

Northwestern Memorial Hospital Community Health Needs Assessment Hospital Report Fiscal Year 2016

Northwestern Memorial Hospital gratefully acknowledges the participation of a dedicated group of individuals representing the following organizations who gave generously of their time and expertise to help conduct and develop our fiscal year 2016 Community Health Needs Assessment:

Alliance for Research in Chicagoland Communities
Chicago Department of Public Health
Consortium to Lower Obesity in Chicago Children
CommunityHealth
Erie Family Health Center
Health and Disability Advocates
Kelly Hall YMCA
Logan Square Neighborhood Association
Near North Health Services Corporation
Northwestern University Feinberg School of Medicine
West Humboldt Park Development Council

Introduction

Northwestern Memorial Hospital (NMH) is a not-for-profit corporation that is part of an academic medical center (AMC) in downtown Chicago, Illinois, providing a complete range of adult inpatient and outpatient services in an educational and research environment. For more than 150 years, NMH and its predecessor institutions, Passavant Memorial and Wesley Memorial hospitals, have served residents of Chicago. The commitment to provide healthcare, regardless of the ability to pay, reaches back to the founding principles of Passavant and Wesley and continues to be integral to our *Patients First* mission.

NMH believes that its mission to improve the health of the communities it serves is best accomplished in collaboration with partners both in the community and within the organizations that comprise Northwestern Medicine including Northwestern Memorial HealthCare (NMHC) and Northwestern University Feinberg School of Medicine (Feinberg). NMH's affiliations with community-based healthcare partners enable the organizations to meaningfully improve access to high quality healthcare and implement targeted programs that address the highest priority health needs of the community.

NMH serves as the primary teaching hospital for Northwestern University Feinberg School of Medicine (Feinberg), with more than 2,000 physicians on the medical staff and carrying faculty appointments at Feinberg. Northwestern Medical Group (NMG) has more than 1,100 physicians representing virtually every medical specialty and serving as fulltime faculty of Feinberg. NMH is among only seven percent of the nation's hospitals designated as an AMC hospital, which according to the Association of American Medical

Colleges (AAMC), in aggregate deliver a vastly disproportionate share of the nation’s trauma, intensive care and tertiary services; provide a significantly higher proportion of Medicaid care than non-teaching hospitals; and underwrite 41 percent of all hospital-based charity care. Through Northwestern Medicine, NMH shares a vision with Feinberg and its fulltime faculty physicians to work collaboratively as leading AMC to positively impact the future of healthcare through exceptional patient care, excellence in medical education and breakthrough scientific research that can lead to improved treatments and cures.

NMH is an adult acute care hospital located in Chicago’s growing downtown area and saw more than 44,000 adults admitted as inpatients in fiscal year 2015. As an adult Level I trauma center in downtown Chicago with 24/7 service, NMH had more than 86,000 Emergency Department (ED) visits in fiscal year 2015. NMH is also the only AMC hospital in Chicago participating in both city and state Level I trauma networks and as a Level III neonatal intensive care unit, allowing us to provide lifesaving care and treatment to the most seriously injured adults and premature and sick infants. NMH has the largest birthing center in Illinois, with more than 12,000 deliveries in fiscal year 2015.

NMH also serves an important role for patients outside of Chicago. As a nationally ranked AMC hospital and a major referral center in the Midwest and beyond, NMH is one of a limited number of places in the region where patients requiring advanced tertiary, quaternary or specialty services can access the care and services they need.

NMH 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 healthcare services. Our services are carefully designed and structured to meet the needs of our growing and changing community.

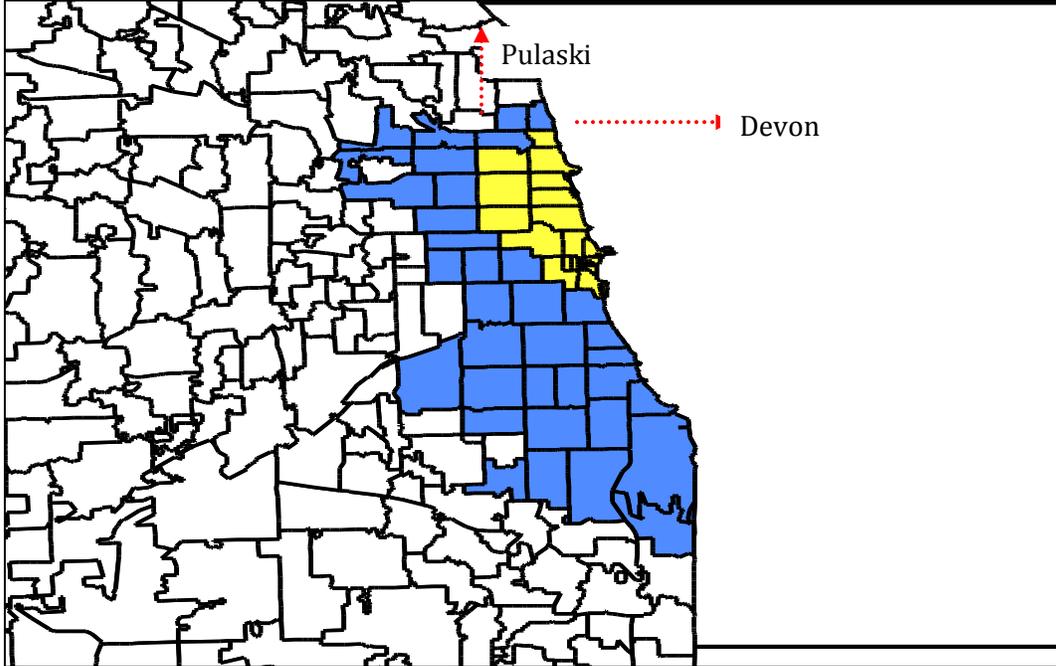
NMH Service Area

For the purposes of this Community Health Needs Assessment (CHNA), NMH’s community was defined as the City of Chicago (NMH Service Area) which is within Cook County. In total, the City of Chicago accounts for 66 percent of NMH inpatient admissions. The 59 Zip Codes that comprise Chicago are as follows:

Source: EPSi FY15 Q3 YTD (through May 31, 2015)

City of Chicago Residential Zip Codes						
60601	60614	60623	60633	60642	60652	60661
60605	60615	60624	60634	60643	60653	60666
60607	60616	60625	60636	60644	60654	60706
60608	60617	60626	60637	60645	60655	60707
60609	60618	60628	60638	60646	60656	60803
60610	60619	60629	60639	60647	60657	60804
60611	60620	60630	60640	60649	60659	60805
60612	60621	60631	60641	60651	60660	60827
60613	60622	60632				

Northwestern Memorial Hospital Service Area Definitions: PSA and Chicago



Chicago (59 total ZIP codes)

Sources: Truven Health Analytics and MapInfo

Population	NMH Service Area- Chicago		
	2015	2020	% Change
Population	2,931,206	2,959,894	1.0%

Source: Truven Health Analytics Demographic Profile (Claritas Based)

Chicago is a diverse city with large Black and Hispanic populations and a growing Asian/Pacific Islander population. NMH is committed to providing culturally competent care that is responsive to the needs of all our patients. NMH works with community health centers in some of Chicago’s medically underserved areas to identify priority health concerns and jointly develop community based health initiatives designed to address healthcare disparities.

Race	NMH Service Area- Chicago		
	2015	2020	Change
White	46.7%	47.2%	0.5%
Black	30.2%	28.7%	-1.5%
American or Alaskan Indian	0.5%	0.5%	0.0%
Asian/Pacific Islander	5.7%	6.2%	0.5%
Some Other Race	14.0%	14.3%	0.3%
Two or more Races	2.9%	3.1%	0.2%
Total	100.0%	100.0%	

Source: Truven Health Analytics Demographic Profile (Claritas Based)

Ethnicity ¹	NMH Service Area- Chicago		
	2015	2020	Change
Hispanic or Latino	30.8%	31.8%	1.0%
Non-Hispanic or Latino	69.2%	68.2%	-1.0%
Total	100.0%	100.0%	

Source: Truven Health Analytics Demographic Profile (Claritas Based)

CHNA Background

NMH completed a comprehensive 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 NMH Service Area. Through this assessment, health needs were identified 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.

NMH, Northwestern Medicine Lake Forest Hospital, and Northwestern Medicine Central DuPage Hospital joined forces with a coalition of health systems within Cook, DuPage and Lake County 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, Rush and Northwestern Medicine. 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 health needs. 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 since 1994. MCHC provided a NMH Service Area-specific CHNA report for NMH.

