

# 2015 Community Health Needs Assessment Report

Northwestern Medicine Delnor Hospital



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# Introduction

Established in 1986, Northwestern Medicine Delnor Hospital (NMDH) has a rich history of caring for its community. The 159-bed, acute-care hospital is located in Geneva, Illinois, and offers inpatient specialty care in medical and surgical services, obstetrics, pediatrics, neurology, oncology and emergency care to the residents of central Kane County and surrounding areas. NMDH has upheld its promise to provide Kane County residents with convenient access to high quality, advanced healthcare services. More than 450 physicians are on the medical staff at NMDH and are trained in more than 80 medical specialties. NMDH has also achieved the prestigious Magnet® designation from the American Nurses Credentialing Center, the gold standard for nursing excellence and an organizational commitment to quality care.

NMDH 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 communities.

NMDH 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 use a data-driven approach to determine the health status, behaviors and needs of all residents in the NMDH service area. Through this analysis 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

NMDH gratefully acknowledges the participation of a dedicated group of organizations that gave generously of their time and expertise to help conduct and develop this 2015 Community Health Needs Assessment:

Aunt Martha's

Community Unit School District 300

Gail Borden Public Library

Inc. 708 Board

Kane County Health Department

Northern Illinois University

Reflejos

United Way of Elgin

VNA Health Care

Waubonsee Community College

# The Community Health Needs Assessment

## Background

The CHNA conducted by NMDH in 2015 was comprised of a formal assessment of community health needs, interpretation and review of the findings, and prioritization of the identified health needs. The Kane County Health Department in partnership with the county’s five hospitals and the Inc. 708 Board joined forces to fund a Community Health Assessment.

It was the goal of this coalition—the Community Health Assessment Committee—to conduct a comprehensive, multifactor assessment that would fulfill each organization’s regulatory requirements and provide a consistent and standardized database that each organization could use to guide the development and implementation of their individual strategic plans while promoting opportunities to work collaboratively to address the health needs of county residents.

Following completion of the formal assessment, NMDH undertook additional steps to further interpret the findings and determine highest-priority health needs to address.

To ensure that organizations impacting health in central Kane County were meaningfully engaged in reviewing and interpreting the findings of the CHNA, developing priorities among the identified needs and forming a collaborative plan to address the highest-priority needs, an External Steering Committee was established and maintained.

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The following organizations had representatives in the External Steering Committee:

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Aunt Martha’s	Inc. 708 Board	United Way of Elgin
Community Unit School District 300	Kane County Health Department	VNA Health Care
Gail Borden Public Library	Northern Illinois University	Waubonsee Community College

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

To complete the assessment, the Kane County organizations comprising the Community Health Assessment Committee contracted with Professional Research Consultants, Inc. (PRC), a nationally recognized healthcare consulting firm with extensive experience conducting CHNAs in hundreds of communities across the United States.

### NMDH service area

NMDH primarily serves central Kane County, and is defined by six zip codes that account for 80 percent of inpatient admissions at NMDH. Of the approximately 514,800 residents in Kane County<sup>1</sup>, an estimated 64,800<sup>2</sup> under the age of 65 are uninsured and more than 56,000<sup>3</sup> live in poverty.

#### Central Kane County Zip Codes

60119	60134	60144	60175	60510
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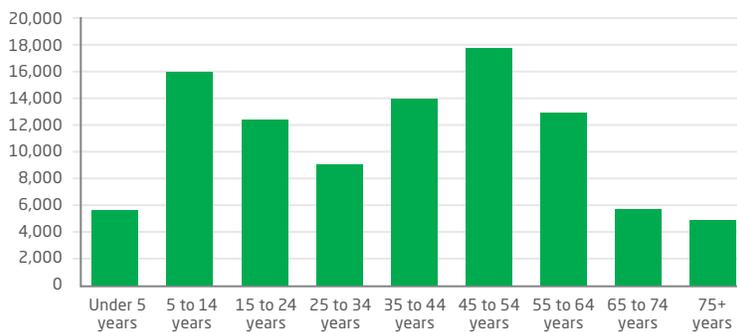
Source: Truven Health Analytics Demographic Profiles (Claritas Based)

