Northwestern Medicine®

2024 Community Health Needs Assessment

Northwestern Medicine Delnor Hospital

Your Feedback Makes Us Better

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

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

This report was adopted by the Delnor-Community Hospital Board of Directors on July 30, 2024, and made available to the public on August 31, 2024. It was created in accordance with federal IRS regulations (26 C.F.R. § 1.501(r)-3).

Foreword

Our Commitment to Equity

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

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

Three pillars of community work

Access to Care

We deliver world-class, culturally competent care regardless of ability to pay, race, age, gender, sexuality, or any other social factor, in the communities where our patients live and work.

Economic and Workforce Development

We invest in the communities we serve by employing individuals from a variety of backgrounds and providing innovative training, education, and development initiatives that help drive economic growth for under-resourced communities.

Community Engagement

We collaborate with community organizations that provide access to nutritious food, shelter and other essentials, and we support initiatives that reduce violence, address trauma and build safer communities.

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

Two areas span our community pillars and touch every strategy we have for addressing the priority health needs of our communities.

Structural inequities and bias

We elevate initiatives that:

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

Coordination and connection to community resources

We elevate initiatives that:

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

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

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Introduction to the Community Health Needs Assessment

Since 2007 Northwestern Medicine Delnor Hospital has completed a comprehensive Community Health Needs Assessment (CHNA) every three years. This process helps us better understand who lives in the communities we serve as well as the biggest health issues they face.

Goals of our CHNA

The goals of the CHNA were to:

- Learn about the health needs of residents within the hospital's Community Service Area
- Identify which needs are most important to address
- Identify resources available to address those needs

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

How we achieved our goals

For the 2024 CHNA, Northwestern Medicine Delnor Hospital collaborated with the Kane County Health Department to learn about the communities we serve and their health needs. The Kane County Health Department, a department of county government, was founded in 1985 by resolution of the Kane County Board. The Health Department offers a full array of public health programs and is certified by the Illinois Department of Public Health.

Northwestern Medicine Delnor Hospital and the Kane County Health Department contracted with Metopio* to gather community data from a variety of sources, including direct community input through surveys, focus groups and key informant interviews.

After we collected and analyzed community data, we interpreted the findings to identify the most significant health needs affecting the communities we serve. Then, we worked with community representatives to help identify which needs were the most important for Northwestern Medicine to address over the next three years.

We identified health needs among people across all:

- Socioeconomic groups
- Races and ethnicities
- Sexual orientations and gender identities
- Ages

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

Priority health needs

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

The priority health needs for Northwestern Medicine Delnor Hospital in the 2024 CHNA are:

- **Access to Health Care**
- **Behavioral Health**
- **Substance Use Disorders**

*Metopio is a software and service company that is grounded in the philosophy that communities are connected through places and people. Metopio uses data visualization to reveal valuable, interconnected factors that influence outcomes in various locations.

Addressing identified priority health needs

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

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

Acknowledgments

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

We also gratefully acknowledge Kane County Health Department and Metopio for their collaboration and significant efforts in the completion of this CHNA.

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Who We Are

Get to know Northwestern Memorial HealthCare

Who we are

Nonprofit | Growing, nationally recognized | World-class care

Who we serve

Rural

Suburban

Urban

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

We are...

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

Our mission

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

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

Improve the health of the communities we serve

How we achieve our mission

As a pillar in its community, Northwestern Medicine Delnor Hospital is uniquely positioned to lead efforts to positively impact community health.

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

About Northwestern Medicine Delnor Hospital

159
beds

Acute
care

Located in
Kane County,
Illinois

Services: A complete range of adult inpatient and outpatient services, including a cancer center, Level 2 trauma center, family birth center, pediatric unit and extensive behavioral health and rehabilitation care

Community: A mixture of suburban and rural areas

Northwestern Medicine Delnor Hospital

Located in Geneva, Illinois, Northwestern Medicine Delnor Hospital is an acute-care, 159-bed community hospital. Northwestern Medicine Delnor Hospital continues its long-standing commitment to provide quality clinical and patient-centered care to patients in Kane County and the Fox Valley region. Northwestern Medicine Delnor Hospital provides comprehensive care through a medical staff of 742 physicians. Northwestern Medicine Delnor Hospital joined the health system in 2014, greatly expanding patients' access to specialty care, including breakthrough clinical trials, all in the comfort of a community hospital setting. In fiscal year 2023 (FY23), Northwestern Medicine Delnor Hospital treated patients through nearly 10,000 inpatient admissions and more than 43,000 Emergency Department visits.

Northwestern Medicine Delnor Hospital has a rich history of caring for the community.

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

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

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Defining the Community Service Area

How the Community Service Area was determined

Northwestern Medicine Delnor Hospital defined the Community Service Area (CSA) used in this CHNA by considering:

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

The defined CSA takes into account populations that are:

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

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

How the Community Service Area is defined

Northwestern Medicine Delnor Hospital Community Service Area

15 ZIP codes

281.84 square miles

355,951 residents

Mixture of **suburban** and **rural**

CSA Cities and ZIP Codes

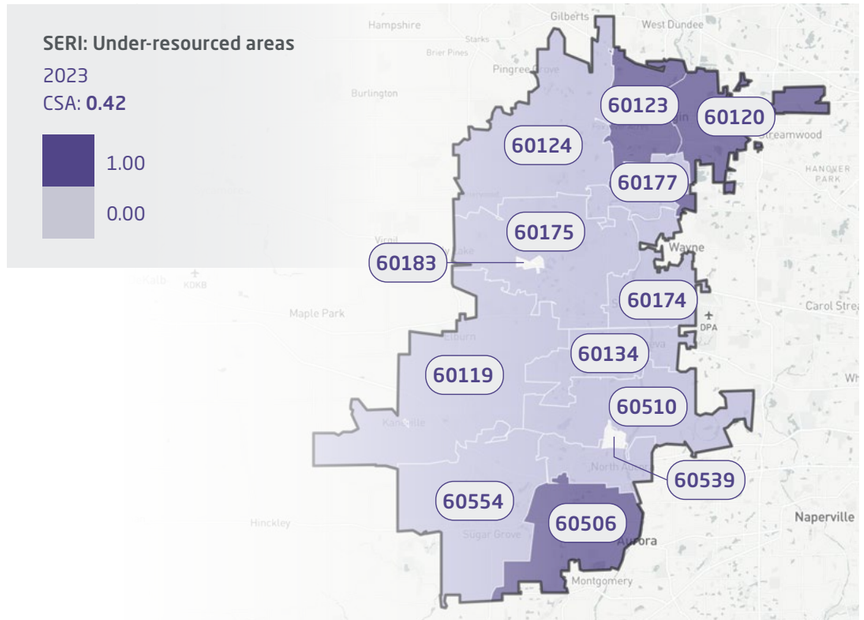
City	ZIP Code	City	ZIP Code
Aurora	60506	Geneva	60134
Batavia	60510	Kaneville	60144
Campton Hills	60175	Mooseheart	60539
Campton Hills	60183	North Aurora	60542
Elburn	60119	South Elgin	60177
Elgin	60120	St. Charles	60174
Elgin	60123	Sugar Grove	60554
Elgin	60124		

Community Service Area map

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

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

Under-resourced areas are concentrated in the northern part of the hospital CSA in Elgin (ZIP codes 60123 and 60120) and in the southern part of the hospital CSA in Aurora (60506).



Northwestern Medicine Delnor Hospital Community Service Area. Locations in dark purple have been identified as under-resourced communities by the Socioeconomic Resource Index (SERI).

Completing the Assessment

Northwestern Medicine Delnor Hospital performed the CHNA from October 2023 through March 2024. We worked with Metopio to plan for data collection and analysis, and we took an intentional approach to build on previous CHNAs.