Following completion of the CHNA, NMH undertook additional steps to review and interpret the findings and prioritize the identified health needs. To ensure organizations that impact health and represent the broad interests of the community were meaningfully engaged in reviewing and interpreting the findings of the CHNA, an External Steering Committee (ESC) was established. The ESC’s purpose was to prioritize health needs from among the identified areas of opportunity and assist in the formation of a

¹ Note: The census currently defines “Hispanic or Latino” as an *ethnicity* not a *race*. Race and ethnicity are separate census questions; thus, a person of Hispanic or Latino *ethnicity* can be of any *race*.

collaborative plan to address the top priority health needs. Members included representatives from the following organizations:

- Alliance for Research in Chicagoland Communities
- Chicago Department of Public Health
- Consortium to Lower Obesity in Chicago Children
- CommunityHealth
- Erie Family Health Center
- Health and Disability Advocates
- Kelly Hall YMCA
- Logan Square Neighborhood Association
- Near North Health Services Corporation
- Northwestern University Feinberg School of Medicine
- West Humboldt park Development Council

A description of the population(s) served by these organizations is included in Appendix A.

CHNA 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 NMH CHNA conducted in 2015-2016 employed a systematic, data-driven approach to determine the health status, behaviors and needs of residents in the NMH Service Area. This CHNA will serve as a tool toward reaching three related goals:

- *To 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.
- *To 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 socio-economic factors that have historically had a negative impact on residents' health.
- *To 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.

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

NMH’s community was defined as the City of Chicago (NMH Service Area) for this CHNA. The 59 Zip Codes that comprise Chicago are as follows:

City of Chicago Residential Zip Codes						
60601	60614	60623	60633	60642	60652	60661
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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.

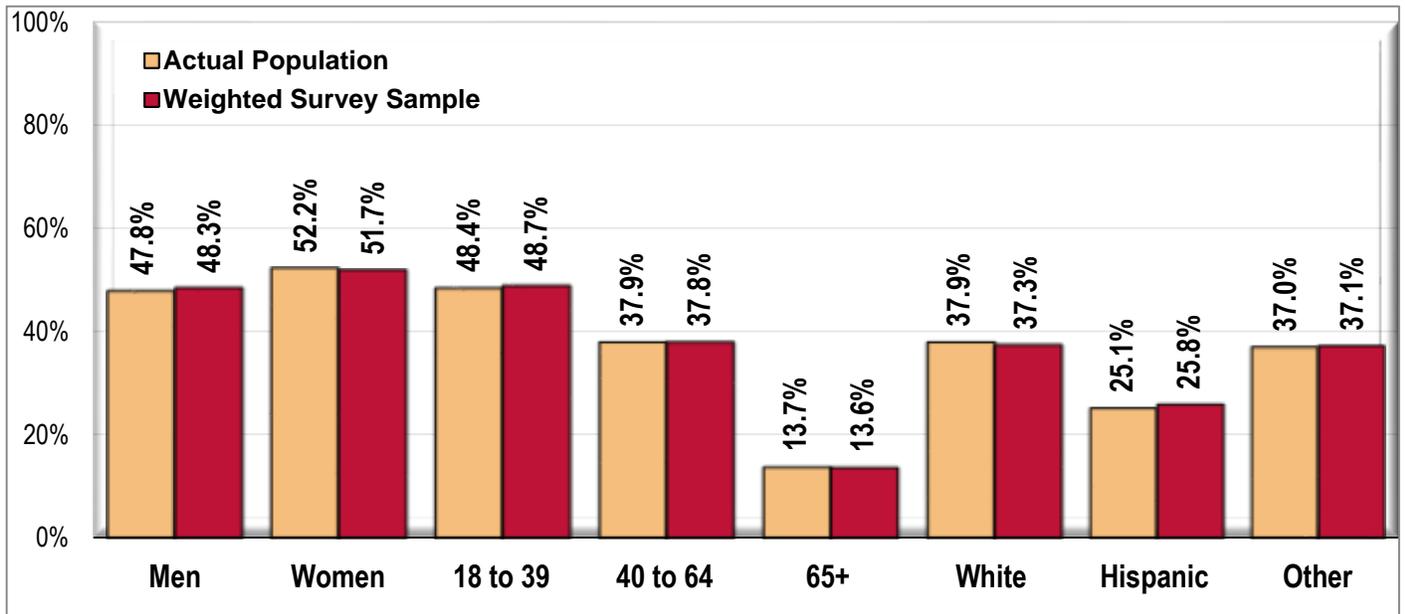
The sample design used for this effort was designed to provide meaningful results for the NMH Service Area. Interviews were administered among a random sample of households. Once interviews were completed, they were weighted in proportion to the actual population distribution at the Zip Code level to appropriately represent the NMH Service Area. The data consisted of a sample of 1,362 individuals age 18 and older in the NMH Service Area. Administration of the surveys, data collection and data analysis was 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 respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents while 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 NMH 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 & Survey Sample Characteristics (NMH Service Area, 2015)



Sources: ● Census 2010, Summary File 3 (SF 3). US 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 & 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 were consulted to complement the research quality of the CHNA. Secondary data for the NMH 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 & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & 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 & 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. Census Bureau, American Community Survey
- U.S. Census Bureau, County Business Patterns
- U.S. Census Bureau, Decennial Census
- U.S. Department of Agriculture, Economic Research Service
- U.S. Department of Health & Human Services
- U.S. Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- U.S. Department of Justice, Federal Bureau of Investigation
- U.S. Department of Labor, Bureau of Labor Statistics

In addition to the data information compiled from PRC, NMH also took into account the Chicago Department of Public Health's 2016 Healthy Chicago 2.0 report.

Community Stakeholder Input

Online Key Informant Survey

To solicit input from key informants, defined as 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 NMH 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 survey online. Reminder emails were sent as needed to increase participation. In all, 37 community stakeholders took part in the Online Key Informant Survey, including representatives from the organizations outlined below:

- A Safe Haven Foundation
- Austin Childcare Providers Network
- Chicago Department of Public Health
- Chicago Family Health Center
- Enlace Chicago
- Governors State University Department of Health Administration
- Grand Prairie Services
- Illinois Department of Public Health, Bellwood Office
- La Rabida Children's Hospital
- Loretto Hospital
- Metropolitan Chicago Healthcare Council
- New Moms, Inc.
- North Park University
- PCC Community Wellness Center
- Respond Now
- Southland Ministerial Health Network
- St. Joseph Services
- Swedish Covenant Hospital
- United Way of Metropolitan Chicago
- West Humboldt Park Development Council

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 analyses.

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

The NMH CHNA is available to the public and can be accessed through the following channels:

- NMH Website: <http://nmhc.nm.org/community-health-needs-assessment.html>
 - Access to download, view, and print the document without special computer hardware or software (other than software that is readily available to members of the public) without fee
- A hardcopy of the CHNA is available at the NMH facility and may be viewed upon request without fee by visiting 211 East Ontario Street, Suite 1750, Chicago, Illinois 60611

CHNA Findings - NMH Service Area

General Health Status

- NMH Service Area adults were asked to rate their overall health status, and the findings were worse than the region², statewide and national trends
 - 48.1% of NMH Service Area adults rate their overall health as “excellent” or “very good”
 - 30.1% rated their health as “good”
 - 21.9% rated their health as “fair” to “poor,” which reflects a statistically significant increase when comparing “fair/poor” overall health reports to previous survey results
- There has been a statistically significant increase in activities limitations since the last CHNA
 - While worse than the prevalence statewide, reported activity limitation was similar to regional and national prevalence
 - 19.7% of NMH Service Area adults are limited in some way in activities due to a physical, mental or emotional problem

² Region defined as Cook, DuPage, and Lake Counties

Mental Health Status

- When asked to think about their mental health, including stress, depression and problems with emotions, NMH Service Area adults were worse than regional and national reports
 - 58.2% rate their overall mental health as “excellent” or “very good”
 - 25.3% rate their overall mental health as “good”
 - 16.4% rate their overall health as “fair” or “poor,” which denotes a statistically significant increase since 2009
- The prevalence of having been diagnosed with a depressive disorder is similar to the region and better than the national finding. However, prevalence is notably higher among women, adults between the ages of 40 and 64, and very low-income residents
 - 15.7% have been diagnosed by a physician as having a depressive disorder
- 31.2% of NMH Service Area adults have had two or more years in their lives when they felt depressed or sad most days, although they may have felt okay sometimes
 - This is similar to nation findings and has remained statistically unchanged overtime
- 43.5% of NMH Service Area adults consider their typical day to be “not very stressful” (28.5%) or “not at all stressful” (15.0%)
 - In contrast, 12.5% of NMH Service Area adults experience “extremely” or “very” stressful days on a regular basis, which was similar to regional and national findings
- When asked about the number of days in the past month without enough sleep, the NMH Service Area reported rates similar to regional data
 - 24.6% respondents did not experience any days in the past month without enough sleep
 - 64.0% report experiencing 3 or more days in the past month on which they did not get enough sleep
- Among adults with a diagnosed depressive disorder, 82.8% acknowledged that they sought professional help for a mental or emotional problem, which was similar to regional and national findings

