resident physicians and medical students from University of Chicago Pritzker School of Medicine at the Family Care Center at Glenbrook Hospital .	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	Annually, the Family Medicine residency program provides medical education for 18 physicians and medical students. In addition, there were nearly 12,500 patient visits.
The Cardiovascular Center provides comprehensive cardiology services, which has a combined expertise of cardiologists and cardiac surgeons working together to develop treatment plans designed to provide patients with exceptional heart care including cardiac imaging, cardiovascular surgery, clinical cardiology, electrophysiology, heart failure, interventional cardiology and a women’s heart program.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore hospitals had an average of 124,000 cardiology procedures each year including open heart surgeries, coronary interventions, echocardiograms, and stress tests.

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
The Primary Stroke Center follows national standards and guidelines that include an Acute Stroke Team for rapid diagnosis and treatment. The Center is staffed 24 hours a day, seven days a week, by a team of neurologists.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore continues to maintain Primary Stroke Centers at each hospital with an Acute Stroke Team available 24 hours a day, seven days a week, for rapid diagnosis and treatment.
The Kellogg Cancer Center is a cancer treatment center that offers comprehensive, compassionate cancer care and treatments for oncology patients and their families. Our collaborative cancer treatment model focuses on each patient’s individual needs, providing medical, surgical, radiation, psychological and emotional care.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	The Kellogg Cancer Centers at Evanston, Glenbrook, and Highland Park Hospitals had an average of 77,000 patient visits each year.
The Gastroenterology (GI) Department provides a full complement of services including early diagnosis and prevention of Colorectal, Esophageal, Pancreatic Cancer, Inflammatory Bowel Disease and other GI conditions.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore hospitals had an average of 41,000 GI procedures each year including colonoscopies, endoscopies, and advanced therapeutics.
The Division of Pulmonary, Allergy and Critical Care Medicine provides consultative services, diagnosis, and treatment of all aspects of lung disease in adults including allergy, asthma, lung cancer, bronchiectasis, COPD, cystic fibrosis, pulmonary fibrosis, persistent cough, shortness of breath, lung infections, and other diseases of the lung.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	The NorthShore Division of Pulmonary, Allergy, and Critical Care had an average of 17,000 patient visits each year.
The Division of Endocrinology, Diabetes and Metabolism provides consultative services, diagnosis and management of diseases of the endocrine system. The program offers a multidisciplinary approach to diabetes treatment including patients with type 1 diabetes, type 2 diabetes, gestational diabetes and those requiring insulin pumps. The staff consists of physicians, nurses, dietitians and certified diabetes educators who work together for diabetes management.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	The NorthShore Division of Endocrinology, Diabetes and Metabolism had an average of 20,000 patient visits each year.
Interpretive Services provides comprehensive, in-person, telephonic translation and interpretation services for patients and family members receiving medical treatment at any of the NorthShore facilities.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore provided an average of 45,000 hours per year of verbal and translation services by NorthShore staff interpreters and agency resource pool.