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

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

Primary data

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

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Community input surveys at a glance

- Conducted from October 2023 to January 2024 by Metopio
- Insights collected from 2,781 survey participants within the defined CSA
- Intended to gain first-hand information from people who are typically under-represented in the assessment process, including people of color, immigrants, people who identify within the LGBTQ+ community, people with disabilities and people with low income
- Collected from individuals 18 years and older
- Available online or on paper
- Disseminated in English and Spanish
- Seventy-six questions
- Asked about demographic details, community health status, strengths, opportunities for improvement and COVID-19 effects
- Promoted widely through social media, an email blast and in-person events

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

Focus groups at a glance

- Conducted in January and February 2024 by Metopio
- Nine community focus groups within the CSA
- Participants were 18 years or older and represented a diverse range of ethnic, racial, religious and socioeconomic backgrounds
- Northwestern Medicine recruited participants through hospital community collaborations
- One focus group held with healthcare and social service organizations
- Asked about community strengths, needs, underlying root causes of health needs, COVID-19 effects, solutions to identified health needs and communication strategies

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

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Key informant interviews at a glance

- Conducted in February and March 2024 by Metopio
- Interviews with 30 key informants from the CSA
- Participants represented a diverse range of ethnic, racial, religious and socioeconomic backgrounds
- Northwestern Medicine recruited participants through hospital community collaborations
- Asked about community strengths, needs, underlying root causes of health needs, COVID-19 effects, solutions to identified health needs and communication strategies

Additional information on key informant interviews can be found in Appendix D.

Secondary data

With help from Metopio, secondary data was identified, compiled and analyzed. The following key topics were chosen for analysis:

- Social Determinants of Health
- Health Conditions
- Health Behaviors

Secondary data sources at a glance

- Peer-reviewed literature and white papers
- Existing assessments and plans focused on key topic areas
- Local data compiled by Kane County government agencies
- Local data compiled by community-based organizations
  - Feeding America
  - Mapping COVID-19 Recovery Initiative
- Illinois Health and Hospital Association/COMPdata: Hospitalization and Emergency Department rates
- State agencies:
  - Illinois State Board of Education
  - Illinois Department of Healthcare and Family Services
  - Illinois Department of Human Services
  - Illinois Department of Public Health
- Federal sources:
  - Centers for Disease Control and Prevention PLACES project
  - Centers for Medicare & Medicaid Services data accessed through the Dartmouth Atlas of Health Care
  - Environmental Protection Agency
  - Health Resources and Services Administration
  - Housing and Urban Development
  - United States Census Bureau American Community Survey
  - United States Department of Agriculture

Key Findings

The following describes the data we collected for Northwestern Medicine Delnor Hospital.

Who lives in the communities we serve

Demographics

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

Population[1]

355,951
residents

Sex[1]

175,520
(49.3%)
females

180,431
(50.7%)
males

Accurate and complete data for people who are transgender, nonbinary and gender-nonconforming in Kane County is limited.

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Age[1]

Age Group	Population in the CSA	Percentage in the CSA
17 years and younger	86,105	24.1%
18 to 39	97,439	27.4%
40 to 64	120,839	33.9%
65 and older	51,568	14.5%

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

Race and ethnicity[1]

- Majority non-Hispanic white population
- The percentage of respondents identifying with two or more races has grown substantially over the last decade

Race and Ethnicity	Population in the CSA	Percentage in the CSA
Non-Hispanic White	212,222	59.9%
Hispanic/Latin American	98,743	27.9%
Non-Hispanic Black	17,971	5.1%
Non-Hispanic Asian	14,988	4.2%
Two or more races	9,587	2.7%
Indigenous American	336	0.1%
Pacific Islander/Native Hawaiian	194	0.1%

Language

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

15.1% of CSA residents
were not born in the United States (as compared with 14.2% of residents in Illinois)[1]

4.7% of CSA residents
speak limited English (as compared with 3.9% of residents in Illinois)[1]

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Social determinants of health

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

Access to Health Care

Within the CSA, 34.8% of survey respondents named access to health care as a top community issue, and 43.0% of survey respondents named medication affordability as a top community issue, making up the top two issues of all survey respondents. Access to health care is broadly defined as the "timely use of personal health services to achieve the best health outcomes."[3]

Healthcare access and quality can vary greatly between communities. Within the CSA, 7.1% of residents do not have medical insurance, which is about the same as state average of 7.0%.[1] Within the CSA, 32.8% of survey respondents said that insurance access and affordability was one of the top concerns in the community.

Community Input:[23] Access to Health Care

"Access to specialty care is huge. I mean, I'm fully insured, and when I called for a colonoscopy, it was almost a nine-month wait."

"I think challenges are always resources and timeliness of getting follow-up care or the specialty care that they need."

Health insurance is not the only factor affecting the ability to access health care. Even those with health insurance can face barriers to accessing appropriate and timely care due to:

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

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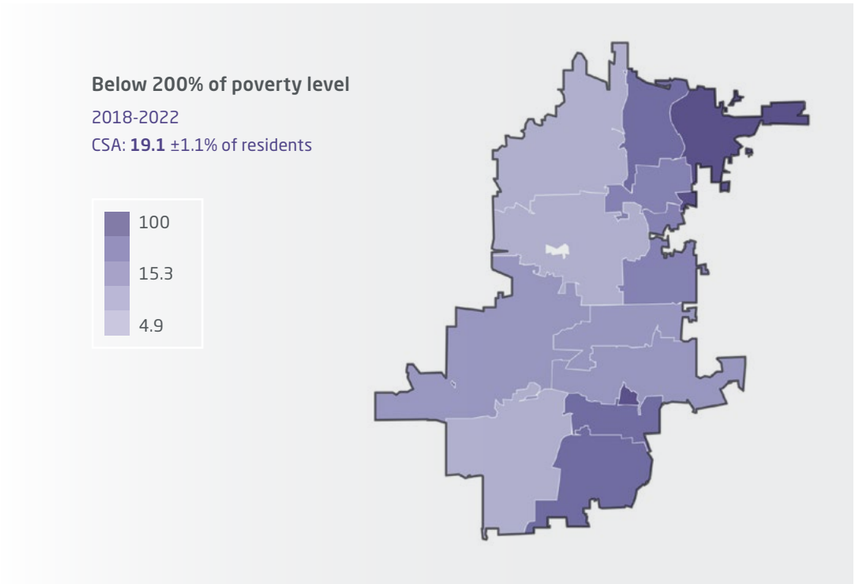
Economic Stability

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

Communities in the CSA have significant and concentrated areas of poverty, the highest being in the eastern part of Elgin (60120) at 34.8% and the lowest being in the western part of Elgin (60124) at 4.9%.[1]

In Illinois, the median household income is $71,917, which is lower than the CSA's median household income at $96,852. However, when looking at the communities making up the CSA, Aurora (60506) has a lower median household income than the state at $65,615.[1]

Socioeconomic Status[1]	Percentage in the CSA
Persons Living at or Below the Federal Poverty Level	7.1%
Persons Living at or Below 200% of the Federal Poverty Level	19.1%

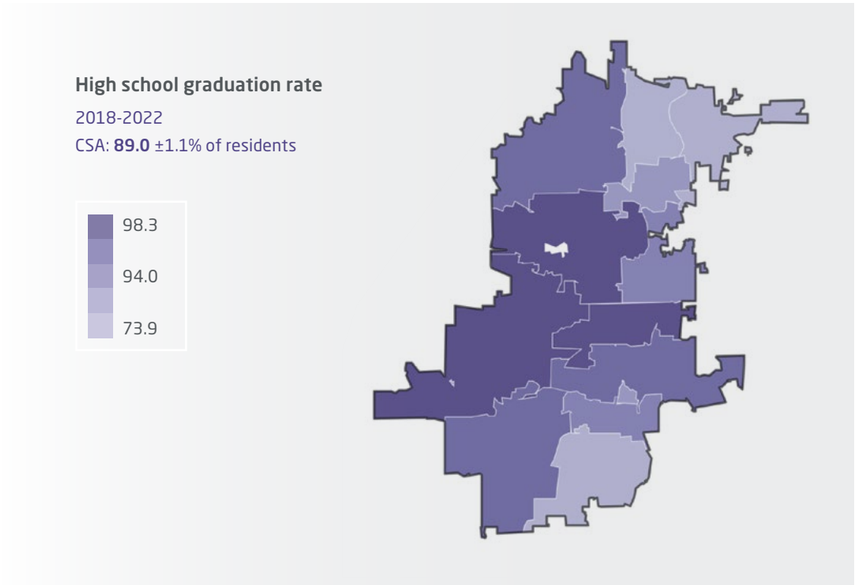


Education

Poverty, unemployment and underemployment are highest among individuals with less education.[5] A higher level of education is linked to positive health outcomes.

