

2019 Community Health Implementation Strategy

Northwest Region: Northwestern Medicine McHenry Hospital,
Northwestern Medicine Huntley Hospital and Northwestern
Medicine Woodstock Hospital



Huntley Hospital



McHenry Hospital



Woodstock Hospital

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Introduction

Northwestern Memorial HealthCare (NMHC) is committed to providing quality medical care, regardless of the patient's ability to pay; to transforming medical care through clinical innovation, breakthrough research and academic excellence; and to improving the health of the communities we serve. NMHC is a not-for-profit, integrated academic health system (Health System) committed to serving a broad community. NMHC provides world-class care through 10 hospitals, three medical groups and more than 200 diagnostic and ambulatory locations in communities throughout Chicago and the north and west suburbs.

The Health System's mission sets forth our commitment to improve the health of the communities we serve and to advance medical research and education *one patient at a time*. The Community Benefits Plan describes the broad-reaching goals that support this commitment and address our responsibility as a tax-exempt organization. The Department of External Affairs develops and maintains a Community Benefits Plan for the Health System, which is executed at the hospital level to best meet the needs of our local communities.

Reviewed annually and revised as needed, the objectives of the Community Benefits Plan are to:

1. Provide quality medical care regardless of the patients' ability to pay.
 2. Honor Northwestern Medicine's mission and commitment to the community.
 3. Be responsive to the assessed needs of the local community served by each hospital.
 4. Forge relationships with local community organizations to help address social determinants of health.
 5. Evaluate the public health impact of Northwestern Medicine programming and replicate by geography and/or disease state, with sensitivity to the individual needs of our patients, their families and the communities we serve.
 6. Leverage our strengths as a premier academic health system to train the next generation of caregivers and utilize evidence-based models for community health engagement.
 7. Leverage our bond with Northwestern University Feinberg School of Medicine to be leaders in quality, academic excellence, scientific discovery, patient safety and research-informed treatment.
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Northwestern Medicine McHenry Hospital (NMMH), part of NMHC, is a nationally recognized, 179-bed acute-care teaching hospital providing comprehensive, leading-edge health care to residents in McHenry, Illinois, and surrounding communities. Serving as a regional healthcare destination, NMMH provides emergency services plus inpatient, outpatient and specialty care. In 2019, *U.S. News & World Report* ranked NMMH as the No. 20 hospital in Chicago and the No. 25 hospital in Illinois.¹

Northwestern Medicine Huntley Hospital (NMHH) is an extension of NMMH and part of NMHC. The 128-bed hospital opened in 2016. NMHH offers comprehensive care to residents of Huntley, Illinois, and the surrounding communities, including a large senior community within its service area. The hospital offers emergency, inpatient and outpatient health care, as well as community health and wellness services.

Northwestern Medicine Woodstock Hospital (NMWH) is also an extension of NMMH and part of NMHC. Located in Woodstock, Illinois, the hospital has served the community for more than 100 years. NMWH is a regional destination for behavioral health and outpatient care. The 34-bed hospital provides inpatient behavioral health services, emergency services and outpatient care.

Together, NMMH, NMHH and NMWH comprise the Northwestern Medicine Northwest Region (NM NWR) and provide comprehensive health care for the residents of McHenry County. Since joining the Health System in 2018, NM NWR provides a seamless pathway to specialty care and access to world-class academic medicine for its patients. In addition to working with NMHC institutions, the NM NWR collaborates with local health and social service providers to improve the health of patients and the community it serves.

Aligned with our mission and Community Benefits Plan, and in accordance with the requirements of the Patient Protection and Affordable Care Act, NM NWR works with community and Health System partners every three years to complete a comprehensive Community Health Needs Assessment (CHNA) that identifies the significant health needs of residents of the community it serves. This Implementation Strategy is a complementary document to the 2019 NWR CHNA. NM NWR worked collaboratively with Professional Research Consultants, Inc. (PRC) to complete its 2019 CHNA. The NM NWR CHNA and all CHNAs for NMHC facilities can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment.

In this document, NM NWR will respond to the significant health needs identified in its 2019 CHNA. NM NWR will explain which significant health needs it will prioritize in accordance with Internal Revenue Service regulations and explain why it will not be addressing other identified significant health needs; outline the actions the NM NWR intends to take to address prioritized significant health needs (commonly referred to as strategies); detail the anticipated impact of those strategies; outline the resources NM NWR intends to commit to the strategies; and discuss any planned collaborations between the NM NWR and other organizations.