Initiative	Community Health Need Assessed	Outcomes/Individuals Served										
<p>Annually, NorthShore provides Financial Support to a variety of national and local non-profit organizations throughout NorthShore hospitals' service area. These funds support NorthShore's mission to preserve and improve human life and to help NorthShore connect with the communities it serves. Additionally, fund allocations were directed to those organizations who are addressing an identified health need in our communities.</p>	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke</td> <td><input checked="" type="checkbox"/> Psychiatry</td> </tr> <tr> <td><input checked="" type="checkbox"/> Access to Care</td> <td><input checked="" type="checkbox"/> Pulmonary</td> </tr> <tr> <td><input checked="" type="checkbox"/> Diabetes</td> <td><input checked="" type="checkbox"/> Trauma</td> </tr> <tr> <td><input checked="" type="checkbox"/> Cancer</td> <td><input checked="" type="checkbox"/> Dental</td> </tr> <tr> <td><input checked="" type="checkbox"/> Obesity</td> <td><input checked="" type="checkbox"/> Digestive</td> </tr> </table>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke	<input checked="" type="checkbox"/> Psychiatry	<input checked="" type="checkbox"/> Access to Care	<input checked="" type="checkbox"/> Pulmonary	<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Trauma	<input checked="" type="checkbox"/> Cancer	<input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Digestive	<p>Over the three years, NorthShore donated a total of over \$6.5 million to an average of 100 organizations per year.</p>
<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke	<input checked="" type="checkbox"/> Psychiatry											
<input checked="" type="checkbox"/> Access to Care	<input checked="" type="checkbox"/> Pulmonary											
<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Trauma											
<input checked="" type="checkbox"/> Cancer	<input checked="" type="checkbox"/> Dental											
<input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Digestive											
<p>The Eye and Vision Center offers ophthalmology clinics for medically underserved clients referred through the NorthShore Community Health Center at Evanston Hospital, providing a spectrum of pediatric and adult vision services.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Cardiovascular Diseases/Stroke</td> <td><input type="checkbox"/> Psychiatry</td> </tr> <tr> <td><input checked="" type="checkbox"/> Access to Care</td> <td><input type="checkbox"/> Pulmonary</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Trauma</td> </tr> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Dental</td> </tr> <tr> <td><input type="checkbox"/> Obesity</td> <td><input type="checkbox"/> Digestive</td> </tr> </table>	<input type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry	<input checked="" type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental	<input type="checkbox"/> Obesity	<input type="checkbox"/> Digestive	<p>The Eye & Vision Center on average treats 1,800 medically underserved patients per year.</p>
<input type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry											
<input checked="" type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary											
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma											
<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental											
<input type="checkbox"/> Obesity	<input type="checkbox"/> Digestive											
<p>LIFE: Living in the Future Cancer Survivorship Program provides unique cancer survivorship program designed to create a bridge for continued care of post-treatment cancer survivors. At its cornerstone, cancer patients receive a customized survivorship care plan that facilitates a dynamic partnership between the patient, the oncologist and the primary care physicians.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Cardiovascular Diseases/Stroke</td> <td><input type="checkbox"/> Psychiatry</td> </tr> <tr> <td><input type="checkbox"/> Access to Care</td> <td><input type="checkbox"/> Pulmonary</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Trauma</td> </tr> <tr> <td><input checked="" type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Dental</td> </tr> <tr> <td><input type="checkbox"/> Obesity</td> <td><input type="checkbox"/> Digestive</td> </tr> </table>	<input type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma	<input checked="" type="checkbox"/> Cancer	<input type="checkbox"/> Dental	<input type="checkbox"/> Obesity	<input type="checkbox"/> Digestive	<p>The LIFE program provides approximately 250 risk adaptive visits annually for Kellogg Cancer Center patients. Over the last three years nearly 3,000 cancer survivors, family members and healthcare professionals attended survivorship education programs.</p>
<input type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry											
<input type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary											
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma											
<input checked="" type="checkbox"/> Cancer	<input type="checkbox"/> Dental											
<input type="checkbox"/> Obesity	<input type="checkbox"/> Digestive											
<p>NorthShore Kellogg Cancer Center offers educational programs on various cancer related topics for the community at large through the Understanding Cancer Lecture Series.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Cardiovascular Diseases/Stroke</td> <td><input type="checkbox"/> Psychiatry</td> </tr> <tr> <td><input type="checkbox"/> Access to Care</td> <td><input type="checkbox"/> Pulmonary</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Trauma</td> </tr> <tr> <td><input checked="" type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Dental</td> </tr> <tr> <td><input type="checkbox"/> Obesity</td> <td><input type="checkbox"/> Digestive</td> </tr> </table>	<input type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma	<input checked="" type="checkbox"/> Cancer	<input type="checkbox"/> Dental	<input type="checkbox"/> Obesity	<input type="checkbox"/> Digestive	<p>NorthShore Kellogg Cancer Center offered approximately three educational programs annually. Over the last three years nearly 1,150 individuals attended the cancer lecture series.</p>
<input type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry											
<input type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary											
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma											
<input checked="" type="checkbox"/> Cancer	<input type="checkbox"/> Dental											
<input type="checkbox"/> Obesity	<input type="checkbox"/> Digestive											
<p>NorthShore offers educational programs on various heart related topics to the community at large through the Understanding Your Heart Lecture Series.</p>	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke</td> <td><input type="checkbox"/> Psychiatry</td> </tr> <tr> <td><input type="checkbox"/> Access to Care</td> <td><input type="checkbox"/> Pulmonary</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Trauma</td> </tr> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Dental</td> </tr> <tr> <td><input type="checkbox"/> Obesity</td> <td><input type="checkbox"/> Digestive</td> </tr> </table>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental	<input type="checkbox"/> Obesity	<input type="checkbox"/> Digestive	<p>NorthShore offered approximately three educational programs annually. Over the last three years more than 1,100 individuals attended the heart lecture series.</p>
<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry											
<input type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary											
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma											
<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental											
<input type="checkbox"/> Obesity	<input type="checkbox"/> Digestive											

