

# 2016 Community Health Needs Assessment Report

Northwestern Medicine Lake Forest Hospital



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# Introduction

Northwestern Medicine Lake Forest Hospital (NMLFH) is a not-for-profit community hospital in Lake Forest, Illinois, that provides a complete range of adult inpatient and outpatient services as well as skilled nursing care to the residents of Lake County, Illinois, and surrounding areas.

From its beginning in 1899 as Alice Home on the campus of Lake Forest College, NMLFH has upheld its promise to provide Lake County residents convenient access to quality care supported by advanced diagnostics and technology.

At the Northwestern Medicine Lake Forest Hospital 117-bed facility, more than 700 physicians offer Lake County residents convenient access to advanced diagnostic and specialty services. NMLFH's board-certified emergency physicians and trauma-trained nurses provide trauma and emergency care to patients through the Level II Trauma Center at NMLFH and emergency services at the NMLFH Grayslake Outpatient Center.

NMLFH has continually expanded its healthcare services to respond to the growing needs of its community, and has consistently provided the highest percentage of charity care as a percent of patient revenue among Lake County hospitals.

NMLFH sponsors numerous programs to promote health and wellness, healthcare career training, youth mentoring, language assistance and a multitude of volunteer programs to enhance the quality and accessibility of health care. Our services are carefully designed and structured to meet the needs of our growing and changing community.

NMLFH has completed a comprehensive Community Health Needs Assessment (CHNA) to identify the highest-priority health needs of residents of our community, and will use this information to guide new and enhance existing efforts to improve the health of our community. As described in detail in this report, the goal of the CHNA was to implement a data-driven approach to determine the health status, behaviors and needs of all residents in the NMLFH service area.

Through this assessment, we identified health needs that are prevalent among residents across all socioeconomic groups, races and ethnicities, as well as health issues that highlight health disparities or disproportionately impact the medically underserved and uninsured.

# Acknowledgments

NMLFH gratefully acknowledges the participation of a dedicated group of organizations that gave generously of their time and expertise to help conduct and develop this 2016 Community Health Needs Assessment:

Lake County Health Department

Waukegan Public Library

Live Well Lake County Steering Committee

Youth Build Lake County

Mano a Mano Family Resource Center

National Recreation Foundation

# The Community Health Needs Assessment

## Background

NMLFH, Northwestern Memorial Hospital (NMH), and Northwestern Medicine Central DuPage Hospital joined forces with a coalition of health systems within Cook, DuPage and Lake counties to complete a comprehensive CHNA. The Metropolitan Chicago Healthcare Council (MCHC) facilitated the assessment on behalf of coalition member hospitals and health systems, including: Alexian Brothers Health System/Amita Health, Edward-Elmhurst Healthcare, Ingalls Health System, Northwest Community Healthcare and Rush System for Health.

The goal of the coalition was to conduct a comprehensive, multifactorial assessment that would not only fulfill each organization’s regulatory requirements, but also provide a consistent and standardized database that each organization could use to guide the development of their individual CHNA and Implementation Plan while promoting opportunities to work collaboratively to address the health needs of county residents. To complete the assessment, MCHC and the coalition contracted with Professional Research Consultants (PRC), a nationally recognized healthcare consulting firm with extensive experience conducting CHNAs in hundreds of communities across the United States. MCHC provided a service-area-specific CHNA report for NMLFH.

Following completion of the CHNA, NMLFH undertook additional steps to review and interpret the findings and prioritize the identified health needs. To ensure organizations that impact and represent the broad interest of the community were meaningfully engaged in reviewing and interpreting the findings of the CHNA, an External Steering Committee was established. The committee’s purpose was to prioritize health needs from among the identified areas of opportunity and assist in the formation of a collaborative plan to address the highest-priority health needs.

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The following organizations had representatives on the External Steering Committee:

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Lake County Health Department	National Recreation Foundation
Live Well Lake County Steering Committee	Waukegan Public Library
Mano a Mano Family Resource Center	Youth Build Lake County

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A description of the communities served by these organizations is included in [Appendix A](#).

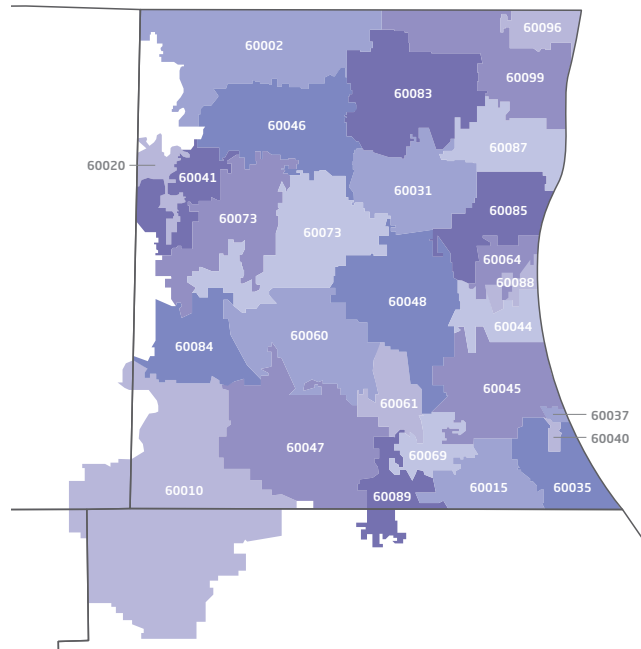
**NMLFH service area**

NMLFH primarily serves Lake County (NMLFH service area), which has approximately 728,000 residents, is defined by 28 zip codes, and accounts for 90 percent of inpatient admissions at NMLFH.