Kane County is the fifth largest county in Illinois and is located 40 miles west of Chicago. It occupies 520 square miles of land and is home to NMDH’s primary service area and much of its secondary service area. The population in 2010 was 545,941, with a population density of about 776.5 people per square mile, according to the U.S. Census Bureau. In 2010 the population breakdown by race was estimated to be 304,051 Caucasian, 27,819 African-American, 17,505 Asian and 158,390 Hispanic or Latino origin.<sup>4</sup> The population of the total NMDH service area was 97,331.

Kane County is the seventh-youngest county in Illinois, and it is notable for its age distribution. From 1990 to 2010, the population increased by 60 percent and the age distribution shifted rapidly. The median age in Kane County is 34.5 years. The largest age group is the 5- to 14-year-olds, but the fastest-growing segment of the population is 55- to 69-year-olds.<sup>5</sup> NMDH’s primary service area reflects a relatively older community, with only 27 percent of the population younger than 18.

#### Delnor Hospital Service Area by Age

Source: U.S. Census Bureau 2010



<sup>1</sup> U.S. Census Bureau, 2014 American Community Survey

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

<sup>3</sup> U.S. Census Bureau, 2014 American Community Survey

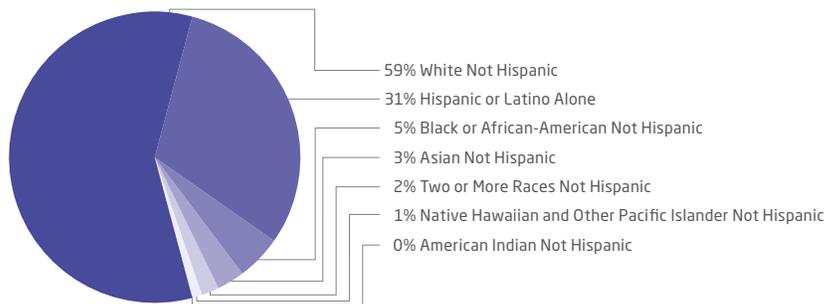
<sup>4</sup> Chicago Metropolitan Agency for Planning

<sup>5</sup> Kane County Community Health Assessment Databook

The racial distribution in Kane County has changed significantly from 2000 to 2010. Non-Hispanic whites now constitute 59 percent of the total population, a drop from 68 percent in 2000. Hispanics now comprise 31 percent of the total population, an increase from 24 percent in 2000. When compared to Illinois, the proportion of Hispanics in Kane County is double, and the county has the largest proportion of Hispanics in the state.

### Demographics of Kane County by Race/Ethnicity

Source: U.S. Census Bureau 2010



## Goals and objectives

The CHNA conducted in 2015 was performed with a systematic, data-driven approach to determine the health status, behaviors and needs of residents in the NMDH service area.

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. 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 individuals may then be developed to combat some of the socioeconomic factors that have historically had a negative impact on residents' health.
- 3 Increase access 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 sources include 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 sources include primary research gathered through a series of key stakeholder focus groups, as well as participation in the Kane County Mobilizing for Action through Planning and Partnerships (MAPP) Executive Committee. MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the Ten Essential Public Health Services. In 2014, the Kane County MAPP Executive Committee embarked on a journey to develop a Community Health Assessment (CHA) using the MAPP process.

## Community health survey

### Survey instrument

The survey instrument used for this study is 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 is similar to the previous survey used in the region, allowing for data trending.

### Sample approach and design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC 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 design used for this effort consisted of a sample of 373 individuals age 18 and older in the NMDH service area, with a 95 percent level of confidence. Administration of the surveys, data collection and data analysis were conducted by PRC.