Disease and Chronic Conditions

Cardiovascular Disease

Prevalence of Heart Disease

- 5.5% of NMH Service Area adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack

Prevalence of Stroke

- 2.9% of NMH Service Area adults report that they suffer from or have been diagnosed with cerebrovascular disease (stroke), which was similar to regional, state and national percentages
 - Adults are more likely to be diagnosed with a stroke if they are older or low-income residents

Cardiovascular Risk Factors

- Hypertension
 - 95.3% of NMH Service Area adults have had their blood pressure tested with the past two years
 - 35.3% of NMH Service Area adults have been told at some point their blood pressure was too high, which was similar to regional and national prevalence, but higher than Illinois prevalence
 - Among hypertensive adults, 68.6% have been diagnosed with high blood pressure more than once
 - Among respondents who have been told that their blood pressure was high, 93.3% report that they are currently taking action to control their condition
- High Blood Cholesterol
 - 91.1% of NMH Service Area adults have had their blood cholesterol checked within the past five years
 - 31.4% of NMH Service Area adults have been told by a health professional that their cholesterol level was high, which was similar to regional and national prevalence, but better than Illinois findings
 - Among respondents who were told their blood cholesterol was high, 89.5% report that they have taken action to control their cholesterol level
- Total Cardiovascular Risk
 - 83.4% of NMH Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive or having high blood pressure or cholesterol. This was worse than regional but similar to national findings

Cancer

Prevalence of Cancer

- 2.1% of NMH Service Area adults report having been diagnosed with skin cancer, which was a statistically significant increase since 2009
- 4.0% of respondents have been diagnosed with some type of (non-skin) cancer which was better than the statewide and national prevalence

Cancer Screenings

- Among men age 50 and older, 70.7% have had a prostate-specific antigen test or a digital rectal examination for prostate problems within the past two years
- 78.3% of women age 50-74 have had a mammogram within the past two years
- 83.3% of women age 21 to 65 have had a Pap smear within the past three years

- Among adults age 50-75, 73.0% have had a colorectal cancer screening within the past 10 years, which was similar to regional and national findings

Respiratory Disease

Chronic Obstructive Pulmonary Disease (COPD)

- 7.4% of NMH Service Area adults suffer from COPD which was similar to national and regional prevalence, but higher than state prevalence

Asthma

- 9.7% of NMH Service Area adults currently suffer from asthma, which was similar to regional and national prevalence, but higher than state prevalence
- Over one-half of respondents with asthma (52.1%) report having an episode of asthma or an asthma attack at least once in the past year
- Among NMH Service Area children under 18, 5.2% currently have asthma, which was lower than regional rates but similar to national findings
 - The prevalence of children with asthma has significantly improved over time

Injury and Violence

Unintentional Injury

- Seatbelts and helmets
 - 85.6% of NMH Service Area adults report “always” wearing a seat belt while driving or riding in a vehicle, which was worse than the region yet similar to national findings
 - Men, adults under 40 years old, and low-income residents are less likely to report consistent seatbelt usage
 - 83% of NMH Service Area parents report that their child “always” wears a seatbelt when riding in a vehicle, which was lower than regional and national figure and represents a significant decrease since 2009
 - Over one-third (38.5%) of NMH Service Area children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle, which was lower than the national prevalence but has improved over time
- Firearms
 - 6.4% of NMH Service Area adults have a firearm kept in or around their home, which was lower than the regional and national prevalence
 - Reports of firearms in the home are more prevalent among men, older adults, residents with higher incomes and the Black population
 - Among NMH Service Area households with firearms, 12.2% report that there is at least one weapon that is kept unlocked and loaded, which was similar to regional and national data

Intentional Injury (Violence)

- Crime
 - 7.3% of NMH service area adults acknowledge being the victim of a violent crime in the past five years, which was higher than regional and national findings
 - This trend represents a statistically significant decrease since 2009

- 60.5% of NMH Service Area adults consider their neighborhood to be extremely or quite safe from crime
- 22.0% of NMH service area adults consider their neighborhood to be “not at all safe” from crime
 - Women, lower-income residents, Blacks and Hispanics were more likely to give a lower rating of neighborhood safety
- Among service area parents of school-age children, 3.9% report that their child missed at least one day of school in the past month because of feeling unsafe
 - This rate was similar to the region and remains statistically unchanged since 2012
- Domestic Violence
 - 11.3% of respondents acknowledged that they have ever been hit, slapped, pushed, kicked or otherwise hurt by an intimate partner, which was similar to the region but better than national findings
 - Women, adults under 65 years old, and Blacks were more likely to have reports of domestic violence

Diabetes

Prevalence of Diabetes

- 13.4% of NMH Service Area adults have reported been diagnosed with diabetes, which was similar to regional and national proportion, but higher than statewide proportion
- 6.7% of NMH Service Area adults report having pre-diabetes or borderline diabetes, which was similar to US prevalence
- Of NMH Service Area adults who have not been diagnosed with diabetes, 55.0% report having their blood sugar level tested within the past three years, which was similar to regional and better than national proportions

Kidney Disease

Prevalence of Kidney Disease

- 3.3% of NMH Service Area adults report having been diagnosed with kidney disease, which was similar to the regional, state and national proportions
 - A higher prevalence of kidney disease is reported among adults age 65 and older, low-income residents, and Blacks

Sickle-Cell Anemia

Prevalence of Sickle-Cell Anemia

- 1.7% of NMH Service Area adults have been diagnosed with sickle-cell anemia
 - This represents a statistically significant increase since 2012
 - A higher prevalence is reported among adults between the ages of 40 and 64, Black, and Hispanics

Potentially Disabling Conditions

Prevalence of Arthritis/Rheumatism

- More than 38.8% of NMH Service Area adults age 50 and older report suffering from arthritis or rheumatism, which was similar to regional and national data

Prevalence of Osteoporosis

- 9.4% of NMH Service Area adults age 50 and older have osteoporosis, which was similar to regional data, but lower than national findings

Prevalence of Sciatica/Chronic Back Pain

- 17.7% of NMH Service Area adults suffer from chronic back pain or sciatica, which was similar to regional and national data

Vision and Hearing Impairment

Vision Trouble

- 11.4% of NMH Service Area adults are blind or have trouble seeing even when wearing corrective lenses, which was less favorable than regional, state and national figures
- Among those 65 years old and older, 16.0% have vision trouble

Hearing Trouble

- 6.9% of NMH Service Area adults report being deaf or having difficulty hearing, which was similar to the region and better than national data
- Among those 65 years old and older, 14.3% have partial or complete hearing loss

Infectious Disease

Influenza and Pneumonia Vaccination

- Among NMH Service Area respondents:
 - 57.8% of area seniors received a flu shot within the past year
 - 43.0% of high-risk adults received a flu vaccination within the past year
 - 66.6% of area seniors received a pneumonia vaccination within their lives
 - 39.8% of high-risk adults have ever received a pneumonia vaccination within their lives

Human Immunodeficiency Virus (HIV)

- Among NMH Service Area adults age 18-44, 33.0% report that they have been tested for HIV in the past year

Sexually Transmitted Diseases

- Based on survey data, more than 43.8% of NMH Service Area adults report having received the hepatitis B vaccination series, which was similar to regional and national data
 - This has statistically improved over time

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. The areas of opportunity were determined after consideration of various criteria, including: comparison with national benchmark data; identified trends; the preponderance of significant findings within topic areas; the number of persons affected; and the potential health impact of a given issue.

