



Your Feedback Makes Us Better

Northwestern Medicine is committed to building healthier communities. Your voice is important for helping us understand your lived experiences in your community.

Northwestern Memorial Hospital encourages comments from the public regarding our Community Health Needs Assessment (CHNA) process or findings. Please submit comments to communityhealth@nm.org, and include your name and organization, if applicable.

This report was adopted by the Northwestern Memorial Hospital Board of Directors July 7, 2022, and made available to the public on August 31, 2022. It was created in accordance with federal IRS regulations §1.501(r)-3.



Foreword

Our Commitment to Equity

In many ways, the world has experienced dramatic change in the last few years. From the medical, social and economic challenges brought on by the COVID-19 pandemic, to the painful and increasing inequities that are affecting people across all minority groups, now more than ever, we are called to be better.

Better is a philosophy that drives everything we do at Northwestern Medicine. Just as we are driven to provide better care, better treatments and better patient experiences, we also are relentless in our pursuit of building better communities.

Three pillars of community work



To achieve equity for those we serve, we continually work to overcome structural inequities and bias, and improve coordination and connection to community resources. These are two areas that span all three of our community pillars and touch every strategy we have for addressing the priority health needs of our communities. These are foundational issues that Northwestern Medicine is addressing both within the organization and across our communities. The long-standing resolve to address them is woven throughout the fabric of Northwestern Medicine.

This Community Health Needs Assessment may be on a three-year cycle, but our community work happens every day, in every department. In short, this is who we are.

Structural inequities and bias

We elevate initiatives that:

- Facilitate community engagement and cultivate new relationships
- Allow us to work with long-standing community allies to address health inequities
- Invest in disparity research
- Foster ongoing bias training for all employees and clinicians
- Ensure Northwestern Medicine is a safe and welcoming environment for all patients



Coordination and connection to community resources

We elevate initiatives that:

- Strengthen community-clinician relationships
- Lead to better care coordination
- Connect patients with community resources



Every member of the Northwestern Medicine workforce is dedicated to our vision of a stronger, healthier and **better** life for those in the communities we are privileged to serve.

A note about COVID-19

Work on this report was completed during a time that communities across the globe, including those we serve locally, were experiencing profound impacts from the COVID-19 pandemic. The pandemic shone a spotlight on the devastating effects that economic and social inequities have on health. These effects were confirmed by community members, healthcare workers and public health experts who participated in this assessment.

The pandemic has strengthened our resolve to improve health equity among those we serve and ensure that all people have an equal opportunity to achieve their optimal level of health and wellness.

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Introduction to the Community Health Needs Assessment

Since 2012, Northwestern Memorial Hospital has completed a comprehensive Community Health Needs Assessment (CHNA) every three years. This process helps us better understand who lives in the communities we serve and the biggest health issues they face.

Goals of our CHNA

The goals of the CHNA were to:



- Learn about the health needs of residents within the Northwestern Memorial Hospital Community Service Area
- Identify which needs are most important to address
- Identify resources available to address those needs

Northwestern Medicine is committed to **improving the health of the communities we serve**. The CHNA process helps us achieve this mission.

How we achieved our goals

For the 2022 CHNA, Northwestern Memorial Hospital collaborated with the Alliance for Health Equity (AHE) to learn about the communities we serve and their health needs. AHE is made up of 35 hospitals working with local health departments and regional and community-based organizations to improve health equity, wellness and quality of life across Chicago and suburban Cook County. The Illinois Public Health Institute (IPHI) acts as the backbone organization for AHE and developed the collaboration so that participating organizations could collaboratively assess community health needs, develop strategies to address needs, more efficiently share resources and have a greater impact on the larger population residing in Cook County.

Together with AHE, we gathered information from a variety of sources, including direct community input through surveys and focus groups. After we collected and analyzed this information, we interpreted the findings to identify the most significant health needs affecting the communities we serve. Then, we worked with community representatives to help identify which needs were the most important for Northwestern Medicine to address over the next three years.

We identified health needs among people across all:

- Socioeconomic groups
- Races
- Ethnicities
- Ages (over 10 years old)

While we assessed information across our entire service area, this report highlights health inequities and needs that disproportionately impact people in communities that have been historically under-resourced and have a higher percentage of people with barriers to health and wellness, such as a lack of medical insurance.

Priority health needs

Many health needs were identified through the CHNA process. To identify which needs to address, we considered which were most widespread, severe and persistent. Then we considered which needs would be best addressed through a collaboration with our community partners. These needs are the priority health needs we will focus on over the next three years.

The priority health needs for Northwestern Memorial Hospital in the 2022 CHNA are:

- **Behavioral Health**
- **Employment and Youth Development**
- **Violence and Community Safety**





Next steps

Northwestern Memorial Hospital will use the information and insight gained through this assessment to guide our work on improving the health of the communities we serve. We will develop an implementation plan to detail how we will address priority health needs in collaboration with healthcare, social service, public health and policy organizations.

Drawing on our collective resources, **together we can address the priority health needs of residents** in our defined Community Service Area.

Acknowledgments

We rely on voices within the communities we serve to help us better understand the needs and issues that affect the health of their residents. This CHNA and the work that will come out of it would not have been possible without discussions with key community collaborators, organizations and residents. We are grateful to all of those who dedicated their time to share their insights with us.

We also gratefully acknowledge AHE for their collaboration and significant efforts in the completion of this CHNA.

Community organizations that generously gave their time and expertise to help guide this CHNA include:

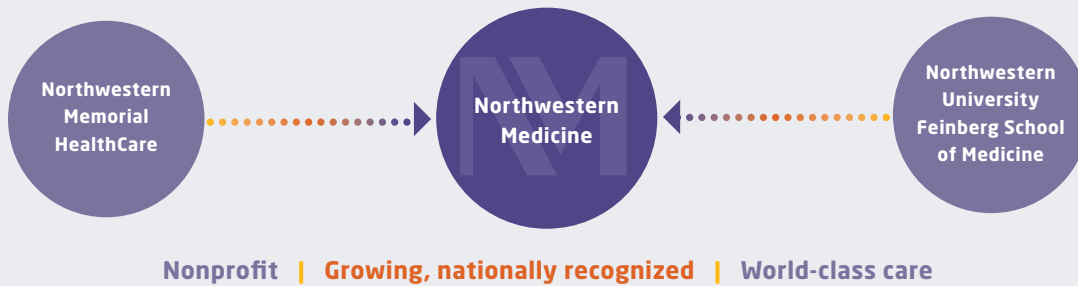
- Bright Star Community Outreach
- Center for Housing and Health
- Connections for Abused Women and Their Children
- Chicago Cook Workforce Partnership
- Erie Family Health Center
- Greater Chicago Food Depository
- Howard Brown Health
- Inner-City Muslim Action Network (IMAN)
- National Able Network (Pilsen Workforce Center)
- Near North Health
- Northwestern University
- Thresholds
- West Humboldt Park Development Council



Who We Are

Get to know Northwestern Memorial HealthCare

Who we are



Who we serve



Rural



Suburban



Urban

People with a broad range of socioeconomic statuses and needs associated with social determinants of health

11 hospitals
and more than
200 locations



We are...

- Pushing boundaries in our research labs
- Training the next generation of physicians and scientists
- Pursuing excellence in patient care

Our mission

Provide quality medical care regardless of the patient's ability to pay

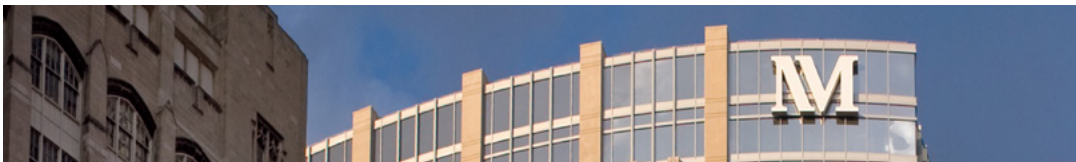
Transform medical care through clinical innovations, breakthrough research and academic excellence

Improve the health of the communities we serve

How we achieve our mission

As pillars in their respective communities, Northwestern Medicine hospitals are uniquely positioned to lead efforts to positively impact community health.

- We provide culturally informed care to meet the needs of those who live in our communities.
- We maintain strong relationships with community partners that share our vision of building stronger, healthier communities.
- We are a major economic driver in the communities we serve.



About Northwestern Memorial Hospital



894
beds



Acute
care



Located in **Chicago**, Illinois

Services: A complete range of adult inpatient and outpatient services in an education and research environment

Community: A large, complex and diverse area, with patients coming from the city of Chicago and surrounding suburbs

Northwestern Memorial Hospital has a rich history of caring for our community.

We work with trusted community-based organizations in the Chicagoland area to identify and respond to priority health needs within our community and systematically reduce barriers to patient care services. Together, we have developed important initiatives to:

- Promote healthy lifestyles
- Minimize risk factors for heart disease, stroke and other chronic diseases
- Deliver gynecologic, prenatal, and obstetric health services to historically under-resourced populations
- Address mental health issues
- Address recreational drug use
- Provide access to care for patients who have historically faced barriers to medical services



Defining the Community Service Area

How the Community Service Area was determined

The Northwestern Memorial Hospital Community Service Area (CSA) used in this CHNA was determined by:

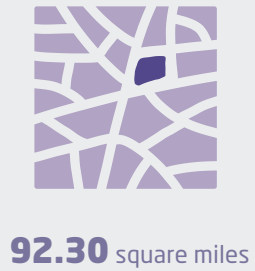
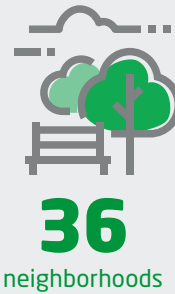
- Geographic area served by the hospital
- Main functions of the hospital
- Areas that have been historically under-resourced
- Areas where we are currently working on addressing priority health needs, including work with community partners

The defined CSA takes into account populations that are:

- Medically underserved
- Low-income
- Historically under-represented, minority populations

Our CSA definition does not take into account how much patients or their insurers pay for care or whether patients are eligible for financial assistance through Northwestern Medicine.

How the Northwestern Memorial Hospital Community Service Area is defined



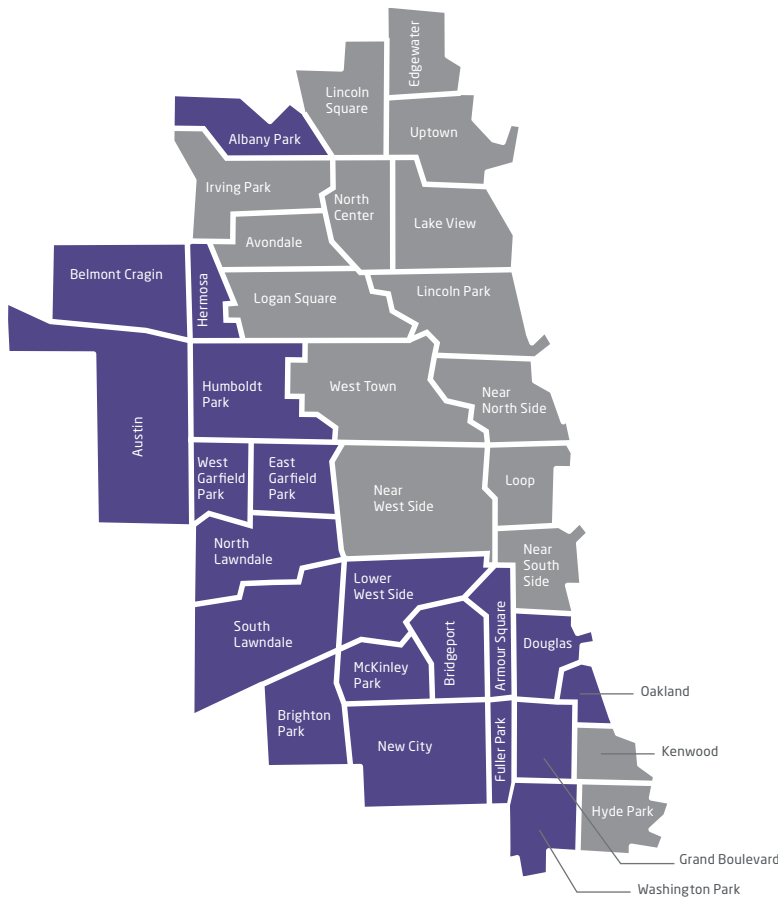
| Northwestern Memorial Hospital CSA ZIP Codes | | | | |
|--|-------|-------|-------|-------|
| 60601 | 60608 | 60615 | 60632 | 60651 |
| 60602 | 60609 | 60616 | 60639 | 60653 |
| 60603 | 60610 | 60618 | 60640 | 60654 |
| 60604 | 60611 | 60622 | 60641 | 60657 |
| 60605 | 60612 | 60623 | 60642 | 60660 |
| 60606 | 60613 | 60624 | 60644 | 60661 |
| 60607 | 60614 | 60625 | 60647 | |

| Northwestern Memorial Hospital CSA Neighborhoods | | | |
|--|-----------------|-----------------|--------------------|
| Albany Park | Edgewater | Lincoln Park | New City |
| Armour Square | Fuller Park | Lincoln Square | North Center |
| Austin | Grand Boulevard | Logan Square | North Lawndale |
| Avondale | Hermosa | Loop | Oakland |
| Belmont Cragin | Humboldt Park | Lower West Side | South Lawndale |
| Bridgeport | Hyde Park | McKinley Park | Uptown |
| Brighton Park | Irving Park | Near North Side | Washington Park |
| Douglas | Kenwood | Near West Side | West Garfield Park |
| East Garfield Park | Lake View | Near South Side | West Town |

Northwestern Memorial Hospital Community Service Area map

Once the CSA has been defined, Northwestern Medicine uses the Socioeconomic Resource Index (SERI) to identify areas experiencing economic hardship. Under-resourced areas are identified based on multiple indicators, including:

- Unemployment (over age 16)
- Education (over age 25 without a high school diploma)
- Per capita income level
- Crowded housing (more than one person per room)
- Dependents (under age 18 or over age 64)
- Poverty (income below 200% of the federal poverty level)



The Northwestern Memorial Hospital Community Service Area. Locations in dark purple have been identified as under-resourced communities by SERI.