This Implementation Strategy is aligned with and coordinated with the broad Community Benefits Plan and ongoing operations of the NM NWR and throughout NMHC. The Implementation Strategy described in this document has been developed to specifically respond to the significant health needs identified in NM NWR's 2019 CHNA. The strategies outlined in this document are supplementary to NMHC's comprehensive Financial Assistance and Presumptive Eligibility policies,² as well as the vast research, education and other Community Benefits activities conducted across the Health System under our Community Benefits Plan. Together, our Community Benefits activities help to improve the health of the communities we serve.

1 2019 - 2020 America's Best Hospitals, *U.S. News & World Report*, <https://health.usnews.com/best-hospitals/area/il>.

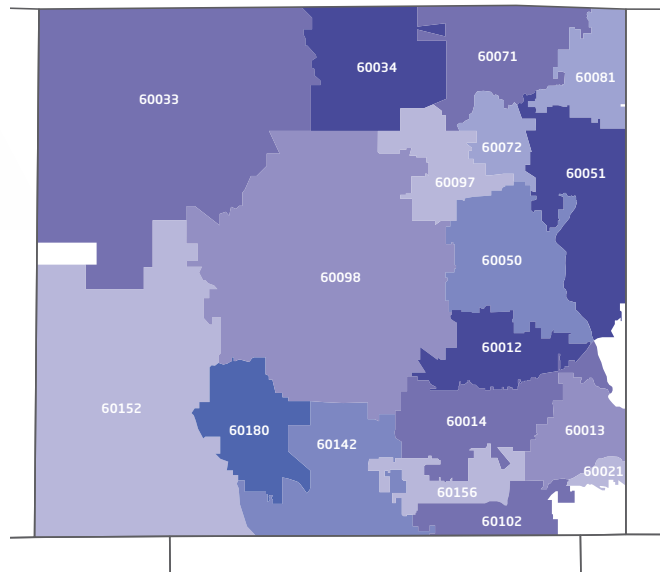
2 For more information about financial assistance at Northwestern Medicine, visit nm.org/patients-and-visitors/billing-and-insurance/financial-assistance.

Community served by NM NWR

The three hospitals of the NM NWR—NMMH, NMHH and NMWH—serve the residents of McHenry County. Together, their primary service areas serve the majority of McHenry County, with 86% of all hospital admissions within the county originating at one of the three NM NWR hospitals. For data collection and assessment purposes, McHenry County, comprising the 18 ZIP codes listed below, has been used as the proxy for the NM NWR Community Service Area (CSA).

NM NWR CSA ZIP Codes

60012 Crystal Lake	60072 Ringwood
60013 Cary	60081 Spring Grove
60014 Crystal Lake	60097 Wonder Lake
60021 Fox River Grove	60098 Woodstock
60033 Harvard	60102 Algonquin
60034 Hebron	60142 Huntley
60050 McHenry	60152 Marengo
60051 McHenry	60156 Lake in The Hills
60071 Richmond	60180 Union



Implementation Strategy overview

This Implementation Strategy was developed in collaboration with the McHenry County Department of Health and the McHenry County Mental Health Board. Together, we completed a comprehensive analysis of the data presented by the NM NWR 2019 CHNA and solicited input from members of the community representing target populations, such as the medically underserved, low-income and minority populations, and governmental agencies. Northwestern Medicine commissioned PRC to conduct a comprehensive CHNA. PRC is a nationally recognized healthcare consulting firm with extensive experience in conducting CHNAs in hundreds of communities across the U.S. since 1994. The PRC CHNA framework consisted of a systematic, data-driven approach to determine the health status, behaviors and needs of residents in McHenry County. The assessment provided information to enable Northwestern Medicine hospital leadership and key community stakeholders to identify health issues of greatest concern among all residents and decide how best to commit the hospitals' resources to these areas, thereby achieving the greatest possible impact on the community's health status. The PRC assessment incorporated data from both quantitative and qualitative sources and was conducted from March 2019 through May 2019.