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
<p>Perinatal Depression Program works to identify women who are suffering from perinatal depression and offers referrals for women who may need additional help. The program screens women for perinatal depression during and after their pregnancy and offers a 24/7 crisis hotline for women and their family members who may find themselves in an emergent situation. All services are provided free of charge.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Annually, NorthShore physicians conducted an average of 7,800 screenings to identify at-risk patients. Free psychological support and referrals were provided for over 500 women identified as at-risk for perinatal mood disorders. The hotline received nearly 800 calls.</p>
<p>Health Education Programs</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore provided on average 460 health education programs in its service area to nearly 9,500 individuals per year.</p>
<p>Speaking Engagements</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore provided on average 90 speaking engagements in its service area to nearly 3,600 individuals per year.</p>
<p>Health Fairs</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore participated in an average of 25 health fairs per year.</p>
<p>Health Screenings</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>NorthShore provided on average 230 health screenings in its service area to nearly 4,600 individuals per year.</p>
<p>NorthShore partners with Erie Family Health Center, Lake County Health Department/Community Health Center and Vista Health System to manage Community Care Partners.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>Community Care Partners is an Accountable Care Entity (ACE) launched in 2014. The organizations and physicians have come together to create a network of providers to improve efficiency and access to care for this population of over 40,000 Medicaid patients.</p>

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
Glenbrook Hospital offers Access to Care Program through the Family Care Center (Residency Program in Family Medicine) providing immediate care to all Glenbrook South High School students, especially reaching out to those without access to primary care services. Back-to-school physicals are also provided to students in need at the start of the school year.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive
Community Mental Health Partnership for Youth and Crisis Intervention Program. This partnership is a collaboration between Glenbrook School District 225, Glenbrook Hospital, Family Services Center and the Josselyn Center to provide psychiatric services, crisis counseling and student safety assessments for both Glenbrook North and Glenbrook South High Schools.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive
Diabetes Health Fairs	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive
NorthShore collaborates with the Cancer Wellness Center, Northbrook to provide both financial and staff support for programs and services that address the needs of cancer patients, cancer survivors, family members and caregivers.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive
Throughout the year, NorthShore identifies and addresses health needs through Employee Volunteerism opportunities, partnering with diverse local community agencies to become involved in civic and social service organizations by helping to further their programs and initiatives.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive

Figure 8.3. The table below lists the initiatives based out of the Highland Park Hospital campus, which addressed the health needs identified by the NorthShore 2013 CHNA.

Implementation Strategy Plan Activities/Initiatives/Events and Programs Reporting:

- 1. Initiatives identified by named hospital are managed from that site**
- 2. Corporate/System initiatives are applied to all four NorthShore hospitals**
- 3. Financial contributions to community organizations correlate as indirect impact to identified community health needs**

Initiative	Community Health Need Assessed		Outcomes/Individuals Served
Charity Care (free or discounted care) is provided to all NorthShore patients who qualify based upon federal poverty guidelines.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore provided charity care to an average of 20,000 patients annually.
Emergency Departments within NorthShore are staffed 24/7 with physicians, nurses and technicians who are trained to respond to medical emergencies. Evanston Hospital provides Level 1 trauma services.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	On an annual basis, the Emergency Departments at NorthShore had approximately 125,000 patient visits.
Be Well Lake County , a collaboration between Highland Park Hospital and Lake County Health Department and Community Health Center, provides greater access for services for the underserved diabetes population in Lake County.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	As of fiscal year 2015, more than 1,100 patients are enrolled in Be Well Lake County.
The Cardiovascular Center provides comprehensive cardiology services, which has a combined expertise of cardiologists and cardiac surgeons working together to develop treatment plans designed to provide patients with exceptional heart care including cardiac imaging, cardiovascular surgery, clinical cardiology, electrophysiology, heart failure, interventional cardiology and a women’s heart program.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore hospitals had an average of 124,000 cardiology procedures each year including open heart surgeries, coronary interventions, echocardiograms, and stress tests.