Completing the Assessment

Northwestern Memorial Hospital performed the CHNA from May 2021 through March 2022. We worked with AHE to plan for data collection and analysis, and we took an intentional approach to build on previous CHNAs.

We conducted surveys and focus groups to gather primary data directly from those in the community. We also looked at secondary data, such as local health statistics. Taken together, the data allowed us to identify health trends and compare the health needs in our CSA to benchmarks at the city, county, state and national levels.*

Once the data was collected, it was analyzed and reviewed by community health experts. Then, we presented it to key collaborators in the community and hospital, who identified which needs should be prioritized.

Primary data

Community input is the most important data contributor into the CHNA, as it provides the most current, real-time information about community health needs. This is particularly true in the context of the current COVID-19 pandemic, as we were able to gain first-hand information from communities most impacted by inequities that lead to poorer outcomes from COVID-19.

Primary data was collected through community input surveys and focus groups. This information was used to complement existing data, such as the Healthy Chicago Survey and CDC PLACES.

*Analyses conducted by AHE for this CHNA are presented without citations. Data presented from other sources are cited in Appendix E.



Community input surveys at a glance

- Conducted between September and December 2021 by AHE
- Insights collected from 3,722 survey participants within the Northwestern Memorial Hospital CSA
- Intended to gain first-hand information from people who are typically underrepresented in the assessment process: people of color, immigrants, LGBTQ people, people with disabilities and people with low income
- Collected from individuals age 10 and older
- Available online or on paper
- Disseminated in English and Spanish
- 24 questions
- Asked about demographics, community health status, strengths, opportunities for improvement and COVID-19 impacts
- Promoted widely through social media and an email blast

Additional information regarding the survey can be found in Appendix D.



Focus groups at a glance

- Conducted between September 2021 and January 2022 by AHE
- 21 community focus groups within the Northwestern Memorial Hospital CSA
- Participants were age 14 or older and represented a diverse range of ethnic, racial, religious and socioeconomic backgrounds
- AHE recruited participants through hospital community partnerships
- Also held with healthcare and social service providers
- Asked about community strengths, needs, underlying root causes of health needs, COVID-19 impacts, solutions to identified health needs and communication strategies

Additional information on focus group sessions can be found in Appendix D.

Secondary data

Secondary data was gathered through Metopio, a cloud-based data atlas and analysis platform that curates publicly available data for hundreds of health and equity indicators. AHE helped identify, compile and analyze the secondary data.

The following key topics were chosen for analysis:

- Social Determinants of Health
- Health Conditions
- Health Behaviors

Secondary data sources at a glance

- Peer-reviewed literature and white papers
- Existing assessments and plans focused on key topic areas
- Chicago Department of Public Health and Cook County Department of Public Health
- Healthy Chicago Survey
- Local data compiled by government agencies:
 - Chicago Metropolitan Agency for Planning
 - Chicago Department of Family and Support Services
 - Chicago Department of Planning and Development
 - Housing Authority of Cook County
 - Local police departments
- Local data compiled by community-based organizations:
 - Greater Chicago Food Depository and Feeding America
 - Voices of Child Health in Chicago
 - Healthy Chicago Equity Zones
 - Mapping COVID-19 Recovery Initiative
- Illinois Health and Hospital Association/COMPdata: Hospitalization and emergency department rates
- State agencies:
 - Illinois Department of Healthcare and Family Services
 - Illinois Department of Human Services
 - Illinois State Board of Education
 - Illinois Department of Public Health
- Federal sources:
 - U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health
 - Centers for Disease Control and Prevention PLACES project
 - Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of Health Care
 - Health Resources and Services Administration
 - United States Department of Agriculture



Key Findings

The following describes the data we collected for the Northwestern Memorial Hospital CHNA and the significant health needs we identified.

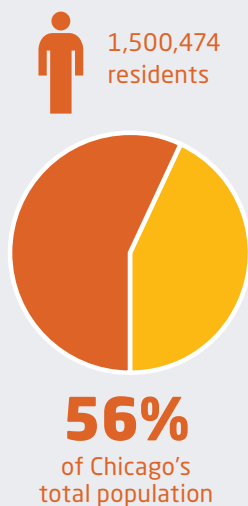
Who lives in the communities we serve

Demographics

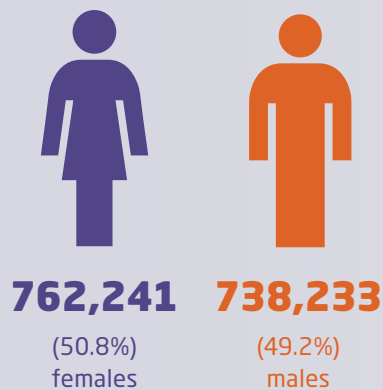
Demographics affect each person's ability to be healthy. Considering the demographic makeup of a community is crucial for shaping community health initiatives to improve health outcomes.

The Northwestern Memorial Hospital CSA is complex and diverse.

Population¹



Sex¹



- Aligns with the city of Chicago (51.4% and 48.6% respectively)
- Percentage of individuals identifying as male or female is approximately equal
- Accurate and complete data for people who are transgender, nonbinary and gender-nonconforming in Cook County is limited

Age¹

| Age Group | Population in the Hospital's CSA | Percentage in the Hospital's CSA |
|--------------|----------------------------------|----------------------------------|
| 17 and Under | 279,436 | 18.6% |
| 18 to 39 | 644,109 | 42.9% |
| 40 to 64 | 413,929 | 27.6% |
| 65 and older | 162,999 | 10.9% |

This information is important, as different age groups have unique health needs that must be considered when planning a response to community need.

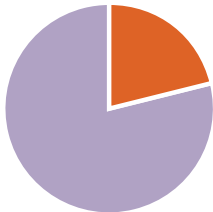
Race and ethnicity

- Majority racial/ethnic minority population,¹ similar to trends in Chicago
- Minority populations concentrated to the south and west of the CSA
- Racial and ethnic segregation in Cook County well above national median levels²

| Race/Ethnicity | Population in the Hospital's CSA | Percentage in the Hospital's CSA | Percentage in City of Chicago |
|-------------------------|----------------------------------|----------------------------------|-------------------------------|
| Non-Hispanic White | 573,181 | 38.2% | 33.4% |
| Hispanic/Latin American | 453,143 | 30.2% | 28.7% |
| Non-Hispanic Black | 304,596 | 20.3% | 28.8% |
| Non-Hispanic Asian | 129,041 | 8.6% | 6.8% |
| Two or more races | 36,011 | 2.4% | 2.2% |
| Native American | 12,004 | 0.08% | 0.09% |

Language¹

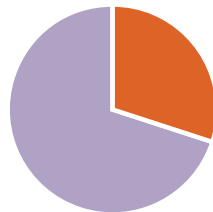
Language skills affect the ability to access, understand and act on health information.



An estimated **21.36% of CSA residents** were not born in the United States



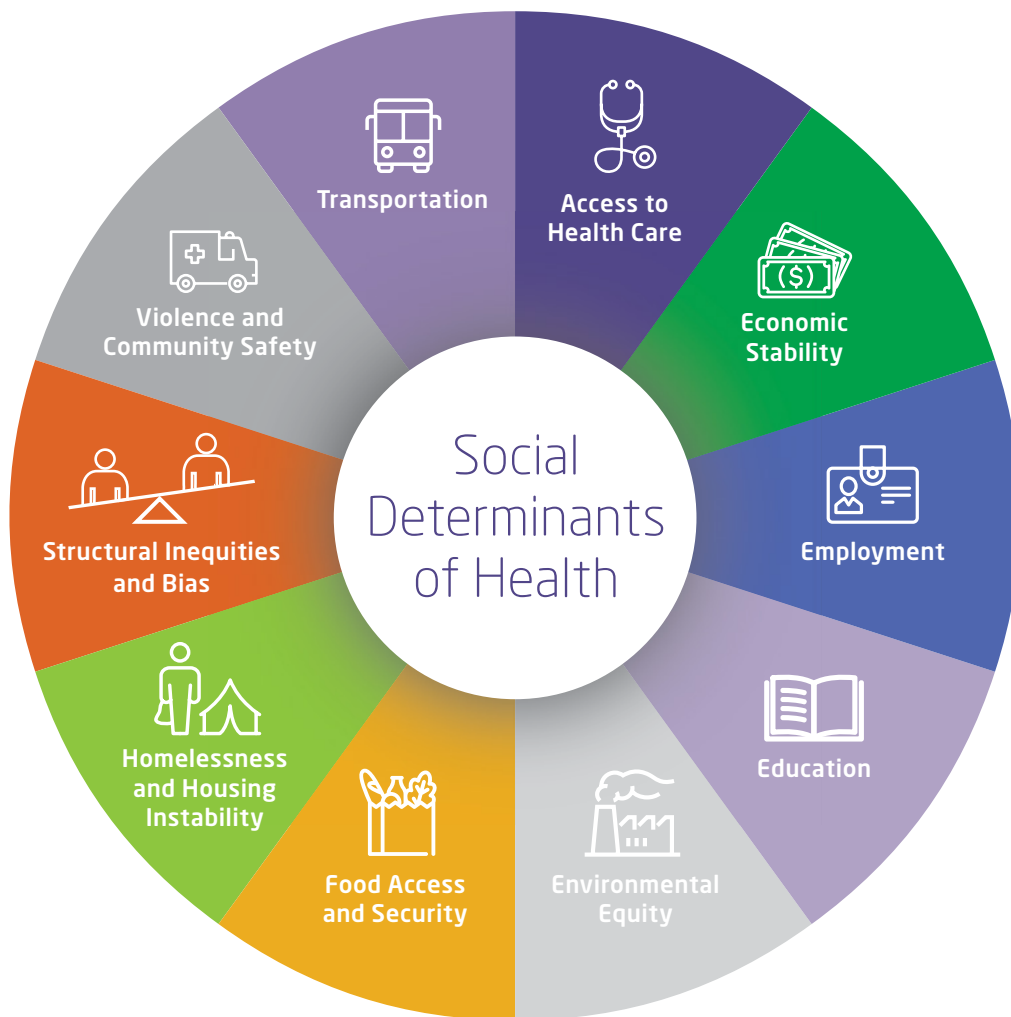
9.92% of CSA households speak limited English (compared to 8.05% citywide)



In some CSA neighborhoods, **more than 30% of residents** have limited English proficiency¹

Social determinants of health

Up to 80% of health outcomes are influenced by the ways in which people live, work, play and worship, known as social determinants of health (SDOH).² SDOH relate to social and economic opportunities, community resources, quality education, workplace safety, environmental factors and the nature of social interactions and relationships. SDOH help explain why some people in the United States are healthier than others.



Access to Health Care

Access to health care is broadly defined as the “timely use of personal health services to achieve the best health outcomes.”³ The ability to access health insurance is essential for promoting and maintaining health as well as preventing and managing disease.

According to Healthy People 2030, people without insurance are less likely to have a primary care provider, and they may not be able to afford the healthcare services and medications they need.⁴

Healthcare access and quality can vary greatly between communities. Within the Northwestern Memorial Hospital CSA, 21.41% of residents do not have medical insurance,^{5,6} which is similar to the city average. Health insurance is not the only factor affecting the ability to access health care. Even those with health insurance can face barriers to accessing appropriate and timely care.

- Ease of access to health clinics
- Insurance coverage and public benefits
- Immigration status
- Access to linguistically and culturally appropriate services
- Extensive paperwork and approvals before accessing care



Community Input:²⁴ Access to Health Care

“If people are worried about not being able to pay for housing or bills, they won’t be focused on accessing health services.”

- Immigrant and refugee service providers

“I had no idea where to go or how to find help, and I worked in health care.”

- National Alliance on Mental Illness focus group participant



The following major themes came from focus group participants regarding access to health care:

- Coordination and **Connection to Community Resources**
- **Culturally** and Linguistically **Appropriate Care**
- **Linkage to Quality Care**
- **Trauma-Informed Care**

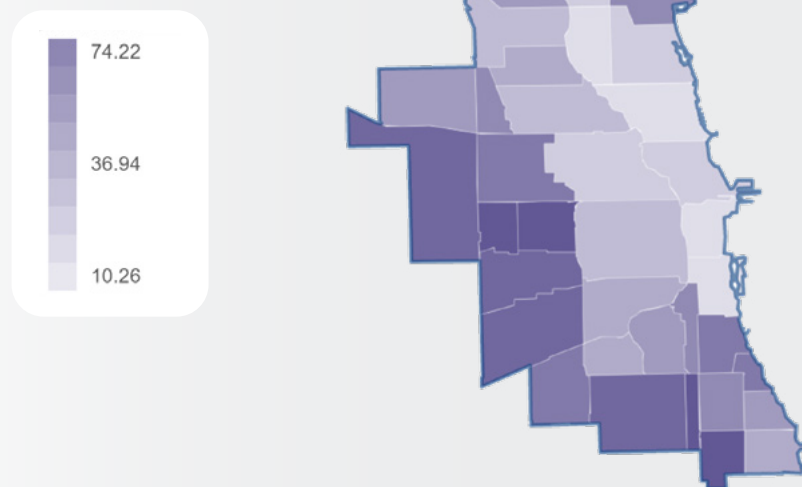
Economic Stability

Poverty is a key driver of health status and outcomes, such as life expectancy, infant mortality and development of chronic health conditions. It creates barriers to accessing things important for good health, such as medical care and healthy food.