Topic	Identified Need
Access to Healthcare Services	<ul style="list-style-type: none"> ● Barriers to Access <ul style="list-style-type: none"> ○ Inconvenient office hours ● Specific Source of Ongoing Medical Care ● <i>Access to Healthcare ranked as a top concern in the Online Key Informant Survey</i>
Cancer	<ul style="list-style-type: none"> ● Cancer Deaths <ul style="list-style-type: none"> ○ Including prostate cancer, female breast cancer, colorectal cancer deaths ● Cancer Incidence <ul style="list-style-type: none"> ○ Including prostate cancer, cervical cancer, colorectal cancer incidence ● Skin Cancer Prevalence ● Female Breast Cancer Screening
Chronic Kidney Disease	<ul style="list-style-type: none"> ● Kidney Disease Deaths
Diabetes	<ul style="list-style-type: none"> ● Prevalence of Borderline/Pre-Diabetes ● <i>Diabetes ranked as a top concern in the Online Key Informant Survey</i>
Hearing & Vision Problems	<ul style="list-style-type: none"> ● Blindness/Vision Trouble ● Regular Eye Care
Heart Disease & Stroke	<ul style="list-style-type: none"> ● Heart Disease Deaths ● High Blood Pressure Prevalence ● <i>Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey</i>
HIV/AIDS	<ul style="list-style-type: none"> ● HIV Prevalence
Immunization & Infectious Disease	<ul style="list-style-type: none"> ● Pneumonia/Influenza Deaths
Infant Health & Family Planning	<ul style="list-style-type: none"> ● Low-Weight Births ● Infant Mortality ● Unwed Mothers

	<ul style="list-style-type: none"> • <i>Family Planning ranked as a top concern in the Online Key Informant Survey</i>
Injury & Violence	<ul style="list-style-type: none"> • Safety Seat/Seat Belt Usage (Children) • Bicycle Helmet Usage (Children) • Firearm-Related Deaths • Homicide Deaths • Violent Crime Rate • Violent Crime Experience • <i>Injury and Violence ranked as a top concern in the Online Key Informant Survey</i>
Mental Health	<ul style="list-style-type: none"> • Fair/Poor Mental Health • Diagnosed Depression • Suicide Deaths • <i>Mental Health ranked as a top concern in the Online Key Informant Survey</i>
Nutrition, Physical Activity & Weight (Obesity)	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Overweight (Adults) • Overweight and Obesity (Children) • <i>Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey</i>
Oral Health	<ul style="list-style-type: none"> • Regular Dental Care • <i>Oral Health ranked as a top concern in the Online Key Informant Survey</i>
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations
Sexually Transmitted Diseases	<ul style="list-style-type: none"> • Gonorrhea Incidence • Chlamydia Incidence
Sickle-Cell Anemia	<ul style="list-style-type: none"> • Sickle-Cell Anemia Prevalence
Substance Abuse	<ul style="list-style-type: none"> • Chronic Drinking • Seeking Help for Alcohol/Drug Issues • <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey</i>
Tobacco Use	<ul style="list-style-type: none"> • Environmental Tobacco Smoke Exposure at Home <ul style="list-style-type: none"> ○ Including among households with children ○ Including among non-smokers • Smoking Cessation

	<ul style="list-style-type: none"> • <i>Tobacco Use ranked as a top concern in the Online Key Informant Survey</i>
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Additional Sources of Input for the Prioritization Process
Chicago Department of Public Health

Concurrent with the development of the NMH CHNA, the Chicago Department of Public Health (CDPH) developed the Healthy Chicago 2.0 strategic plan to improve the health of Chicago residents. This strategic plan was based on the CDPH Mobilizing for Action through Planning and Partnerships (MAPP) process and included:

Landscape Review (Community Themes and Strengths Assessment)

The purpose of this assessment was to collect community voices to learn perceptions about quality of life in Chicago, including community strengths, barriers to health and strategies to improve health. Data was collected through an online neighborhood survey, focus groups, oral histories and community conversations.

Forces of Change Assessment

During the Forces of Change Assessment, community leaders brainstormed trends, factors and events that affected quality of life and the associated threats and opportunities.

Local Public Health System Assessment

This assessment gathered 75 public health stakeholders and experts in a day-long event that assessed the strength and weaknesses of local systems that support the well-being of the Chicago community. It provided feedback regarding system performance and opportunities for improvement.

Community Profile

The Community Profile provided a snapshot of the well-being of Chicago residents by displaying quantitative information on health status, quality of life and risk factors. A Social Determinants of Health lens was applied to health data at the neighborhood level.

The health issues identified through the CDPH MAPP Assessment were similar to those identified through the NMH CHNA process. Directives of the CDPH Healthy Chicago 2.0 plan include:

- Health Conditions
 - Behavioral health
 - Child & Adolescent Health
 - Chronic Disease
 - Infectious Disease
 - Violence
- Root Causes
 - Access to Healthcare and Human Services
 - Education
 - Community Development

- Essential Supports
 - Data & Research
 - Partnerships and Community Engagement

To minimize duplication of effort, the NMH CHNA Implementation Plan will, wherever appropriate, collaborate with CDPH.

Interpreting and Prioritizing Health Needs

IPHAM Data Analysis

Following the completion of the CHNA, members of the Institute for Public Health and Medicine (IPHAM) at Feinberg reviewed the findings and identified inequalities, areas of worsening health status since 2013 and areas significantly below national health benchmarks.

External Steering Committee

IPHAM's data analysis was provided to NMH leaders and to the ESC to inform the prioritization process. NMH and the ESC reviewed the CHNA 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. Organizational guiding principles included:

- 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 NMH as a change agent (as a partner, researcher, educator, in a role as knowledge sharing or providing direct funding, etc.)
 - Does NMH have the research or education expertise related to the identified health need?
 - Does NMH have clinical services or other expertise/resources that address the identified health need?
- Estimated resources, timeframe, and size of impacted population

NMH 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 NMH and partner organizations participating on the ESC). NMH 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?

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 e-mail invitation to join the ESC was extended to prospective members. The focus of the initial e-mail was to provide committee members with an introduction to the FY2016 CHNA and request members to consider the following issues in anticipation of an upcoming conference call:

- Does the CHNA accurately reflect community health issues?
- 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?

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

- CHNA background (goals and requirements)
- Reporting process, timelines, and deliverables
- Community partners' role
- Introduction to FY2016 CHNA findings
- Solicitation of committee feedback

The goal of the second meeting (conducted 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 NMH Prioritization Process

- CDPH Health Issue Review
- Status report on what NMH and partners accomplished in the last three years
- Prioritization discussion to identify the top Priority Health Needs of the NMH Service Area

Prioritization Results

As an AMC, we endeavor to provide the highest quality, state-of-the-art healthcare to our community. As local experts and healthcare leaders, we also look outside our doors and reach out to the communities we serve, striving to enhance quality of life by engaging in evidence-based activities that promote health across the lifespan.

To that end, NMH identified four 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 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 FY2016 NMH Priority Health Needs were identified as follows:

1. Access to Healthcare Services
2. Chronic Disease (including Obesity and Heart Disease)
3. Injury and Violence
4. Mental Health

Implementation Plan Development

NMH will continue to work with the ESC to develop a comprehensive Implementation Plan that addresses each Priority Health Need. NMH and its community health partners share a vision of a healthy community and are committed to working together to address significant health needs. We believe that we can most effectively impact the health of our community by working together, recognizing each organizations' strengths and assets. Successful models and infrastructure are in place and can be leveraged to focus on these and future health needs as our community evolves.

NMH 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 NMH and its community partner organizations will direct toward each Priority Health Need. A general list of the collective assets that could potentially be directed toward impacting Priority Health Needs includes:

- Clinical care resources and facilities of NMH 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 Feinberg physician scientists
- Financial assistance programs at NMH
- Policies and procedures that broaden and simplify access to healthcare for the uninsured or underinsured
- Advocacy resources at NMH and its community partner organizations
- Planning and oversight resources
- Management expertise in quality improvement and information technology

Existing Resources

NMH also recognizes that a large number of healthcare facilities and organizations in Chicago respond to health needs and support health improvement efforts. A list of organizations that were found through publicly available information sources as of July 2016 is included in Appendix B.

Actions taken to address the 2013 CHNA Priority Health Needs

In 2013, NMH identified four Priority Health Needs in response to the CHNA. In selecting priorities, NMH 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 Services
2. Heart Disease & Stroke
3. Injury and Violence
4. Nutrition, Physical Activity and Weight

NMH and its community partners share 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. NMH and its partners have established relationships and approach community health needs with awareness and respect for each organization's strengths and capacities.

NMH 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; it facilitates access to more specialized hospital-based diagnostic and treatment services.

NMH, 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 NMH'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.

Priority Health Need: Access to Health Services

Addressing access to health services is fundamental to ensuring residents have a medical home and can receive 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.

Strategy #1: Strengthen and increase patient affiliation with high quality, patient-centered medical homes.

Action taken in response:

NMH worked to strengthen and increase patient affiliation with high quality, patient-centered medical homes. One response to increase access to health services was the creation of the Northwestern Follow-Up Clinic (NFC), which was designed to provide a bridge between NMH emergency room care and ongoing care with a permanent medical home. The NFC continues to provide timely and comprehensive follow-up care for patients without an established medical home. Furthermore, the NFC assists patients experiencing difficulty navigating new insurance plans selected under the Affordable Care Act, serving as an essential link to ongoing healthcare services for patients with chronic or complex medical conditions.