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
<p>The Primary Stroke Center follows national standards and guidelines that include an Acute Stroke Team for rapid diagnosis and treatment. The Center is staffed 24 hours a day, seven days a week, by a team of neurologists.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>NorthShore continues to maintain Primary Stroke Centers at each hospital with an Acute Stroke Team available 24 hours a day, seven days a week, for rapid diagnosis and treatment.</p>
<p>The Kellogg Cancer Center is a cancer treatment center that offers comprehensive, compassionate cancer care and treatments for oncology patients and their families. Our collaborative cancer treatment model focuses on each patient’s individual needs, providing medical, surgical, radiation, psychological and emotional care.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>The Kellogg Cancer Centers at Evanston, Glenbrook, and Highland Park Hospitals had an average of 77,000 patient visits each year.</p>
<p>LIFE: Living in the Future Cancer Survivorship Program provides unique cancer survivorship program designed to create a bridge for continued care of post-treatment cancer survivors. At its cornerstone, cancer patients receive a customized survivorship care plan that facilitates a dynamic partnership between the patient, the oncologist and the primary care physicians.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>The LIFE program provides approximately 250 risk adaptive visits annually for Kellogg Cancer Center patients. Over the last three years nearly 3,000 cancer survivors, family members and healthcare professionals attended survivorship education programs.</p>
<p>The Gastroenterology (GI) Department provides a full complement of services including early diagnosis and prevention of Colorectal, Esophageal, Pancreatic Cancer, Inflammatory Bowel Disease and other GI conditions.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore hospitals had an average of 41,000 GI procedures each year including colonoscopies, endoscopies, and advanced therapeutics.</p>
<p>The Division of Pulmonary, Allergy and Critical Care Medicine provides consultative services, diagnosis, and treatment of all aspects of lung disease in adults including allergy, asthma, lung cancer, bronchiectasis, COPD, cystic fibrosis, pulmonary fibrosis, persistent cough, shortness of breath, lung infections, and other diseases of the lung.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>The NorthShore Division of Pulmonary, Allergy, and Critical Care had an average of 17,000 patient visits each year.</p>