Neighborhoods on the south and west sides of the hospital’s CSA have significant and concentrated areas of poverty. In Illinois, the annual household income at 200% of the federal poverty level (FPL) for a household of four was \$55,500 in 2022.⁷ More than 30% of residents living in the Northwestern Memorial Hospital CSA have household incomes less than or equal to this amount.

| Socioeconomic Status | Population in the Hospital’s CSA | Percentage in the Hospital’s CSA | Percentage in the City of Chicago |
|--|----------------------------------|----------------------------------|-----------------------------------|
| Persons Living at or Below the Federal Poverty Level | 258,082 | 17.20% | 17.33% |
| Persons Living at or Below 200% of the Federal Poverty Level | 513,762 | 34.24% | 35.75% |

Northwestern Memorial Hospital CSA Residents Living at or Below 200% of the Federal Poverty Level
Measured as a Percent



Employment

Financial security makes it easier for individuals and families to obtain resources for healthy living and serves as a predictor for positive health outcomes. During 2016 to 2020:

- The unemployment rate in Chicago averaged 8.1%.
- The Northwestern Memorial Hospital CSA had a similar unemployment rate at 7.3% (or 109,535 individuals), which ranged from 0.8% in Near South Side to 24.8% in Fuller Park.
- High levels of unemployment are geographically concentrated on the south and west sides of the hospital's CSA.⁹



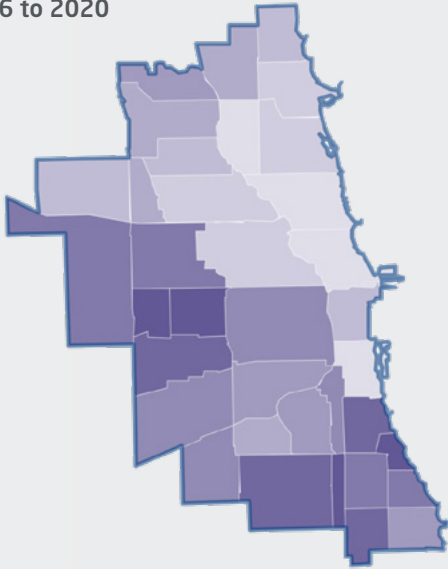
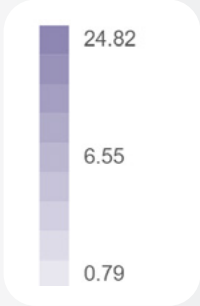
Community Input:²⁴ Employment

“The pandemic highlighted that going back to work for the little money it raises, isn't worth it. Mothers are paid \$15/hour, but child care is \$13/hour, so there's no money being made.”

- Focus group participant

In May 2020, the Urban Institute estimated that **14.4% of jobs with low wages (less than \$40,000/year) were lost due to COVID-19 in the Northwestern Memorial Hospital CSA.**⁷

Average Unemployment Rate in the Northwestern Memorial Hospital CSA: 2016 to 2020
Measured as a Percent



Education

Poverty, unemployment and under-employment are highest among those with less education.¹⁰ A higher level of education is linked to positive health outcomes.

Within the Northwestern Memorial Hospital CSA:

- 85.2% of adults age 25 and older have a high school diploma (or equivalent)
- That number is 85.9% in the city of Chicago
- Residents on the south and west sides of the CSA are less likely to have a high school diploma or bachelor's degree²



Community Input:²⁴ Education

"Schools provide a gateway to social activism for youth."

- *Beyond Hunger*

"Kids spend 80% of time in school. Why not put dollars into the school to create programmatic things they can experience while they're in school, if they're not feeling safe in the community?"

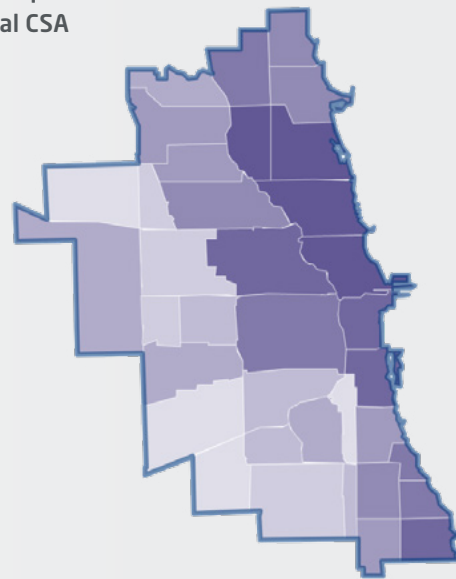
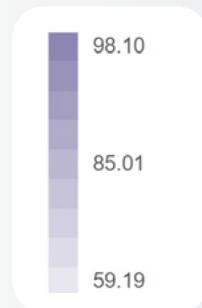
- *Garfield Park Alliance Council*

"We have one charter school only, and that school is leading in expulsions and suspension. Some schools do whatever they want to keep their scores high."

- *MAAFA focus group participant*

Adults With High School Diploma or Equivalent in the Northwestern Memorial Hospital CSA

Measured as a Percent



Environmental Equity

Another socioeconomic factor – a healthy or livable environment – refers to the surroundings in which one resides, lives and interacts.

A clean, safe and healthy environment is a significant contributor to the health of individuals and populations. The neighborhood environment can affect health outcomes in a number of ways. Particulate matter is one of the most dangerous pollutants because these particles can penetrate deep into the lungs and cause negative health effects. This includes premature death from cardiovascular disease or lung cancer, and increased health problems such as asthma attacks.

In the Northwestern Memorial Hospital CSA, particulate matter was estimated in the 68.8 percentile.* This rate rose in South Lawndale (93.3 percentile) and Armour Square (88.9 percentile).¹²



Community Input:²⁴ Environmental Equity

“Getting kids to come to the park if they can get something out of it, clean it up, put some lights up, invest some money in the parks so they feel safe.”

- Garfield Park Alliance

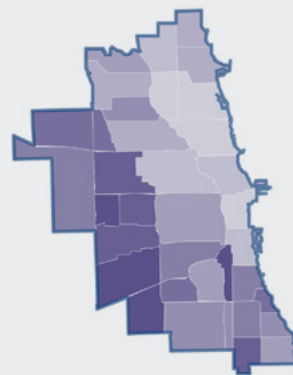
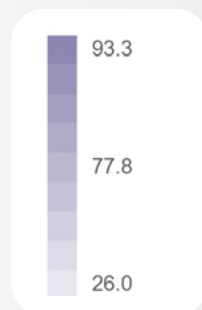
“We need a cleaner community.”

- Focus group participant

A person’s environment can also affect their mental health. In Cook County, people may worry about:

- Pollution
- Community violence
- Increasing severe weather patterns that limit the ability to work or play
- Rising housing costs that lead to forced evictions

Exposure to Particulate Matter in the Northwestern Memorial Hospital CSA Measured as a Percentile



* Particulate Matter Environmental Justice Index: 0= lowest exposure and 100= highest exposure

Food Access and Security

A healthy food environment gives residents the ability to buy healthy foods close to where they live. Those who cannot afford or access healthy food are more likely to have a less healthy diet, which increases risk of illnesses such as cardiovascular disease, some cancers, obesity, Type 2 diabetes and anemia. In addition, people who do not have enough food to eat may have a harder time learning, may not develop properly, and may have physical and psychological health challenges.

The COVID-19 pandemic has significantly impacted the food environment. Families with children **are more likely to have experienced food and nutrition insecurity** during the pandemic.



Community Input:²⁴ Food Access and Security

“One grocery store [and it is] costly. They have a variety of food, but we need more grocery chains. Only store in the community. Need more affordable food, and of quality.”

- Oakley Square Apartments

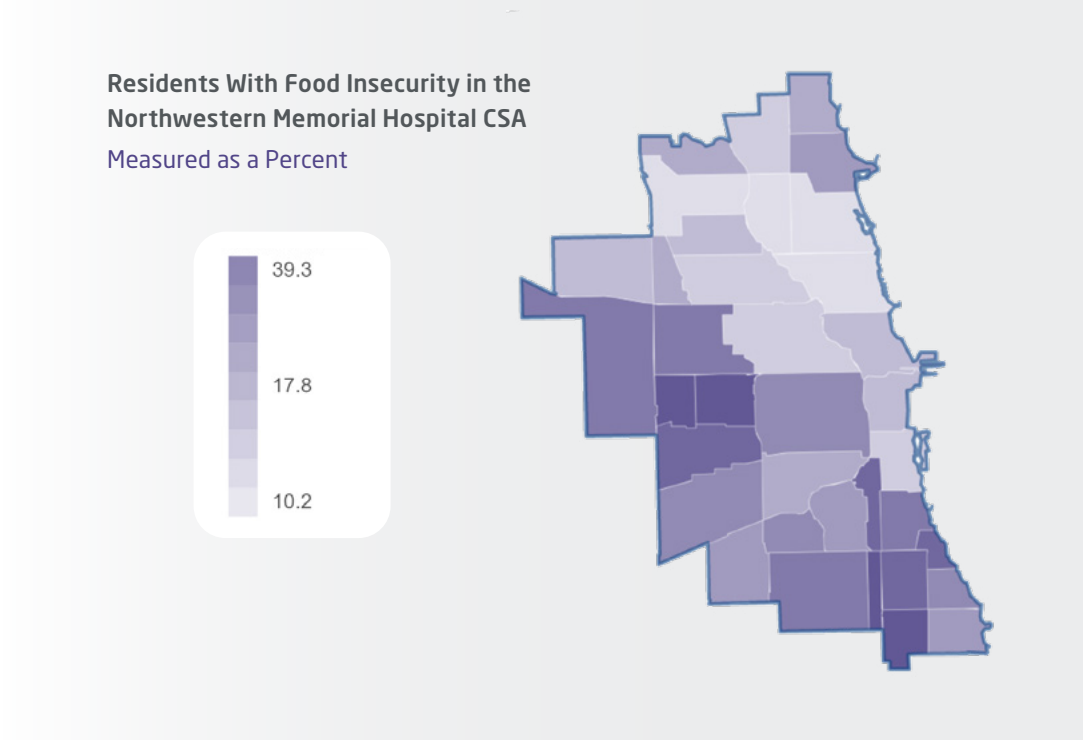


Food Access and Security (continued)

Food insecurity is defined as limited or uncertain access to adequate food and may be caused or exacerbated by cost or distance to a grocery store. In Chicago, an estimated 21.3% of residents experience food insecurity.¹¹ Within the Northwestern Memorial Hospital CSA, 18.3% of residents are considered to be food insecure, which is similar to county (15.0%) and state (15.1%) percentages.

Food insecurity is concentrated on the south and west sides of the hospital's CSA, with the highest percentage of residents experiencing food insecurity on Chicago's South Side in Fuller Park at 39.3%.

In addition, 16.64% of households in the CSA receive Supplemental Nutrition Assistance Program (SNAP) benefits.^{1*}



*SNAP is a federal nutrition program that improves access to food for those who are eligible. SNAP benefits can be used to purchase foods at grocery stores, convenience stores and farmers markets. People without documented status are generally not eligible for federal assistance programs such as SNAP.

Homelessness and Housing Instability

In the Northwestern Memorial Hospital CSA, 27% of survey respondents said homelessness and housing instability were top concerns, and 21% believe that affordable housing is needed to support improvements in the community. Homelessness was identified as both a root cause and a direct outcome of substance use disorders and chronic disease. Addressing housing issues offers a unique opportunity to address an important SDOH.²

In addition, 38% of households in the CSA spend more than 30% of their income on housing.¹³ This significantly impacts their ability to pay for other necessities, such as food, transportation and health care.

Cost-burden is the term used when people spend more than **30% of their income on housing costs**. This impacts **570,180 households in the hospital's CSA**.

In 2019, right before the COVID-19 pandemic, an estimated 58,273 people were experiencing homelessness in the city of Chicago (2.16% of the city's population). This was a 16% decrease from 2018.

Until 2019, there had been a steady decline in homelessness in the city of Chicago due in large part to the fact that many people living in poverty were leaving the city. This decrease can further be accounted for by point in time counts of homelessness, which can vary significantly based on the number of individuals temporarily staying with others.

In addition, many households have reported experiencing serious financial problems as a result of the global economic impact of the pandemic.¹⁴



Community Input:²⁴ Homelessness and Housing Instability

"Housing and homelessness numbers have tripled since COVID-19."

- *Village of Broadview focus group participant*

"Housing is difficult for low-income families and minority families."

- *West Cook YMCA focus group participant*

"Individuals may need support being a 'good tenant.'"

- *National Alliance on Mental Illness focus group participant*

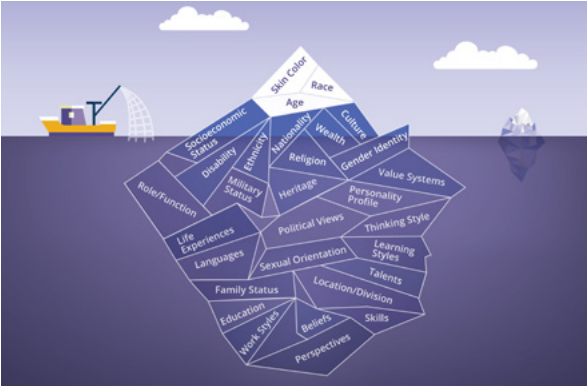
"People applied to resources but never heard back after months, even while facing eviction."

- *Beyond Hunger focus group participant*

"If people are worried about not being able to pay for housing or bills, they won't be focused on accessing health services."

- *Immigrant and refugee service providers*

Structural Inequities and Bias*



Structural racism is defined as “the totality of ways in which societies foster [racial] discrimination, via mutually reinforcing [inequitable] systems (e.g., in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.) that in turn reinforce discriminatory beliefs, values, and distribution of resources,” reflected in history, culture and interconnected institutions.¹⁵

Structural racism, also known as systemic racism, is racial bias among institutions and across society.¹⁵ It involves the cumulative and compounding effects of an array of societal factors, including the history, culture, ideology and interactions of institutions and policies that systemically advantage white people and disadvantage people of color.

Systemic and structural racism play a large part in determining where people live and therefore have a downstream effect on health outcomes. These realities make it more likely that people from certain minority groups will live in areas that lack access to:*

- Healthy food
- Transportation
- Housing
- Parks, playgrounds and other places to connect with community



Community Input:²⁴ Structural Inequities and Bias

“It feels like this structural racism is impacting everything. I mean, whether we’re talking about the meetings we can attend, whether we’re talking about the properties we can buy because of redlining, whether we’re talking about being able to afford insurance. It really permeates everything from economics to education to even the way that we think.”