Within the CSA[1]:

- 89.0% of adults 25 years and older have a high school diploma (or equivalent).
- That value is 90.1% for the state of Illinois.



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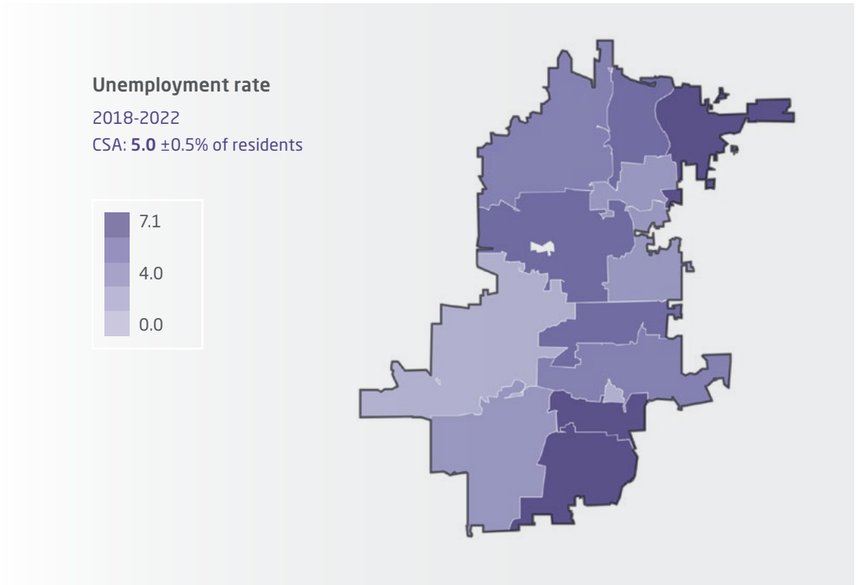
Employment

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

From 2018-2022[1]:

- The unemployment rate in the CSA averaged 5.0%.
- Elgin (60120) had the highest unemployment rate in the CSA at 7.1%.



Environmental Equity

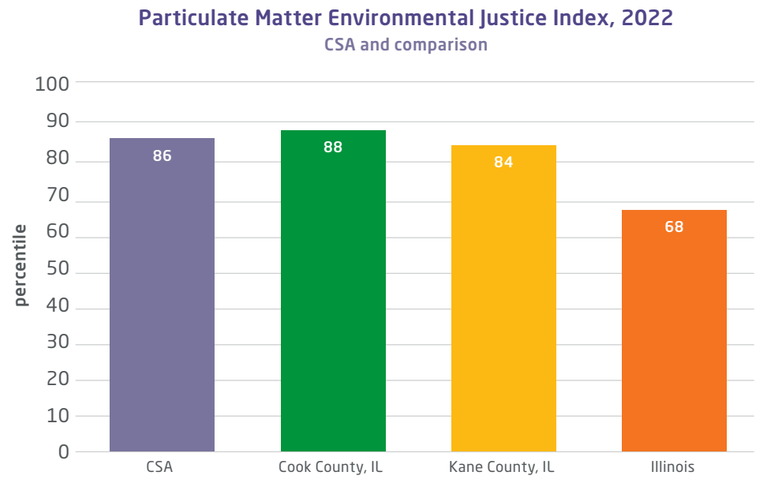
Another socioeconomic factor—a healthy or livable environment—refers to the surroundings in which an individual resides, lives and interacts. The CSA has a wide range of environmental conditions, from denser suburbs to farms to wilderness.

A clean, safe and healthy environment is a significant contributor to the health of individuals and populations.

The neighborhood environment can affect health outcomes in many ways. Particulate matter is one of the most dangerous pollutants because these particles can penetrate deep into the lungs and cause negative health effects. This includes premature death from cardiovascular disease or lung cancer, and increased health problems such as asthma attacks.

In the CSA, particulate matter was estimated in the 86th percentile, which is higher than Illinois in the 67th percentile.[6] This rating is based on the Particulate Matter Environmental Justice Index, in which 0 is the lowest exposure and 100 is the highest exposure.

Additionally, research has shown that emissions from farms outweigh all other human sources of fine-particulate air pollution in much of the United States. Agricultural air pollution comes mainly from ammonia from fertilizers and animal waste that combine in the air with industrial emissions to form solid particles.



Created on Metopio | metop.io/i/6freief8 | Data source: Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening.

Particulate Matter Environmental Justice Index: Weighted index of vulnerability to particulate matter. Measures exposure to PM 2.5 in the air, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

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Food Access and Security

In the CSA, 18.1% of survey respondents said that access to affordable food was a top concern, and 32.7% of survey respondents said that eating healthy was a top concern.

A healthy food environment gives residents the ability to buy healthy foods close to where they live. Those who cannot afford or access healthy food are more likely to have a less healthy diet, which increases risk of illnesses such as cardiovascular disease, some cancers, obesity, Type 2 diabetes and anemia.

Community Input:[23] Food Access and Security

"I think the abundance of cheap, poor-quality food is probably one of the biggest (challenges)."

In addition, people who do not have enough food to eat may have a harder time learning, may not develop properly, and may have physical and psychological health challenges.

Inflation since the COVID-19 pandemic has significantly impacted the food environment. Families with children are more likely to have experienced food and nutrition insecurity since the start of the pandemic.

Food insecurity is defined as limited or uncertain access to adequate food and may be caused or exacerbated by cost or distance to a grocery store.

Food Access and Security (continued)

In the CSA, 9.7% of residents experience food insecurity, which is slightly higher than the state at 9.5%. Food insecurity is the highest in Aurora (60506) at 11.6% of residents, and the lowest in Campton Hills (60175) at 6.8% of residents.[7]

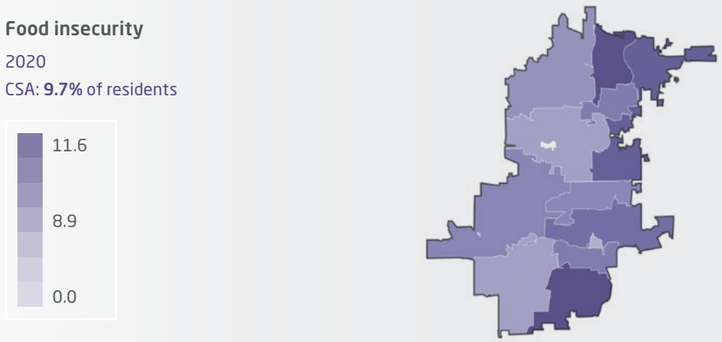
In addition, 63.5% of residents in the CSA have low food access, meaning that those who live in urban areas live further than a half mile from the nearest supermarket and those who live in rural areas live further than 10 miles from the nearest supermarket.[8]

Among households in the CSA, 9.6% receive Supplemental Nutrition Assistance Program* (SNAP) benefits, which is lower than Illinois at 13.0%.[1]

Food insecurity

2020

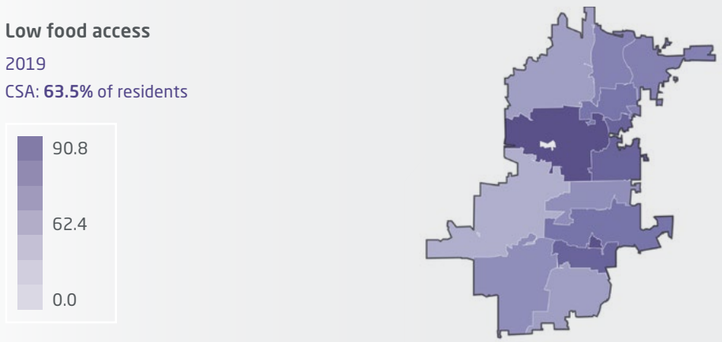
CSA: **9.7%** of residents



Low food access

2019

CSA: **63.5%** of residents



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

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Homelessness and Housing Instability

