

2022 Community Health Implementation Plan

Northwestern Medicine Delnor Hospital



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Introduction

About Northwestern Memorial HealthCare

Northwestern Memorial HealthCare (NMHC) is committed to providing quality medical care, regardless of a patient's ability to pay; transforming medical care through clinical innovation, breakthrough research and academic excellence; and improving the health of the communities we serve. NMHC is a not-for-profit, integrated academic health system committed to serving a broad community. NMHC provides world-class care at 11 hospitals, two medical groups, and more than 200 diagnostic and ambulatory locations in communities throughout Chicago and the surrounding suburbs. NMHC hospitals are pillars in their respective communities and lead efforts to positively impact the health of the populations they serve. From facilitating collaborations with community organizations to serving as major economic drivers, NMHC strengthens our communities.

About Northwestern Medicine Delnor Hospital

Northwestern Medicine Delnor Hospital (NMDH), part of NMHC, is an acute-care, 159-bed community hospital in Geneva, Illinois. NMDH continues its longstanding commitment to provide quality clinical and patient-centered care to patients in Kane County and the Fox Valley region. NMDH provides comprehensive care through a medical staff of more than 600 physicians in 80 specialties. NMDH joined the health system in 2014, greatly expanding access to specialty care for its patients, including breakthrough clinical trials, all in the comfort of a community hospital setting. In fiscal year 2020, NMDH treated patients through more than 8,000 inpatient admissions and nearly 38,000 Emergency Department visits.

To best address the needs of our patients and community, NMDH collaborates with trusted community-based organizations throughout Kane County. Healthy communities are strong communities, and facilitating collaboration among organizations allows us to maximize a positive impact. We collaborate to identify and respond to priority health needs within our community and systematically reduce barriers to services. Together, we have developed important initiatives to promote healthy lifestyles and minimize risk factors for chronic disease in addition to providing access to care. NMDH has a longstanding history of caring for our community, and we are committed to upholding our promise to meaningfully improve access to high-quality health care and implement targeted programs that address significant health needs of the community.

About the Community Health Implementation Plan

In alignment with our mission and in accordance with the requirements of the Patient Protection and Affordable Care Act, NMDH works with community organizations 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 Community Health Implementation Plan (Implementation Plan) is a companion document to the NMDH 2021 CHNA, which can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment. The Implementation Plan uses CHNA data to guide new initiatives and enhance existing efforts that improve the health of our community.

In this Implementation Plan, NMDH will respond to the significant health needs identified in its 2021 CHNA. NMDH will explain which significant health needs it will prioritize over the next three years, as well as explain why it will not be addressing other identified significant health needs. For each priority health need, NMDH will outline the actions, or strategies, planned to address the need; detail the anticipated impact of those strategies; outline the resources it intends to commit to those strategies; and discuss planned collaborations between NMDH and other organizations.

This Implementation Plan is aligned and coordinated with the Community Benefits Plan and ongoing operations at NMDH and throughout NMHC. The strategies outlined in this document have been developed to specifically respond to the priority health needs identified in the NMDH 2021 CHNA, and are supplementary to NMHC's comprehensive Financial Assistance and Presumptive Eligibility policies, as well as the vast research, education and other Community Benefit activities conducted across NMHC under our Community Benefits Plan. Together, these strategies help to improve the health of the communities we serve.

Community served by NMDH

Defining the Community Service Area

To define the NMDH Community Service Area (CSA), the following factors were considered: (1) geographic area served by NMDH, (2) principal functions of NMDH, (3) areas of high hardship (socioeconomic challenges related to education, housing, income, poverty, unemployment and dependents), (4) existing NM assets (NM-supported clinics and programs), (5) CSAs of other local hospitals, and (6) existing initiatives address community needs.