### Sample characteristics

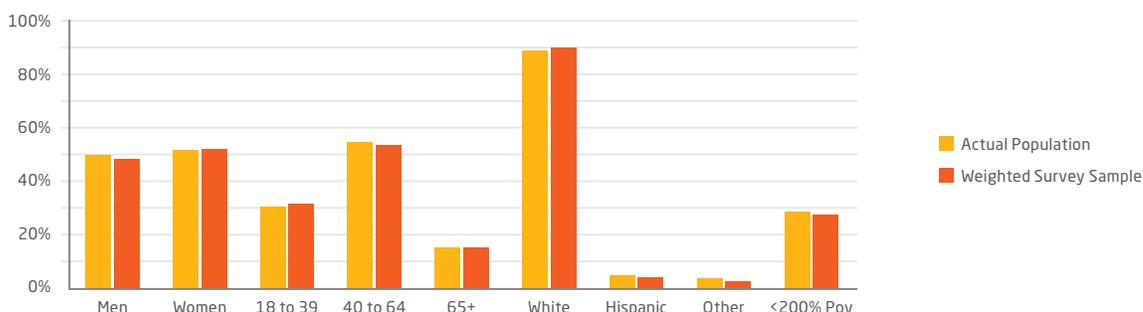
To accurately represent the population studied and minimize bias, proven telephone methodology and random-selection techniques were applied. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve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

Delnor Hospital Service Area, 2015  
 Sources: Census, 2010, Summary File 3 (SF 3), U.S. Census Bureau  
 2014 PRC Community Health Survey, Professional Research Consultants, Inc.



The poverty descriptions and segmentation 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 2014 guidelines place the poverty threshold for a family of four at \$23,850 annual household income or lower). In sample segmentation, “<200% FPL” refers to community members living in a household with defined poverty status or living just above the Federal Poverty Level (FPL), earning up to twice the poverty threshold; “200%+ FPL” refers to those households living on incomes that are twice or more the FPL.

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. These secondary data were available at the county and city level; to best match the community services area, data from Kane County and Illinois were used. These were obtained from a variety of sources including:

- Centers for Disease Control and Prevention
- Kane County Health Department
- Illinois Department of Public Health
- Illinois State Police
- National Center for Health Statistics
- U.S. Census Bureau
- U.S. Department of Health and Human Services
- U.S. Department of Justice, Federal Bureau of Investigation

## Community stakeholder input

### Key stakeholder focus group

As part of the CHNA, three focus groups were held among key stakeholders including representatives from public health and social service providers.

A list of recommended participants for the central Kane County focus groups was provided by NMDH. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to ensure a reasonable turnout. Audio from the focus group sessions was recorded. Findings from the focus group represent qualitative rather than quantitative data. The group was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Final participation included representatives of the following organizations:

AIM Independent Living Center	Gail Borden Public Library
Batavia School District 101	Kane County Board
City of Aurora Fire Department	Kane County Development and Community Services Department
City of Batavia Police Department	Kane County Division of Transportation
City of Elgin Parks and Recreation	Kid Care Medical
City of Elgin Planning Department	Kuipers Family Farm
deLacey Family Education Center	Open Door Clinic of Greater Elgin
Dreyer Medical Clinic	St. Charles Park District
Ecker Center for Mental Health	St. Charles School District 303
Elderday Center	Village of Montgomery
Elgin Area Chamber	Waubonsee Community College

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## 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 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 speak only 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.

## Vulnerable populations

The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the primary quantitative survey research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons and racial/ethnic minority groups. For additional statistics about uninsured, low-income and minority health needs, please refer to the complete PRC CHNA report, which can be viewed online at [delnorhospital.healthforecast.net](http://delnorhospital.healthforecast.net).

## Public dissemination

This CHNA is available to the public using the following URL: [delnorhospital.healthforecast.net](http://delnorhospital.healthforecast.net). [HealthForecast.net](http://delnorhospital.healthforecast.net)<sup>™</sup> is an interactive, dynamic tool designed to share CHNA data with community partners and the public at large. This site:

- Offers the CHNA report in a format that, when accessed, downloaded, viewed and printed in hard copy, exactly reproduces the image of the report

- Grants access to download, view and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website

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The CHNA is also available at NMDH's website at: [cadencehealth.org](http://cadencehealth.org). NMDH will also maintain at its facilities a hard copy of the CHNA report that may be viewed by request.