NMLFH Service Area by Zip Code

60002	60037	60048	60084
60010	60040	60060	60085
60015	60041	60061	60087
60020	60044	60064	60088
60030	60045	60069	60089
60031	60046	60073	60096
60035	60047	60083	60099

Source: Truven Health Analytics Demographic Profiles (Claritas Based)



## Goals and objectives

A CHNA provides information so that hospitals may identify health issues of greatest concern among all residents and decide how best to commit resources to those areas, thereby making the greatest possible impact on community health status.

The NMLFH CHNA conducted in 2015-2016 was performed with a systematic, data-driven approach to determine the health status, behaviors and needs of residents in the NMLFH service area. This CHNA will serve as a tool toward reaching three related goals:

- 1 Improve residents' health status, increase their life spans and elevate their overall quality of life.** A healthy community is one where its residents suffer little from physical and mental illness and also enjoy a high quality of life.
- 2 Reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these segments may then be developed to combat some of the socioeconomic factors that have historically had a negative impact on residents' health.
- 3 Increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

## Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data). These quantitative components allow for trending and comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research gathered through an online key informant survey, as well as participation in the Lake County Health Department's (LCHD) countywide needs assessment Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP six-phase planning process formed the basis for LCHD's 2016 Community Health Improvement Plan and will be discussed in more detail in this report.

## Community health survey

### Survey instrument

The survey instrument used for the PRC-MCHC Community Health Survey was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System, as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the MCHC and PRC, with input from participating member hospitals, and is similar to the previous surveys used in the region, allowing for data trending.

### Community defined for this assessment

The study area for the survey effort was defined as the NMLFH service area, analyzed at the zip code level.

### Sample approach and design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC-MCHC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology – one that incorporates both landline and cell phone interviews – was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample used for this effort was designed to provide meaningful results for the NMLFH service area. Interviews were administered among a random sample of households.

Once interviews were completed, they were weighted in proportion to the actual population distribution at the zip code level to appropriately represent the NMLFH service area. Data consisted of a sample of 315 individuals age 18 and older in the NMLFH service area. Administration of the surveys, data collection and data analysis were conducted by PRC.

### Sample characteristics

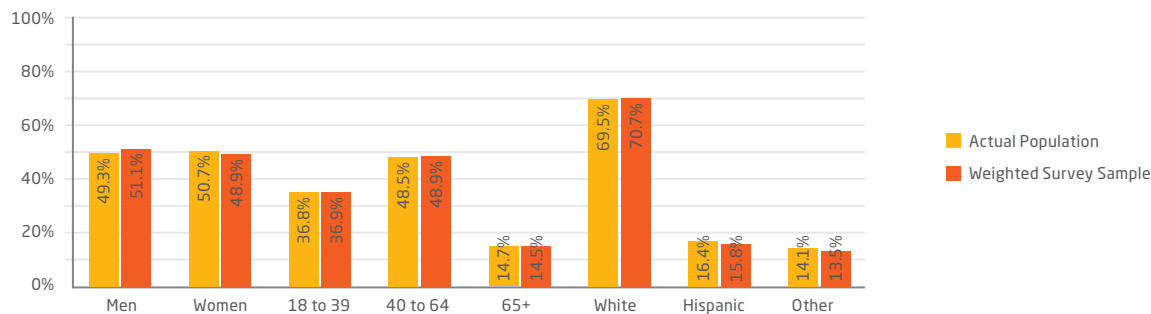
To accurately represent the population studied and minimize bias, proven telephone methodology and random-selection techniques were applied. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to further improve the representation. This is accomplished by adjusting the results of the random sample to match the geographic distribution and demographic characteristics of the population surveyed (post-stratification), to eliminate naturally occurring bias.

Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity and poverty status) and a statistical application package applies weighting variables that produce a sample that more closely matches the population for these characteristics. While the integrity of each individual’s responses is maintained, one person’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the NMLFH service area sample for key demographic variables, compared to actual population characteristics revealed in census data. (Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs and these children are not represented demographically in this chart.)



**Population and Survey Sample Characteristics**  
Northwestern Medicine Lake Forest Hospital Service Area, 2015



Sources: Census 2010, Summary File 3 (SF 3), U.S. Census Bureau  
2015 PRC Community Health Survey, Professional Research Consultants, Inc.

The poverty descriptions used in this report are based on administrative poverty thresholds determined by the U.S. Department of Health and Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2016 guidelines place the poverty threshold for a family of four at \$24,300 annual household income or lower).