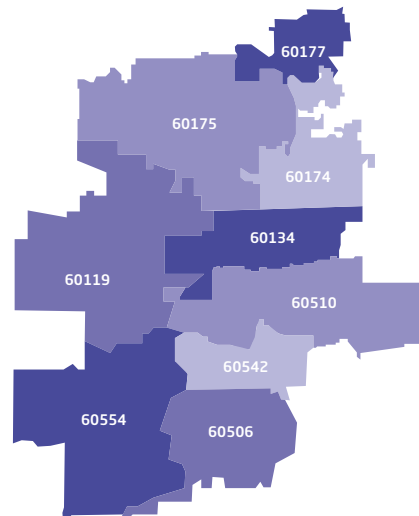
NMDH Community Service Area

The NMDH CSA is defined as Kane County, Illinois, which is located about 40 miles west of Chicago. The geographical boundary of the hospital's CSA is home to an estimated 235,547 residents. NMDH provides comprehensive, acute, emergent and specialty care for various persons across the life span, including but not limited to adults, children, women, seniors and people with disabilities. The NMDH CSA includes medically underserved, low-income and minority populations, with special consideration given to under-resourced communities. The nine ZIP codes that define the NMDH CSA are noted below.

NMDH CSA ZIP Codes

- 60119 Elburn
- 60134 Geneva
- 60174 St. Charles/Wayne/Valley View
- 60175 Campton Hills/Lily Lake/South Elgin
- 60177 South Elgin/Elgin/Bartlett
- 60506 Aurora/Montgomery
- 60510 Batavia/Geneva/West Chicago
- 60542 North Aurora/Aurora
- 60554 Sugar Grove/Yorkville/Prestbury

NMDH Community Service Area Map



Implementation Plan overview

The NMDH 2021 CHNA was conducted in collaboration with Conduent Healthy Communities Institute (HCI). Together, we completed a comprehensive analysis of the collected data. This included soliciting input from such target populations as medically underserved, low-income and minority populations. Once the data analysis was complete, community representatives were formally engaged to participate in the NMDH prioritization process. Key stakeholders were selected based on strong collaborative efforts to improve the health of the community, and their varied backgrounds provided diverse insight into prioritizing the identified health needs. These stakeholders used a structured process to inform prioritization, which included a review of guiding principles and CHNA data findings, as well as participation in robust conversations regarding community health needs for the NMDH CSA.

Following the prioritization process, NMDH applied a systematic approach to develop strategies to address the priority health needs. Working with the NMDH Community Health Council, a multidisciplinary committee of internal stakeholders, the team identified actions, resources, anticipated impacts and planned collaborations to have the greatest possible effect. In developing these strategies, NMDH was mindful of its own strengths and those of other organizations in our CSA. Identified strategies supplement and work in tandem with existing Community Benefit strategies and operations at NMDH and NMHC.

This Implementation Plan will be reviewed annually during the three-year life span of the NMDH 2021 CHNA and updated as needed to ensure viability and impact. NMDH efforts will be communicated regularly to reporting agencies and our community.

Identified significant health needs

The following significant needs were identified through the NMDH 2021 CHNA and represented areas to consider for prioritization and action.

- | | |
|--------------------------------------|----------------------------|
| Access to health services | Older adults and aging |
| Education | Other chronic diseases |
| Environment | Public safety |
| Exercise, nutrition and weight | Substance use disorders |
| Immunization and infectious diseases | Teen and adolescent health |
| Maternal, fetal, and infant health | Transportation |
| Mental health and mental disorders | |
-

Significant health needs addressed by NMDH

Through a systematic, data-driven approach, NMDH has prioritized the following identified significant health needs to address over the next three years. These needs will be referred to as priority health needs throughout the remainder of this Implementation Plan.

1. Access to Health Care and Community Resources
 2. Chronic Disease
 3. Mental Health and Substance Use Disorders
 4. Social Determinants of Health
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NMDH worked collaboratively to develop strategies and identify resources, collaborations, and anticipated impact of these efforts.

NMDH priority health needs

Priority health need: Access to Health Care and Community Resources

Introduction

Access to comprehensive, quality healthcare services and community resources is important for achieving optimal health and increasing quality of life. It affects overall physical, social and mental health status, including prevention of disease and disability, detection and treatment of health conditions, preventable death and life expectancy. Improving access to healthcare services and community resources depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and lower overall healthcare costs.