In an effort to further help patients face the challenges that exist in the complex and constantly evolving health insurance market, NMH implemented efforts targeted at navigating insurance coverage and understanding related expenses. These efforts include reorganized operations within call centers, admitting and registration, and financial counseling, as well as targeted programs to assist patients with understanding health insurance.

Strategy #2: Continue to improve models for patient care coordination and for delivering care at appropriate time and place.

Action taken in response:

NMH improved models for patient care coordination and for delivering care at the appropriate time and place. In response to the need to develop a robust primary care physician workforce, NMH supported the development of Education-Centered Medical Home (ECMH), which ensures a well prepared workforce of culturally competent and locally trained physicians. This unique residency program provides quality training in a community-based setting.

Through our Financial Assistance Programs and Presumptive Eligibility policy, NMH provided access to medically necessary healthcare for those in need, regardless of the patient's ability to pay and without regard to insurance status.

Creating a sustainable and long-term program to address access to care for the uninsured and underinsured is strengthened through both trusting collaborative partnerships and the sharing of resources and expertise. Through this approach, NMH and its affiliated community health centers continue to work together to improve models for patient care coordination. Patients with no insurance or inadequate coverage are routinely referred from our Federally Qualified Health Center partners. In partnership with these organizations, NMH developed a guided process for patients to apply for NMH's Financial Assistance Programs. Many of these patients receive free or substantially discounted care. Other patients receive care that is underwritten as part of NMHC's Community Service Expansion Program (CSEP), which covers costs associated with certain specialty consultations and services. The broad range of clinical specialties

includes rheumatology, cardiology, vascular medicine, gastroenterology and hospital-based diagnostic services.

NMH also worked closely with the Chicago Department of Public Health and Health and Disability Advocates to address access by participating in efforts lead by the Healthy Chicago Hospital Collaborative (HCHC). Efforts of this committee included an assessment of transportation to care. The HCHC continues to explore options for offering affordable and efficient methods of transportation to patients through a collective impact model.

Access to Health Services Impact:

- NMHC contributed \$662.2 million to charity care, other unreimbursed care, research and education and other community benefit programs, or approximately 17.1 percent of patient service revenue in FY2015
- Monitored NMH Financial Assistance Programs and supported procedures to ensure effectiveness
- Enacted a Presumptive Eligibility policy to increase the number of patients identified as eligible for financial assistance
- Underwrote the operating losses for the NFC
- Conducted more than 9,000 patient encounters through the NFC and transitioned more than 5,000 patients to a medical home
- Expanded access to healthcare services for the uninsured and underinsured residents of Cook County through CSEP
- Underwrote the cost of providing primary care and specialty physicians services to more than 3,400 patients during 2015 alone

Priority Health Need: Heart Disease and Stroke

Strategy #1: Improve coordination of care for heart disease and stroke through strengthened high quality, patient-centered medical homes (see Priority Health Need Access to Health Services).

Action taken in response:

Access to a full range of health services for heart disease and stroke is best coordinated through a high quality, patient-centered medical home. Efforts to strengthen medical homes in the community result in improved access to healthcare services for people with heart disease and stroke concerns. Over the last three years, NMH worked to improve coordination of care for heart disease and stroke through strengthened high quality, patient-centered medical homes. The Keep Your Heart Healthy initiative is a collaborative and innovative program designed to identify Chicago residents most at risk for developing heart disease and then work on an individual basis to empower those individuals to make lifestyle changes to reduce their risk moving forward. The program links individuals with health care services and medical homes through referrals, so that risk factors can be controlled. Funding provided by NMH has increased access to high quality, patient-centered medical homes through this community program.

NMHC is also dedicated to developing methods for an accurate and quick diagnosis of stroke. The Telestroke program was developed to provide rapid access to stroke specialists on medical staff and to improve the likelihood that patients received a timely, correct diagnosis for stroke symptoms. Telestroke has been implemented at remote NMHC sites as well as at Northwest Community Hospital in the northwest suburbs of Chicago and Norwegian American Hospital on the northwest side of Chicago. NMHC provides necessary technology and on-site training in Telestroke protocols to these participating hospitals. This enables hospitals to page Northwestern Medical Group (NMG) stroke specialists to receive immediate review of diagnostic images and a consultation. Physicians providing the patient's direct care are then advised whether or not the patient has suffered the type of stroke that responds to a potentially lifesaving drug (tPA) and whether the severity of the patient's condition warrants transfer to a hospital specializing in stroke treatment. Since many insurance companies will not pay for remote consultation, NMHC reimburses the physician for consultation services. Technology is provided to participating hospitals below cost and technical support, maintenance, and staff training are provided at no cost.

Strategy #2: Continue to provide, participate in and partner with community-based health education, nutrition and adult activity programs focused on reducing risk of heart disease and stroke. Seek ways to enhance cultural competency and accessibility of programs.

Action taken in response:

NMH continued to be a trusted source for heart health education by providing community programs that increased awareness, provided educational tools, and screened for hypertension and related health conditions.

The Alberto Culver Health Learning Center (HLC) is a comprehensive, hospital-based health information library and resource center. Any member of the community can visit in person, online, or via phone to receive assistance and education from trained staff, free of charge. The HLC's Heart Failure education program specifically targeted patients that had been discharged from the hospital, so that those in need received education related to diagnosis, treatment, and ways to manage and live with the disease.

In addition to providing heart health programs, NMH collaborated with the Chicago Department of Public Health (CDPH) on a number of initiatives to improve the health of Chicago residents. For example, NMH partnered to advance CDPH's Healthy Chicago Healthy Hearts initiative aimed at improving awareness of risk factors for heart disease and encouraging healthy lifestyle choices through public policy and community-based education and health services. As a member of the Healthy Chicago Hospital Collaborative, NMH worked with hospital and partner organizations to advance wellness and healthy lifestyle efforts.

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, NMH supported measures to advocate for

sensible coverage of preventive screenings and interventions that can detect and treat hypertension at the earliest stages. NMH and others community organizations regularly sought public policy solutions to improve the health of the community, including measures that reduce the risk of hypertension.

Heart Disease & Stroke Impact:

- Provided funding for the Keep Your Heart Healthy Program
- Funded cardiologist at Near North Health Services Corporation for one day per week
- Underwrote the cost of the HLC Heart Failure Program
- Provided health education lectures, support groups and awareness programs to the community at no cost through locations in the City of Chicago
- Increased awareness of available programs around hypertension and preventive services
- Engaged community hospitals to participate in the Telestroke Program
 - Performed more than 1,200 Telestroke consults since the program began in 2013
 - Provided 655 Telestroke consults and transferred 63 clinically appropriate patients to NMH for specialty stroke services in 2015 alone
 - Provided free training for clinical staff and decreased “door-to-needle” time at each participating hospital

Priority Health Need: Nutrition, Physical Activity and Weight

Strategy #1: Continue to support the Humboldt Park Healthy Community Initiative and expand curriculum to address nutrition, physical activity and weight.

Action taken in response:

NMH continued to support the Humboldt Park Healthy Community Initiative and expanded the curriculum to address nutrition, physical activity and weight. NMH collaborated with the Humboldt Park community to create a neighborhood-specific program called the Humboldt Park Healthy Community Initiative. This initiative was tailored to improve the health of the residents of Humboldt Park and takes into account specific needs and challenges of residents of Humboldt Park, which include limited health literacy, violence in the community, and cultural and language barriers. The model was grounded in improved access to health information as well as safe, convenient and affordable options for learning about nutrition and engaging in physical activity. Expanded access to free education and wellness offerings continue to grow, with more classes and access points added each year.

In addition, community members received access to Diabetes Link, a web-based tool developed and implemented by experts in population health from the Feinberg School of Medicine. The service links patients with community resources to improve healthy lifestyle behaviors available in their immediate geography. NMH provided funding support for the initiative and staff participated in efforts to implement and expand the service. This model is replicable and can be applied within the available resources of any community.

Strategy #2: With community-based healthcare partners, support efforts to enact common sense public health policies to improve nutrition and encourage physical activity.

Action taken in response:

With community-based healthcare partners, NMH supported efforts to enact public health policies to improve nutrition and encourage physical activity. The link between consumption of sugary beverages and obesity is well established in scientific literature. NMH supported the proposed tax on sugary beverages, which would have provided disincentives to consumption. Although the tax was not approved, NMH continued to support policies aimed at improving public knowledge of nutrition, reducing access to unhealthy foods and encouraging healthier and more active lifestyle choices among the residents of Chicago.