In the CSA, **24.6% of survey respondents** said affordable and safe housing was a top concern. Homelessness was identified as both a root cause and a direct outcome of substance use disorders and chronic disease. Addressing housing issues offers a unique opportunity to address an important SDOH.[2]

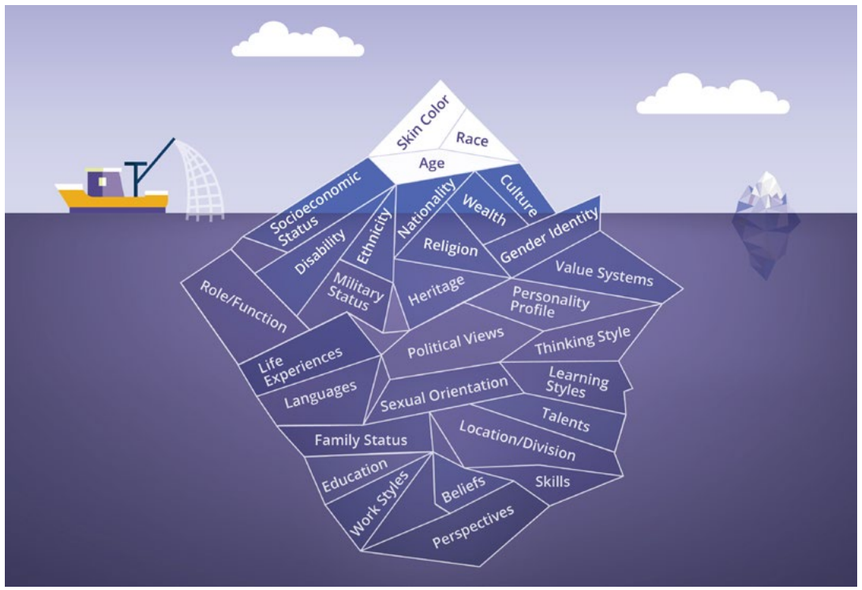
In addition, 28.1% of households in the CSA spend more than 30% of their income on housing, classifying them as housing cost burdened.[1] Among households in the CSA, 11.7% are severely housing cost burdened, meaning that they spend more than 50% of their income on housing costs.[1] This significantly impacts their ability to pay for other necessities, such as food, transportation and health care.

Community Input:[23] Homelessness and Housing Instability

"The struggle with housing is affordability, especially with the cost of rent right now in the community, and lack of housing supply."

Focus group participants noted that housing instability is a major issue in the community, with many families facing financial difficulties and crowded living spaces.

Structural Inequities and Bias



Northwestern Medicine is a community of caregivers who welcome, respect and serve all people without regard to age, race, color, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or military or veteran status.

Disability Cultural Responsiveness

The Americans with Disabilities Act (ADA) defines *disability* as a physical or mental impairment that substantially limits one or more major life activities of an individual. Major life activities can include caring for oneself, speaking, thinking, walking or performing manual tasks.

Northwestern Medicine provides reasonable accommodations to patients with disabilities when requested or needed. Patients and companions with disabilities have a right to request reasonable accommodations. These are provided at no cost to the patient or companion.

By providing reasonable accommodations, Northwestern Medicine ensures equitable care, effective communication and compliance with disability rights laws (such as the ADA).

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Structural Inequities and Bias

LGBTQ+ Cultural Responsiveness

Providing a safe, affirming environment is essential to welcome patients from the LGBTQ+ community. There is evidence that sexual minorities (LGBTQ+) and transgender or gender-nonconforming patients can have significant difficulty in accessing appropriate care, developing trust in the care team and receiving safe and effective health care throughout their lives.[21]

Structural Racism

Structural racism is defined as "the totality of ways in which societies foster [racial] discrimination, via mutually reinforcing [inequitable] systems (in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.) that in turn reinforce discriminatory beliefs, values, and distribution of resources," reflected in history, culture and interconnected institutions.[9]

Structural racism, also known as systemic racism, is racial bias among institutions and across society.[9] It involves the cumulative and compounding effects of an array of societal factors, including the history, culture, ideology and interactions of institutions and policies that systemically advantage white people and disadvantage people of color.

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

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

Transportation

In the CSA, **23.6% of survey respondents** and many focus group participants said that transportation was a top concern in their community. Safe and reliable transportation is essential to accessing healthcare appointments, social services, work, school and grocery stores. A lack of transportation is associated with adverse health outcomes.

Although most households in the CSA have access to a car, many people still lack access to reliable and affordable public transportation.

The county does not have a large public transit network, so only 2.2% of residents commute to work by public transportation.[1]

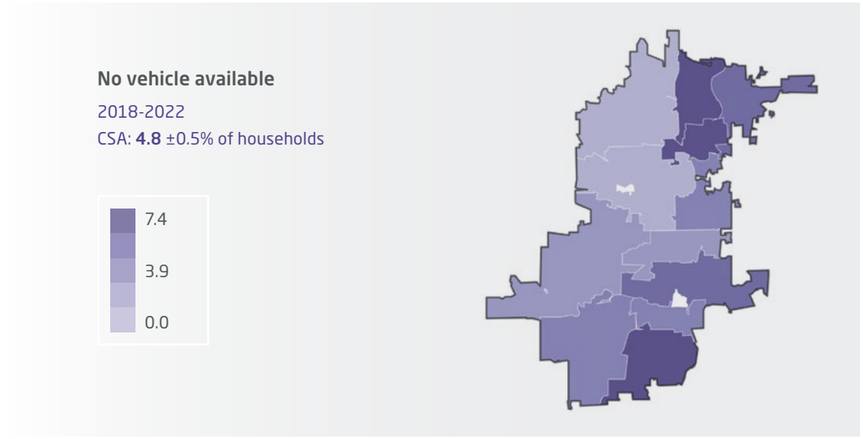
Within the CSA, **4.8%** of households have no vehicle available, but that number climbs as high as 7.4% in some rural areas and areas where more residents have low income, especially near Aurora (60506).[1]

Community Input:[23] Transportation

"The services are great in the area. Unfortunately, how to get there? That's the main issue."

"For our senior population, we don't have great public transportation options."

For those who do have a vehicle, the cost of gas has made it more difficult to use that vehicle to perform daily tasks such as driving to work, school, medical visits or grocery shopping.



Violence and Community Safety

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

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

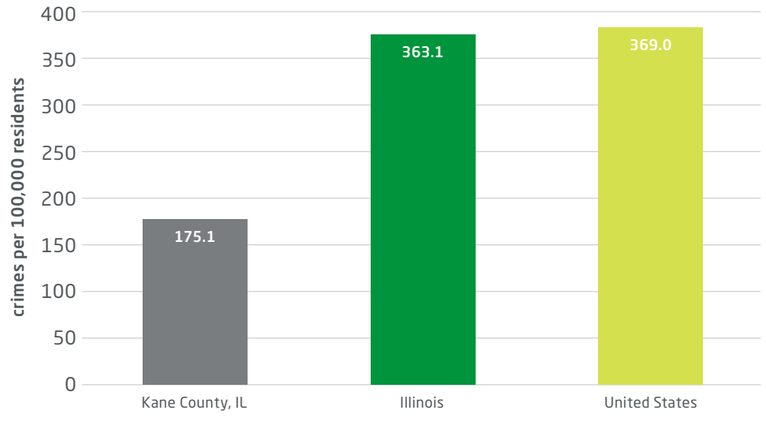
COVID-19 has increased economic instability and stressors within communities, contributing to increased gun violence, interpersonal violence and child abuse.