- Garfield Park Community Council

“[People] will get help from the close people in the community, but as far as health care? No. Because most people are undocumented, and they are afraid to go in to get help. Most people don’t have health insurance. They get turned away because of a piece of paper. They must travel far for help. Their problems are not treated as a whole human.”

- Healthy Hood Chicago

* The consequences of inequities, related to specific topics, are addressed throughout this report. Additional information regarding structural inequities and bias can be found in the AHE Report, noted at the end of Appendix D.

Violence and Community Safety

The root causes of community violence are multifaceted and include issues such as:

- Concentration of poverty
- Education inequities
- Poor access to health services
- Mass incarceration
- Differential policing strategies
- Generational trauma

COVID-19 has increased economic instability and stressors within communities, contributing to increased gun violence, interpersonal violence and child abuse.

Within the Northwestern Memorial Hospital CSA, **23%** of survey respondents **report that violence is a top concern** within the community.

Survey respondents also report that economic instability and lack of economic opportunity are factors that contribute to violence in the community.

Overall, violent crime has been on the rise in Chicago and in the Northwestern Memorial Hospital CSA since 2016. The epidemic of violence in Chicago is widely recognized, given widespread coverage in local, national and international media. Our analysis of data from the Northwestern Memorial Hospital CSA reveals a similar story about the rates of violence and injury in communities with low incomes and a high concentration of people from racial and ethnic minorities. For example, the rate of firearm-related homicide was highest in East Garfield Park and Fuller Park.¹¹ This burden of firearm-related death was greater than that observed in more affluent communities with higher proportions of white residents, such as Near North Side and Lincoln Park. Patterns of injury and accidental death followed a similar geographic distribution.

Results from focus groups and surveys conducted in the Northwestern Memorial Hospital CSA consistently demonstrated that violence is a top concern, and improving community safety represents a great opportunity for improving health and well-being.



Community Input:²⁴ Violence and Community Safety

“Violence... People feel they got to do whatever it takes to survive.”

-MAAFA focus group participant

“Rough neighborhood, but it’s got a way of hanging on. They stick together. There’s a sense of togetherness.”

-Focus group participant

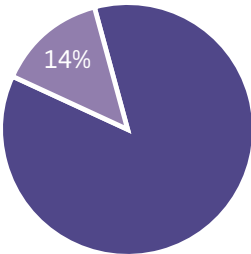
“We also need leaders that will truly go fight for us... in City Hall, County Board, state representatives... truly represent our needs.”

-Focus group participant

Transportation

Safe and reliable transportation is essential to access healthcare appointments, social services, work, school and grocery stores. A lack of transportation is associated with adverse health outcomes.

Although much of the Northwestern Memorial Hospital CSA has high transit availability, many people still lack access to safe, reliable and affordable public transportation.



Nearby neighborhoods such as Belmont Cragin, South Lawndale and Humboldt Park report as little as **14%** public transit usage.



Community Input:²⁴ Transportation

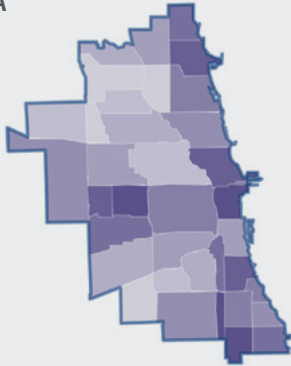
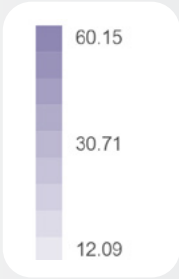
Community members highlighted the need for reliable transportation to get to care appointments. Particularly on the South and West Side of Chicago, community members are more likely to live in areas without a nearby level I trauma center, live more than a half mile from a local pharmacy, and lack access to affordable transportation.

Within the Northwestern Memorial Hospital CSA, 29.9% of households have no vehicle available as compared to 17.7% in Cook County.

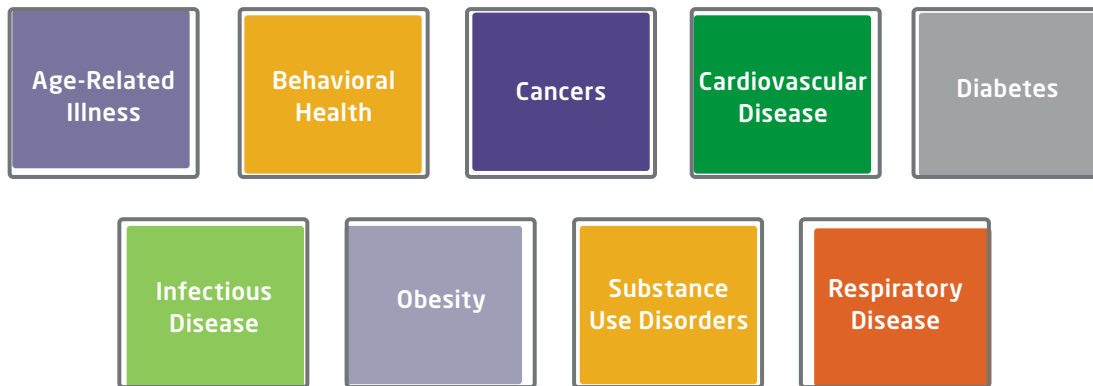
For those who do have a vehicle, **the rising costs of gas have made using that vehicle more difficult** to perform daily tasks such as driving to work, school, medical visits, or grocery shopping.

This is particularly concerning for individuals who cannot use public transportation for these necessary activities.

Households in the Northwestern Memorial Hospital CSA That Have No Vehicle Available
Measured as a Percent



Health conditions



Overall, estimates of disease burden in the Northwestern Memorial Hospital CSA are similar or slightly lower than those reported for Chicago.

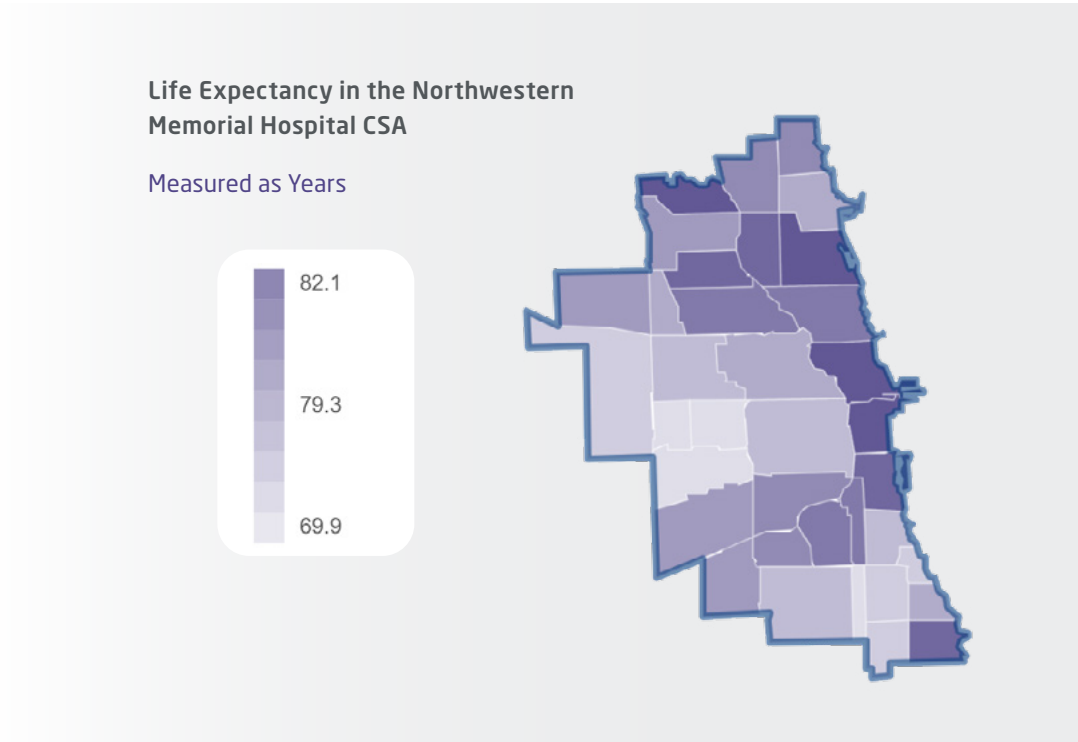
| Health Condition | Prevalence in the Hospital's CSA | Prevalence in the City of Chicago |
|---------------------------------------|----------------------------------|-----------------------------------|
| Obesity ⁵ | 29.1% | 30.7% |
| High Blood Pressure ^{5, 6} | 26.4% | 30.0% |
| Diabetes ⁵ | 9.6% | 11.0% |
| Asthma ⁵ | 9.14% | 9.5% |
| Cancer (diagnosis rate) ¹⁷ | 512.22 per 100,000 residents | 517.11 per 100,000 residents |

Within the Northwestern Memorial Hospital CSA, a higher burden of disease was concentrated in the south and west areas. Health outcomes were consistently better in communities on the north side of the CSA.

Life expectancy in the Northwestern Memorial Hospital CSA

There is a 15-year gap between the communities with the highest life expectancy (Near North Side) and the lowest life expectancy (Fuller Park).

- Overall life expectancy of Northwestern Memorial Hospital CSA: 78.2 years¹⁸
- Lowest life expectancy: 65.5 years in Fuller Park²⁷
- Highest life expectancy: 81.1 years in Near North Side²⁷
- Years of potential life lost: 6,228.8 life-years lost per 100,000^{16*}



*Years of potential life lost is a summary measure of premature mortality (early death).

Age-Related Illness

In our survey of residents living within the Northwestern Memorial Hospital CSA, age-related illness emerged as the third most important health issue. For the purposes of this report, age-related illness includes:

- Alzheimer’s disease
- Arthritis
- Dementia
- Vision and hearing impairment

Alzheimer’s Disease Mortality¹⁶



Northwestern Memorial Hospital CSA:

20.4

per 100,000 residents¹²

Cook County:

16.8 per 100,000 residents

Arthritis



Northwestern Memorial Hospital CSA:

17.9% of adults⁵

Cook County:

20.8% of adults

Vision Difficulty



Northwestern Memorial Hospital CSA:

2.3% of adults⁵

Cook County:

2.1% of adults

Hearing Difficulty



Northwestern Memorial Hospital CSA:

2.2% of adults¹

Cook County:

2.4% of adults

Behavioral Health

Mental health disorders are common and affect people of all demographics. Conditions like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders.

Data from surveys and focus groups illustrated that mental health was the top concern among community residents in the Northwestern Memorial Hospital CSA. Focus group participants highlighted the following needs:

- Holistic integrated care options
- Improved access to treatment, including more mental health workers and more culturally and linguistically inclusive practices
- Information on how to address mental health crises and where to get appropriate health during a mental health emergency
- Education to reduce stigma among community members, healthcare professionals and emergency response personnel
- Youth mental health support

Within the Northwestern Memorial Hospital CSA, 40% selected access to behavioral health services as a need within the community.

As of 2019, 18.3% of adults in the CSA reported having diagnosed depression. Since then, COVID-19 was reported in focus groups as having a negative impact on mental health both directly through issues such as chronic stress and indirectly through its impacts on the social and structural determinants of health.

- 50% of survey respondents report feeling a lack of control due to COVID-19
- 47% of survey respondents report feeling nervous, anxious or on edge
- 47% of survey respondents report having inadequate social-emotional support

Focus group participants frequently linked socioeconomic stressors such as unemployment to poor mental health. Other SDOH such as intergenerational trauma and access to early childhood education were identified as additional important factors in mental well-being.

Community Input:²⁴ Behavioral Health

"Because mental health is an invisible disability, others may question the legitimacy of mental illness as something that affects individuals' lives."

-Focus group participant

"Awareness and education surrounding mental illness, so people can better help when it comes to deescalating a crisis."

-Focus group participant

"Barrier is good insurance that allows people to access mental health services regularly alongside a steady income that covers co-pays."

- UCAN Stone Temple Church

Cancers

In the Northwestern Memorial Hospital CSA, **only 4.4% of adults report having ever had cancer**, but it has the second highest mortality rate (168.6 deaths per 100,000 residents).²⁴

This was similar to the city of Chicago, with a death rate of 177.1 per 100,000 residents.

In the Northwestern Memorial Hospital CSA, 18% of community input survey respondents identified cancer as an important health need in the community. This made cancer No. 6 in the list of most important health needs. They identified inadequate access to healthy food, poor access to health services, lack of income and smoking as contributors to the prevalence of cancer in the community. The COVID-19 pandemic also played a large role in the level of physical activity that individuals were able to engage in, affecting the management of chronic conditions or disabilities as a result of cancer.

Cancer Diagnoses

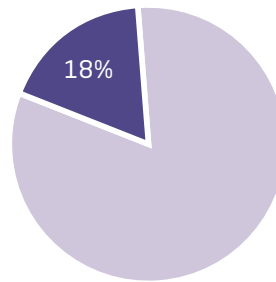
Northwestern Memorial Hospital CSA:

29,141 cases

diagnosed from 2014-2018¹⁹
(for all invasive cancers, all ages)

City of Chicago:

57,552 cases diagnosed
from 2014-2018



18%
of respondents identified cancer
as an important health need in
the community.

Cardiovascular Disease

Heart disease represents the leading cause of morbidity and mortality in Chicago and the Northwestern Memorial Hospital CSA. The burden of cardiovascular diseases was uniformly evident across the CSA.

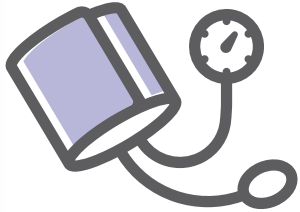
Heart disease and stroke can result in poor quality of life, disability and death. Though both diseases are common, **they can often be prevented by controlling risk factors** like high blood pressure and high cholesterol through treatment.