Following the prioritization of the significant health needs, NM NWR applied a systematic approach to develop strategies to address certain significant health needs (enumerated below), identified resources it intends to commit to these strategies, and utilized collaborations with community organizations where the collaborations can positively impact the health of the communities we serve. In developing these strategies, NM NWR was mindful of its own strengths and those of other organizations in our community, areas of need in our community, and ways in which NM NWR could have the greatest possible impact. These strategies supplement, and work in tandem with, existing strategies and operations under the Community Benefits Plan for NM NWR and NMHC.

This Implementation Strategy will be reviewed annually and updated as needed to ensure viability and impact. NM NWR's impact will be communicated regularly to reporting agencies and our community.

Identified significant health needs

Once the PRC data was reviewed by NM NWR community health experts and executive leadership, a community health consortium was established. The consortium was composed of NM NWR staff members and clinicians who provided expertise in the areas of clinical practice and included key community stakeholders who were included in the Online Key Informant Survey. A summary of key findings and concerns was presented by PRC to the consortium members on May 29, 2019. Members of the group were asked to participate in a prioritization process session facilitated by PRC. Representatives from 45 organizations participated, 29 of which represented underserved and vulnerable populations.

The group was asked to evaluate, discuss and prioritize health issues for the community based on findings of the CHNA. PRC began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research. Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. A hospital representative also provided guidance to the group, describing existing activities, initiatives and resources. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs, a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria: Scope and Severity, and Ability to Impact.

Scope and Severity

The first rating was to gauge the magnitude of the problem in consideration of these questions:

How many people are affected?

How does the local community data compare to state or national levels, or Healthy People 2020 targets?

To what degree does each health issue lead to death or disability, impair quality of life or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

Ability to Impact

A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, considering such factors as available resources, competencies and spheres of influence. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact). Individuals' ratings for each criterion were averaged for each tested health issue; these composite criteria scores were averaged to produce an overall score.

Significant health needs addressed by NM NWR

The following significant health needs were identified through the NM NWR 2019 CHNA and represented potential areas to consider for prioritization and intervention.

- | | |
|--|-----------------------------|
| 1. Mental Health | 6. Heart Disease and Stroke |
| 2. Access to Healthcare Services | 7. Cancer |
| 3. Substance Abuse | 8. Tobacco Use |
| 4. Diabetes | 9. Respiratory Disease |
| 5. Nutrition, Physical Activity and Weight | 10. Oral Health |
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Priority health needs addressed by NM NWR

Through a systematic, data-driven approach, NM NWR has prioritized the following identified significant health needs to address in accordance with Internal Revenue Service regulations. These needs will be referred to as the priority health needs throughout the remainder of the document. NM NWR worked collaboratively to develop strategies and identify resources and areas for collaboration, where applicable, to impact each priority health need.

1. Access to Healthcare Services
 2. Chronic Disease
 - a. Cancer
 - b. Heart Disease and Stroke
 - c. Diabetes
 - d. Nutrition, Physical Activity and Weight
 3. Mental Health and Substance Abuse
-

Priority health need: Access to Healthcare Services

Introduction to priority health need

Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts overall physical, social and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Improving healthcare services depends in part on ensuring that people have a usual and ongoing source of care. This is also known as having a medical home. People with a medical home have better health outcomes, and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important because PCPs can develop meaningful and sustained relationships with patients, and provide coordinated and integrated services while practicing in the context of family and community.

Improving healthcare services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention) or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

There are 170 PCPs in McHenry County, translating to a rate of 55.3 PCPs per 100,000 population. This finding was less favorable than state (96.9) and national (87.8) rates.

Benchmarks

National: Healthy People 2020 Objectives

Access to Health Services

- AHS-1.1: Increase the proportion of persons with medical insurance
- AHS-3: Increase the proportion of persons with a usual primary care provider
- AHS-4: Increase the number of practicing primary care providers
- AHS-5: Increase the proportion of persons who have a specific source of ongoing care
- AHS-6: Reduce the proportion of persons who are unable to obtain or delayed in obtaining necessary medical care, dental care or prescription medicines
- AHS-7: Increase the proportion of persons who receive appropriate evidence-based clinical preventive services