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

**Public health, vital statistics and other data**

A variety of existing (secondary) data sources was consulted to complement the research quality of the CHNA. Secondary data for the NMLFH service area were obtained from the following sources with specific citations included throughout the PRC report:

Center for Applied Research and Environmental Systems (CARES)

Centers for Disease Control and Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Centers for Disease Control and Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)

Centers for Disease Control and Prevention, Office of Public Health Science Services, National Center for Health Statistics

Community Commons

ESRI ArcGIS Map Gallery

Illinois Department of Public Health

Illinois State Police

National Cancer Institute, State Cancer Profiles

OpenStreetMap (OSM)	U.S. Department of Health and Human Services
U.S. Census Bureau, American Community Survey	U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA)
U.S. Census Bureau, County Business Patterns	
U.S. Census Bureau, Decennial Census	U.S. Department of Justice, Federal Bureau of Investigation
U.S. Department of Agriculture, Economic Research Service	U.S. Department of Labor, Bureau of Labor Statistics

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## Community stakeholder input

### Online key informant survey

To solicit input from key informants – individuals who have a broad interest in the health of the community – an online key informant survey was implemented. A list of recommended participants was provided by NMLFH and MCHC, which included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary health concerns of the population with whom they work, as well as the overall community.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the online survey. Reminder emails were sent as needed to increase participation. In all, 13 community stakeholders took part in the online key informant survey, including representatives from the following organizations:

Antioch Area Healthcare Accessibility Alliance	Lake County Forest Preserves
Erie Family Health Center/Erie HealthReach Waukegan	Lake County Health Department
Healthcare Foundation of Northern Lake County	Metropolitan Chicago Healthcare Council
Lake County Community Health Center	Northwestern Medicine Lake Forest Hospital

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Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations and other medically underserved populations. Key informants were asked to rate the degree to which various health issues are a problem in their community. Follow-up questions asked for a description of how these issues may be better addressed.

### **Information gaps**

While this CHNA is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some way limit the ability to assess all of the community's health needs.

For example, certain population groups—such as the homeless, institutionalized persons or those who only speak a language other than English or Spanish—are not represented in the survey data. Other population groups—for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups—might not be identifiable or might not be represented in numbers sufficient for independent analysis.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

### **Public dissemination**

This NMLFH CHNA is available to the public and can be accessed through the following channels:

View, download and/or print the document without special computer hardware or software (other than software that is readily available to members of the public) without fee at [www.nm.org/location/lake-forest-hospital/about-us-lfh/community-health-needs-assessment-lfh](http://www.nm.org/location/lake-forest-hospital/about-us-lfh/community-health-needs-assessment-lfh)

View a hard copy of the CHNA at NMLFH without fee upon request

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## Findings and opportunities

### **Community description**

The NMLFH service area, approximated by Lake County, encompasses 443.55 square miles and houses a total population of more than 700,000 residents, according to latest census estimates. Between the 2000 and 2010 U.S. Censuses, the population of Lake County increased by 58,893 persons, or 9.1 percent. The county's population density is reported at 1,582.9 persons per square mile. Lake County is predominantly urban, with 98.7 percent of the population living in areas designated as urban. Below is a list of Lake County community descriptions identified through this CHNA:

### **Demographics**

In Lake County, the breakdown by age is similar to both state and national averages: 26.8 percent of the population are infants, children or adolescents (age 0 to 17), another 62.3 percent are age 18 to 64, while 10.9 percent are age 65 and older.

The median age in Lake County is 37.0 years.

### **Race and ethnicity**

In looking at race independent of ethnicity, 78.7 percent of Lake County residents are White and 14.4 percent are Black.

When considering ethnicity, 20.2 percent of the residents of Lake County are Hispanic or Latino.

Lake County has a higher proportion of White residents and a lower proportion of "Other Race" residents than the state and nation.

Between 2000 and 2010, the Hispanic population in Lake County increased by 47,258 residents, or 51.0 percent.

Similar to the state and nation, 5.0 percent of the Lake County population age 5 and older live in a home in which no person (age 14 or older) is proficient in English.

## Social determinants of health

Health starts in our homes, schools, workplaces, neighborhoods and communities. We know that taking care of ourselves (including eating well, staying active, not smoking, and regular doctor visits) influences our health.

Our health is also determined in part by access to social and economic opportunities, resources that are available in the community, quality education, workplace safety, environmental factors and our relationships. The conditions in which we live explain, in part, why some Americans are healthier than others.

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### Poverty

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The latest census estimates that Lake County's poverty level is lower than the proportion reported statewide and nationally.

- Nine percent of Lake County residents live below the Federal Poverty Level (FPL).
- An estimated 23.4 percent of Lake County residents (approximately 160,204 individuals) live below 200 percent of the FPL.
- Additionally, 30.6 percent of Lake County children age 0 to 17 (an estimated 57,103 children) live below 200 percent of the FPL.