Rates of High Blood Pressure

Northwestern Memorial Hospital CSA:

26.4%

City of Chicago: 30.0%



After years of trending down, the risk of dying from heart disease or stroke in the United States spiked in 2020, the first year of the pandemic. The increases were highest among Black people, who had double the risk of dying from stroke and a fivefold higher risk of dying from heart disease than white people.²⁰ Even after adjusting for the aging population, the risk of dying from heart disease rose 4.3%, and 6.4% for stroke.¹²

Within the Northwestern Memorial Hospital CSA:

| | |
|--|--|
| Heart disease 189.3 deaths per 100,000 residents | Stroke 44.9 deaths per 100,000 residents |
|--|--|

Making sure people who experience a cardiovascular emergency – such as stroke, heart attack or cardiac arrest – get timely recommended treatment is essential to reduce the risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.⁴

Diabetes

In the survey of residents collected across the Northwestern Memorial Hospital CSA, 10% listed diabetes as the most important health need in the community, placing it in the top 10 health concerns.

Prevalence of Diabetes

Northwestern Memorial
Hospital CSA:

9.6% of adults²¹

City of Chicago:
11% of adults



Like many health conditions and exposures, diabetes rates were higher on the south and west sides of the Northwestern Memorial Hospital CSA.



Infectious Disease

The health impacts of COVID-19 are strongly present throughout both primary and secondary data gathered through this assessment. Across most focus groups, COVID-19 was seen as having a negative impact on health both directly and indirectly through issues such as chronic stress and impacts on SDOH.

Among community input survey respondents, COVID-19 ranked No. 4 in the list of most important health needs affecting the community. Survey respondents reported the most significant effects of the pandemic on their lives has involved:

- Feeling a lack of control
- Anxiety
- Isolation
- Stress regarding employment status and/or loss of employment
- Deaths of family and friends

COVID-19 pandemic impacts reported by Northwestern Memorial Hospital CSA survey respondents

COVID-19 disproportionately affected under-resourced communities on the South and West Sides of Chicago. In 2020, COVID-19 became the second-leading cause of death in the city.

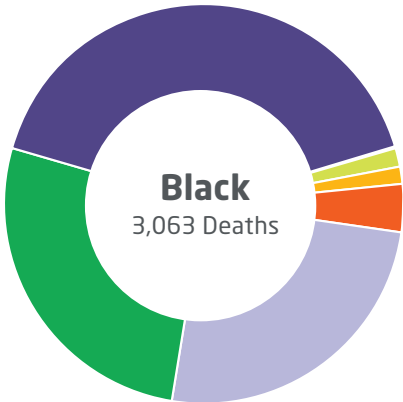
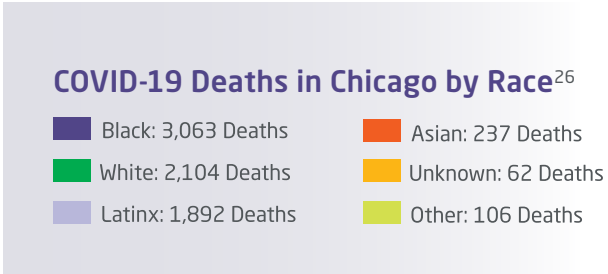
Non-Hispanic Black people have the highest death rate from COVID-19 in Chicago and nationwide. Preliminary research shows that socioeconomic factors such as level of education, housing, occupation and prior health status are strong contributors to the inequities in COVID-19 deaths among people in racial and ethnic minority groups.

If all populations had experienced the same COVID-19 mortality rate as college-educated non-Hispanic white people, deaths among people of color would have dropped by 71%.

Community Input:²⁴ Infectious Disease

“Going to work was scary. COVID exposure from working in factory and unable to social distance, still must work no matter what.”
- Focus group participant

“Unfortunately, ever since I got sick from COVID, I’ve had health problems, but now it’s worse.”
- Focus group participant



Obesity

Obesity is a common health condition in the Northwestern Memorial Hospital CSA.

Rates of Obesity

Northwestern Memorial Hospital CSA:

29.1% of adults⁶

City of Chicago: 30.7% of adults



Focus groups highlighted a number of factors contributing to high rates of obesity in the Northwestern Memorial Hospital CSA, including inactivity in youth and young adults, and inadequate access to healthy foods.

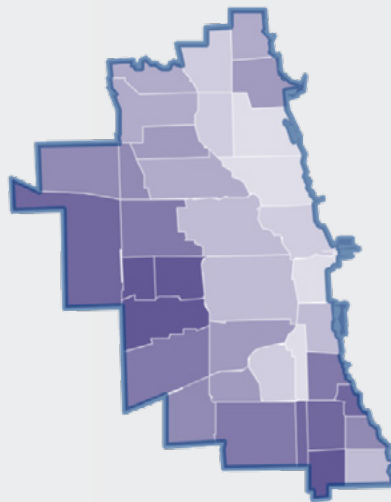
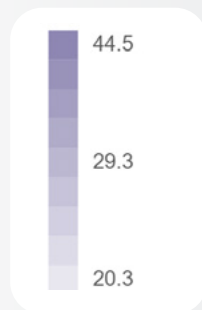
Among community input survey respondents, obesity ranked No. 11 in the list of most important health needs affecting the community. Focus group participants recognized the adverse impact of obesity and food insecurity on other chronic diseases. Obesity is linked to many serious health problems, including:

- Type 2 diabetes
- Stroke
- Heart disease
- Some types of cancer

Some people in certain racial and ethnic groups are at higher risk of obesity because they live in communities with lack of access to healthy food and availability of fast food, and other SDOH that increase their risk of chronic diseases.⁴

Obesity Rate in the Northwestern Memorial Hospital CSA

Measured as a Percent



Substance Use Disorders

A substance use disorder is a complex condition. If use of a substance cannot be controlled and continues despite harmful consequences and impairment in day-to-day functioning, it is termed substance use disorder.

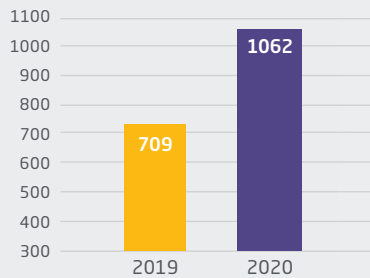
The COVID-19 pandemic not only highlighted the increasing burden of substance use disorders, but it also led to an increase in substance use. As of June 2020, the Centers for Disease Control and Prevention estimated that 13% of people in the United States started or increased substance use to cope with the stress and uncertainty of the pandemic.²²

Over the past several years, drug-related deaths have been increasing in Chicago and suburban Cook County. In 2020, deaths from drug overdose hit a historic high in the United States, exceeding 90,000. Non-Hispanic Black residents had the highest rate of drug overdose deaths in Illinois at 41.1 deaths per 100,000 residents.²³

In the Northwestern Memorial Hospital CSA, substance use was identified as a top health need in the community by 12% of survey respondents. While drug overdose was uncommon, mortality from this cause was more than two times higher in communities on the south and west sides of the Northwestern Memorial Hospital CSA.

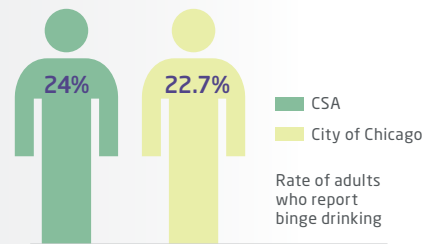
Community Input:²⁴
Substance Use Disorders

Substance use disorder was one of the most discussed topics within our focus groups. Community participants highlighted the need for holistic, integrated care options and improved access to treatment. They also highlighted the need for improved care coordination to continue receiving treatment after the first intervention.



The number of opioid-related overdose deaths in Chicago increased from 709 in 2019 to 1,062 in 2020.¹³

Communities with the highest opioid-related mortality rates in the Northwestern Memorial Hospital CSA are on the West Side (Austin, Humboldt Park, East Garfield Park, West Garfield Park and North Lawndale).¹³



The Northwestern Memorial Hospital CSA has a binge drinking rate at 24% of adults, which is about the same as the city of Chicago (22.7% of adults).⁵

Binge drinking was most common in more affluent communities with a greater proportion of white residents, such as North Center and Lake View.

Respiratory Disease

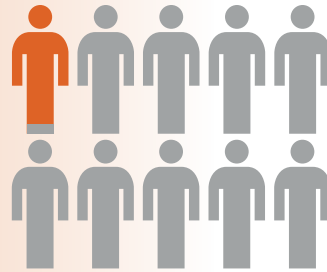
Lung diseases did not emerge as a high priority in surveys and focus groups conducted in the Northwestern Memorial Hospital CSA.

Rates of Asthma

Northwestern Memorial
Hospital CSA:

9.14% of residents⁵

City of Chicago: 9.5%

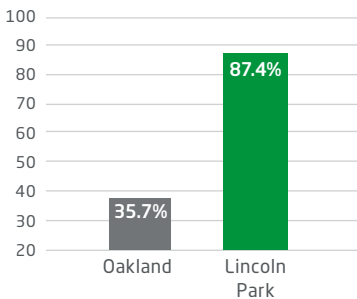


Health behaviors

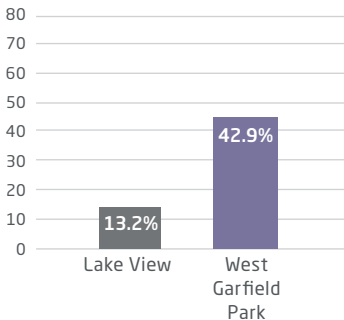
Many behaviors impact the burden of disease in communities, including food choices, physical activity and substance use. Residents in the Northwestern Memorial Hospital CSA reported a wide range of behaviors, with less healthy behaviors more often reported in communities with a larger number of people of color who have low incomes.

Self-Reported Health Behaviors by Neighborhood in the Northwestern Memorial Hospital CSA (Adults)

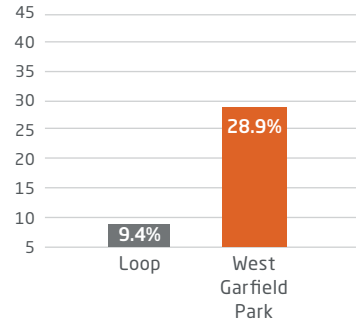
Easy access to fruits and vegetables



No exercise



Prevalence of cigarette smoking



Negative behaviors correspond with a higher burden of disease in many of the same communities and highlight structural inequities that contribute to poor health.



Nutrition

The Northwestern Memorial Hospital CSA identified access to healthy food as No. 6 in the list of items needed to support improvements in the health of the community. Some people do not have the information they need to choose healthy foods, while others do not have access to healthy foods or cannot afford to buy enough food.

Many communities across Chicago, particularly on the West and South Sides, have a high level of food insecurity. Without access to affordable, local, healthy foods in safe and accessible locations, individuals cannot reasonably make good nutritional choices for themselves and their families. Community focus groups identified the need for creating culturally competent food access programs that are flexible, adaptable and responsive to the unique needs of our individual communities.

When investing in healthy food options for a community, it is important to understand the history and culture of that community. Programs should make every effort to take a race equity approach to create sustainable change in nutrition access.

"If we eat healthy, we will have healthy bodies and we will start making healthy decisions."

– *Garfield Park Community Council*
focus group participant

Physical Activity

Regular physical activity can improve the health and quality of life of people of all ages. For people who are inactive, even small increases in physical activity are associated with health benefits.

In Chicago, 26% of adults aged 18 or older reported a lack of leisure-time physical activity. Among high school students, only 22% reported that they were physically active the recommended 60 minutes per day over the last 7 days.

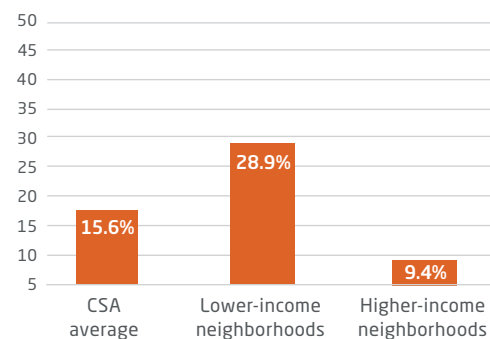
Personal, social, economic and environmental factors all play a role in physical activity levels among youth, adults and older adults. Safety concerns restrict community access to spaces for exercise such as local parks, playgrounds and community centers. Many families cannot afford gym memberships or to purchase and store their own exercise equipment. Understanding barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Tobacco Use

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to 500,000 deaths each year. Although smoking is widespread, it is more common in certain populations, including men, American Indian/Alaska Native people, people with behavioral health conditions, LGBTQ people, and people with lower incomes and education levels.

In the Northwestern Memorial Hospital CSA, 15.6% of adults age 18 or older reported currently using tobacco, with higher rates up to 28.9% in lower-income neighborhoods such as West Garfield Park and North Lawndale, and rates down to 9.4% in more affluent neighborhoods like Lincoln Park and Lakeview. The converse was true for e-cigarette (vaping) usage among adults in the CSA, which ranged from 5.6% in lower-income neighborhoods to 33.8% in more affluent neighborhoods like Lincoln Park and Logan Square.

People Age 18 or Older in the Northwestern Memorial Hospital CSA Who Use Tobacco



There is an ongoing gap in Illinois for county-level data on youth health behaviors. Among high school students in Illinois, 19% reported ever having tried a cigarette, and 47% reported having tried vaping.

Reflections on our data analysis

Two cross-cutting themes emerged during our data gathering.

Access to care and community resources

Data sources analyzed for this report highlighted the importance of access to health care and community services. Access to behavioral health care emerged as a particular challenge for many in the Northwestern Memorial Hospital CSA.

Structural inequities

In our analysis, the distribution of poverty, low levels of education, violence and poor health outcomes were most often concentrated in communities with large minority populations on the south and west sides of the Northwestern Memorial Hospital CSA. These data highlight structural inequalities, such as low-performing schools and few employment opportunities, which shape the health outcomes reported in these areas.

Significant health needs

Based on local data, benchmark data, the number of people affected and focus group input, we identified the following to be significant health needs within our CSA. Our collaborators considered these needs when identifying which should be priority health needs for Northwestern Medicine to address.