Goal

Improve access to comprehensive, quality healthcare services

Action	Anticipated Impact	Resources	Collaboration
NMHH, NMMH and NMWH will offer financial assistance policies that are easily accessible, user-friendly and respectful, and meet all regulatory requirements.	NMHH, NMMH and NMWH will conduct an internal audit of financial assistance policies, procedures and application materials annually. NMHH, NMMH and NMWH will conduct an internal audit of signage and web pages to ensure compliance with all regulatory requirements.	Leadership and staff members from NMHH, NMMH and NMWH Analytic and data resources (i.e., Electronic Data Warehouse, state and national benchmarks)	NMHH, NMMH and NMWH will collaborate with its community health partners that may qualify Community-based groups
NMHH, NMMH and NMWH continue to provide medically necessary inpatient and outpatient hospital services to uninsured and underinsured patients in accordance with the hospitals' financial assistance policies.	NMHH, NMMH and NMWH staff members will track and report the number of individuals receiving financial assistance annually. NMHH, NMMH and NMWH staff members will track and report the amount of financial assistance rendered annually.	Leadership and staff members from NMHH, NMMH and NMWH Analytic and data resources (i.e., Electronic Data Warehouse, state and national benchmarks)	Community health partners Community-based groups

Action	Anticipated Impact	Resources	Collaboration
NMHH, NMMH and NMWH will continue to address the needs of individuals identified as potentially eligible for public health insurance by facilitating their application for government-sponsored healthcare coverage.	NMHH, NMMH and NMWH financial services will collaborate with nThrive, an outside vendor that assists patients in applying for government-sponsored healthcare coverage	Leadership and staff members from NMHH, NMMH and NMWH Analytic and data resources (i.e., Electronic Data Warehouse, state and national benchmarks)	nThrive Community-based groups
NMHH, NMMH and NMWH leadership will continue representation on various task forces and workgroups related to the collaborative work occurring on access-to-care issues.	NMHH, NMMH and NMWH will create and/or participate in programs and initiatives focused on Safety Net objectives to promote access to care.	Leadership and staff members from NMHH, NMMH and NMWH	Aunt Martha's Health and Wellness Family Health Partnership Clinic Community-based groups
NMHH, NMMH and NMWH will provide operational grants to Aunt Martha's and Family Health Partnership Clinic in support of their coordination of care for patients without insurance.	Provision of an operational grant to Aunt Martha's and Family Health Partnership Clinic will enable low-income McHenry County residents to afford and receive needed care.	Leadership and staff members from NMHH, NMMH and NMWH to provide in-kind support in the form of a grant	Aunt Martha's Health and Wellness Family Health Partnership Clinic
NMHH, NMMH and NMWH will provide low-cost or no-cost inpatient and outpatient care to clients from Aunt Martha's and/or Family Health Partnership Clinic in accordance with presumptive eligibility and existing Northwestern Medicine financial assistance policies.	Access to free inpatient and outpatient care will enable presumptively eligible, low-income residents to receive needed services in a timely, coordinated and efficient manner.	Leadership and staff members from NMHH, NMMH and NMWH Analytic and data resources (i.e., Electronic Data Warehouse, state and national benchmarks)	Aunt Martha's Health and Wellness Family Health Partnership Clinic
NMHH, NMMH and NMWH will serve as a training center for nursing and other allied health professions.	Serving as a training center demonstrates an ongoing commitment toward the provision of a highly competent, culturally sensitive, future workforce.	Leadership and staff members from NMHH, NMMH and NMWH	Local nursing and allied health professions training programs

Action	Anticipated Impact	Resources	Collaboration
NMHH, NMMH and NMWH will provide trained professional healthcare interpreters and offer language assistance programs.	Utilization of trained professional healthcare interpreters will decrease barriers to care, promote access, and help ensure high-quality, culturally competent care.	Leadership and staff members from NMHH, NMMH and NMWH	Phone line language assistance services
NMHH, NMMH and NMWH will provide office space and support to the Senior Health Insurance Program (SHIP).	The SHIP program will provide seniors Medicare counseling and support to facilitate their use of the healthcare system.	Staff members from NMHH, NMMH, NMWH and SHIP	Community-based organizations Advocacy groups

Priority health need: Chronic Disease – Cancer, Heart Disease and Stroke, Diabetes

Introduction to priority health need

Cancer

Continued advances in cancer research, detection and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the U.S., second only to heart disease. In McHenry County, cancer is a leading and rising cause of death.

Many cancers are preventable by reducing risk factors such as use of tobacco products, physical inactivity and poor nutrition, obesity, and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus (HPV) and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial) and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Heart Disease and Stroke

Heart disease is the leading cause of death in the U.S., with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from heart disease and stroke would be substantially reduced if major improvements were made across the U.S. population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation and appropriate aspirin use.