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### Education

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The population without a high school diploma is lower than the proportion reported regionally, statewide and nationally. Among Lake County residents age 25 and older, an estimated 11.1 percent (more than 49,000 individuals) do not have a high school education.

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### Employment

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Unemployment for Lake County trended downward after peaking in 2010, which echoes state and national trends. According to data derived from the U.S. Department of Labor, the unemployment rate in Lake County in May 2015 was 4.5 percent.

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## General health status

NMLFH service area adults were asked to rate their overall health status, and the findings were similar to region, statewide and national trends.

- A total of 55.3 percent of adults in the NMLFH service area rated their overall health as "excellent" or "very good."
- Another 30.3 percent rated their health as "good."
- The remaining 14.4 percent rated their health as "fair" to "poor."

There has been a statistically significant increase in activities limitations since the last CHNA. While higher than the prevalence statewide, the reported activity limitation is similar to the national prevalence. When queried regarding activity limitations, 24.9 percent of NMLFH service area adults reported limitations due to a physical, mental or emotional problem.

### **Mental health status**

When asked to think about their mental health—including stress, depression and problems with emotions—NMLFH service area adults were similar to regional and national reports.

- A majority (57.4 percent) of respondents rated their overall mental health as “excellent” or “very good.”
- A total of 29.1 percent of respondents rated their overall mental health as “good.”
- Another 13.5 percent rated their overall mental health as “fair” or “poor.”

Approximately 15.4 percent of respondents have been diagnosed by a physician as having a depressive disorder. The prevalence of having been diagnosed with a depressive disorder is similar to the region and better than the national finding. However, the prevalence is notably higher among women.

### **Leading causes of death**

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in Lake County. It was noted through the CHNA that none of the age-adjusted mortality rates in Lake County were worse than national rates.

## Areas of opportunity for community health improvement

The following areas of opportunity were identified through this CHNA and represent potential areas to consider for intervention.

Topic	Identified Need/Concern
Access to healthcare services	Insurance instability
Cancer	Cancer incidence Female breast cancer screening Colorectal cancer screening
Diabetes	Prevalence of borderline/pre-diabetes Ranked as a top concern in the online key informant survey
Heart disease and stroke	High blood pressure prevalence High blood cholesterol prevalence Ranked as top concerns in the online key informant survey
Immunization and infectious diseases	Pneumonia vaccination (high risk, ages 18 to 64) Hepatitis B vaccination
Injury and violence	Firearm-related deaths Firearm prevalence (including in homes with children) Homicide deaths
Mental health	Diagnosed depression Suicide deaths Ranked as a top concern in the online key informant survey
Nutrition, physical activity and weight	Fruit/vegetable consumption Low food access Ranked as top concerns in the online key informant survey
Potentially disabling conditions	Activity limitations
Substance abuse	Cirrhosis/liver disease deaths Drug-induced deaths
Tobacco	Use of cigars

## Additional sources of input

### Lake County Health Department

Concurrent with the development of the NMLFH CHNA, the Lake County Health Department (LCHD) developed a three-year strategic plan to improve the health of residents of Lake County. This strategic plan was based on the LCHD MAPP assessment, and included:

#### Landscape review

The purpose of this assessment was to collect community voices to learn perceptions about the quality of life in Lake County. This was done through a countywide survey.

#### Local system assessment

This assessment gathered partners in a day-long event that assessed the strength and weaknesses of local systems that support the well-being of Lake County residents. It provided feedback regarding system performance and opportunities for improvement.

#### Forces of change assessment

Community leaders brainstormed trends, factors and events that affected quality of life and the associated threats and opportunities.

#### Community profile

The community profile provided a snapshot of the well-being of Lake County residents by displaying quantitative information on health status, quality of life and risk factors.

The health issues identified by the NMLFH CHNA External Steering Committee were similar to those identified as directives of the LCHD plan. Data from the LCHD MAPP assessment formed the basis for the top four priorities identified by the LCHD:

- |                           |             |
|---------------------------|-------------|
| 1. Behavioral health      | 3. Diabetes |
| 2. Cardiovascular disease | 4. Obesity  |
- 

To minimize duplication of effort, the NMLFH CHNA Implementation Plan will, wherever appropriate, link to activities of the LCHD.



## Interpreting and prioritizing health needs

### External Steering Committee

Following the completion of the CHNA, NMLFH and the External Steering Committee (ESC) reviewed the findings. This multidisciplinary committee was made up of key stakeholders who were selected based on strong collaborative efforts to improve the health of the community, including the medically underserved, minority and low-income populations. The varied backgrounds of the committee members provided diverse insight into prioritizing identified health indicators.

### Prioritization process

A planned and structured process was used to facilitate prioritization of the identified health needs. Tools and data utilized in this process included CHNA data, secondary data, ESC feedback, an organizational asset inventory, and alignment with guiding principles for response to community need.

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#### Organizational guiding principles include:

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##### Importance of the problem to the community

- Is there a demonstrated community need?
- Will action impact vulnerable populations?
- Does the identified health need impact other community issues?