Within the CSA, 18.1% of survey respondents report that safety is a top concern within the community.

The rate of violent crime in Kane County is 175.1 cases per 100,000 residents, which is lower than both the United States average at 369.0 and the Illinois average at 363.1.[10]

Violent Crime, 2017-2021

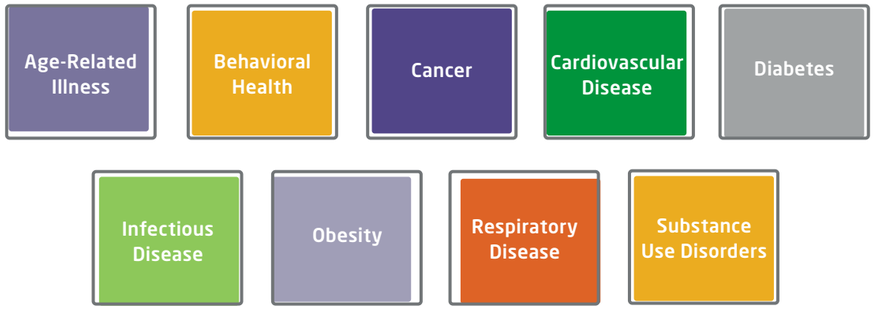
Kane County, IL and comparison



Created on Metopio | metop.io | Data sources: Federal Bureau of Investigation Crime Data Explorer, Chicago Police Department crime data portal (for Illinois)

Violent crime: Crimes related to violence (yearly rate). Includes homicide, criminal sexual assault, robbery, aggravated assault and aggravated battery.

Health conditions



Overall, estimates of disease burden in the CSA are similar to or slightly lower than those reported for the state of Illinois.

Health Condition[11]	Prevalence in the CSA	Prevalence in Illinois
Obesity	34.8%	33.6%
High Blood Pressure	29.1%	40.0%
Diabetes	8.9%	9.8%
Asthma	9.5%	9.5%
Cancer (diagnosis rate)	555.1 per 100,000 residents	570.7 per 100,000 residents

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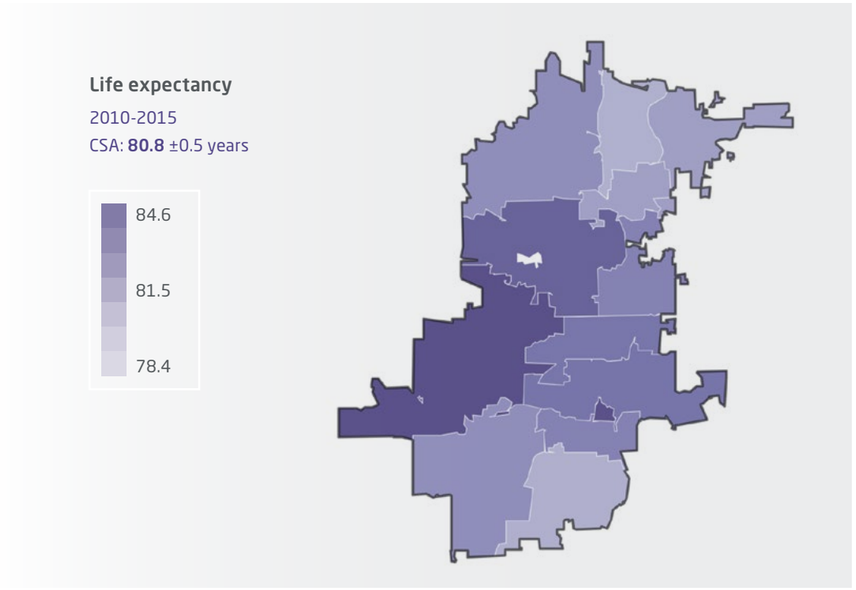
Life expectancy in the CSA

Life expectancy is a core measure of the overall health of a community. It allows for comparisons between generations and to understand the long-term impact of macro changes in community conditions, such as an epidemic or systemic poverty and a lack of access to resources. In the hospital's CSA, there is a six-year gap between the community with the highest life expectancy (Campton Hills) and the lowest life expectancy (Elgin).[12]

- Overall life expectancy in the CSA: 80.8 years
- Lowest life expectancy: 78.4 years in Elgin (60123)
- Highest life expectancy: 84.6 years near Campton Hills (60183)



Age-Related Illness

Within the CSA, age-related illness (especially Alzheimer's disease) emerged as an important health issue through the community input survey. For the purposes of this report, age-related illness includes:

- Alzheimer's disease and dementia
- Arthritis
- Vision and hearing difficulty

Alzheimer's Disease Mortality[13]

Kane County: **16.5 deaths** per 100,000 residents

Illinois: **26.6 deaths** per 100,000 residents

Arthritis[11]

CSA: **21.3% of adults**

Kane County: **21.2% of adults**

Illinois: **20.4% of adults**

Vision Difficulty[1]

CSA: **1.8% of residents**

Kane County: **2.3% of residents**

Illinois: **2.3% of residents**

Hearing Difficulty[1]

CSA: **2.8% of residents**

Kane County: **2.6% of residents**

Illinois: **3.1% of residents**

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Behavioral Health

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

Among survey respondents, **35.2% selected adult mental health** and **26.3% selected adolescent mental health** as the top health-related challenges in the community.

The suicide and self-injury hospitalization rate in the CSA is **40.9 per 100,000** residents, which is slightly lower than the state at 45.6.[15]

The suicide mortality rate for Kane County is **8.8 deaths per 100,000**, which is slightly lower than Illinois at 11.1.[13]

As of 2021, **18.4% of adults in the CSA reported having diagnosed depression**, which is similar to the state at 18.2%.[11]

- 14.4% of residents in the CSA have poor self-reported mental health.[11]
- 18.1% of residents in the CSA report having low social-emotional support.[11]
- 20.6% of survey respondents reported needing mental health treatment.
- 81.0% of survey respondents who reported needing treatment received it.

Focus group participants highlighted an increase in mental health issues after the pandemic, with long wait times and limited access to care.

Community Input:[23] Behavioral Health

"We have a huge shortage of professionals not only in the mental and behavioral health field, but also those who are bilingual."

Focus group participants highlighted the following needs:

- Improved access to treatment, including more mental health workers and adequate emergency room care for mental health crises
- Information on how to address mental health crises and where to get appropriate care during a mental health emergency
- Increased mental health services for youth

There are 457.4 mental health clinicians per 100,000 residents in the CSA, which is higher than Illinois at 334.4 mental health clinicians per 100,000 residents.[14]

Cancer

Among survey respondents in the CSA, **36.5% identified cancer as an important health need in the community.** This made cancer the number one need on the list of most important health needs.

Within the CSA, 6.1% of adults report having had cancer. The mortality rate is **136.4 deaths per 100,000 residents** for Kane County.[13]

This is lower than Illinois, with a death rate of 150.0 per 100,000 residents.[13]

Cancer Diagnosis Rates (per 100,000 Residents)[16]

	CSA	Illinois
Invasive breast cancer (females)	164.2	161.1
Colorectal cancer	41.2	47.4
Lung cancer	57.5	73.3
Prostate cancer (males)	152.3	139.5
Other cancers	171.6	168.4

Prevention and Screening in the CSA vs. Illinois[11]

76.7%
of females aged 50-74 report having had a mammogram within the previous two years.
Illinois: 74.9%

82.8%
of females aged 21-65 report having had a Pap smear within the previous three years for detection and prevention of cervical cancer.
Illinois: 67.4%

68.0%
residents aged 50-75 report having had a colorectal cancer screening.
Illinois: 67.4%

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Cardiovascular Disease

Heart disease represents the leading cause of morbidity and mortality in the CSA.[13] The burden of cardiovascular diseases was uniformly evident across the CSA.