The burden of heart disease and stroke is disproportionately distributed across the population. Significant disparities exist in the following, based on sex, age, race/ethnicity, geographic area and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality health care.

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2 and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years
- Increases the risk of heart disease by 2 to 4 times
- Is the leading cause of kidney failure, lower limb amputations and adult-onset blindness

The rate of diabetes mellitus continues to increase both in the U.S. and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of Type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems. Diabetes is a top 10 leading cause of death, and prevalence of the condition has risen over the past decade in McHenry County.

Benchmarks

National: Healthy People 2020 Objectives

Cancer

- C-3: Reduce the female breast cancer death rate
- C-5: Reduce the colorectal cancer death rate
- C-18: Increase the proportion of adults who were counseled about cancer screening consistent with the current guidelines

Heart Disease and Stroke

- HDS-1: Increase overall cardiovascular health in the U.S. population
- HDS-5: Reduce the proportion of persons in the population with hypertension
- HDS-16: Increase the proportion of adults aged 20 years and older who are aware of the symptoms of, and how to respond to, a heart attack.
- HDS-17: Increase the proportion of adults aged 20 years and older who are aware of the symptoms of, and how to respond to, a stroke
- HDS-24: Reduce hospitalizations of older adults with heart failure as the principal diagnosis

Diabetes

- D-2: Reduce the diabetes death rate
- D-5: Improve glycemic control among persons with diabetes
- D-16: Increase prevention behaviors in persons at high risk for diabetes with prediabetes (including weight loss [D-16.2])

Local: McHenry County Department of Health 2017 IPLAN

Cardiovascular Disease and Diabetes

By January 2020, conduct 400 heart age screenings (100 in Spanish) and 400 diabetes screenings.

Continue to implement diabetes prevention and awareness programs:

- Centers for Disease Control and Prevention's National Diabetes Prevention Program
- Diabetes Self-Management Program
- Whole Body Approach to Health

Goals

- Reduce the number of new cancer cases, as well as disability and death caused by cancer.
- Improve cardiovascular health and quality of life through prevention, detection and treatment of risk factors for heart attack and stroke.
 - Early identification and treatment of heart attacks and stroke
 - Prevention of repeat cardiovascular events
 - Reduction in deaths from cardiovascular disease
- Reduce the disease burden of diabetes mellitus (DM) and improve the quality of life for all persons who are at risk for diabetes.

Action	Anticipated Impact	Resources	Collaboration
<p>NMHH, NMMH and NMWH will host/offer evidence-based community health and wellness programming in the areas of cardiovascular and peripheral vascular disease, and diabetes.</p>	<p>Upon completion of the program, participants will identify signs/symptoms of the selected topic in addition to prevention and management strategies.</p> <p>Participants will also rate their perceived level of knowledge before and after the program.</p>	<p>NMHH, NMMH and NMWH staff members, physicians and clinicians</p> <p>Program venues include clinician-led educational offerings, self-help groups, rehabilitation services programs and support groups</p> <p>Funding support</p> <p>Space for meetings</p>	<p>Community partners involved in McHenry County Department of Health's Mobilizing for Action Through Planning & Partnerships (MAPP)</p> <p>Social service agencies</p> <p>Advocate Aurora Good Shepherd Hospital</p>
<p>NMHH, NMMH and NMWH will host/offer evidence-based community health and wellness programming in the area of cancer, including, but not limited to, the topics of breast and colon cancer, brain tumors, proton therapy, yoga for patients with cancer, palliative care and hospice.</p>	<p>Upon completion of the program, participants will identify signs/symptoms of the selected topic in addition to prevention and management strategies. Participants will also rate their perceived level of knowledge before and after the program.</p>	<p>NMHH, NMMH and NMWH staff members, physicians and clinicians</p> <p>Program venues include clinician-led educational offerings, self-help groups, rehabilitation services programs and support groups</p> <p>Funding support</p>	
<p>NMHH, NMMH and NMWH will host/offer evidence-based community health and wellness programming in various other areas related to chronic disease including, but not limited to, obesity, injury prevention, maternal and child health.</p>	<p>Upon completion of the program, participants will identify signs/symptoms of the selected topic in addition to prevention and management strategies.</p> <p>Participants will also rate their perceived level of knowledge before and after the program.</p>	<p>NMHH, NMMH and NMWH staff members, physicians and clinicians</p> <p>Program venues include clinician-led educational offerings, self-help groups, rehabilitation services programs and support groups</p> <p>Training</p> <p>Funding support</p> <p>Space for meetings</p>	<p>Community partners involved in McHenry County Department of Health's Mobilizing for Action Through Planning & Partnerships (MAPP)</p> <p>Social service agencies</p> <p>Advocate Aurora Good Shepherd Hospital</p>
<p>NMHH, NMMH and NMWH staff members will continue efforts to promote referral patterns of physicians and ancillary staff members to smoking cessation resources.</p>	<p>NMHH, NMMH and NMWH staff members will develop an additional screening component within Epic that will facilitate the identification and referral of potential patients.</p>	<p>NMHH, NMMH and NMWH staff members</p> <p>Training</p> <p>Funding support</p> <p>Space for meetings</p>	