Age-Related Illness

Behavioral Health

Cancers

Coordination and Connection to
Community Resources

COVID-19

Culturally and Linguistically
Appropriate Care

Diabetes

Education and Youth Development

Employment

Environmental Equity and Resilience

Food Access and Security

Heart Disease and Stroke

Homelessness and Housing Instability

Linkage to Quality Care

Structural Inequities and Bias

Substance Use Disorders

Trauma-Informed Care

Violence and Community Safety



Priority Health Needs

Once significant health needs are identified, it is important to engage a diverse set of individuals to share their insights. This helps ensure that data is being interpreted with the community voice at its core, and guides decisions about which needs should be a priority for Northwestern Medicine.

To that end, Northwestern Memorial Hospital engaged with external collaborators through its Community Engagement Council, and with internal collaborators through its Community Health Council.

Community Engagement Council

The Community Engagement Council is a diverse group of representatives from the Northwestern Memorial Hospital CSA. Council members are people who have demonstrated a strong, ongoing commitment to improving the health of the communities we serve. Their diverse backgrounds helped ensure we considered a full range of perspectives when prioritizing identified health needs.

The following community organizations participate on the Northwestern Memorial Hospital Community Engagement Council:

Bright Star Community Outreach

Center for Housing & Health

Connections for Abused Women
and Their Children

Chicago Cook Workforce Partnership

Erie Family Health Center

Greater Chicago Food Depository

Howard Brown Health

Inner-City Muslim Action Network (IMAN)

National Able Network (Pilsen Workforce
Center)

Near North Health

Thresholds

West Humboldt Park Development Council

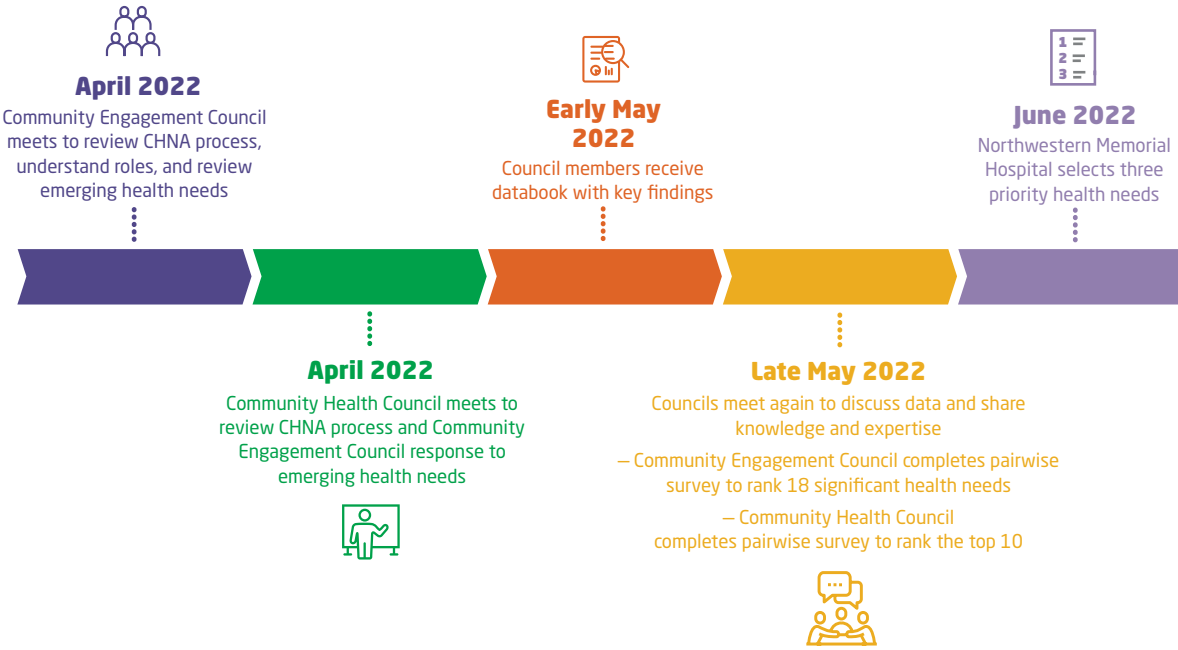
Community Health Council

The Community Health Council is made up of Northwestern Medicine staff from multiple departments. Council members were chosen based on their role and demonstrated commitment to improving the health of the community. The varied backgrounds of the committee members provided diverse insight into prioritizing identified health needs. The following is a list of departments represented and why they were chosen for inclusion.

| Hospital Department | Knowledge Area |
|---------------------------------|---|
| Community Affairs | Community relationships, data and hospital resources |
| Quality and Patient Safety | Quality data and patient outcomes |
| Strategy | Clinic and hospital location planning |
| Access | Patient access to health care (for example, scheduling appointments and finding the right medical professional) |
| Specialty Care | Direct patient care, care administration and operations |
| Emergency Medicine | |
| Nursing | |
| Primary Care | |
| Social Work | |
| Spiritual Care | |
| Imaging | |
| Human Resources | Recruiting and hiring new employees; diversity, equity and inclusion (DEI) |
| Finance | Financial perspective |
| Collaborative Care and Outreach | Coordination of patient care, including medical and social needs |

How we chose priority health needs

Following completion of data analysis, Northwestern Memorial Hospital leadership convened our Community Councils to review the findings.



The prioritization of health needs took place over a series of meetings with the Community Engagement and Community Health councils.

- The councils convened separately in April 2022 to receive an overview of the CHNA process, a review of the Northwestern Memorial Hospital CSA, and the primary and secondary data collection process. In these meetings, council members also received a preview of the 18 emerging significant health needs identified through the data assessment.
- In early May, council members were given a databook that highlighted key findings.
- In late May 2022, both councils convened separately again to review the data collected from the community and to prioritize health needs based on data as well as their own knowledge and expertise.
- During these meetings, council members were encouraged to ask questions and offer additional data points based on their areas of expertise. This process was meant to ensure Northwestern Memorial Hospital was interpreting the data based on the voice of the community.

- Once the data was reviewed, council members participated in a pairwise survey through All Our Ideas (allourideas.org). Through this process, participants were asked to consider multiple prioritization factors.
 - For the Community Engagement Council, the survey assessed 18 significant health needs.
 - Participants were given two needs at a time and asked to select which was the priority. After making their selection, participants were presented with the next pair and so on.
 - The Community Health Councils went through the same pairwise survey process with the top 10 health needs that were identified through the Community Engagement Council survey.
- After prioritizing the list of top 10 needs, the Community Health Council was able to view and compare their results against that of the Community Engagement Council. The idea behind this methodology is to put an emphasis on the community voice while also recognizing that the Community Health Council, as a council comprised of hospital employees, is able to provide the perspective of what Northwestern Memorial Hospital and Northwestern Memorial HealthCare can feasibly accomplish over the next three years in this CHNA cycle.

Prioritization Factors Considered to Establish Priority Health Needs

| Prioritization Factors | Related Questions |
|----------------------------|--|
| Magnitude and Inequity | <ul style="list-style-type: none"> • How many people in the community are impacted? • Are there inequalities by race, income or location? • Where is the magnitude the greatest? |
| Severity and Impact | <ul style="list-style-type: none"> • How does the need impact health and vitality (focusing on people most impacted by needs related to social determinants of health)? |
| Feasibility of Influencing | <ul style="list-style-type: none"> • What capacity already exists to address the need? Can Northwestern Medicine action add value? • Is there already a foundation for partnership? Is it local? • Could the role of Northwestern Medicine complement that of other partners? |
| Consequences of Inaction | <ul style="list-style-type: none"> • What impact would inaction have on individuals and on population health? • Are there other partners who will act to address the need? • Do the inputs needed to take action create challenges to act in other important areas, recognizing that overall Northwestern Medicine resources are limited? |
| Trend | <ul style="list-style-type: none"> • Is there a pattern in the data? • Has the data gotten significantly worse/better over time? |

Identified priority health needs

Northwestern Memorial Hospital has identified three priority health needs in the 2022 CHNA. In selecting priorities, we considered:

- How big the need is in the community
- The capacity and resources available to meet the need
- The suitability of our own expertise to address the need

In particular, priority health needs were selected based on their ability to be addressed through a coordinated response from a range of healthcare and community resources.

Northwestern Memorial Hospital 2022 Priority Health Needs





Development of a Plan to Address Priority Health Needs

To address the priority health needs identified, Northwestern Memorial Hospital will continue to work with the community to develop a comprehensive Community Health Implementation Plan (CHIP). The CHIP will detail strategies to address each priority health need as well as anticipated impacts, resources and planned collaborations.*

Northwestern Medicine remains committed to providing culturally informed care that is responsive to the needs of the communities we serve. By creating a CHIP with community organizations, including health and social service organizations, we will develop community-based health initiatives designed to address the identified priority health needs.

This work is ultimately intended to improve health equity, remove health disparities and build healthier communities in alignment with the Northwestern Medicine mission.

Existing resources

Northwestern Memorial Hospital recognizes that a large number of healthcare facilities and organizations within the Northwestern Memorial Hospital CSA respond to health needs and support health improvement efforts. A list of resources potentially available to address priority health needs is included in Appendix B.

*The CHIP will also specify significant health needs identified through the CHNA that Northwestern Memorial Hospital did not prioritize, together with the reason that they will not be addressed.

Northwestern Memorial Hospital roles

To address the priority health needs, Northwestern Memorial Hospital can serve in a variety of roles.

Civic Leader

- Partner/convener
- Employer
- Advocate
- Funder



Educator

- Training
- Youth programs
- Health promotion
- Knowledge transfer

Researcher

- Medical/biomedical research
- Community-based evaluation
- Outcomes data
- Proof of concept



Care Provider

- Financial assistance
- Medicaid
- Safety net partners

Appendix A: Evaluation of Impact

Actions taken to address Northwestern Memorial Hospital 2019 priority health needs

The last Northwestern Memorial Hospital CHNA was completed in 2019. We worked with AHE to determine significant health needs through a comprehensive assessment that included analysis of community voice, data and the potential health impact of a given issue.

Northwestern Memorial Hospital community councils met to identify priority health needs for the CSA based on CHNA findings. In selecting priorities, Northwestern Memorial Hospital considered the following criteria:

- Magnitude
- Ability to impact
- Trend
- Scope and severity
- Risk of inaction



Through the 2019 CHNA process, Northwestern Memorial Hospital identified four priority health needs to be addressed through collaborative planning and coordinated action with organizations that impact health services in the community:

1. Access to Health Care and Community Resources
2. Structural Inequities
3. Violence and Community Safety
4. Workforce Development and Economic Vitality

Northwestern Memorial Hospital and key community organizations collaborated to address the identified priority health needs. This Evaluation of Impact report summarizes progress of community strategies outlined in the Northwestern Memorial Hospital 2019 CHIP. This evaluation shows change over time and indicates how well these strategies addressed the priority health needs of the community.

2019 Priority Health Need 1: Access to Health Care and Community Resources

Goal: Improve access to quality health care and community resources to help ensure people in the Northwestern Memorial Hospital CSA who are at risk for poor health have the services and support they need to live healthy lives.

Access to comprehensive, quality healthcare services is important for the achievement of optimal health and increasing quality of life. It impacts overall physical, social and mental health status, including:

- Prevention of disease and disability
- Detection and treatment of health conditions
- Preventable death
- Life expectancy

Strategy 1.1: Behavioral Health Resources

Improve access to mental and behavioral health resources through the expansion of community-based programs such as Calm Classroom and Mental Health First Aid trainings.

In 2020 and 2021, Northwestern Memorial Hospital had planned to fund an art therapy program for youth impacted by trauma. The program was scheduled to be implemented by Kelly Hall YMCA, one of the hospital's collaborators. Due to COVID-19 restrictions and constraints, Kelly Hall YMCA was not able to launch the program until March 2022.

The program originally was planned to be held over eight weeks. However, due to staffing constraints, changes in leadership and challenges with sourcing students, the program is now spread over the school year.

Impact

Mental health concerns, particularly among youth, continue to rise nationwide. Based on this program's history of successes before the COVID-19 pandemic, we expect the program to be very impactful.

Strategy 1.2: Clinical Community Relationships

Through clinical community relationships, develop an approach at the health system level to better serve patients who are uninsured and underinsured. Then, use this approach to pilot new opportunities and enhance current relationships in the Northwestern Memorial Hospital CSA.

In 2020 and 2021, Northwestern Memorial Hospital participated in a systemwide initiative to align its clinical community relationships in order to help ensure access to health care for people who are underinsured and uninsured, as well as support teaching needs. As part of this initiative, we developed:

- A standard evaluation process
- An analytical process
- An approach for relationship development and management
- A legal agreement
- A playbook for operationalizing new or expanded relationships

In August 2021, we expanded clinical relationships and entered into a new relationship with a Federally Qualified Health Center (FQHC), the Inner-City Muslim Action Network (IMAN).

Impact

This new relationship has resulted in increased capacity for patient care at IMAN. As such, more patients with limited or no insurance have access to quality health care.

Strategy 1.3: Education-Centered Medical Home (ECMH)

Establish a Community Engagement Program with Northwestern University Feinberg School of Medicine that aligns ECMH community health projects with priority health needs identified through the Northwestern Memorial Hospital CHNA.

Although COVID-19 continues to disrupt group-learning opportunities, we were able to launch the first iteration of our Community Health Advocacy Initiative (CHAI) projects. The goal of CHAI is to provide medical students with the knowledge and skills needed to improve the health of patients in the context of their larger community.

Learning objectives for CHAI

Understand the impact of the following on patient health:

- The social and built environment
- Access to care
- Forces and systems

Understand the role of hospitals in improving community health

Know how to:

- Locate sources of community health data
- Perform a patient social needs assessment
- Identify community resources to address patients' identified social needs
- Partner with others to improve community health
- Advocate to improve health at the individual, community and policy levels
- Apply knowledge and skills to improve community health through experiential learning

Example CHAI project topics

- Increasing Medicaid enrollment among newly eligible older adult immigrants
- Improving dietary self-management for patients with diabetes
- Decreasing accidental firearm injuries

The long-term goal is for each ECMH program to implement an authentic, meaningful community project. Each student developed a CHAI Project Proposal, and the ECMH group then chose one of four individual project ideas for next year's efforts.