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

Rates of High Blood Pressure[11]

CSA: **29.1%** of adults

Illinois: **29.0%** of adults

Rates of High Cholesterol[11]

CSA: **32.4%** of adults

Illinois: **28.2%** of adults

The stroke hospitalization rate in the CSA is 211.6 per 100,000 residents, which is similar to Illinois at 213.7 per 100,000 residents. When stratifying by race and ethnicity in the CSA, the rate is highest for the non-Hispanic Black population at 342.7 per 100,000 residents.[15]

The heart attack hospitalization rate in the CSA is 188.3 per 100,000 residents, which is higher than Illinois (157.2). This rate is noticeably greater for males (223.6) compared with females (119.5) in the CSA.[15]

Heart Disease Mortality[13]

Kane County: **133.6** deaths per 100,000 residents

Illinois: **169.8** deaths per 100,000 residents

Stroke Mortality[13]

Kane County: **39.5** deaths per 100,000 residents

Illinois: **44.1** deaths per 100,000 residents

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

Diabetes

In the survey of the CSA residents, 18.5% listed diabetes as the most important health need in the community, placing it in the top 10 health concerns, and 6.5% of survey respondents have been told they have prediabetes or borderline diabetes.

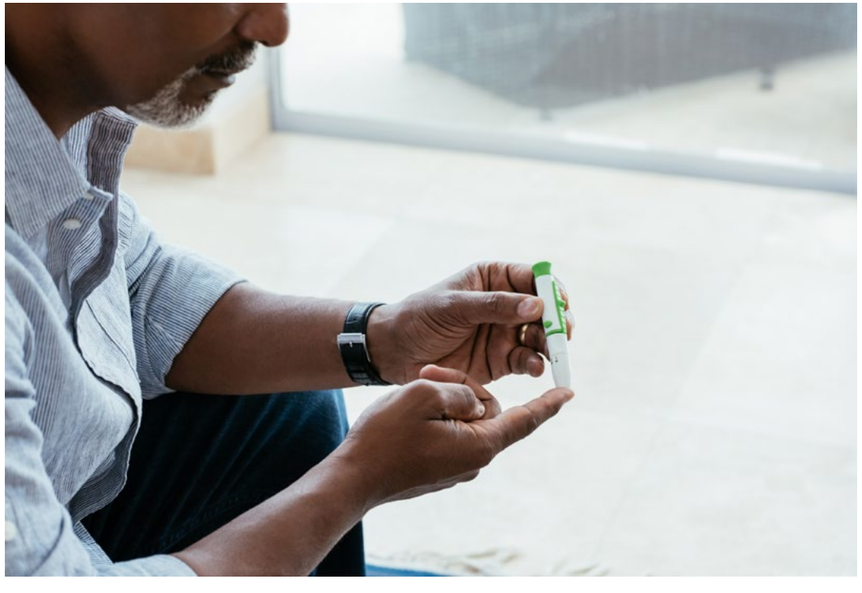
Prevalence of Diabetes[11]

CSA: **8.9%** of adults

Illinois: **9.8%** of adults

Like many health conditions and exposures, diabetes rates were higher in the northern part of the CSA, especially around Elgin.

There were 169.8 diabetes hospitalizations per 100,000 residents in the CSA, which was lower than the Illinois average at 177.5.[15] The Emergency Department visit rate for people with uncontrolled diabetes was 174.5 per 100,000 residents in the CSA, which was also lower than the Illinois average at 209.7.[15]



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Infectious Disease

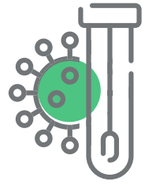
Review of infectious disease data primarily focused on rates of sexually transmitted infections (STIs), influenza and COVID-19.

The STI infection rate for Kane County was 166.3 per 100,000 residents, which is much lower than the rate for Illinois at 1,161.4.[17] Only 35.6% of survey respondents reported ever receiving a test for human papillomavirus infection.

Regarding COVID-19, the hospitalization rate in the CSA was

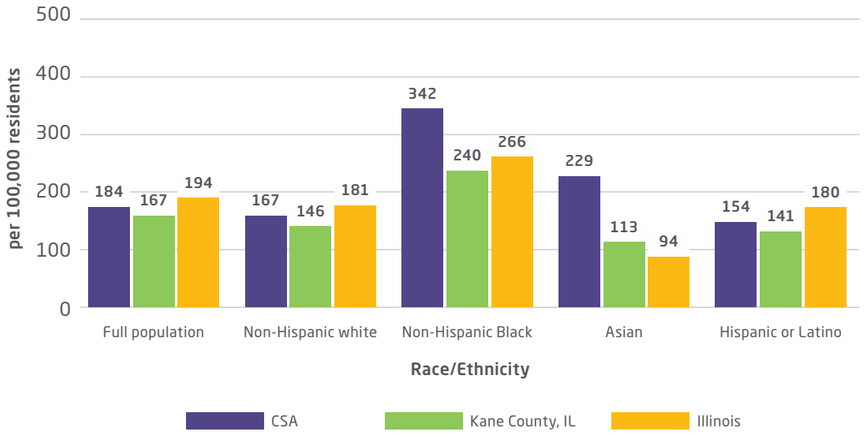
184.3 per 100,000 residents in 2022, which was slighter lower than the state average of 194.4.[15]

In 2021, the COVID-19 vaccination rate was **77.0%** of residents, which was similar to the Illinois and United States averages at 77.9% and 79.7%, respectively.[18] Among the survey respondents from the CSA, 93.9% reported having received at least one COVID-19 vaccine shot.



COVID-19 Hospitalizations Rate by Race/Ethnicity, 2018-2022

CSA and comparison



Created on Metopio | metop.io/i/mnghjBbz | Data sources: Wisconsin Health Association Information Center (WHAIC) (Calculated by Metopio), Illinois Health and Hospital Association COMPdata Informatics (Calculated by Metopio)

COVID-19 hospitalization rate: Annual hospital admissions for COVID-19 per 100,000 residents. Risk-adjusted by age and sex. All hospitals, all payers, based on patient residence.

Obesity

Obesity is linked to many serious health problems, including:

- Cancer (some types)
- Heart disease
- Stroke
- Type 2 diabetes

Obesity is a common health condition in the CSA.

Rates of Obesity[11]

CSA: **34.8%** of adults

Illinois: **33.6%** of adults

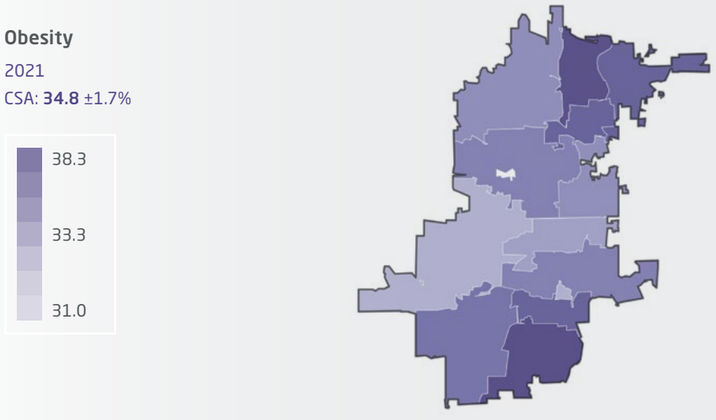
Among community input survey respondents, obesity ranked sixth in the list of most important health needs affecting the community.

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

Obesity

2021

CSA: **34.8** ±1.7%



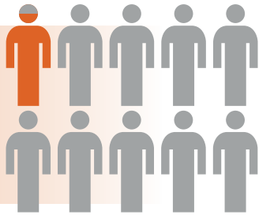
Respiratory Disease

Lung diseases did not emerge as a high priority in surveys and focus groups conducted in the CSA. Rates of asthma and chronic obstructive pulmonary disease (COPD) are both similar to the state average.