##### Availability of tested approaches or existing resources to address the issues

- Can actionable goals be defined to address the health need?
- Does the defined solution have specific and measurable goals that are achievable in a reasonable timeframe?

##### Opportunity for collective impact

- Can the need be addressed in collaboration with community or campus partners to achieve significant, long-term outcomes?
- Are organizations already addressing the health issue?

##### Applicability of NMLFH as a change agent (as a partner, researcher, educator, in a position to share knowledge or funding, etc.)

- Does NMLFH have the research or education expertise related to the identified health need?
- Does NMLFH have clinical services or other expertise/resources that address the identified health need?

##### Estimated resources, timeframe and size of impacted population

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NMLFH developed a survey tool to formally solicit input from ESC members and identify their organizations' priority health needs (defined as health needs that could be impacted the most by the work of NMLFH and partner organizations participating on the ESC). NMLFH leaders and ESC members were asked to identify the top four priorities from among the areas of opportunity identified by PRC using the following prioritization criteria:

**Magnitude:** How many people in the community are/will be impacted?

**Seriousness and impact:** How does the identified need impact health and quality of life?

**Feasibility:** What capacity/assets currently exist to address the need?

**Consequences of inaction:** What impact would inaction have on individuals and the community?

**Trend:** How has the need been changing over time?

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The survey results were compiled and shared with the ESC. Together with the committee, the highest-priority health needs were determined taking into account the findings of the CHNA, the survey findings, and discussion around the guiding principles and prioritization criteria.

### Prioritization timeline

An email invitation to join the ESC was extended to prospective members. The focus of the initial email was to provide committee members with an introduction to the 2016 CHNA and request members to consider the following issues in anticipation of an upcoming conference call:

Does the CHNA accurately reflect issues in my community?

Are there community health needs missing from the assessment that should be considered in the prioritization process?

Do the issues identified seem modifiable (are there ways these needs can be addressed)?

Any other additional thoughts or feedback?

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Two meetings were then conducted. The goal of the first meeting (a facilitated conference call) was to gather external input related to the CHNA findings. Content covered in the first meeting included:

CHNA background (goals and requirements)

Introduction to 2016 CHNA findings

Reporting process, timelines and deliverables

Solicitation of committee feedback

Community partner's role

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The goal of the second meeting (in-person) was to have a discussion of the areas of opportunity identified through the CHNA and prioritize the health needs. Content covered in the second meeting included:

Introduction to the NMLFH prioritization process

LCHD health issue review

Status report on what NMLFH and partners accomplished in the last three years

Prioritization discussion to identify the top priority health needs of the NMLFH service area

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### Prioritization results

As healthcare providers, we must continue to challenge ourselves to provide high quality, advanced health care services to our community. As experts and leaders in the healthcare industry, we must also look outside our doors and reach out to the communities we serve, striving to enhance the quality of life by engaging in evidence-based activities that will promote health across the lifespan.

To that end, NMLFH has identified three priority health needs that will enable us and our community partners to maximize the health benefit generated by our collective resources and efforts over the next few years. In selecting these priorities, we considered the degree of community health need, available resources and capacity to meet the need, and the suitability of our own expertise and resources to address the need. In particular, we identified health needs that would be best addressed through a coordinated response from a range of healthcare and community resources. We believe these health needs will be impacted through the integrated efforts of our organization and our community partners. From this process, the 2016 NMLFH priority health needs were identified as follows:

1. Access to health services
  2. Heart disease and stroke
  3. Mental health disorders and substance abuse
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# Development of Implementation Plan

NMLFH will continue to work with the ESC to develop a comprehensive Implementation Plan that addresses each priority health need. NMLFH and its community health partners share a vision of a healthy community, and are committed to working together to address significant health needs.

Through its affiliation with Northwestern Memorial HealthCare, NMLFH and the organizations of Northwestern Medicine can support efforts to positively change the health status of our community by taking on any of a number of roles, whether as a direct clinical service provider; through application of our research and education expertise; by sharing our knowledge of health literacy, quality improvement or information technology; or by providing indirect support by coalescing organizations that can impact health or funding initiatives undertaken by others.

The Implementation Plan will specify resources NMLFH and its community partner organizations will direct toward each priority health need. A general listing of the collective assets that could potentially be directed toward impacting priority health needs includes:

- Clinical care resources and facilities of NMLFH and its community partner organizations
  - Established, replicable, community-based clinical and health promotion programs addressing both highly prevalent and targeted chronic health conditions
  - Research and education expertise among Northwestern University Feinberg School of Medicine physicians
  - Financial assistance programs at NMLFH
  - Policies and procedures that broaden and simplify access to health care for the uninsured or underinsured
  - Advocacy resources at NMLFH and its community partner organizations
  - Planning and oversight resources
  - Management expertise in quality improvement and information technology
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## Existing healthcare resources

NMLFH recognizes that a large number of healthcare facilities and organizations in Lake County respond to health needs and support health improvement efforts. A list of organizations that were found through publicly available information sources as of June 2016 is included in [Appendix B](#).