Once they agreed upon a topic, the group followed a stepwise plan. They:

- Identified and analyzed sources of community health data for planning the CHAI project
- Created a plan to address the community health problems
- Developed an evaluation plan to address the community health problem

The groups have been successful thus far, and each ECMH is in the midst of their stepwise plans. Once completed, we will assess the projects and gather feedback from the students and ECMH sites to refine the process for the 2022 - 2023 school year.

Impact

A clinical environment with limited resources has competing priorities. This often means that staff and medical professionals have limited capacity to address all of the needs of their patients. The ECMH projects provide needed resources and capacity to ensure that patients receive holistic care, resulting in improved health outcomes.

Strategy 1.4: Social Determinants of Health (SDOH) Plan

Implement an electronic tool that is integrated with the Northwestern Medicine electronic medical record system (Epic) to capture SDOH for patients, train staff members/advocates to screen for and utilize SDOH data, and refer patients to appropriate services in order to address SDOH.

In 2020, Northwestern Memorial HealthCare executive leaders identified the implementation of routine SDOH screening as a top organizational priority. In April 2021, a systemwide pilot was launched with two overall aims:

- 1) Screen all patients for a defined list of needs related to SDOH that interfere with health and that we can help mitigate.
- 2) Act on identified needs through referrals and intervention.

The pilot initially involved 12 sites across the health system, including primary care clinics, emergency departments and acute care inpatient units. Epic tools are used to screen patients for needs related to:

- A medical home
- Housing
- Food
- Medication affordability
- Transportation
- Mental health
- Social isolation

The information remains in the integrated Epic health record, and referrals are made to a social worker/case manager and community resources through NowPow. The regional NowPow database of community referrals is embedded in Epic. Resources are located near the patients' homes for optimal support, and strong staff and patient acceptance. The successful pilot across diverse geographic regions has prepared us for systemwide implementation in the year ahead.

Impact

About 80% of a person's health status can be attributed to social influences, such as housing, food and transportation. Addressing needs related to SDOH by giving patients access to resources and support leads to better health outcomes.

SDOH Pilot Results



Strategy 1.5: Food Insecurity

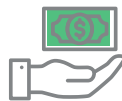
Implement food insecurity screening for patients and employees, and build a process to link those eligible to appropriate benefits and resources. Collaborate with community organizations on food access and nutrition education programming, such as healthy cooking on a budget and budgeting food dollars with limited resources.

While this strategy was not noted in the 2019 CHIP, Northwestern Memorial Hospital leadership wanted to include this important work in this year's report. The hospital continues to provide philanthropic support for the food delivery program between Northwestern Medicine delivery vendor MedSpeed and Our Lady of Angels Mission to provide food to those who need it most.

Launched in 2020 in response to the COVID-19 pandemic, the program was stood up as a way to provide food access for people most at risk of food insecurity. As COVID-19 restrictions were lifted and vaccines became available, weekly food deliveries were changed to biweekly. Northwestern Memorial Hospital renewed this initiative for two more years.

Program Results

September 2020 - August 2021



\$27,000 in funding
from Northwestern Memorial Hospital



5,280 bags of groceries
prepared by Our Lady of Angels and
delivered by MedSpeed



Supported 55 unique
addresses/families

Impact

Access to affordable and healthy food is critical for overall health. Providing healthy food at no cost to those with limited resources leads to better health outcomes.

2019 Priority Health Need 2: Structural Inequities

Goal: Reduce structural inequities in collaboration with community, patients and employees by focusing on disparities in clinical processes and outcomes, variations in care delivery, quality improvement strategies, providing a welcoming environment and advocacy.

Structural inequities are “the systemic disadvantage of one social group compared to other groups with whom they coexist, and the term encompasses policy, law, governance, and culture and refers to race, ethnicity, gender or gender identity, class, sexual orientation, and other domains.”²⁵

Strategy 2.1: Quality Equity

Analyze patient care and clinical service quality measures to identify disparities and implement improvement strategies.

Northwestern Medicine established an organization-wide Quality Equity Plan in June 2021. The plan, with 11 focus areas in four categories, included a vision for advancing quality equity for Northwestern Medicine patients over the next five years with improved infrastructure, programming and collaboration with Community Affairs colleagues, Northwestern University faculty and community organizations.

Quality Equity Plan

- Accessing Care at Northwestern Medicine
 - Barriers due to change in insurance status
 - Barriers for patients with limited English proficiency
- Meeting Diverse Needs
 - Health Outreach Promoting Equity (HOPE)
 - SDOH
- Focused Clinical Areas
 - Flu vaccine
 - COVID-19
 - Diabetes
 - Maternal care
 - Hypertension

- **Infrastructure**

- Analytics/quality approach to measuring equity with high-fidelity data
- Collaborate with the Northwestern University Institute for Public Health and Medicine and other research groups at Northwestern Medicine and Northwestern University

The Quality Equity Plan has already resulted in extensive work across Northwestern Medicine. We have:

- Provided After Visit Summaries in languages other than English in select areas across the system to meet the needs of those with limited English proficiency.
- Developed and integrated the HOPE program with Ambulatory Care Coordination, focused on patients with chronic conditions such as diabetes, hypertension and complex social needs.
- Engaged a multidisciplinary team to provide education and resources to Black and Latin American patients, resulting in increased flu vaccination rates.
- Developed equity framework for COVID-19 process and outcome metrics.
- Recruited a new leader to lead a growing equity program portfolio.
- Launched Equity Grand Rounds across the health system, which highlight Workforce, Community Affairs and Clinical Quality Department work.
- Recruited pre-med interns through the Northwestern Medicine Pipeline Program to learn about project management and gain equity project experience.

Impact

Equitable healthcare access and delivery is the gold standard of a quality healthcare organization. Our Quality Equity Plan is putting systems and controls in place to reduce disparities in care and improve health outcomes for all.

Strategy 2.2: Diversity and Inclusion

Embed Diversity and Inclusion (D&I) values and tactics into employee practices and behaviors. Establish a D&I infrastructure with partnership across the organization to promote, support and activate an inclusive strategy, culture and behavior that differentiates Northwestern Medicine as an inclusive, values-driven organization. Implement implicit bias and cultural competence training to increase awareness and decrease impact of implicit bias.

Since 2019, Northwestern Medicine has made significant progress in this strategy. Key milestones include:

Improved accessibility

- Standardized electronic data collection of disability accommodations needs.
- Standardized sensory accommodation kits and accessible equipment across the system.

D&I training and resources

- Developed four toolkits for leaders and staff
 - Implicit Bias Toolkit
 - Racial Equity Toolkit
 - Allyship Toolkit
 - Inclusive Recruitment and Equitable Hiring Toolkit for leaders
- Reviewed and updated more than 150 D&I e-learning available to staff through our intranet
- Conducted ongoing assessment of our core certificate trainings for opportunities to include inclusive language and imagery
- Developed a systemwide Implicit Bias Workshop, “Leadership Workshop for Mitigating Implicit Bias and Microaggressions in the Workplace”

Inclusive policy and practice development

- Developed and disseminated a policy to establish a process to provide disability accommodations to patients and/or their family members or companions
- Developed and disseminated a policy to guide staff who witness or experience bias, discrimination, harassment and or/mistreatment by patients, family members, companions, caregivers and/or legal substitute decision makers
- Reviewed and updated the Northwestern Memorial Hospital Service Animal Policy

NM Champion Network

- Established mentorship chapters devoted to support of and education about groups that have been historically under-represented
 - African Descendants
 - Asian American and Pacific Islander
 - Disability
 - Latinx
 - LGBTQ
- Chapters are open to all staff who identify either as a member or ally of a group
- Chapters meet once per month and feature guest speakers, activities and presentations on topics important to the specific chapter community
- Chapters offer structured group mentorship with executive leadership across the organization that identifies with any one or more of the five chapter affinities

Results of D&I Work



5,884 employees have used the new trainings and resources.

Patients see a more **diverse workforce**, with people who look like them.



Care teams are better trained to **reduce bias**, which could positively impact care and reduce disparities in outcomes.

More than **1,000 staff members** have joined an NM Champion Network chapter.

Impact

Our improved D&I practices and workflows have resulted in improved satisfaction and overall sense of belonging among employees, patients and clinicians.

Strategy 2.3: Community Engagement Plan

Increase engagement with under-resourced communities in the CSA regarding their experience with structural inequities at Northwestern Memorial Hospital. Use this feedback and input in the strategic planning process.

In fiscal year 2020, Northwestern Memorial Hospital conducted a best practice analysis to identify existing frameworks that promote bidirectional communication with the community, including the structures, objectives and operations of community advisory councils. In fiscal year 2021, we continued to build the infrastructure to establish a Community Engagement Council. This fiscal year, we launched the Community Engagement Council, a group of community representatives to provide local insight and voice to our community needs and strategies.

Impact

The Community Engagement Council was integral to informing the 2022 Northwestern Memorial Hospital CHNA, ensuring that the voices of those most impacted by inequities are intentionally represented.

2019 Priority Health Need 3: Violence and Community Safety

Goal: Implement best practices for addressing violence prevention and develop a trauma-informed response infrastructure in collaboration with community-based organizations.

The epidemic of injury and violence in Chicago is widely recognized. Our analysis of data from the Northwestern Memorial Hospital CSA reveals a similar story about the concentration of violence and injury in communities with high concentrations of people of color with low incomes.

Strategy 3.1: Community Violence Prevention

Continue to support Bright Star Community Outreach (BSCO) and The Urban Resilience Network (TURN) model, and establish a broader trauma response referral network for Northwestern Memorial Hospital patients to receive ongoing trauma support. Collaborate with community organizations to launch additional violence prevention strategies, and explore opportunities to expand and increase coordination of existing trauma and violence prevention initiatives.

Northwestern Memorial Hospital continues to support and provide funding to BSCO and TURN. In response to the impacts of the COVID-19 pandemic, Northwestern Medicine provided nearly \$200,000 in additional grants to support BSCO's efforts to maintain trauma care support and provide remote patient access to behavioral health services in the Bronzeville neighborhood on Chicago's South Side. BSCO also collaborates with Chicago Public Schools Network 9, the Chicago Police Department, local funeral staff, and other neighborhood entities to build resilience and trauma-informed counseling within the community.



Funding for BSCO During the Pandemic



\$200,000
in additional grants

Extended hours for BSCO trauma helpline:
45,000 individuals have used the helpline

Technology updates and support for remote access:
Mental and behavioral health programs were able to pivot to digital platforms

In 2019, LeVon Stone and Sheila Regan, two key collaborators from Cease Fire, launched a new violence interruption organization called Acclivus, founded on many of the same principles as Cease Fire. We now work with Acclivus to provide violence interruption services following a violent trauma.

Through the program, trained “violence interrupters” meet at Northwestern Memorial Hospital with those who have experienced violent trauma and their families. Discussions center around defusing feelings of anger and discouraging retaliation. The violence interrupters work in tandem with violence interrupters in the people’s home community as well.

As violent incidents in Chicago continued to increase, even during the pandemic, it was evident that we needed to examine the feasibility of collaborating with other organizations with the goal of developing a trauma referral network. These discussions began at the end of fiscal year 2020 and evolved into concrete next steps during the next fiscal year.

Impact

Violence is a public health issue. Increasing community safety improves the health of people in communities impacted by violence.

Strategy 3.2: Trauma-Informed Care

Conduct a current state analysis of practices, gaps and opportunities to address and integrate trauma-informed care into practice, including employee resources for coping with trauma or vicarious trauma.

Northwestern Memorial Hospital continues to provide trauma-informed care and practices under a framework that was developed in 2019.

Trauma-informed care framework

Staff education and training designed to:

- Increase staff competence in handling trauma
- Increase awareness of employee wellness strategies
- Reinforce a culture of workforce wellness

Impact

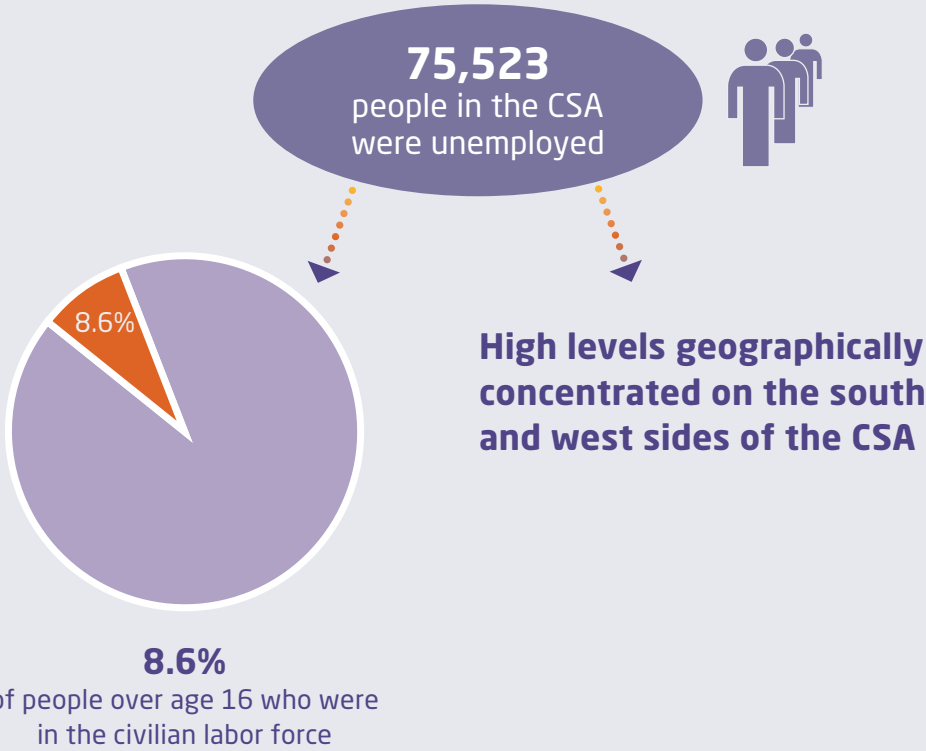
Trauma-informed care is important for healthcare delivery. Implementing this strategy helps ensure patient care does not trigger unintentional trauma.