## Areas of opportunity for community health improvement

The following health needs were identified by PRC for the NMDH service area and recommended as potential areas to consider for intervention, based on the information gathered through this CHNA and the guidelines set forth in Healthy People 2020.

Topic	Identified Need/Concern
Access to healthcare services	<ul style="list-style-type: none"> <li>Lack of health insurance</li> <li>Specific source of ongoing medical care</li> <li>Primary care physician ratio (Kane County)</li> <li>Use of specialty care</li> <li>Routine medical care (children)</li> <li>Health Professional Shortage Area designation (Kane County)</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>Leading cause of death (Kane County)</li> <li>Breast cancer incidence (Kane County)</li> <li>Cervical cancer screening</li> <li>Colorectal cancer screening</li> </ul>
Chronic kidney disease	<ul style="list-style-type: none"> <li>Kidney disease deaths (Kane County)</li> </ul>
Diabetes	<p>Key informant focus groups: 57.7 percent of respondents consider diabetes to be a “major problem” – their concerns include:</p> <ul style="list-style-type: none"> <li>• Knowledge of available services</li> <li>• Partnerships and funding</li> </ul>
Heart disease and stroke	<ul style="list-style-type: none"> <li>Heart disease is the second leading cause of death (Kane County); stroke is fourth</li> <li>Heart disease is a leading cause of hospitalization</li> <li>Stroke deaths (Kane County)</li> <li>High blood pressure and cholesterol</li> <li>Key informant focus groups: heart disease and stroke received 46.2 percent “major problem” ratings</li> </ul>
Immunization and infectious diseases	<ul style="list-style-type: none"> <li>Childhood immunizations (Kane County)</li> <li>Flu vaccination (ages 65+ and high-risk 18 to 64)</li> <li>Pneumonia vaccination (ages 65+ and high-risk 18 to 64)</li> </ul>

Topic	Identified Need/Concern
Mental health	<p>A leading cause of hospitalization</p> <p>Perceived by parents as a top health concern for adolescents</p> <p>Stress</p> <p>Key informant focus groups: mental health received an 84.6 percent “major problem” rating—concerns include:</p> <ul style="list-style-type: none"> <li>• Funding cuts</li> <li>• Disparate levels of access for services</li> <li>• Lack of follow-up/long-term services</li> <li>• Stigma/denial</li> <li>• Co-occurrence with other issues</li> <li>• Children/youth</li> </ul>
Nutrition, physical activity and weight	<p>Overweight and obesity (adults)</p> <p>Fruit/vegetable consumption</p> <p>Low food access (Kane County)</p> <p>Perceived by parents as a top health concern for children and adolescents</p> <p>Access to recreation/fitness facilities (Kane County)</p> <p>Children’s physical activity</p> <p>Key informant focus groups: nutrition, physical activity and weight received 84.6 percent “major problem” ratings—concerns include:</p> <ul style="list-style-type: none"> <li>• Social norms/healthy eating</li> <li>• Children/youth</li> <li>• Local campaigns</li> <li>• Accessibility for persons with disabilities</li> </ul>
Substance abuse	<p>Prevalence of alcohol use</p> <p>Seeking help for alcohol/drug issues</p> <p>Perceived by parents as a top health concern for adolescents</p> <p>Heroin deaths (Kane County)</p> <p>Key informant focus groups: substance abuse received a 50.0 percent “major problem” rating—concerns include:</p> <ul style="list-style-type: none"> <li>• Lack of resources and needed support</li> <li>• Social norms</li> <li>• Heroin use</li> <li>• Knowledge of available services</li> </ul>

## Interpreting and prioritizing health needs

Following the completion of the CHNA by PRC, members of the External Steering Committee reviewed the findings. Representatives of the Kane County Health Department analyzed the findings and compared them to health priorities identified through the MAPP process.

### Prioritization process

The Kane County MAPP Executive Committee held several stakeholder meetings to formally solicit input from the members and identify their organizations' highest-priority health needs (defined as health needs that could be impacted the most by the work of hospitals in Kane County and partner organizations participating on the committee). NMDH leaders and MAPP Executive Committee members were asked to identify the top three priorities from among the areas of opportunity identified by PRC using the following 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?