Health is also impacted by access to and use of evidence-based preventive services and community resources. Clinical preventive services are services that prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention) or that detect a disease at an earlier and often more treatable stage (secondary prevention). In addition, identifying social determinants of health (SDOH), such as economic stability, housing, violence and food insecurity, is a critical step in linking individuals to resources that can address those needs, and as a result, improve health outcomes.

Healthcare access and quality can vary greatly between communities. The NMDH CHNA indicated that one of the main themes across almost all focus group conversations was navigation and education for minority racial or ethnic groups. Focus group participants were concerned that community members with low incomes do not have access to affordable healthcare options. Focus group participants added that even when health insurance is available, health literacy issues and language barriers make seeking or renewing healthcare coverage difficult, especially for older adults and immigrant populations.

Through the NMDH CHNA, we learned that 28% of Kane County residents report access to affordable health care as one of the most important community health issues. In addition, 9.9% of Kane County residents have no health insurance coverage, and 4.9% of children in Kane County have no health insurance coverage, while 19.2% of Kane County residents reported the inability to access health services in the last 12 months.

Goal

Improve access to quality health care and community resources to help ensure that under-resourced populations in the NMDH CSA have the services and support needed to live healthy lives.

Action	Anticipated Impact	Resources	Collaboration
<p>Community Engagement</p> <p>Support efforts that increase access to healthcare services and community resources by investing in resources and collaborating with community-based organizations.</p>	<p>Increase collaboration and knowledge sharing through workgroup participation to address access-to-care issues.</p> <p>Increase programs and initiatives focused on promoting access to care, especially with low-income and under-resourced communities.</p>	<p>NMDH will provide staff time and educational resources.</p>	<p>Community agencies and organizations (to be determined)</p>
<p>Federally Qualified Health Center (FQHC) and Clinical Community Collaboration</p> <p>Align with the system-level approach to better serve the uninsured and underinsured populations through clinical community relationships.</p>	<p>Increase access to health care by investing in resources and collaborating with other community-based organizations.</p>	<p>NMDH will provide operating and grant funding.</p>	<p>FQHCs Free clinics</p>
<p>Community Benefit Donations and Grants</p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address access to healthcare services and community resources.</p>	<p>Increase funding to programs that enhance or improve access to healthcare services and community resources.</p> <p>Foster collaboration with community-based organizations that align with the NM vision.</p>	<p>NMDH will provide operating and grant funding.</p>	<p>Community agencies and organizations (to be determined)</p>

Priority health need: Chronic Disease

Introduction

Preventive care reduces the risk for diseases, disabilities and death. Unfortunately, millions of people in the United States do not get recommended preventive care. Access to these services, as well as awareness and education about their importance, are essential components to ensuring more people receive them.

Lifestyle factors, such as having a healthy diet, maintaining a healthy weight, and getting regular exercise, also contribute to chronic disease prevention. Obesity is linked to a higher risk for diseases and conditions like high blood pressure, high cholesterol, diabetes, asthma, anxiety and depression. In addition, children with obesity are more likely to be bullied and to have obesity as adults (according to Healthy People 2030).

In the NMDH CHNA, lack of access to healthy foods, poor nutrition and lack of exercise were key themes from the community survey and focus groups. Sedentary lifestyles among children and nutrition in schools were themes that trended across almost all focus group conversations. When surveyed, 30.0% of Kane County residents report nutrition, physical activity and weight as one of the most important community health issues. In addition, 7.5% of Kane County adult residents have diabetes, and the rate of high blood pressure in the Medicare population is 58.3%, which is higher than both Illinois and U.S. findings. The Kane County prevalence rate for high blood pressure is 23%, while high cholesterol is 31.6%, which does not meet the Healthy People 2020 target of 13.5%.

Goal

Improve access to educational and behavioral modification programs as well as healthy food options to help reduce the risk of chronic disease.