Initiative	Community Health Need Assessed	Outcomes/Individuals Served										
<p>The Division of Endocrinology, Diabetes and Metabolism provides consultative services, diagnosis and management of diseases of the endocrine system. The program offers a multidisciplinary approach to diabetes treatment including patients with type 1 diabetes, type 2 diabetes, gestational diabetes and those requiring insulin pumps. The staff consists of physicians, nurses, dietitians and certified diabetes educators who work together for diabetes management.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Cardiovascular Diseases/Stroke</td> <td><input type="checkbox"/> Psychiatry</td> </tr> <tr> <td><input checked="" type="checkbox"/> Access to Care</td> <td><input type="checkbox"/> Pulmonary</td> </tr> <tr> <td><input checked="" type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Trauma</td> </tr> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Dental</td> </tr> <tr> <td><input checked="" type="checkbox"/> Obesity</td> <td><input type="checkbox"/> Digestive</td> </tr> </table>	<input type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry	<input checked="" type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary	<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental	<input checked="" type="checkbox"/> Obesity	<input type="checkbox"/> Digestive	<p>The NorthShore Division of Endocrinology, Diabetes and Metabolism had an average of 20,000 patient visits each year.</p>
<input type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry											
<input checked="" type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary											
<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma											
<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental											
<input checked="" type="checkbox"/> Obesity	<input type="checkbox"/> Digestive											
<p>Lake County Specialty Care and Diagnostic Testing Program assists the most ill, high-risk and underserved patients in Lake County with access to medical tests and specialty care providers.</p>	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke</td> <td><input type="checkbox"/> Psychiatry</td> </tr> <tr> <td><input checked="" type="checkbox"/> Access to Care</td> <td><input type="checkbox"/> Pulmonary</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Trauma</td> </tr> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Dental</td> </tr> <tr> <td><input type="checkbox"/> Obesity</td> <td><input checked="" type="checkbox"/> Digestive</td> </tr> </table>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry	<input checked="" type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental	<input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Digestive	<p>In fiscal year 2013, NorthShore provided diagnostic services to high- risk and underserved patients in Lake County. As of fiscal year 2014, NorthShore, Lake County Health Department and Vista Health System established Community Care Partners, an Accountable Care Entity (ACE), to serve the growing population of Medicaid patients. The organizations and physicians have come together to create a network of providers to improve efficiency and access to care for this population.</p>
<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry											
<input checked="" type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary											
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma											
<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental											
<input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Digestive											
<p>Interpretive Services provides comprehensive, in-person, telephonic translation and interpretation services for patients and family members receiving medical treatment at any of the NorthShore facilities.</p>	<table border="0"> <tr> <td><input type="checkbox"/> Cardiovascular Diseases/Stroke</td> <td><input type="checkbox"/> Psychiatry</td> </tr> <tr> <td><input checked="" type="checkbox"/> Access to Care</td> <td><input type="checkbox"/> Pulmonary</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Trauma</td> </tr> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Dental</td> </tr> <tr> <td><input type="checkbox"/> Obesity</td> <td><input type="checkbox"/> Digestive</td> </tr> </table>	<input type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry	<input checked="" type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental	<input type="checkbox"/> Obesity	<input type="checkbox"/> Digestive	<p>NorthShore provided an average of 45,000 hours per year of verbal and translation services by NorthShore staff interpreters and agency resource pool.</p>
<input type="checkbox"/> Cardiovascular Diseases/Stroke	<input type="checkbox"/> Psychiatry											
<input checked="" type="checkbox"/> Access to Care	<input type="checkbox"/> Pulmonary											
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trauma											
<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental											
<input type="checkbox"/> Obesity	<input type="checkbox"/> Digestive											
<p>Annually, NorthShore provides Financial Support to a variety of national and local non-profit organizations throughout NorthShore hospitals' service area. These funds support NorthShore's mission to preserve and improve human life and to help NorthShore connect with the communities it serves. Additionally, fund allocations were directed to those organizations who are addressing an identified health need in our communities.</p>	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke</td> <td><input checked="" type="checkbox"/> Psychiatry</td> </tr> <tr> <td><input checked="" type="checkbox"/> Access to Care</td> <td><input checked="" type="checkbox"/> Pulmonary</td> </tr> <tr> <td><input checked="" type="checkbox"/> Diabetes</td> <td><input checked="" type="checkbox"/> Trauma</td> </tr> <tr> <td><input checked="" type="checkbox"/> Cancer</td> <td><input checked="" type="checkbox"/> Dental</td> </tr> <tr> <td><input checked="" type="checkbox"/> Obesity</td> <td><input checked="" type="checkbox"/> Digestive</td> </tr> </table>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke	<input checked="" type="checkbox"/> Psychiatry	<input checked="" type="checkbox"/> Access to Care	<input checked="" type="checkbox"/> Pulmonary	<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Trauma	<input checked="" type="checkbox"/> Cancer	<input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Digestive	<p>Over the three years, NorthShore donated a total of over \$6.5 million to an average of 100 organizations per year.</p>
<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke	<input checked="" type="checkbox"/> Psychiatry											
<input checked="" type="checkbox"/> Access to Care	<input checked="" type="checkbox"/> Pulmonary											
<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Trauma											
<input checked="" type="checkbox"/> Cancer	<input checked="" type="checkbox"/> Dental											
<input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Digestive											