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The survey results were compiled and shared with the MAPP Executive Committee. Together with the committee, the highest-priority health needs were determined taking into account the findings of the PRC report, input from Illinois Public Health Institute, the survey findings, and consideration of:

Importance of the problem to the community	Estimated resources, timeframe and size of impacted population
Availability of existing resources to address the issues	
Organizations already addressing the health issue	Applicability of NMDH as a change agent (as a partner, researcher, educator, in a position to share knowledge or funding, etc.)
Relationship of the identified health need to other community issues	
Impact specifically on vulnerable populations	Feasibility of defining a solution to the need that has specific and measurable goals, achievable in a reasonable timeframe
Feasibility of change; availability of tested approaches	

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## Prioritization results

From this process, the top priority health needs at the county level were identified as follows:

1. Behavioral health
  2. Chronic disease (obesity and diabetes)
  3. Income, job-ready workforce and education
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An additional prioritization exercise was undertaken in order for the hospitals in Kane County to identify needs that are most appropriate for them to address. The Kane County MAPP Executive Committee worked to identify priorities for NMDH to consider addressing. In selecting these priorities, the committee considered the degree of community need for resources, the capacity of the hospitals to meet the need and the suitability of its own expertise and resources to address the issue. Based on these guiding principles, the following top priority health needs were identified:

1. Access to healthcare services
  2. Chronic disease
  3. Mental health and substance abuse
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# Development of Implementation Plan

NMDH will continue to work with the Kane County MAPP Executive Committee to develop a specific Implementation Plan that addresses each priority health need. NMDH 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, NMDH and other Northwestern Medicine organizations can play a number of roles to support efforts to positively change the health status of our community. We can act as a direct clinical service provider, and leverage our research and education expertise. We can share our knowledge of health literacy, quality improvement and information technology. We can bring together other organizations committed to impacting health, and we can fund initiatives undertaken by others.

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

- Clinical care resources and facilities of NMDH 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 NMDH
  - Policies and procedures that broaden and simplify access to health care for the uninsured or underinsured
  - Advocacy resources at NMDH and its community partner organizations
  - Planning and oversight resources
  - Management expertise in quality improvement and information technology
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## Existing healthcare resources

NMDH recognizes that a large number of healthcare facilities and organizations in Kane County respond to health needs and support health improvement efforts. A list of those that were found through publicly available information sources as of August 2015 is included in [Appendix B](#).

## Actions taken to address CHNA priority health needs

In 2012, Delnor Hospital (now NMDH) identified four priority health needs. In selecting priorities, Delnor 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. The priority health needs identified for targeted efforts were:

1. Access to health care
  2. Obesity
  3. Chronic disease
  4. Communicable disease
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NMDH and its community partners achieved meaningful progress toward addressing these needs among the residents of central Kane County.

## Goal 1: Access to health care

An aging population, a challenging economy and an increasing prevalence of chronic diseases create a variety of access-to-care issues relating to both the affordability and availability of care.

NMDH supported national and local efforts to increase access to care by providing leadership, investing resources and working collaboratively with other key community stakeholders and organizations throughout the county. Additionally, NMDH offered a comprehensive financial assistance program to patients who were unable to afford the cost of medically necessary healthcare services. NMDH maintained a multicultural workforce of primary care providers, specialists, mid-level practitioners, registered professional nurses and other healthcare professionals committed to working in an evidence-based practice setting.