# Actions taken to address the 2013 CHNA priority health needs

In 2013, NMLFH identified three priority health needs in response to the CHNA. In selecting priorities, NMLFH considered the degree of community need for additional resources, the capacity of other agencies to meet the need and the suitability of its own expertise and resources to address the issue.

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The priority health needs identified for targeted efforts were:

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1. Access to health services
  2. Heart disease and stroke
  3. Mental health disorders and substance abuse (combined)
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NMLFH shares with its community partners the common goal of creating a healthier community. Many healthcare, social services, public health and policy organizations play a role in achieving this goal, each contributing its own unique and valuable expertise, history, perspective and relationships within the community. NMLFH and its partners have established relationships and approach community health needs with awareness and respect for each organization's strengths and capacities.

NMLFH and its community partners worked together to create and implement a healthcare model in which residents of our community are informed and able to make healthy lifestyle choices, manage their chronic health conditions and receive medically necessary healthcare services in the most appropriate setting.

Our belief is that healthcare services are optimized when they are coordinated through a "medical home." The medical home provides health information and resources, assistance in navigating the healthcare system and primary and preventive care services at a location convenient for patients; and it facilitates access to more specialized hospital-based diagnostic and treatment services.

NMLFH, members of the ESC and key community partners collaborated to address the following priority health needs. This status report summarizes the impact of the strategies outlined in NMLFH's 2013 Implementation Plan. For a more comprehensive discussion of the strategies and related outcomes, please refer to the FY2015 Northwestern Memorial HealthCare Annual Community Benefits Report.

## Goal 1: Access to health services

Addressing access to health services is fundamental to ensuring residents have a medical home and can access medically necessary healthcare services. Known barriers to accessing care include lack of insurance; difficulty navigating the complexities of the healthcare system; out-of-pocket cost for care or prescriptions; logistic concerns such as transportation and childcare; limited availability of providers and/or office hours; and language or cultural barriers. NMLFH participated in activities of community-based coordination of care groups.

### Strategy 1

Continue to support the opening of Erie Family Health Center—Lake County

#### Actions taken in response

Northwestern Memorial HealthCare (NMHC) helped to organize and fund the development of Erie HealthReach Waukegan Health Center (EHWHC), which opened in 2014 in response to the critical need for primary care services for the uninsured, estimated at more than 75,000 Lake County residents at that time<sup>1</sup>.

EHWHC has vastly expanded access to primary care for those with no insurance or who are unable to pay for health care in Lake County. The site serves as a patient-centered medical home, providing primary, preventive and dental care. Health education and chronic disease self-management programs established at other Erie sites have been successfully replicated at the Lake County facility. NMHC continues its support through a multi-year donation of operational funds.

McGaw Family Medicine residents began training and providing care at EHWHC beginning in July 2015. Family medicine residents provide primary, preventive, acute and chronic healthcare services across all ages and in both office-based and hospital settings, ensuring that the right care is given in the most appropriate setting. Following the model in place between NMH and its affiliated community healthcare partners in Chicago, EHWHC patients are referred for medically necessary services at NMLFH.

### Strategy 2

Leverage resources of NMLFH and its affiliated organizations, NMH and Northwestern University Feinberg School of Medicine, to strengthen and accelerate community-based efforts to provide and coordinate care

#### Actions taken in response

NMLFH worked closely with the Lake County Health Department to address access by participating in efforts led by the Live Well Lake County Coordination of Care subcommittee. Efforts of this committee included increasing access to health education at appropriate health literacy levels and connecting the community with navigation materials to better understand options for obtaining health insurance through the Affordable Care Act.

<sup>1</sup>U.S. Census Bureau

### Strategy 3

Support the LCHD's current and ongoing efforts to address access to care issues

#### Actions taken in response

NMLFH actively worked with LCHD and other community-based partners through initiatives outlined in the LCHD strategic plan. To have a collective impact and limit duplication of effort, NMLFH participated in and applied resources to the work of the Live Well Lake County Steering Committee and subcommittees.

#### Impact

Expanded access to healthcare services for the uninsured and underinsured residents of Lake County (estimated at more than 75,000 residents) through the opening of EHWHC

- In fiscal year 2015 (FY15)<sup>2</sup>, more than 2,800 patients received care at more than 10,000 patient visits.
- In the first half of FY16<sup>3</sup>, already more than 2,900 patients have received care.
- Between January and November 2015, more than 600 patients received diagnostic and specialty care at NMLFH through our partnership with EHWHC.