2019 Priority Health Need 4: Workforce Development and Economic Vitality

Goal: Improve economic vitality through increased hiring, workforce development and pipeline programs within the Northwestern Memorial Hospital CSA, and the procurement of supplies and services from companies based in neighborhoods within the CSA that could most benefit from economic investment.

Unemployment in the Northwestern Memorial Hospital CSA

As reported in the 2019 Northwestern Memorial Hospital CHNA



Strategy 4.1: Hiring and Workforce Development

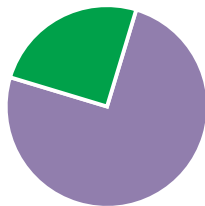
Develop and execute a strategic hiring plan to increase hiring at Northwestern Memorial Hospital from under-resourced communities within the Northwestern Memorial Hospital CSA. Increase youth summer employment, workforce development and pipeline programs to promote careers in health care and related fields to individuals in communities with fewer employment opportunities.

Northwestern Memorial Hospital continued to be a proud member of U.S. Sen. Dick Durbin's Chicago Hospital Engagement, Action, and Leadership (HEAL) Initiative in 2021 - 2022. Launched in 2018, the HEAL Initiative is a collaboration among 10 Chicago hospitals committed to tangibly impacting violence and trauma, and increasing economic opportunities in Chicago neighborhoods that have been historically under-resourced.

Hiring in HEAL Communities

Increase in hiring people at Northwestern Medicine from targeted HEAL ZIP codes:

16% from 2020 to 2021 **89%** from 2018 to 2021



More than 25% of Northwestern Medicine employees in Chicago live in targeted HEAL communities*

Northwestern Medicine also continued to engage in youth summer employment, workforce development and apprenticeship programs to promote careers in the healthcare field, including paraprofessional, to students in the targeted Chicago HEAL ZIP codes.

*Includes Northwestern Memorial Hospital, its physician offices and Immediate Care Centers.

Youth Employment and Workforce Development in HEAL Communities

- Clinical and administrative settings
- Ongoing, comprehensive, on-the-job training
- Programs for high school students:
Collaborations with Chicago Public Schools and George Westinghouse College Prep
- Internships and fellowships for college students and post-graduates

Impact

This strategy has increased employment for people who live in communities of high hardship and disinvestment.

Strategy 4.2: Procurement

Establish a procurement plan to increase purchasing of supplies and services from suppliers in the Northwestern Memorial Hospital CSA.

Northwestern Memorial Hospital continues to advance its procurement plan to increase spending on supplies and services purchased from companies based in high-hardship ZIP codes.

September 2020 - August 2021

\$4.7 million

Northwestern Medicine purchases of supplies and services from companies based in a targeted Chicago HEAL ZIP code

Impact

Intentionally sourcing supplies and services from neighborhoods that have experienced disinvestment leads to positive economic growth in those communities.

Appendix B: Resources Available to Address Significant Health Needs

The following healthcare facilities and community organizations may be available to address significant health needs identified in this CHNA.

| Category | Resource | Description | Link |
|---|-----------------------------------|---|--|
| Health Care | CommunityHealth | Free community health center | communityhealth.org |
| | Erie Family Health Centers | Federally Qualified Health Center (FQHC) | eriefamilyhealth.org |
| | Inner-City Muslim Action Network | FQHC | imacentral.org |
| | Near North Health Services | FQHC | nearnorthhealth.org |
| | Northwestern Medicine | Health system | nm.org |
| Nonprofit, Faith-Based Organizations | Bright Star Community Outreach | Trauma counseling, child and family services, employment mentoring | brightstarcommunityoutreach.com |
| | Inner-City Muslim Action Network | Transitional housing, job training, behavioral health, art therapy, food access, advocacy | imacentral.org |
| | Mission of Our Lady of the Angels | Food access, youth programs, senior programs | missionola.com |
| | The Salvation Army-Freedom Center | Food access, youth programs, substance use, transitional housing | centralusa.salvationarmy.org/freedom |

| Category | Resource | Description | Link |
|---------------------------------------|---|--|---------------------------------------|
| Social Service Organizations | Acclivus Inc. | Violence prevention programs and trauma services | acclivusinc.org |
| | Bickerdike Redevelopment Corporation | Community and housing development | bickerdike.org |
| | Greater Chicago Food Depository | Food access | chicagosfoodbank.org |
| | Kells Park Community Council | Community programs for neighborhood residents | |
| | Kelly Hall YMCA | Youth organization | ymcachicago.org/pages/kelly-hall-ymca |
| | Luster Learning Institute: Calm Classroom | Mindfulness education | calmclassroom.com |
| | Neighborhood Housing Services | Housing | nhschicago.org |
| | The Boulevard | Respite care, supportive housing | blvd.org |
| | United Way of Metropolitan Chicago | Community resources and programming | liveunitedchicago.org |
| | West Humboldt Park Development Council | Community development | whpdevelopmentcouncil.net |
| Education | George Westinghouse College Prep | High school education | newwestinghouse.org |
| Government-Based Organizations | Chicago Department of Public Health | City | chicago.gov |
| | Illinois Public Health Institute | State | iphionline.org |
| | Richard M. Daley Chicago Public Library | Library services | chipublib.org |

Appendix C: Timeline for the Northwestern Memorial Hospital 2022 Community Health Needs Assessment

| Phase | Description | Date |
|---|---|--|
| Assessment and Analysis | Overall | May 2021 to April 2022 |
| | Community input survey | September to December 2021 |
| | Focus groups | September 2021 to January 2022 |
| Prioritization | Overall | May to June 2022 |
| | Community Engagement Council (people who represent the broad interest of the community) | May 16, 2022 |
| | Community Health Council (internal) | May 23, 2022 |
| | Community Affairs (internal) | May 25, 2022 |
| Approval | Northwestern Memorial Hospital Board of Directors | July 7, 2022 |
| Report Made Widely Available to the Public | Website | August 31, 2022 |
| | Paper copy available at no charge on request | August 31, 2022 |
| Public Comment | Northwestern Memorial Hospital 2022 CHNA | August 31, 2022, through August 30, 2028 |
| | Northwestern Memorial Hospital 2019 CHNA | August 31, 2019, through August 30, 2025 |

Appendix D: A Closer Look at Data

Community Input Summary

Community Input Survey

AHE collected 3,722 survey responses from people in the Northwestern Memorial Hospital CSA.

The following issues were selected as the most important health needs in the community by 25% or more of the survey respondents:

1. Mental health (39%)
2. Homelessness and housing instability (32%)
3. Age-related illness (31%)
4. COVID-19 (28%)

The following factors that support improvements in health needs were selected by 25% or more of the survey respondents:

1. Access to mental health services (40%)
2. Safety and low crime (32%)
3. Access to health care (27%)

Community focus groups

AHE conducted 21 focus groups in the Northwestern Memorial Hospital CSA. Focus groups took place with priority populations such as veterans, individuals living with mental illness, communities of color, older adults, caregivers, teens and young adults, people from sexual minority groups, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma.

Most focus groups were 90 minutes long with an average of 10 participants. Groups were conducted virtually using the Zoom platform or in-person. A trained facilitator moderated each session and was joined by a note-taker who recorded the session while typing notes and observations on a laptop. Recordings were stored securely on a server at IPHI.

These groups included representatives from the organizations listed on the next page.

| Focus Groups Within the Northwestern Memorial Hospital CSA* | |
|---|--|
| Bickerdike (bilingual Spanish) | Northwest Center |
| Breakthrough Shelters | Oakley Square Apartments |
| By the Hand | Primo Center Shelters |
| Community Health Free Clinic | The Resurrection Project |
| Community health workers in Chicago | UCAN |
| Enlace Chicago (Spanish) | West Town Health Market (bilingual Spanish) |
| Garfield Park Alliance Council | Countywide virtual session: Immigrant and refugee service providers |
| Humboldt Park Health | Countywide virtual session: People who identify as LGBTQ |
| MAAFA | Countywide virtual session: National Alliance on Mental Illness (NAMI) Chicago, people who have mental health conditions |
| Marillac House | Countywide virtual session: NAMI Chicago, family members of people who have mental health conditions |
| North Lawndale Community Coordination Council and North Lawndale Employment Network | |

The following themes were identified during focus group sessions for the Northwestern Memorial Hospital CSA:

Behavioral health

- Holistic integrated care
- Substance use
- Addressing mental health crises
- Stigma
- Access to treatment
- Behavioral health and COVID-19
- Trauma
- Connections between mental health and other determinants of health

* Focus groups held within the Northwestern Memorial Hospital CSA included participants and organizations that partially or substantially represent the broad interests of the community, including people who were uninsured, low-income and from certain minority groups.

Child and adolescent health

- Gaps in programs and services available in the community
- Child care
- Education
- COVID-19 impacts
- Child and adolescent behavioral health
- Overall child and adolescent health

Chronic health conditions

- Obesity, diabetes, hypertension and asthma
- Health behaviors and social determinants are contributing to chronic disease
 - Inactivity in youth and young adults
 - Inadequate access to healthy foods
 - Cost of medical care
 - Smoking
- Impacts of COVID-19 infection

Community cohesion and leadership

- Important for healthy communities
- The role of community social networks in COVID-19 response
- Community leadership
 - Engagement of community in local government
 - Community activism
- Roles of communities in solutions
 - Trusted community liaisons for sharing information
 - Churches and faith communities are a resource
 - Communities can provide accountability
 - Mutual aid programs
 - Community events
- Coordination between programs and services needs improvement

Community communication

- Communication about resources is ineffective
- Digital marketing opportunities
 - Social media, television, blogs, podcasts, news stories, school email systems
- In-person communications
 - Community events
 - Trusted messengers
 - Community health workers
 - Texting and calls
 - Passing information through faith communities

Community safety

- Several factors contribute to violence in communities
- Economic instability and lack of economic opportunity
- COVID-19 stressors
- Police brutality and a corrupt criminal justice system
- Substance use disorders
- Lack of behavioral health treatment and need for greater mental health awareness
- Education inequities
- Lack of conflict resolution alternatives
- Lack of infrastructure investment in roads and public safety measures

COVID-19

- Vaccine misinformation
- Additional COVID-19 impacts discussed under other topical areas

Healthcare

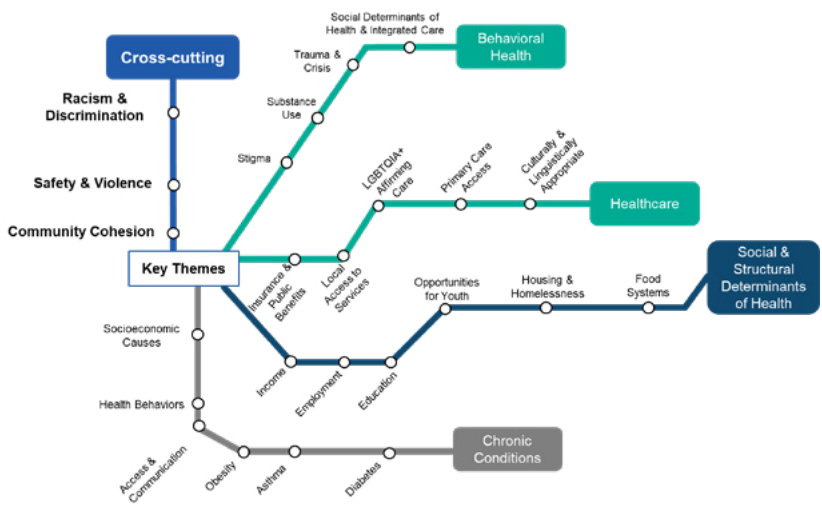
- Several factors influence access
 - Ease of access to health clinics
 - Insurance coverage and public benefits
 - Immigration status
 - Linguistically and culturally appropriate services
 - Bureaucracy that requires extensive paperwork and approvals before accessing care
- Discrimination, racism and lack of empathy among healthcare professionals

- Several additional healthcare needs discussed
 - Behavioral health services
 - Affordable specialty care
 - Engagement in primary care
 - Telehealth coverage
 - Expanded use of community health workers and in-home health promoters/ health services
 - Building trust with communities
 - Better communication about resources
 - Transportation to appointments

Social and structural determinants of health

- Access to safe, affordable housing
- Access to healthy foods, farmers markets and grocery stores
- Quality education
- Affordable child care
- Economic opportunity and community investment
- Improved infrastructure
- Environmental health

Alliance for Health Equity - Focus Groups 2022



Alliance for Health Equity CHNA Report

Learn more about the AHE and explore their 2022 Chicago and Cook County CHNA Report here: alltheequity.org/projects/2022-chna-report

Appendix E: Citations

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Appendix F: Disclaimers

Information gaps

Northwestern Memorial Hospital made efforts to comprehensively collect and analyze CHNA data to assess the health of the community. However, there are limitations to consider while reviewing the findings.

- Data is presented for the most recent years available for any given source. Due to variations in data collection timeframes across different sources, some datasets are not available for the same time spans.
- Data availability ranges from census track to national geographies. The most relevant localized data is reported.
- There are persistent gaps in data for certain community health issues, such as homelessness, behavioral health, crime, environmental health and education.

Northwestern Medicine is investigating strategies for addressing information gaps for future assessment and implementation processes.

Public dissemination

The Northwestern Memorial Hospital 2022 CHNA report is available to the public at no charge and can be accessed in the following ways:

Online: nm.org/about-us/community-initiatives/community-health-needs-assessment

Phone: 312.926.2301 (TTY: 711)

Email: communityhealth@nm.org

In person: Visit the main customer service desk in the Feinberg Pavilion, first floor lobby, at 251 East Huron Street, Chicago, Illinois 60611

Public comment

As of May 2022, Northwestern Memorial Hospital had not received comments from the public. Northwestern Medicine will continue to use its website as a tool to encourage public comments and ensure that these comments are considered in the development of future CHNAs.

Extensive input from the broader community was gathered through surveys and focus groups for this report. This input, in conjunction with any public comments received, were considered when identifying and prioritizing the significant health needs of the community.

Northwestern Memorial Hospital welcomes comments from the public regarding the CHNA. Please submit comments to communityhealth@nm.org, and include your name, organization (if applicable) and any feedback you have regarding the CHNA process or findings.



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