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### Actions Taken in Response

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Maintained an easily accessible, user-friendly, respectful financial assistance program that complied with all regulatory requirements

Supported patients identified as potentially eligible for government-sponsored healthcare coverage in enrolling in Medicaid or other programs

Initiated a presumptive eligibility program to improve access to financial assistance programs and coverage

Provided in-kind leadership and resources to Kane County healthcare organizations undertaking efforts to address access to care, including the Kane County Health Department, the Kane County Health Access Integration Network and the Tri City Health Partnership Free Clinic

Served as a training center for nursing and allied health professions

Provided interpretation and language assistance programs for patients for whom English is not their first language

Underwrote the cost of hospital-based services for patients from Tri City Health Partnership

Sought ways to link Emergency Department patients without medical homes (i.e. consistent sources of medical care) to a primary care provider

Provided grant support and office space to a program offering support to seniors in navigating Medicare enrollment and finding covered healthcare resources

Awarded grants to area organizations to offset the cost of providing mental health services and lung cancer screenings to underserved residents

Developed and offered a free "In Case of Emergency" app to enable emergency responders and Emergency Department staff to rapidly locate key health and emergency information

Developed an electronic communication resource for expectant and new mothers to provide health information and increase awareness of healthcare resources

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## Impact

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Increased distribution and completion of financial assistance applications (Fiscal Year 2014 [FY14]: 7,594 financial assistance applications were distributed and 5,387 completed)

Provided \$87,416,580 (based on charges) in charity care in FY14

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

Initiated a free mammography screening service at Tri City Health Partnership, linked to diagnostic and specialty services provided at no cost

Doubled the amount of free care provided to Tri City Health Partnership between FY13 and FY14

Enabled community organizations to provide mental health services to nearly 100 clients, resulting in documented improvements in mental health status

Assisted more than 400 seniors in navigating Medicare enrollment and services

Provided lung cancer education and vouchers for 50 lung cancer screenings to underserved individuals

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## Goal 2: Obesity

The problem of adult/child obesity has reached epidemic levels, both nationally and in Kane County. As of 2012, 63.9 percent of Kane County adults and more than 32 percent of children 5 years old or younger were considered overweight and/or obese.<sup>6</sup> It is widely recognized that being overweight or obese can lead to a variety of chronic diseases including heart disease, diabetes, hypertension, cancer, stroke and osteoarthritis. With both a large young population and an aging population, it is critical to address this issue to enhance health and well-being and reduce healthcare costs over the long term.

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## Actions Taken in Response

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Participated in and supported the Kane County Fit for Kids 2020 Coalition

Maintained a safe walking path around NMDH's medical campus for use by community residents

<sup>6</sup> 2012 PRC Community Health Survey, Professional Research Consultants, Inc.

Annually underwrote the cost of 15 to 20 community garden plots for employees and community residents to promote consumption of fresh fruits and vegetables

Awarded grants to area organizations responding to the problems of obesity and poor nutrition

Worked with an area park district preschool program to implement the nationally recognized CATCH (Coordinated Approach to Child Health) Program, educating young children and parents about healthy food choices

Provided funding to regional park districts and athletic agencies to provide scholarships to individuals and families otherwise unable to afford park district activities

Developed and distributed educational kits with information on healthy habits, safety and nutrition to area parents, youth group leaders and teachers

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### Impact

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Advanced obesity and breastfeeding awareness initiatives of the Kane County Fit for Kids 2020 program

Enabled area food banks to purchase more than 50,000 pounds of nutritionally dense foods to supplement donations and offer healthier choices to pantry clients

Funded two 8-week ProActive Kids Foundation sessions focusing on healthy lifestyle options for children residing in Kane and DuPage counties

Enabled 60 area Girl Scouts and Brownies to attend the Healthy Habits Day Camp and learn about nutrition, exercise and wellness

Funded development of a fitness program at a low-income/high-risk apartment complex

Provided early childhood education on healthy eating and exercise to approximately 180 children annually

Enabled approximately 200 individuals annually to participate in physical activity programs through scholarships for three area park districts and a special recreation association

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## Goal 3: Chronic disease

In support of national objectives to reduce the prevalence and burden of chronic disease, NMDH provided community education related to chronic disease in the areas of evidence-based primary interventions (disease prevention, health promotion), evidence-based secondary interventions (screening), and evidence-based tertiary interventions (education to individuals affected with a chronic disease in an effort to promote an optimum state of individual wellness).