NMH also supported the State's move to coordinated care in the Medicaid Program, which would ensure patients had a medical home. Connecting patients with a primary care doctor provides those patients with guidance toward making healthy lifestyle choices.

Nutrition, Physical Activity and Weight Impact:

- Revised the Humboldt Park Healthy Community Initiative to attract residents looking to make healthy lifestyle changes to improve nutrition, physical activity and weight
 - Provided funding support for program implementation, including staffing, program awareness, and evaluation since 2013
 - Provided over 2,000 free wellness, nutrition and physical activity programs since 2013
 - Engaged more than 9,000 residents to participate in free wellness programs in 2015 alone

Priority Health Need: Injury and Violence

Strategy #1: Advocate for adequate mental health and substance abuse services and reimbursement.

Action taken in response:

NMH continues to advocate for adequate mental health and substance abuse services and reimbursement. NMH maintained its commitment to providing needed mental health and co-occurring substance abuse services for all patients, regardless of ability to pay. In addition to providing inpatient care and outpatient therapies, NMH implemented a 24-hour per day mental health resource line to help see that those in need are guided to appropriate mental health services. In fiscal year 2015, NMH provided mental health services at an unreimbursed cost to NMH of \$9.1 million. This amount excludes the unreimbursed cost of charity care and government sponsored healthcare. NMH also supports programs in collaboration with community-based mental health organizations and at neighborhood sites.

Strategy #2: Participate in community-led efforts to address violence.

Action taken in response:

NMH engaged in a community-led initiative to address violence in the Bronzeville neighborhood on Chicago's south side. The Bronzeville Dream Center (BDC) initiative is aimed at addressing the complex mental health issues resulting from a chronic cycle of violence by providing counseling and other social service interventions to minimize negative factors that cause violence. In addition, NMH is supporting efforts to increase protective factors that influence positive outcomes. In addition to providing \$250,000 to support the Bronzeville anti-violence initiative, NMHC provided leadership, convened members of the community, helped to establish governance and operational structures of the BDC and supported fundraising and the development of grant applications. NMH will continue to dedicate public health and mental health resources to the effort, provide administrative support, and help to plan for delivery of mental health services.

Strategy #3: Participate in advocacy efforts for pertinent policy initiatives.

Action taken in response:

NMH participated in advocacy efforts aimed at passing violence prevention measures in Illinois and Chicago. As part of the Conceal/Carry Law, which establishes a range of public areas where guns cannot be carried, NMH worked to ensure measures banning weapons from hospitals were included in the law and implemented signage to ensure no one carry a gun on any property owned or managed by NMHC.

Strategy #4: Continue to provide Level I Trauma Center services and seek effective models for ensuring victims of violent trauma have clinical and mental health support following emergency room or hospital-based care.

Action taken in response:

NMH provided Level I Trauma Center services and effective models for ensuring victims of violent trauma have clinical and mental health support following emergency room or hospital-based care. Maintaining the designation as a Level I Trauma Center required the commitment of resources well beyond those of a typical emergency room, including higher staffing levels and 24/7 access to both specific physician specialties and staffed operating suites. NMH is currently the only designated Level I Trauma Center for trauma patients coming from Chicago for the geography that encompasses the hospital and the region reaching the southern border of the city limits.

NMH continued to utilize CeaseFire, an organization founded in Chicago to reduce retaliatory actions following violent trauma. NMH contracted with CeaseFire to integrate its intervention services into the treatment protocol for appropriate violent trauma cases at NMH. CeaseFire "violence interrupters" at NMH meet with violent trauma victims and their families and attempt to defuse feelings of anger as well as discourage victims and their families from retaliating. The violence interrupters work in tandem with violence interrupters in the victim's home community.

Injury and Violence Impact:

- Provided trauma or injury care to more than 1,600 patients in FY2015
- Provided mental health services at an unreimbursed cost to NMH of \$9.1 million
- Provided \$250,000 in funding to the Bronzeville Dream Center initiative since 2013
- Convened members of the community; helped establish governance and operational structures; and supported fundraising and development of grant applications for the Bronzeville Dream Center
- Provide an annual fee to CeaseFire and integrate intervention services into the treatment protocol for appropriate violent trauma cases

Appendix A

Organization	Description of medically underserved, low-income, or minority populations represented (from publicly available sources, July 2016)
Alliance for Research in Chicagoland Communities (ARCC)	The Alliance for Research in Chicagoland Communities (ARCC) is a program of the Center for Community Health (CCH) and serves Northwestern’s Institute for Public Health & Medicine (IPHAM) and the Northwestern University Clinical & Translational Sciences Institute (NUCATS). Guided by a steering committee of community- and faith -based organizations, public agencies and Northwestern researchers, ARCC supports the full spectrum of community-engaged research (CEnR), including community-based participatory research (CBPR), by providing partnership facilitation, capacity-building workshops and one-on-one technical assistance, seed grants, monthly information and resource updates, advocacy for supportive institutional policies, and other activities.
Chicago Department of Public Health	The mission of the Chicago Department of Public Health is to make Chicago a safer and healthier place by working with community partners to promote health, prevent disease, reduce environmental hazards and ensure access to health care for all Chicagoans.
Consortium to Lower Obesity in Chicago Children (CLOCC)	Over 60% of adults and approximately 30% of children in the United States are overweight or obese. Adult obesity prevalence has doubled in the last 10 years. Child obesity prevalence has tripled since 1970. Though the latest child obesity prevalence rates show signs of leveling off, and even lowering among some subgroups, they are still alarmingly high. In Chicago, the rate of childhood obesity is more than twice the national rate. The prevalence of obesity-related conditions and diseases once seen almost exclusively in adults is growing rapidly among children. CLOCC is a nationally recognized leader for community-based obesity prevention. They support, coordinate, and unite partners to promote healthy and active lifestyles for children and families. CLOCC’s multi-sector approach emerged in Chicago and can be adapted for use anywhere.
CommunityHealth	CommunityHealth serves vulnerable individuals who fall through the cracks of our health care system. To be eligible for care, individuals must have no health insurance and establish that their income does not exceed 250% of the Federal Poverty Line (FPL) – which was \$60,625 for a family of four. Most of our patients live at or below 100% of the FPL (\$24,250 for a family of four). Income verification is conducted annually for all patients. A great percentage of CommunityHealth’s patients are minorities – populations that are disproportionately living with chronic illnesses and are in need of ongoing care. At West Town,

	<p>47% of patients are Latino, 41% Caucasian (of whom 22% are Polish immigrants), 6% African American, and 6% other. The Englewood location serves a predominantly African American patient base (85%) with 11% identifying themselves as Latino and 4% Caucasian. CommunityHealth is deeply committed to expanding access to high quality care for those who need it most – and we are truly privileged to serve as their medical home.</p>
<p>Erie Family Health Center</p>	<p>Erie’s mission has remained the same for the last 60 years: to deliver high quality health care services to the Chicago region’s medically underserved residents with compassion, cultural understanding and respect—regardless of their ability to pay.</p> <ul style="list-style-type: none"> • 79% of Erie’s patients are Hispanic • 54% are best served in Spanish • 68% are female • 49% are under the age of 19 • 28% are school-aged children • 83% come from households with incomes that fall below the FPL
<p>Health and Disability Advocates</p>	<p>Health and Disability Advocates (HAD) is a social innovator that promotes health and economic security for vulnerable populations so that they can lead secure, dignified lives. HDA works with, but is not limited to, the following: low income families and individuals, children, youth, older adults, adults with disabilities, and Veterans and service members.</p>
<p>Kelly Hall YMCA</p>	<p>Since January 2009, this safe haven provides key services to the severely underserved community of West Humboldt Park.</p>
<p>Logan Square Neighborhood Association</p>	<p>Logan Square Neighborhood Association (LSNA) is a community-based organization advancing diversity, leader development, and models for engagement as the catalyst for social justice. LSNA serves over 7,000 adults and children through various programs. LSNA area residents are 20% less likely to hold U.S. citizenship than the average Logan Square inhabitant and 85% less likely than the average Chicagoan. Only 31.4% of the Logan Square’s 25+ year old population holds a high school diploma/GED. Adult residents of LSNA service area are 35% less likely to have completed high school than the average Logan Square resident. Logan Square is designated as medically underserved for Primary, Mental Health, and Dental Care. In addition, a high percentage of underserved residents speak Spanish as a primary language. LSNA assisted and referred 1,586 under or uninsured patients in one year.</p>