Action	Anticipated Impact	Resources	Collaboration
NMHH, NMMH and NMWH will offer the nationally recognized ThinkFirst injury prevention program.	NMHH, NMMH and NMWH staff members will provide the community with an evidence-based program focusing on bike/helmet safety, child safety classes and car seat safety.	NMHH, NMMH and NMWH staff members McHenry County Department of Health Training resources Funding support	McHenry County Department of Health McHenry County area school districts

Priority health need: Mental Health/Substance Abuse

Introduction to priority health need

Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

In McHenry County in 2019, there were 176.3 mental health providers for every 100,000 population, below state and U.S rates.

Substance Abuse

Substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted infections
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes, and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flashpoint in the criminal justice system and a major focal point in discussions about social values: People argue over whether substance abuse is a disease with genetic and biologic foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Half of key informants taking part in the online survey characterized substance abuse as a "major problem" in the community.
— Healthy People 2020 (healthypeople.gov)

Benchmarks

National: Healthy People 2020 Objectives

Mental Health

- MHMD-1: Reduce the suicide rate
- MHMD-4: Reduce the proportion of persons who experience major depressive episodes
- MHMD-5: Increase the proportion of primary care facilities that provide mental health treatment on-site or by paid referral
- MHMD-9: Increase the proportion of adults with mental health disorders who receive treatment
- MHMD-10: Increase the proportion of persons with co-occurring substance abuse and mental health disorders who receive treatment for both disorders

Substance Abuse

- SA-1: Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol
- SA-2: Increase the proportion of adolescents never using substances
- SA-3: Increase the proportion of adolescents who disapprove of substance abuse
- SA-4: Increase the proportion of adolescents who perceive great risk associated with substance abuse
- SA-8: Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year
- SA-9: Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department
- SA-10: Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol screening and brief intervention
- SA-14: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages
- SA-19: Reduce the past-year nonmedical use of prescription drugs

Local: McHenry County Department of Health 2017 IPLAN

- Reduce the number of deaths by suicide in McHenry County
- Increase awareness of existing services for mental health and substance abuse
- Reduce the number of opioid- and heroin-related overdose deaths and adverse effects

Goals

- Improve mental health through prevention and by ensuring access to appropriate, quality mental health services
- Reduce substance abuse to protect the health, safety and quality of life for all, especially children

Action	Anticipated Impact	Resources	Collaboration
Increase awareness of existing mental health and substance abuse services in McHenry County	Evidence of increased awareness of mental health and substance abuse services in McHenry County	NMHH, NMMH and NMWH staff members, physicians and clinicians Training Funding support	McHenry County Mental Health Board, Network Advisory Council and Healthy Community Study participants Community-based organizations
Reduce the number of deaths by suicide in McHenry County	Reduction of the overall number of suicide deaths in McHenry County Increase in the number of Question, Persuade, Refer (QPR) • Trainings and attendees • Increase in the number of support groups and attendees related to suicide and/or survivors of suicide	NMHH, NMMH and NMWH staff members, physicians and clinicians Training Funding support Space for meetings	McHenry County Mental Health Board, Network Council and Healthy Community Study participants Community-based organizations
Reduce the number of opioid- and heroin-related overdose deaths and adverse events	Reduction in the number of opioid- and heroin-related overdose deaths	NMHH, NMMH and NMWH staff members, physicians and clinicians Training Funding support	McHenry County Mental Health Board, Network Council and Healthy Community Study participants Community-based organizations