Rates of Asthma[11]

CSA: **9.5%** of adults

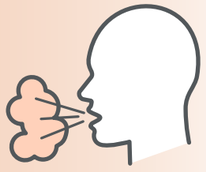
Illinois: **9.5%** of adults



Rates of COPD[11]

CSA: **5.3%** of adults

Illinois: **5.6%** of adults



Substance Use Disorders

A substance use disorder is a complex condition. If use of a substance cannot be controlled and continues despite harmful consequences and impairment in day-to-day functioning, it is termed *substance use disorder.*[20]

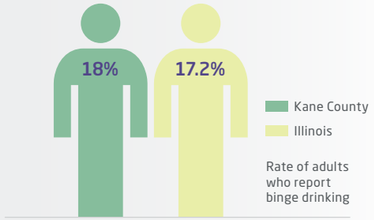
The COVID-19 pandemic not only highlighted the increasing burden of substance use disorders, but it also led to an increase in substance use. As of June 2020, the Centers for Disease Control and Prevention estimated that 13% of people in the United States started or increased substance use to cope with the stress and uncertainty of the pandemic.[20]

Drug Overdose Mortality Rate[13]

Kane County: **15.6** deaths per 100,000 residents

Illinois: **22.3** deaths per 100,000 residents

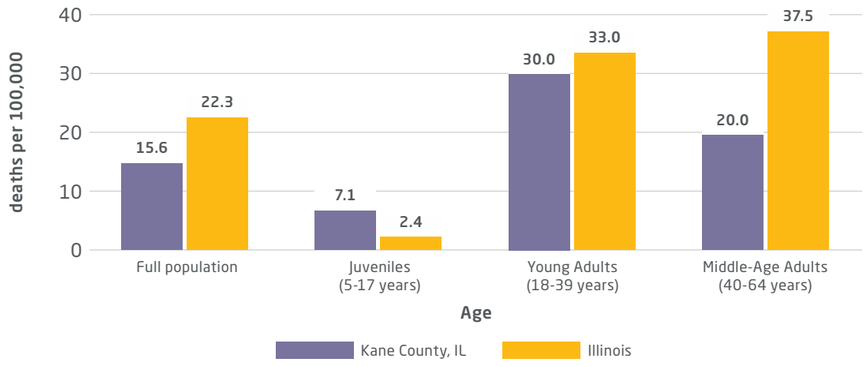
9.2% of survey respondents in the CSA believed that substance use is a challenge within the community.



The CSA has a binge drinking rate at 18.0% of adults, which is slightly higher than Illinois at 17.2% of adults.[11]

Drug Overdose Mortality by Age, 2016-2020

Kane County, IL and comparison



Created on Metopio | metop.io/i/wuqqwi1e | Data sources: Chicago Department of Public Health (Epidemiology Department: Chicago community area level, only in IL). Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

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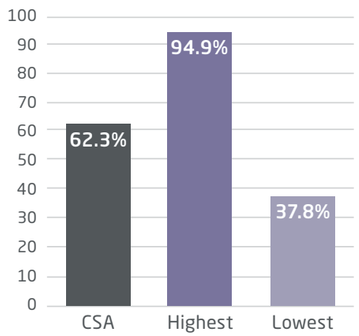
Health Behaviors

Research has shown that a person's health is not solely defined by their socioeconomic status or available resources. In fact, a person's health is greatly influenced by their health behaviors, such as food choices, physical activity and substance use.[22] Among survey respondents in the CSA, 18.1% reported that access to affordable food was an important community issue and 12.2% reported that access to exercise and physical activity was also an important community issue.

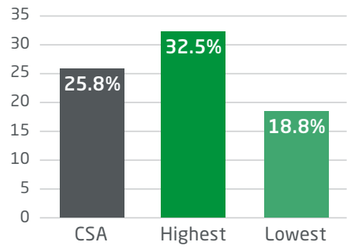
Health Behaviors by ZIP Code in the CSA (Adults)

Households in Poverty Not Receiving Food Stamps (SNAP)[1]



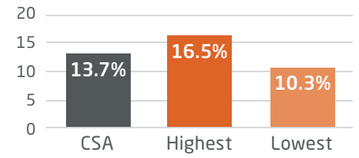
CSA average: 62.3%
Highest: 94.9% in Geneva (60134)
Lowest: 37.8% in Aurora (60506)

No exercise[12]



CSA average: 25.8% of adults
Highest: 32.5% of adults in Elgin (60120)
Lowest: 18.8% of adults in Elburn (60119)

Prevalence of cigarette smoking[12]



CSA average: 13.7% of adults
Highest: 16.5% of adults in Elgin (60120)
Lowest: 10.3% of adults in Elburn (60119)

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

Nutrition

Eating healthy was considered a challenge by 32.7% of survey respondents, and access to affordable food was considered a challenge by 18.1% of survey respondents.

Community Input:[23] Nutrition

"It's easier to buy something that's cheaper and not as good for you."

Some people do not have the information they need to choose healthy foods, while others do not have access to healthy foods or cannot afford to buy enough food. In fact, 11,249 residents in the CSA live in food deserts.[8]

Many communities across the CSA, particularly in the more rural areas, have a high level of food insecurity. Without access to affordable, local, healthy foods in safe and accessible locations, individuals cannot reasonably make good nutritional choices for themselves and their families.

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

9.7% of CSA residents live with food insecurity[7]

Illinois: 8.3%

9.6% of CSA households receive SNAP benefits[1]

Illinois: 13.0%

Physical Activity

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

Among survey respondents, **83.3% participated in any form of exercise in the past month,** and 25.8% did not exercise at all. Guidelines recommend at least 150 minutes of moderate aerobic activity per week.

Personal, social, economic and environmental factors all play a role in physical activity levels among youth, adults and older adults. Among survey respondents, 14.3% stated that they cannot afford gym memberships or to purchase and store their own exercise equipment. Two percent of survey respondents do not have access to an exercise facility, and 2.0% do not have access to child care while they exercise.

For residents who cannot afford gym memberships or to purchase and store their own exercise equipment, they may look to the neighborhood's parks, playgrounds or sports fields to exercise. However, 3.0% of survey respondents state that there aren't any parks, playgrounds or fields in their neighborhood, so that severely limits their ability to exercise.

Understanding barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

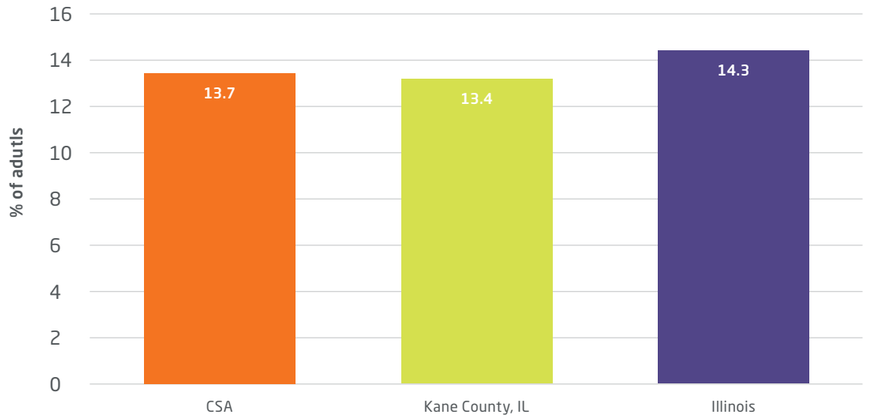
Tobacco and Electronic Cigarette Use

In the CSA, **13.7%** of adults reported having smoked at least 100 cigarettes in their lifetime, and currently smoke every day or some days.[11] Among survey respondents, 8.5% reported using an e-cigarette and 13.3% use e-cigarettes every day or most days a week.

There is an ongoing gap in Illinois for county-level data on youth health behaviors.

Cigarette Smoking Rate, 2021

CSA and comparison



Created on Metopio | metop.io/i/nsxkgidj | Data sources: Centers for Disease Control and Prevention (PLACES (Sub-county data for ZIP codes and tracts from 2014-present), Dwyer-Lindgren, Mokdad, et al. Population Health Metrics, 2014. (Data modeled from Behavioral Risk Factor Surveillance System for years 1996-2012).

Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Reflections on our data analysis

Community Health Needs Assessments challenge us to explore data through multiple lenses, including understanding where an issue might be more severe because of community conditions and who might be more impacted because of population characteristics. As the data was collected and analyzed, several themes emerged.