<p>Near North Health Services Corporation</p>	<p>Near North Health Service Corporation is a 501(c)(3) non-profit Federally Qualified Health Center (FQHC). It is one of the largest providers of community-based primary care in Chicago. We provide health care, social services and nutrition education to the medically indigent and uninsured residents of the Near North side (Cabrini Green), West Town, Humboldt Park, West Garfield Park, Austin, Kenwood/Oakland, Douglas and Grand Boulevard, and Uptown communities.</p>
<p>West Humboldt Park Development Council</p>	<p>West Humboldt Park Development Council’s Mission is to work collaboratively to develop, implement and sustain processes that improve the quality of life for people, families and businesses in the West Humboldt Park community. In West Humboldt Park (Zip Code 60651), 59% of residents are Black Non-Hispanic and 36% are Hispanic. More than 26% of residents have incomes below the Federal Poverty Level.</p>

Appendix B

Healthcare facilities and organizations in Cook County, Illinois found through publicly available information sources as of July 2016:

- Acute-Care Hospitals and Emergency Rooms
 - Advocate Illinois Masonic Medical Center
 - Advocate Trinity Hospital
 - Ann & Robert H Lurie Children's Hospital of Chicago
 - Holy Cross Hospital
 - Jackson Park Hospital & Medical Center
 - John H. Stroger, Jr. Hospital of Cook County
 - La Rabida Children's Hospital
 - Little Company of Mary Hospital
 - Loretto Hospital
 - Louis A. Weiss Memorial Hospital
 - Mercy Hospital & Medical Center
 - Methodist Hospital of Chicago
 - Mt. Sinai Hospital Medical Center
 - Northwestern Memorial Hospital
 - Norwegian-American Hospital
 - Presence Our Lady of the Resurrection Medical Center
 - Presence Resurrection Medical Center
 - Presence Saint Joseph Hospital - Chicago
 - Presence St Elizabeth/St Mary of Nazareth Medical Center
 - Provident Hospital of Cook County
 - Roseland Community Hospital
 - Rush University Medical Center
 - Sacred Heart Hospital
 - South Shore Hospital
 - St. Anthony Hospital - Chicago
 - St. Bernard Hospital - Chicago
 - Swedish Covenant Hospital
 - Thorek Memorial Hospital
 - University of Chicago Medical Center
 - University of Illinois Hospital at Chicago
 - Kindred Hospital - Central
 - Kindred Hospital - Chicago Lakeshore
 - RML Specialty Chicago

- Federally Qualified Health Centers and Other Safety Net Providers
 - Access Community Health Network

- Alivio Medical Center
 - American Indian Health Service of Chicago, Inc.
 - Asian Human Services Family Health Center
 - Aunt Martha's Youth Service Center, Inc.
 - Beloved Community Family Wellness Center
 - Chicago Family Health Center
 - Community Health
 - Erie Family Health Center, Inc.
 - Esperanza Health Centers
 - Friend Family Health Center, Inc.
 - Heartland Health Outreach, Inc.
 - Heartland Health Centers
 - Howard Brown Health Centers
 - Lawndale Christian Health Centers
 - Mercy Family Health Centers
 - Mile Square Health Centers
 - Near North Health Service Corporations
 - PCC Community Wellness Centers
 - PrimeCare Community Health, Inc.
 - TCA Health, Inc.
- Home Healthcare
 - 1st Home Healthcare, Inc.
 - 24-Seven Health Care Services, Inc.
 - A & B Home Healthcare Services, Inc.
 - A Caring Touch Nursing Services
 - Abbey St. Claire Quality Care Co.
 - ABN Care Home Health, LLC
 - Abridge Home Care Services, Inc.
 - Acacia Home Health Agency
 - Access Life Care, Ltd
 - Ace Home Health Provider Inc.
 - Achieve Health Care Services, Inc.
 - Advance Care Home Health, Inc.
 - Advance Home Health Care, Ltd.
 - Affordable Home Care Services, Inc.
 - Agile Home Health Care, Inc.
 - All Family Health Care, Inc.
 - Allgreen Home Health Care, Inc.
 - Allied Home Health Care
 - Alpha Home Health, Inc.
 - Alphazeta Healthcare Services, LLC
 - Al-Shafa Health Care, Inc.

- Amedisys Illinois, LLC
- American Allied Home Healthcare, Inc.
- Americare HomeHealth Services, LLC
- Amity Home Health Care, LLC
- Angel Care, Inc.
- Angel Touch Home Healthcare, Inc.
- Angels Homecare & Medical Services, Inc.
- Apex Home Health Services, Inc.
- Apple Home Healthcare, Ltd.
- Ardent Home Health Care
- Aspen Home Health Care
- Aster Home Health Services, LLC
- At HomeHealth, Inc.
- Atlas Healthcare Management, Inc.
- Atrium Healthcare Services, LLC
- Atrium Home Care, Inc.
- Attentive Services Home Health II, Inc.
- Auspex Home Health Care Services, Inc.
- Awesome Home Health Care, Inc.
- Beatrice Home Health
- Benchmark Home Health Care
- Best Home Health Services, LLC
- Best Home Healthcare Network, Inc.
- Blessing Home Health Services, Inc.
- Brighter Days Home Health Agency
- Bronze Key Home Health Care
- Cardio-Care, Inc.
- Care Collaborative Home Health Services, Inc.
- Care Connect Home HealthCare, Inc.
- Care Specialists, Inc.
- Caring Nurses, Inc.
- Caring Professionals Home Care, Inc.
- Caring Tree, LLC
- Carren Home Care, Inc.
- Celestial Home Health Care, Inc.
- Central Healthcare, Inc.
- Chicago Health, Inc.
- Chicago Home Healthcare Agency, Ltd.
- Chicago Home Healthcare, S.C.
- Chicago VNA, Inc.
- Classic Home Healthcare, Inc.
- Comfort Care LLC
- Compassionate Home Care, Inc.

- Complete Home Health Care, LLC
- Comprehensive Home Care, Inc.
- Comprehensive Home Healthcare, Inc.
- Comprehensive Quality Care, Inc. Foundation
- Cornerstone Home Healthcare, LLC
- Covenant Healthcare Services & Staffing Inc.
- Creative Healthcare Professionals, Inc.
- Crescent Home Healthcare, Inc.
- Crown Home Health Agency, Inc.
- Daughters of Divine Love Home Health Care Agency
- Dcare Home Health Service
- Deliverance Home Health Care, Inc.
- Dell Health Care Services, Inc.
- Direct Home Healthcare, Inc.
- DirectCare Home Health, Inc.
- DirectMed Health Services
- Divine Home Health Care, Inc.
- Divine Providence Home Health Agency, Inc.
- DL Comprehensive HealthCare Inc
- Doctor's Choice Home Health Agency
- EC-MOS Prolific Home Healthcare
- Essential Preventive Health Care, LLC
- Essex Home Health Services, Inc.
- Evangel Home Health Services, Inc.
- Excell Home Health Svcs, Inc.
- Extraordinary Care HHA LLC
- Faith Home Care, Inc.
- Family Choice Home Health, Inc.
- Family Community Health Services, Inc.
- Family Healthcare, Inc.
- Family Home Health Care Professionals, Inc.
- FICC Home Health Care, Inc.
- First Choice Home Care, Inc.
- Focus Home Health Care, Inc.
- GJM Home Health Care Agency
- Gold Coast Home Health, Inc.
- Good Health Home Care, Inc.
- Good Life Home Health Care, Inc.
- Good Shepherd Healthcare, LLC
- Goodwill Health Care Services and Staffing, Inc.
- Grace Home Health Care, Inc.
- Grand Home Health Care, Inc.
- Great Lakes Healthcare, LLC

- Great Paragon Healthcare, Inc.
- Guaranteed Medical Services, Inc.
- Guardian Home Health Services, Inc.
- Hand of Comfort Home Health Care, Inc.
- Happy Home Health Care PC
- HCN Home Health Care, Inc.
- Healing Hands Home Care, Inc
- Helping Hand Home Healthcare, Inc.
- Hexagram Home Health Care, LLC
- Home Health Advantage, Inc.
- Home Health of Illinois, LLC
- Horizon Home Health Care, Inc.
- iCare Home Health
- ICG Home Health Care Services
- Illinois Home Health Services, Inc.
- Immaculate Home Health, Inc.
- Immanuel Home Care Services, Inc.
- Independence Home Health Services, Inc.
- Infinity Home Health Care, Inc.
- Integrity Nursing Service, Inc.
- Jagen Home Health Services, Inc
- JN Family Home Healthcare Services, Inc.
- Kingsway Home Health Services, Inc.
- Legend Home Health, LLC
- Liberty Home Health Care, Inc.
- Life Options Health Services, Inc.
- Life Plus Health Care, Inc.
- Lincoln Park Home Health Care, Inc.
- Link Homehealth Care Inc
- Living Waters Home Health Care, Inc.
- Loving Home Health Care Corporation
- Medicare Home Health Services, Inc.
- Medex Home Healthcare, Inc.
- Medical Profs for Home Health Care Inc.
- Medicus Home Care, Inc.
- MedServe Home Health Care, Inc.
- MedStar Home Health Services
- Mid America Home Health Care, Inc.
- Mid-Care Home Health Services, Inc.
- Midwest Home Healthcare, Inc.
- Midwest Pearl Home Healthcare, Inc.
- Mother's Care and Health Equipment, Inc.
- New Visions Homehealth Care, Inc.