Expanded access to healthcare services through the addition of primary care locations and comprehensive immediate care sites

- Glenview Outpatient Care Center
- Grayslake Outpatient Care Center
- Deerfield Immediate Care Center
- Evanston Immediate Care Center
- Vernon Hills Immediate Care Center

Expanded evening and weekend hours at many primary care sites

Provided training for healthcare providers in many shortage areas, including nursing, laboratories and allied health

Provided medical career advisory training at Lake County High School's technical campus and assisted students and parents in exploring educational paths to support career goals (140 students participated in FY15)

Increased distribution and completion of financial assistance applications

Provided \$10 million in charity care in FY12<sup>4</sup>

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<sup>2</sup> September 1, 2014–August 31, 2015

<sup>3</sup> September 1, 2015–August 31, 2016

<sup>4</sup> September 1, 2011–August 31, 2012

## Goal 2: Heart disease and stroke

### Strategy 1

Continue to offer hospital and community-based programs to increase awareness, educate and screen for hypertension and related health conditions

Increase awareness among NMLFH care providers of prevention activities

#### Actions taken in response

NMLFH continues to be a trusted source for heart health education and provides community programs that increase awareness, educate and screen for hypertension and related health conditions. A strategic plan was developed to increase awareness of low sodium food and drink options, and to “make the healthy choice the easy choice” by teaching about healthy options that are full of flavor and low in cost.

In addition to heart-healthy nutrition, NMLFH collaborated with the LCHD on a number of initiatives to improve the health of residents. As a member of the Live Well Lake County Steering Committee, NMLFH worked with partner organizations to inventory local and national resources that support smoking cessation and produced a brochure to disseminate throughout the county.

### Strategy 2

Support efforts of the LCHD Active Living Subcommittee to improve awareness of and access to physical activity in Lake County

#### Actions taken in response

NMLFH participated on the LCHD Active Living Subcommittee, and supported the joint efforts of LCHD and the Lake County Forest Preserve to promote and increase physical activity in Lake County using the many outdoor resources in the county.

### Strategy 3

Advocate for health insurance and public health policies that will reduce the risk of hypertension through coverage of preventive care and elimination of unhealthy choices in public areas

#### Actions taken in response

Many insurance policies do not cover the basic preventive screenings and care that can reduce the risk of hypertension or detect illness at the earliest possible stage. Through professional societies and other initiatives, NMHC and NMLFH supported measures to advocate for sensible coverage of preventive screenings and interventions that can detect and treat hypertension at the earliest stages. The LCHD and other community organizations regularly seek public policy solutions to improve the health of the community, and NMLFH supported measures that reduce the risk of hypertension.



## Impact

Provided health education lectures and awareness programs at schools, nursing homes and other locations throughout Lake County, including the Alternative to Salt promotion, which engaged the community in ways to flavor food while reducing sodium intake

Provided support groups and services for patients and the community at no cost or well below cost

Increased awareness of available programs around hypertension and preventive services

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## Goal 3: Mental health and substance abuse

### Strategy 1

Seek school districts interested in participating, and replicate Teen Suicide Prevention model developed within Lake Forest High School and District 67

#### Actions taken in response

In response to a suicide cluster in 2012, the Lake County Suicide Prevention Task Force was convened to develop a model to help prevent teen suicides. With the Northwestern University Feinberg School of Medicine's child psychiatry experts, a prevention model was developed and implemented. The model includes components of community awareness, assessment and screening linked to best-known interventions and implementation strategies. The model is replicable and can be applied within the available resources of any community. NMLFH and NMHC staff participated in efforts to expand suicide prevention programs.

### Strategy 2

Participate in LCHD initiatives to reduce drug- and alcohol-related deaths

#### Actions taken in response

NMLFH participated on the Lake County Health Department Behavioral Health Action Team. After conducting a behavioral health needs assessment, the team developed a strategic plan with four action areas, including provider workforce, coordination/continuum of care, access and awareness. Within the action areas, thirteen strategies were identified for implementation. NMLFH experts continue to serve as members of the Action Team to address these strategies.

## Impact

Nine months of collaborative planning among leaders from agencies and organizations in Lake County, facilitated by Leading Healthy Futures, with direction and guidance from the LCHD

Provided clinical expertise to the development of the Lake County Behavioral Health Strategic Plan, which identified 13 strategies within four issue areas:

- Provider workforce
  - Access
  - Coordination/continuum of care
  - Awareness
-

# Appendix A

Organization	Description of medically underserved, low-income, or minority populations represented (from publicly available sources, June 2016)
Lake County Health Department	As the largest human service provider in Lake County, the Lake County Health Department believes that services must be available without barriers. No residents are turned away due to an inability to pay. Of the approximately 706,000 residents in the county, <sup>1</sup> an estimated 80,000 <sup>2</sup> under the age of 65 are uninsured and more than 80,000 <sup>3</sup> live in poverty.
Mano a Mano Family Resources Center	Mano a Mano serves more than 3,000 community members annually. More than 90 percent of clients are Latino with very limited English proficiency. Sixty-two percent have completed less than eight years of formal schooling. Many clients suffer from poor health, a lack of health insurance and poor living conditions. Mano a Mano responds to a critical need of immigrant families in Lake County, especially Hispanics that are looking for services and do not have anywhere else to go.
National Recreation Foundation	The National Recreation Foundation is dedicated to enhancing the role of recreation as a positive force in improving the quality of life of youth. They do this by investing in recreation programs directed at those who are economically, physically or mentally disadvantaged. In 2016, the National Recreation Foundation donated \$1,384,445 in support of charities providing recreational opportunities for at-risk youth.
Waukegan Public Library	Waukegan has a Hispanic population three times higher than state average, with 55 percent of residents speaking a language other than English at home. Twenty percent do not speak English and 25 percent speak very little English. About 189,000 Lake County adults do not have a diploma or GED, and 13 percent can't sign their names or locate the expiration date on a driver's license.
Youth Build Lake County	Youth Build Lake County provides education opportunities and job training skills to low-income youth in Lake County. Many of the youth have dropped out of high school, are unemployed, have children and have criminal records. It is estimated that 80 percent were involved in gangs before entering this program.