Action	Anticipated Impact	Resources	Collaboration
<p>Health Screenings</p> <p>Provide no-cost biometric screenings and educational sessions to the community.</p> <p>Provide no-cost blood pressure screenings and education about cardiovascular disease.</p> <p>Offer strategies to help people eat healthier, maintain a healthy weight and increase physical activity.</p>	<p>Increase the number of adults who get checked for the following: total cholesterol, HDL, LDL, triglycerides, glucose, blood pressure, body mass index (BMI), height, weight and waist circumference.</p> <p>Increase knowledge of cardiovascular disease.</p> <p>Provide access to strategies that help lower and control blood pressure.</p>	<p>NMDH will provide staff, health education tools and materials for screening and education.</p>	<p>Community agencies and organizations (to be determined)</p>
<p>Community Health and Wellness Programming</p> <p>Promote health and reduce chronic disease through prevention, detection and addressing risk factors.</p> <p>Collaborate with early-childhood schools and child care centers to review policies and curricula, and increase efforts that promote nutrition and moderate to vigorous physical activity.</p>	<p>Increase community health and wellness programs that address chronic disease prevention.</p> <p>Increase physical activity and nutrition among early childhood students and their families.</p> <p>Improve knowledge of (1) signs and symptoms, (2) prevention and management, and (3) level of knowledge before and after the programs.</p> <p>Increase referrals to tobacco cessation resources.</p>	<p>NMDH will provide staff, health education tools and materials for program education.</p>	<p>Community agencies and organizations (to be determined)</p>
<p>Community Benefit Donations and Grants</p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address chronic disease.</p>	<p>Increase funding to programs that enhance and promote health to reduce chronic disease.</p> <p>Increase collaboration with community organizations that align with the NM vision.</p>	<p>NMDH will provide operating and grant funding.</p>	<p>Community agencies and organizations (to be determined)</p>

Priority health need: Mental Health and Substance Use Disorders

Introduction

Mental health disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. Estimates suggest that only half of all people with mental health disorders get the treatment they need (according to Healthy People 2030).

In the NMDH CHNA, mental health care, mental health resources and the availability of mental health clinicians were frequently cited as disproportionate to community need. Respondents reported cost and affordability of receiving care as their biggest barrier to care, in addition to availability of appointments, and navigation and knowledge about available services. The Central and South Kane County planning areas had a higher percentage of respondents who were unable to access services (12.8% and 15%, respectively) compared to Kane County at 12%.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use – especially in adolescents – and helping people get treatment can reduce drug and alcohol misuse, related health problems, and deaths (according to Healthy People 2030).

Alcohol and substance abuse disorders were top priorities among NMDH CHNA participants. Focus group participants discussed that the focus on COVID-19 has diverted attention from drug use issues (such as heroin and opioids) that continue to be present in the community. Compared to other counties in Illinois, Kane County has higher rates of hospitalizations and emergency department (ED) visits due to adult alcohol use. The age-adjusted ED rate due to adult alcohol use in Kane County is 88 hospitalizations per 10,000 population. Teen alcohol and marijuana use, although decreasing in recent years, is also higher than most other counties in Illinois. The 'teens who use alcohol' indicator in Kane County reached 46%, compared to 40% for Illinois.

Goal

Improve access to mental health and substance use disorder resources to help ensure under-resourced populations in the NMDH CSA have the services and support needed to get appropriate treatment.

Action	Anticipated Impact	Resources	Collaboration
<p>Community Engagement</p> <p>Support mental health efforts by collaborating with community-based organizations.</p>	<p>Increase collaboration and knowledge sharing through workgroup participation to address mental health and substance use disorders.</p>	<p>NMDH will provide staff time and educational resources.</p>	<p>Community agencies and organizations (to be determined)</p>
<p>Mental Health Training and Education</p> <p>Educate the community on how to identify, understand and respond to the signs of mental illnesses and substance use disorders.</p> <p>Increase awareness of negative attitudes and beliefs around mental health.</p>	<p>Increase the number of Mental Health First Aid sessions available in the community.</p> <p>Increase the number of people trained in Mental Health First Aid.</p> <p>Increase awareness of related resources.</p> <p>Decrease stigma.</p>	<p>NMDH will provide staff, health education tools and program materials.</p>	<p>Mental Health First Aid</p> <p>Community agencies and organizations (to be determined)</p>
<p>Community Benefit Donations and Grants</p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address mental health and substance use disorders.</p>	<p>Increase funding to programs that enhance and improve mental health and address substance use disorders.</p> <p>Increase collaboration with community organizations that align with the NM vision.</p>	<p>NMDH will provide operating and grant funding.</p>	<p>Community agencies and organizations (to be determined)</p>