- Nightingale of Chicago, Inc.
- Normalcy Homehealth, Inc.
- NorthShore Home Health Corp.
- Nu-Day Home Health Care Service
- Nurture Healthcare, Inc.
- Opal Home Health, LLC
- Optimum Healthcare Services, Inc. of Illinois
- Optimum Professionals Home Health Care, Inc.
- Orchid Home Health, Inc.
- P.W. Home Health, Inc.
- Pacific Home Health Care, Inc.
- Paragon Home Health, Inc.
- Patient's Care First, Inc.
- PEKO Healthcare and Consulting Services
- PHS Home Health LLC
- Pioneer Healthcare Management, Inc.
- Preferred Home Health Care, Inc.
- Premier Home Health Care, Inc.
- Premier Point Home Health, Inc.
- Prestige Home Health Services, Inc.
- Primecare Home Health SC
- Private Home Care Unlimited, Inc.
- Pure Hearts Home Health Services, Inc.
- Quality Home Care Services, Ltd
- Quality Home Health Care, LLC
- Redley's Competent Home Health Care, Inc.
- Reliable Medical Services, Inc.
- Reliance Home Health Services, Inc.
- Romyst Home Health Care, Inc.
- Royal Home Healthcare Services, Inc.
- Saint Thomas Home Health, Inc.
- Salud Y Vida Health Care, LLC
- Samland Health Care, Inc.
- Select Home Care, Inc.
- Serendipity Home Health Care, Inc.
- Shuree Home Healthcare, Inc.
- Simply Home Health, LLC
- Spectrum Home Health Care, Inc.
- St. Francis of Assisi Healthcare, Inc.
- Star Home Health Services, Inc.
- StarLights Home Health Care Corp.
- Stellar Home Health Care, Inc.
- Superior Home Health, LLC

- Supreme Home Healthcare, LLC
- Swedish Covenant Hospital Home Health Care
- T & N Health Services, Inc.
- Tender Touch Home Health Care, Inc.
- The Children's Place Home Health Services Corporation
- The Ultimate Home Health Care, Inc.
- Total Home HealthCare, Inc.
- U S Home Health Care, Inc.
- US Hospice and Home Health Corp.
- Vital Measurements, Inc.
- Wailai Home Health Services
- We Care Home Health, Inc.
- Wellness Home Care, Inc.
- WellPoint Home Health, Inc.

- Hospice Care
 - Comfort Hospice and Palliative Care, LLC
 - Horizon Hospice and Palliative Care, Inc.
 - Hospice of Illinois
 - Loving Hands Hospice, Inc.
 - Maximum Hospice & Palliative Care, Inc.
 - Northwestern Memorial Hospital Palliative and Home Hospice Program
 - Peace Hospice and Palliative Care, Inc
 - Unity Hospice of Chicagoland, LLC
 - Vitas Healthcare Corporation of Illinois

- Mental Health Services and Facilities
 - Community Counseling Centers of Chicago
 - Englewood Mental Health Center (CDPH)
 - Greater Grand/MID-South Mental Health Center (CDPH)
 - Greater Lawn Mental Health Center (CDPH)
 - Lawndale Mental Health Center (CDPH)
 - North River Mental Health Center (CDPH)
 - Roseland Mental Health Center (CDPH)
 - Thresholds

- Nursing Homes, Adult Care, and Long Term Care
 - Alden Lincoln Rehabilitation & Health Care Center
 - Alden Village North
 - Alden-Northmoor Rehabilitation & Health Care Center
 - Alden-Princeton Rehabilitation & Care
 - Alden-Town Manor Rehabilitation & Health Care Center
 - Alden-Wentworth Rehabilitation & Health Care Center
 - All American Nursing Home

- All Faith Pavilion
- Alshore House
- Ambassador Nursing & Rehabilitation Center
- Arbour Health Care Center
- Astoria Place Living & Rehabilitation Center
- Atrium Health Care Center
- Avenue Care Nursing & Rehabilitation Center
- Balmoral Home
- Belhaven Nursing & Rehabilitation Center
- Belmont Nursing and Rehabilitation Center
- Bethesda Home & Retirement Center
- Birchwood Plaza Nursing and Rehabilitation
- Boulevard Care Nursing and Rehabilitation Center
- Brach House
- Brightview Care Center
- Bronzeville Park Skilled Nursing & Living Center
- Bryn Mawr Care
- Buckingham Pavilion
- Burnham Healthcare
- California Gardens Nursing & Rehabilitation Center
- Carlton At The Lake
- Cedar Pointe Rehabilitation & Nursing Center
- Center Home For Hispanic Elderly
- Central Baptist Village
- Central Nursing & Rehabilitation Center
- Central Plaza Residential Home
- Chalet Living & Rehabilitation Center
- Chicago-Read Mental Health Center
- Clark Manor Convalescent Center
- Clayton Residential Home
- Coleman House
- Columbus Manor Residential Care Home
- Columbus Park Nursing & Rehabilitation Center
- Community Care Operator, LLC
- Connelly Home
- Conrad House
- Continental Nursing & Rehabilitation Center
- Danforth House
- Davis House
- El Valor Residence
- Elmwood Care
- Evergreen Health Care Center
- Fairmont Care Centre

- Glen Elston Nursing & Rehabilitation Centre
- Glencrest Healthcare & Rehabilitation Center
- Grasmere Place
- Hammond House
- Harmony Healthcare and Rehabilitation Center
- Herbstritt House
- Heritage Nursing Home
- Holbrook Health Center
- Imperial Grove Pavilion
- International Nursing and Rehabilitation Center
- Symphony of Chicago West
- Knight House
- Lake Shore Healthcare and Rehabilitation Centre
- Lakefront Nursing & Rehabilitation Center
- Lakeview Rehabilitation & Nursing Center
- Little Sisters Of The Poor
- Mahoney House
- Margaret Manor - North Branch
- Margaret Manor Central
- Marian Center For Adult Residents
- Mayfield Care Center
- Mazza House
- Mcauley Residence
- McGowan House
- McNerney House
- Methodist Hospital Skilled Nursing Facility
- Mid America Care Center
- Miniatt House
- Monroe Pavilion Health & Treatment Center
- Montgomery Place Health Care Pavilion
- Moore House
- Norridge Healthcare & Rehabilitation Centre
- Norwood Crossing
- O'Donnell House
- Our Lady Of the Resurrection Medical Center
- Park House Nursing and Rehabilitation Center
- Park Lawn Home
- Park Lawn Residential Center
- Parkshore Estates Nursing & Rehabilitation Center
- Peterman House
- Peterson Park Health Care Center
- Polk House
- Presidential Pavilion

- Rainbow Beach Care Center
- Symphony at 87th Street
- Symphony at Midway
- Symphony at South Shore
- Symphony of Morgan Park
- Resurrection Life Center
- Rice House
- Ridgeview Rehabilitation & Skilled Nursing Center
- Rose Angela Hall
- Sacred Heart Home
- Schwab Rehabilitation Hospital
- The Selfhelp Home
- Shannon House
- Sheridan Shores Care & Rehabilitation
- Southpoint Nursing and Rehabilitation Center
- Southview Manor
- St. Agnes Health Care Center
- St. Elizabeth Hospital- Skilled Nursing
- St. Joseph Hospital
- St. Joseph Village Of Chicago
- St. Martha Manor
- St. Paul's House
- Swedish Covenant Hospital
- The Clare At Water Tower
- The Danish Home
- The Grove At Lincoln Park
- The Methodist Home
- The Waterford Nursing & Rehabilitation
- The Villa At Windsor Park
- Warren Barr Pavilion
- Warren Park Health & Living Center
- Smith Village
- Waterfront Terrace, Inc
- Westwood Manor, Inc
- Wilson Care
- Winston Manor Convalescent & Nursing Home
- Woodbridge Nursing Pavilion