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
<p>Inpatient and intensive outpatient Mental Health Services are offered along a continuum of care including group, individual and family services.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Annually, NorthShore provides mental health services to nearly 52,000 patients. This also includes nearly 2,000 intake calls, which are patients registering for NorthShore programs, and 300 calls from Community Care Partners patients (NorthShore’s Accountable Care Entity) to access NorthShore psychiatric services. Over 4,500 emergency department crisis visits occur with an additional 562 crisis hotline calls.</p>
<p>The Sexual Assault Nurse Examiner (SANE) Program at the Highland Park Hospital Emergency Department maintains a SANE program, in which specialty trained nurses provide survivors of sexual assault with the most comprehensive medical-forensics care available.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Highland Park Hospital currently has three nurses certified as nurse examiners working in the emergency department, each of whom completed 80 hours of training in addition to annual continuing education. On average, 25 individuals receive care by nurse examiners per year.</p>
<p>NorthShore Kellogg Cancer Center offers educational programs on various cancer related topics for the community at large through the Understanding Cancer Lecture Series.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>NorthShore Kellogg Cancer Center offered approximately three educational programs annually. Over the last three years nearly 1,150 individuals attended the cancer lecture series.</p>
<p>NorthShore offers educational programs on various heart related topics to the community at large through the Understanding Your Heart Lecture Series.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>NorthShore offered approximately three educational programs annually. Over the last three years more than 1,100 individuals attended the heart lecture series.</p>
<p>The Perinatal Family Support Center provides a wide array of free services to women and their families experiencing challenges related to pregnancy, birth, prematurity or perinatal loss. Services are provided in both inpatient and outpatient settings and also include groups, sibling tours and a literacy program in the Child and Adolescent Clinic.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>The Perinatal Family Support Center responded to more than 1,600 referrals annually.</p>

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
<p>Perinatal Depression Program works to identify women who are suffering from perinatal depression and offers referrals for women who may need additional help. The program screens women for perinatal depression during and after their pregnancy and offers a 24/7 crisis hotline for women and their family members who may find themselves in an emergent situation. All services are provided free of charge.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Annually, NorthShore physicians conducted an average of 7,800 screenings to identify at-risk patients. Free psychological support and referrals were provided for over 500 women identified as at-risk for perinatal mood disorders. The hotline received nearly 800 calls.</p>
<p>Health Education Programs</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore provided on average 460 health education programs in its service area to nearly 9,500 individuals per year.</p>
<p>Speaking Engagements</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore provided on average 90 speaking engagements in its service area to nearly 3,600 individuals per year.</p>
<p>Health Fairs</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore participated in an average of 25 health fairs per year.</p>
<p>Health Screenings</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>NorthShore provided on average 230 health screenings in its service area to nearly 4,600 individuals per year.</p>
<p>Child Passenger Safety & Injury Prevention Services are offered by a certified technician and provide one-on-one training to new parents on proper car seat placement, harness placement and infant/child safety.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>On average, 30 child passenger safety inspections were offered on an annual basis.</p>

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
NorthShore collaborates with the Cancer Wellness Center, Northbrook to provide both financial and staff support for programs and services that address the needs of cancer patients, cancer survivors, family members and caregivers.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	Annually, NorthShore Kellogg Cancer Center offered eight educational programs to Cancer Wellness clients.
NorthShore partners with Erie Family Health Center, Lake County Health Department/Community Health Center and Vista Health System to manage Community Care Partners .	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	Community Care Partners is an Accountable Care Entity (ACE) launched in 2014. The organizations and physicians have come together to create a network of providers to improve efficiency and access to care for this population of over 40,000 Medicaid patients.
Lake County Health Department Kids 1st Fair. Highland Park Hospital provided financial sponsor and volunteer staff for this annual health fair which offers back-to-school physicals and screenings for underserved/underinsured children.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input type="checkbox"/> Digestive	In fiscal year 2013 & 2014, on average 10 staff members volunteered more than 60 hours at the health fair. In fiscal year 2015, the Kids 1 st Fair was changed to a medical home model for health screenings and services.
Diabetes Health Fairs	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	Over the last three years, NorthShore hosted two diabetes health fairs that were attended by more than 120 individuals.
Throughout the year, NorthShore identifies and addresses health needs through Employee Volunteerism opportunities, partnering with diverse local community agencies to become involved in civic and social service organizations by helping to further their programs and initiatives.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore annually promotes a minimum of 25 volunteer opportunities for its employees that the organization supports in addition to volunteer requests from community partners.

Figure 8.4. The table below lists the initiatives based out of the Skokie Hospital campus, which addressed the health needs identified by the NorthShore 2013 CHNA.