Priority health need: Social Determinants of Health

Introduction

In the United States, one in 10 people live in poverty, and many people cannot afford things like healthy foods, health care and housing. Employment programs, career counseling and high-quality childcare opportunities can help more people find and keep jobs. In addition, policies to help people pay for food, housing, health care and education can reduce poverty and improve health and well-being (according to Healthy People 2030).

In the NMDH CHNA, overcrowded households and severe housing problems were highlighted as warning indicators. In Kane County, 50.4% of renters are spending 30% or more of their household income on rent. Homelessness and housing was ranked by 22% of survey respondents as an urgent quality-of-life issue in Kane County.

Existing and increasing food insecurity due to COVID-19, lack of access to healthy foods and poor nutrition were all key themes from the CHNA primary data. Having healthy food options was ranked by 19% of survey respondents as an urgent quality-of-life issue in Kane County.

Goal

Improve access to community resources addressing SDOH to help ensure under-resourced populations in the NMDH CSA have the services and support needed to live healthy lives.

Action	Anticipated Impact	Resources	Collaboration
<p>Community Benefit Donations and Grants</p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address SDOH.</p>	<p>Increase funding to programs that enhance and increase access to resources that address SDOH.</p> <p>Foster collaborations with community-based organizations that align with the NM vision.</p>	<p>NMDH will provide operating and grant funding.</p>	<p>Community agencies and organizations (to be determined)</p>

Significant health needs not addressed by NMDH

NMDH has determined that it will not create programs to specifically address certain significant health needs over the next three years. Although these needs were not identified as priority health needs, many are being addressed through the comprehensive services and Community Benefit operations at NMDH and throughout NMHC. Specific reasons for not addressing these needs are outlined below.

Identified Health Need	Rationale for not addressing them
Education	This need is better addressed through external community agencies who provide these services.
Environment	This need is better addressed through external community agencies who provide services to address this.
Exercise, nutrition and weight	Although not individually called out as a priority, this need is being addressed through the Chronic Disease strategy.
Immunizations and infectious diseases	This need was assessed by the community as a relatively low priority as measured by the NMDH prioritization tool.
Maternal, fetal and infant health	This need was assessed by the community as a relatively low priority as measured by the NMDH prioritization tool.
Older adults and aging	This need was assessed by the community as a relatively low priority as measured by the NMDH prioritization tool.
Other chronic diseases (defined as osteoporosis, rheumatoid arthritis, osteoarthritis and chronic kidney disease)	This need was assessed by the community as a relatively low priority as measured by the NMDH prioritization tool.
Public safety	This need is better addressed through external community agencies who provide services to address this.
Teen and adolescent health	This need was assessed by the community as a relatively low priority as measured by the NMDH prioritization tool.
Transportation	This need is better addressed through external community agencies who provide these services.

Implementation Plan adoption

The adoption of the Implementation Plan was authorized through a board resolution at the July 13, 2021, meeting of the Northwestern Medicine West Region Board of Directors.

The NMDH 2022 Community Health Implementation Plan was reviewed and adopted by the president of Northwestern Medicine Delnor Hospital on January 14, 2022.

Feedback

The community is encouraged to provide feedback on this Implementation Plan and all NMHC Community Health Needs Assessment documents by calling 312.926.2301 (TTY: 711) or emailing communityhealth@nm.org. Please include your name, organization (if applicable) and any questions or feedback you have about the report content.

Public availability

This Implementation Plan and all NMHC Community Health Needs Assessment documents are public information and can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment.

Reports can also be requested, at no cost, by calling 312.926.2301 or by emailing communityhealth@nm.org.

Please contact the NM Community Affairs Department with any questions by calling 312.926.2301 (TTY: 711) or emailing communityhealth@nm.org.



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