Additionally, NMDH developed and implemented a post-discharge Community Heart Failure Program designed to improve the quality of life and reduce readmissions in patients with heart failure. NMDH provided leading-edge, acute chronic disease care to all individuals regardless of their ability to pay as per our financial assistance policy.

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### Actions Taken in Response

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Hosted or offered evidence-based community health and wellness programming for common chronic conditions and safety topics:

Cardiovascular disease	Injury prevention	Fall prevention
Stroke	Arthritis	Chronic lung disease
Cancer	Maternal and child health	Epilepsy
Obesity	Joint replacement	Parkinson's disease

Developed and implemented a post-discharge heart failure program to improve quality of life and decrease readmission rates among patients with heart failure

Awarded grants to community organizations with programs designed to enhance/promote health and minimize chronic disease

Sought ways to increase awareness of and referrals to smoking cessation programs

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### Impact

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Educated more than 3,600 individuals annually through more than 30 health education programs

Supported heart failure patients through creation of the Personal Health Tracker and educational materials; reduced heart failure readmission rate from 7 to 1 percent between FY13 and FY14

Grant funding enabled a local program connecting teens with homebound individuals with chronic disease to provide 42 clients with more than 3,000 meals

Supported an early childhood dental program at an area well-child center serving uninsured and low-income families with grant funding

Integrated referrals to smoking cessation programs into the electronic health record

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## Goal 4: Communicable disease

NMDH worked with the Kane County Health Department and local healthcare providers to offer vaccine clinics to underserved children and adolescents in Kane County who lack access to routine childhood immunizations. NMDH conducted self-audits of immunization compliance rates in an effort to meet/exceed state and local benchmarks for 2-year-olds, children entering kindergarten and adolescents. NMDH assessed whether patients who utilize the vaccine clinics are receiving anticipatory guidance and basic health promotion and prevention information. Additionally, NMDH collaborated with the Kane County Health Department as well as state and local healthcare providers to respond to the 2011-2012 spike in tuberculosis cases in Kane County.

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### Actions Taken in Response

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Operated vaccine clinics that were accessible to working and non-working families and met all regulatory requirements

Implemented measures to achieve and maintain vaccination coverage levels consistent with universally recommended vaccines among young children

Implemented measures to achieve recommended vaccination levels for children age 19 to 35 months for DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines

Implemented measures to achieve recommended vaccination levels for children entering kindergarten

Worked to improve routine vaccination levels for adolescents 13 to 15 years old

Worked with the Kane County Health Department and local healthcare providers to improve screening and ensure continued care for individuals suspected of or diagnosed with tuberculosis

Awarded grants to area healthcare organizations seeking to reduce spread of communicable disease

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### Impact

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Annually achieved 98 to 100 percent compliance with vaccination recommendations for young children for DTaP, Hib, hepatitis B, MMR, polio and pneumococcal vaccines

Improved the rate of vaccination for young children for hepatitis A from 72 to 96 percent and for rotavirus from 74 to 82 percent from FY13 to FY14

Exceeded Healthy People 2020 goal for vaccination rates for children age 19 to 35 months for DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines

Exceeded Healthy People 2020 goal for kindergarten vaccinations, achieving 96 to 100 percent compliance for DTaP, MMR, polio, hepatitis B and varicella vaccines

Exceeded Healthy People 2020 goal for vaccinations among 13- to 15-year-olds, achieving 96 to 100 percent compliance for Tdap booster, varicella and MCV vaccines

Reached 88 percent of 13- to 15-year-olds starting or completing vaccination series for HPV

Provided Tdap vaccines to parents and caregivers in the community during pertussis outbreak

Supported the Kane County Health Department in managing tuberculosis outbreak through grant funding and partnership activities and enabled it to implement CDC recommendations