Implementation Strategy Plan Activities/Initiatives/Events and Programs Reporting:

1. Initiatives identified by named hospital are managed from that site
2. Corporate/System initiatives are applied to all four NorthShore hospitals
3. Financial contributions to community organizations correlate as indirect impact to identified community health needs

Initiative	Community Health Need Assessed		Outcomes/Individuals Served
Charity Care (free or discounted care) is provided to all NorthShore patients who qualify based upon federal poverty guidelines.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore provided charity care to an average of 20,000 patients annually.
Emergency Departments within NorthShore are staffed 24/7 with physicians, nurses and technicians who are trained to respond to medical emergencies. Evanston Hospital provides Level 1 trauma services.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	On an annual basis, the Emergency Departments at NorthShore had approximately 125,000 patient visits.
The Cardiovascular Center provides comprehensive cardiology services, which has a combined expertise of cardiologists and cardiac surgeons working together to develop treatment plans designed to provide patients with exceptional heart care including cardiac imaging, cardiovascular surgery, clinical cardiology, electrophysiology, heart failure, interventional cardiology and a women’s heart program.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore hospitals had an average of 124,000 cardiology procedures each year including open-heart surgeries, coronary interventions, echocardiograms, and stress tests.
The Primary Stroke Center follows national standards and guidelines that include an Acute Stroke Team for rapid diagnosis and treatment. The Center is staffed 24 hours a day, seven days a week, by a team of neurologists.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore continues to maintain Primary Stroke Centers at each hospital with an Acute Stroke Team available 24 hours a day, seven days a week, for rapid diagnosis and treatment.

Initiative	Community Health Need Assessed		Outcomes/Individuals Served
The Gastroenterology (GI) Department provides a full complement of services including early diagnosis and prevention of Colorectal, Esophageal, Pancreatic Cancer, Inflammatory Bowel Disease and other GI conditions.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	NorthShore hospitals had an average of 41,000 GI procedures each year including colonoscopies, endoscopies, and advanced therapeutics.
The Division of Pulmonary, Allergy and Critical Care Medicine provides consultative services, diagnosis, and treatment of all aspects of lung disease in adults including allergy, asthma, lung cancer, bronchiectasis, COPD, cystic fibrosis, pulmonary fibrosis, persistent cough, shortness of breath, lung infections, and other diseases of the lung.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	The NorthShore Division of Pulmonary, Allergy, and Critical Care had an average of 17,000 patient visits each year.
The Division of Endocrinology, Diabetes and Metabolism provides consultative services, diagnosis and management of diseases of the endocrine system. The program offers a multidisciplinary approach to diabetes treatment including patients with type 1 diabetes, type 2 diabetes, gestational diabetes and those requiring insulin pumps. The staff consists of physicians, nurses, dietitians and certified diabetes educators who work together for diabetes management.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	The NorthShore Division of Endocrinology, Diabetes and Metabolism had an average of 20,000 patient visits each year.
Interpretive Services provides comprehensive, in-person, telephonic translation and interpretation services for patients and family members receiving medical treatment at any of the NorthShore facilities.	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	NorthShore provided an average of 45,000 hours per year of verbal and translation services by NorthShore staff interpreters and agency resource pool.
Specialty Care Services are provided to patients of the Erie Evanston/Skokie Health Center, a Federally Qualified Health Center providing primary, mental and dental care services to under and uninsured patients in the community.	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	Nearly 600 Erie Evanston/Skokie Health Center clients received specialty care services at NorthShore on an annual basis.

Initiative	Community Health Need Assessed		Outcomes/Individuals Served
<p>Annually, NorthShore provides Financial Support to a variety of national and local non-profit organizations throughout NorthShore hospitals' service area. These funds support NorthShore's mission to preserve and improve human life and to help NorthShore connect with the communities it serves. Additionally, fund allocations were directed to those organizations who are addressing an identified health need in our communities.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>Over the three years, NorthShore donated a total of over \$6.5 million to an average of 100 organizations per year.</p>
<p>The Eye and Vision Center offers ophthalmology clinics for medically underserved clients referred through the NorthShore Community Health Center at Evanston Hospital, providing a spectrum of pediatric and adult vision services.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>The Eye & Vision Center on average treats 1,800 medically underserved patients per year.</p>
<p>LIFE: Living in the Future Cancer Survivorship Program provides unique cancer survivorship program designed to create a bridge for continued care of post-treatment cancer survivors. At its cornerstone, cancer patients receive a customized survivorship care plan that facilitates a dynamic partnership between the patient, the oncologist and the primary care physicians.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>The LIFE program provides approximately 250 risk adaptive visits annually for Kellogg Cancer Center patients. Over the last three years nearly 3,000 cancer survivors, family members and healthcare professionals attended survivorship education programs.</p>
<p>NorthShore Kellogg Cancer Center offers educational programs on various cancer related topics for the community at large through the Understanding Cancer Lecture Series.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>NorthShore Kellogg Cancer Center offered approximately three educational programs annually. Over the last three years nearly 1,150 individuals attended the cancer lecture series.</p>
<p>NorthShore offers educational programs on various heart related topics to the community at large through the Understanding Your Heart Lecture Series.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>NorthShore offered approximately three educational programs annually. Over the last three years more than 1,100 individuals attended the heart lecture series.</p>