Priority health need: Nutrition, Physical Activity and Obesity

Introduction to priority health need

Nutrition and Obesity

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Benchmarks

National: Healthy People 2020 Objectives

Physical Activity

- PA-3: Increase the proportion of adolescents who meet current federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
- PA-4: Increase the proportion of the nation's public and private schools that require daily physical education for all students
- PA-5: Increase the proportion of adolescents who participate in daily school physical education
- PA-6: Increase regularly scheduled elementary school recess in the United States
- PA-7: Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time
- PA-8: Increase the proportion of children and adolescents who do not exceed recommended limits for screen time
- PA-9: Increase the number of states with licensing regulations for physical activity provided in child care
- PA-10: Increase the proportion of the nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations)

Adolescent Health

- AH-6: Increase the proportion of schools with a school breakfast program

Nutrition and Weight Status

- NWS-1: Increase the number of states with nutrition standards for foods and beverages provided to preschool-aged children in child care
- NWS-2: Increase the proportion of schools that offer nutritious foods and beverages outside of school meals
- NWS-12: Eliminate very low food security among children
- NWS-13: Reduce household food insecurity and in doing so, reduce hunger
- NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older
- NWS-15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older

Social Determinants of Health

- NWS-12: Eliminate very low food security among children

Goal

Increase access to fresh fruits and vegetables, increase physical activity and reduce obesity rates in McHenry County

Action	Anticipated Impact	Resources	Collaboration
<p>NMHH, NMMH and NMWH will foster collaborations among the McHenry County Department of Health, Family Health Partnership Clinic and area farmers market vendors. Individuals in these agencies will be screened for food insecurity and, when positively identified, will receive vouchers to purchase fresh fruits and vegetables at area farmers markets.</p>	<p>Increased access to fresh fruits and vegetables for individuals who are identified through screening as positive for food insecurity</p> <p>Encourage healthy food options to reduce obesity among McHenry County adults</p>	<p>Funding to support redemption costs for vouchers used at area farmers markets</p>	<p>McHenry County Department of Health</p> <p>Family Health Partnership Clinic</p> <p>Farmers market vendors</p>
<p>NMHH, NMMH and NMWH will support opportunities to promote physical activity kits to area schools and park districts to promote physical activity in youth aged 3 to 18.</p>	<p>Increased access to physical activity options in school-aged children</p> <p>Encourage physical activity to prevent childhood obesity</p>	<p>Funding to support supplying physical activity kits to area schools</p>	<p>McHenry County Department of Health</p> <p>Local school districts</p> <p>Local park districts</p>

Significant health needs not addressed by NMH

Through a systematic, data-driven approach, NM NWR has determined that it will not address the following identified significant health needs over the next three years. Many of these needs are already being addressed through the comprehensive services and Community Benefits operations offered at the three NM NWR hospitals and throughout NMHC. Specific reasons explaining why an identified significant health need will not be prioritized are outlined below.

Oral Health

Although the need for improved dental health and access to dental health providers exists, Northwestern Medicine leadership does not feel that we possess the expertise to address this health concern. Rather, we will work collaboratively with existing community initiatives to promote programming that will expand access to dental care and improve dental health of community residents.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease are significant public health burdens. Specific methods of detection, intervention and treatment exist that may reduce this burden and promote health. The prevalence of respiratory disease in McHenry County residents is lower than in Illinois and the U.S. as a whole, so we have chosen not to focus on this significant health need.

Implementation Strategy adoption

This Implementation Strategy was adopted through a Board Resolution at the NM NWR board meeting of the Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital, d/b/a Northwestern Medicine Huntley Hospital and d/b/a Northwestern Medicine Woodstock Hospital.

The Northwestern Medicine Northwest Region 2019 Implementation Strategy was reviewed and adopted by Thomas McAfee, president of Northwestern Medicine McHenry Hospital, Northwestern Medicine Huntley Hospital and Northwestern Medicine Woodstock Hospital, on January 15, 2020.

Feedback

The community is encouraged to provide feedback on this Implementation Strategy and all NMHC Community Benefits documents by calling 312.926.2301 or submitting comments to communityhealth@nm.org. Please include your name, organization (if applicable) and any feedback you have regarding the report process or findings.

Public availability

This Implementation Strategy and all NMHC CHNAs are public information and can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment.

Please contact Community Affairs with any questions. Call 312.926.2301 or email communityhealth@nm.org.



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