<sup>1</sup> U.S. Census Bureau, 2011 American Community Survey

<sup>2</sup> U.S. Census Bureau, 2010 Small Area Health Insurance Estimates (SAHIE)

<sup>3</sup> U.S. Census Bureau, 2011 American Community Survey

# Appendix B

The following are healthcare facilities and organizations in Lake County, Illinois, found through publicly available information sources as of June 2016:

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## Acute-Care Hospitals/Emergency Rooms

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Advocate Condell Medical Center	Northwestern Medicine Lake Forest Hospital
Advocate Good Shepherd Hospital	Vista Medical Center East
Highland Park Hospital	Vista Medical Center West
Midwestern Regional Medical Center	

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## Emergency Medical Services (EMS)

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Lindhurst Freestanding Emergency Center	Northwestern Medicine Grayslake Emergency Center
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## Federally Qualified Health Centers and Other Safety Net Providers

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Belvidere Health Center	North Chicago Health Center
Grand Avenue Health Center	Northeast Satellite Community Health Center
Midlakes Medical and Dental Center	North Shore Health Center

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### Home Health Care

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A Time For Care, Inc.	Guardian Home Health Care, LLC
Addus HealthCare, Inc.	Harmony Home Care, Inc.
Advantage Home Health Plus, Inc.	Hearts of Gold Homecare, Inc.
Affectionate In-Home Care, LLC	Helping Hand Caregivers LTD
Angels Keeper Home Care Services, Inc.	Lake Bluff Home Care Solutions, LLC
Apt Home Care, Inc.	Maggie's Healthcare Providers Inc.
Assured Healthcare Staffing, LLC	MLM Homecare Services, LLC
Brightstar Care	More Care At Home Inc.
Brookdale Hawthorne Lakes	Northern Rose Caregivers, LLC
C D LeGrande Limited	Northwestern Home Health
CLS Home Care Services Inc.	Partners in Senior Care, Inc.
ComForcare Senior Services—S. Lake	Reliable Home Care Providers, Inc.
Companion Services of America, LLC	SCI Home Care
Eggering Enterprises LLC	Senior Care Plus, Inc.
Freedom Home Care, Inc.	Traycee Home Care Services, Inc.
Gentle Home Services, Inc.	We Care Senior Caregiver Services, Inc.

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### Hospice Care

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Accord Hospice, Inc.	Midwest Care Center
Integrated Palliative and Hospice, LLC	Waukegan Hospital Corporation
Journeycare, Inc.	

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Mental Health Services/Facilities

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Highland Park Hospital

Lake County Health Department/Community Health Center

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Nursing Homes

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Abbott House	Greenfields Of Geneva	Northwestern Medicine Lake Forest Hospital Westmoreland Nursing Center
Alden Long Grove Rehabilitation & Healthcare Center	Grove At The Lake Living & Rehabilitation	Pavilion Of Waukegan
Ann M. Kiley Developmental Center	Highland Park Nursing & Rehabilitation	Pine Terrace
Anna Hintz House #1	Hillcrest Retirement Village	The Wealshire and the Ponds
Arlington Rehabilitation & Living Center	Irving Anixter House #3	Prairieview Nursing Unit
Arthur C. Neilsen Sr. House	Lake Forest Place	Radford Green at Sedgebrook
Bayside Terrace	Lake Park Center	Riverside Foundation
Benjamin Green-Field Residence	Lewis Terrace	Rolling Hills Manor
Brentwood North Healthcare & Rehabilitation Center	Lexington of Lake Zurich	Seymour Terrace
Claremont Rehab & Living Center	Libertyville Manor Ext Care	Sheltering Oak
Claridge Healthcare Center	Manorcare of Highland Park	Stone Residence
Clearbrook–Wright Home	Manorcare Health Services–Libertyville	The Terrace Nursing Home
The Eva Markus Residence	Michael Cudahy House #5	The Village at Victory Lakes
Gaylord & Dorothy Donnelley House	Monte Philipe & Marie Monaster	Wauconda Healthcare and Rehabilitation
Gerard M. Ungaro House #2	Moraine Clf	Waukegan Terrace
Glenlake Terrace Nursing & Rehabilitation	Mount St. Joseph	The Wealshire
	Norman & Marie Bate Residence	Whitehall of Deerfield
	Northwestern Medicine Lake Forest Hospital	Winchester House



**Northwestern Medicine Lake Forest Hospital**

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