Initiative	Community Health Need Assessed		Outcomes/Individuals Served
<p>Perinatal Depression Program works to identify women who are suffering from perinatal depression and offers referrals for women who may need additional help. The program screens women for perinatal depression during and after their pregnancy and offers a 24/7 crisis hotline for women and their family members who may find themselves in an emergent situation. All services are provided free of charge.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Annually, NorthShore physicians conducted an average of 7,800 screenings to identify at-risk patients. Free psychological support and referrals were provided for over 500 women identified as at-risk for perinatal mood disorders. The hotline received nearly 800 calls.</p>
<p>Health Education Programs</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore provided on average 460 health education programs in its service area to nearly 9,500 individuals per year.</p>
<p>Speaking Engagements</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore provided on average 90 speaking engagements in its service area to nearly 3,600 individuals per year.</p>
<p>Health Fairs</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore participated in an average of 25 health fairs per year.</p>
<p>Health Screenings</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>NorthShore provided on average 230 health screenings in its service area to nearly 4,600 individuals per year.</p>
<p>NorthShore collaborates with the Cancer Wellness Center, Northbrook to provide both financial and staff support for programs and services that address the needs of cancer patients, cancer survivors, family members and caregivers.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Annually, NorthShore Kellogg Cancer Center offered eight educational programs to Cancer Wellness clients.</p>
<p>Diabetes Health Fairs</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Over the last three years, NorthShore hosted two diabetes health fairs that were attended by more than 120 individuals.</p>

Initiative	Community Health Need Assessed	Outcomes/Individuals Served
<p>The Perinatal Family Support Center provides a wide array of free services to women and their families experiencing challenges related to pregnancy, birth, prematurity or perinatal loss. Services are provided in both inpatient and outpatient settings and also include groups, sibling tours and a literacy program in the Child and Adolescent Clinic.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>The Perinatal Family Support Center responded to more than 1,600 referrals annually.</p>
<p>Turning Point Behavioral Health Center, located in Skokie is an outpatient mental health center that provides expert care and relief. Their Living Room Project is a unique adult mental health drop-in respite center.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Skokie Hospital provided annual financial support to Turning Point in support of their mission and programs including The Living Room Project.</p>
<p>Childcare Network of Evanston received funding from NorthShore to implement health behavioral change strategies in early childhood families through a year-long campaign.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>The 2015 campaign encouraged children and families to follow a simple formula for their daily health and use traditional and social media efforts to reinforce those health messages in the broader community. Total Impact: 59,276 impressions through print advertising, social media and email campaigns, and hands-on community events.</p>
<p>Evanston Hospital provides a Nurse Practitioner at Evanston/Skokie School District 65 to provide specific health care services one day per week for the students. The nurse makes in-school visits in addition to seeing students at the Evanston Township High School Health Center.</p>	<input type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary <input type="checkbox"/> Trauma <input type="checkbox"/> Dental <input type="checkbox"/> Digestive	<p>Over a three-year period, the nurse made an average of 150 student visits.</p>
<p>Throughout the year, NorthShore identifies and addresses health needs through Employee Volunteerism opportunities, partnering with diverse local community agencies to become involved in civic and social service organizations by helping to further their programs and initiatives.</p>	<input checked="" type="checkbox"/> Cardiovascular Diseases/Stroke <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Psychiatry <input checked="" type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Trauma <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Digestive	<p>NorthShore annually promotes a minimum of 25 volunteer opportunities for its employees that the organization supports in addition to volunteer requests from community partners.</p>

For more information about this Community Health Needs Assessment, please contact:

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