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# Appendix A

Organization	Description of medically underserved, low-income or minority populations represented (from publicly available sources, August 2015)
Aunt Martha's	Aunt Martha's is the third-largest community health center in Illinois and provides services to children within Kane County, including health care, child welfare, care coordination and other community-based services.
Community Unit School District 300	Community Unit School District 300 serves the communities of Algonquin, Hampshire, Dundee and Gilberts. District 300 serves both elementary and high school students and families. The community has mobilized to address mental health and substance abuse issues.
Gail Borden Public Library	The Gail Borden Public Library is located in Elgin and serves the six surrounding communities. The library works to promote literacy services to the underserved by connecting community members with volunteers that teach English as a Second Language classes.
Inc. 708 Board	The Inc. 708 Board is a partnership of seven 708 Boards. The mission of the Inc. 708 Board is to initiate and coordinate programs of service for mental health, including services for those with substance abuse disorders and developmental disabilities within any political subdivision that is providing funds to the corporation under the Community Mental Health Act as provided by the Illinois Community Mental Health Act.
Kane County Health Department	In active partnership with our community, the Kane County Health Department improves the quality of life and well-being of all residents by developing and implementing local policies, systems and services that protect and promote health, and prevent disease, injury and disability.

Northern Illinois University

Located in DeKalb and chartered in 1895, Northern Illinois University is a comprehensive teaching and research institution with a student enrollment of nearly 22,000.

United Way of Elgin

With 90 years of experience in supporting health and human service needs in the Elgin area, United Way is uniquely qualified to rally the community around a drive for real, lasting change by utilizing resources and infrastructure to focus on the tough issues that demand a collective response, to prevent problems in the first place and to implement a broad range of strategies.

VNA Health Care

VNA Health Care is a humanitarian, not-for-profit organization dedicated to providing compassionate, dependable and comprehensive primary care and community health services. Recognizing that each individual is unique and is to be treated with dignity, VNA extends quality care to individuals regardless of their ability to pay for service in accordance with established VNA charitable care policies.

Waubonsee Community College

Waubonsee Community College is located in Sugar Grove and provides educational opportunities for residents of the Fox Valley.

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# Appendix B

The following are healthcare facilities and organizations in Kane County, Illinois found through publicly available sources as of August 2015:

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## Acute-Care Hospitals/Emergency Rooms

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Advocate Sherman Hospital	Presence St. Joseph Hospital
Northwestern Medicine Delnor Hospital	Rush-Copley Medical Center
Presence Mercy Medical Center	

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## Emergency Medical Services (EMS)

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Southern Fox Valley Emergency Medical Services

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## Federally Qualified Health Centers and Other Safety Net Providers

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Aunt Martha's	VNA Health Care
Greater Elgin Family Care Center	Well Child Center
Tri City Health Partnership	

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### Home Health Care

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Advocate Home Health	Home Care Physicians
Centegra Home Health	Merit Home Care
Community Nursing Service	Northwestern Medicine Home Health & Hospice
Covenant Care at Home	Patients First
DeKalb County Health Department	Presence Mercy Home Health
Dynacare	Total Home Care
Edward Home Health	VNA Home Health

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### Hospice Care

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Community Nursing Service	Odyssey
Edward-Elmhurst Hospice	Presence Hospice
Fox Valley Volunteer Hospice	Rush Hospice
Harbor Lights	Seasons Hospice
Hospice of DeKalb County	Vitas
Hospice of Northeastern Illinois	VNA Hospice
Northwestern Medicine Home Health & Hospice	

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### Mental Health Services/Facilities

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Aunt Martha's	Family Service Association
Aurora Family Services	Lutheran Social Services
Catholic Charities	Northwestern Medicine Central DuPage Hospital
Community Crisis Center	Tri Cities Family Services
Ecker Center for Mental Health	

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Skilled Nursing Facilities

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Alden Waterford	Maplewood
Arden Courts	Marklund Home
Aurora Manor	McAuley Manor
Batavia Rehabilitation Center	Michaelsen
Countryside	Presence Geneva Care
Elmwood	Presence Pine View
Fox River Pavilion	Rosewood
GreenFields of Geneva	South Elgin Rehabilitation Center
Holmstad	Tillers
Jennings Terrace	Tower Hill

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**Northwestern Medicine Delnor Hospital**

300 Randall Road  
Geneva, Illinois 60134

630.208.3000  
TTY for the hearing impaired 630.933.4833

[nm.org](http://nm.org)