1 ACCESSIBILITY

Focus group participants noted transportation as a barrier to receiving services, and being aware of what type of services and community programs are available nearby.

2 CULTURAL COMPETENCY

At 27.9% of the population, the Hispanic or Latino population is the second largest group in the CSA. Among survey respondents, individuals who identified as Hispanic or Latino were more likely to report delaying care in the last 12 months, not exercising in the last 12 months, and needing mental health services but not receiving them.

3 AFFORDABILITY

The cost of living has been increasing in Kane County, but not all residents can afford it, which means they may have to choose between rent, healthy food and medical visits.

4 AGE

Considering age is an important stratification when prioritizing populations. The data shows suicide and self-harm Emergency Department visit rates disproportionately impact individuals who are 18 to 39 years old.

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Significant health needs

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

- Access to Health Care
- Alzheimer's Disease
- Behavioral Health
- Cancer
- Cardiovascular Disease
- Diabetes
- Food Access
- Homelessness and Housing
- Obesity
- Substance Use Disorders
- Transportation

Priority Health Needs

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

To that end, Northwestern Medicine Delnor Hospital engaged with community members and organization representatives, along with Northwestern Medicine employees through their Community Engagement Council.

Community Engagement Council

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

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The following community organizations participate on our Community Engagement Council:

Community Organizations	
Aurora Area Interfaith Food Pantry	Northern Illinois Food Bank
City of Geneva	Tri City Health Partnership Medical and Dental Clinic
City of St. Charles	VNA Health Care
Elgin Community College	Well Child Center
Elgin Parks and Recreation	

The following is a list of Northwestern Medicine departments represented and why they were chosen for inclusion.

Hospital Department	Knowledge Area
Community Affairs	Community relationships, data and hospital resources
Behavioral Health	Direct patient care
Care Coordination	Coordination of patient care, including medical and social needs
Executive Leadership	Hospital operations and decision making
Medical Staff	Direct patient care
Patient Engagement	Coordination of patient care
Regional Medical Group	Direct patient care

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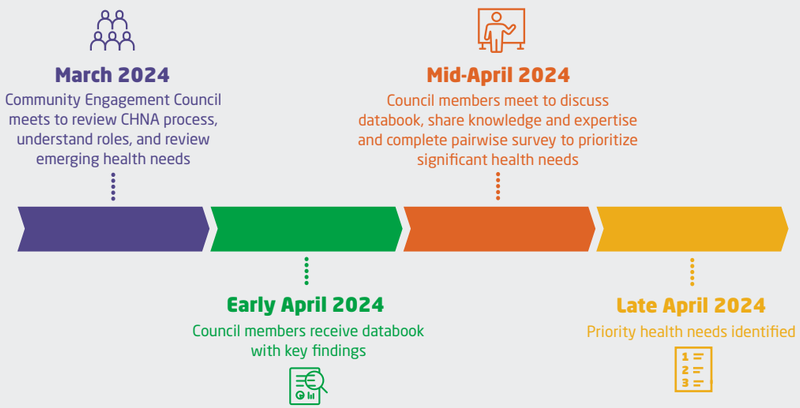
How we chose priority health needs

Following completion of data analysis, leaders from Northwestern Medicine Delnor Hospital convened our Community Engagement Council to review the findings.



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

- The council convened in March 2024 to receive an overview of the CHNA process, and to review the CSA and the primary and secondary data collection process. In these meetings, council members received a preview of the emerging significant health needs identified through the data analysis.
- In early April 2024, council members were given a databook that highlighted key findings.
- In mid-April 2024, the Community Engagement Council convened again to review the data collected from the community and to prioritize health needs based on data as well as their own knowledge and expertise.
- During this meeting, council members were encouraged to ask questions and offer additional data points based on their areas of expertise. This process was meant to ensure Northwestern Medicine Delnor Hospital was interpreting the data based on the voice of the community.
- Once the data was reviewed, council members participated in a pairwise survey through OpinionX. Through this process, participants were asked to consider multiple prioritization factors.
  - The survey assessed 11 significant health needs.
  - Participants were given two needs at a time and asked to select which was the priority. After making their selection, participants were presented with the next pair and so on.
- After prioritizing the list of top 11 needs, the Community Engagement Council was able to view and compare their results. The idea behind this methodology is to put an emphasis on the community voice while also recognizing that hospital employees are able to provide perspective on what Northwestern Medicine Delnor Hospital can feasibly accomplish over the next three years in this CHNA cycle.

Prioritization Factors Considered to Establish Priority Health Needs

Prioritization Factors	Related Questions
Consequences of Inaction	• What impact would inaction have on individuals and on population health? • Are there other organizations that will act to address the need? • Do the inputs needed to take action create challenges to act in other important areas, recognizing Northwestern Medicine's resources are limited?
Feasibility of Influencing	• What capacity already exists to address the need? Can Northwestern Medicine action add value? • Is there already a foundation for collaboration? Is it local? • Could the role of Northwestern Medicine complement that of other allies?
Magnitude and Inequity	• How many people in the community are impacted? • Are there inequalities by race, income or location? • Where is the magnitude the greatest?
Severity and Impact	• How does the need impact health and vitality (focusing on people most impacted by needs related to social determinants of health)?
Trend	• Is there a pattern in the data? • Has the data gotten significantly worse or better over time?

Identified priority health needs

Northwestern Medicine Delnor Hospital has identified three priority health needs in the 2024 CHNA. In selecting priorities, we considered:

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

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

Northwestern Medicine Delnor Hospital 2024 Priority Health Needs

Access to Health Care

Behavioral Health

Substance Use Disorders

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Development of a Plan to Address Priority Health Needs

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

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

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

Existing resources

We recognize that many healthcare facilities and organizations within the CSA respond to health needs and support health improvement efforts. A list of resources potentially available to address priority health needs is included in Appendix B.

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

Northwestern Medicine roles

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

Civic Leader

- Collaborator/convener
- Employer
- Advocate
- Funder

Educator

- Training
- Youth programs
- Health promotion
- Knowledge transfer

Researcher

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

Care Provider

- Financial assistance
- Medicaid
- Safety net collaborator

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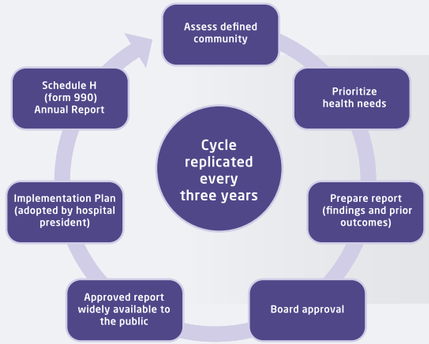
Appendix A: Evaluation of Impact

Actions taken to address Northwestern Medicine Delnor Hospital 2021 priority health needs

The last CHNA completed by Northwestern Medicine Delnor Hospital took place in 2021. We worked with Conduent Healthy Communities to determine significant health needs through a comprehensive assessment that included analysis of community voice, data and the potential health impact of a given issue.

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

- Consequences of Inaction
- Feasibility of Influencing
- Magnitude of Inequity
- Severity and Impact
- Trend



The final step before beginning a new CHNA report is evaluating the impact of the strategies started as a result of the previous CHNA.

Through the 2021 CHNA process, Northwestern Medicine Delnor Hospital identified four priority health needs to be addressed through collaborative planning and coordinated action with organizations that impact health services in the community:

1. Access to Health Care and Community Resources
2. Chronic Disease
3. Mental Health and Substance Use Disorders
4. Social Determinants of Health

The hospital and key community organizations collaborated to address the identified priority health needs. This Evaluation of Impact report summarizes progress of community strategies outlined in the hospital's 2021 CHIP. This evaluation shows change over time and indicates how well these strategies addressed the priority health needs of the community.

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

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

Strategy 1.1: Community Engagement: Support efforts that increase access to healthcare services and community resources by investing in resources and collaborating with community-based organizations.

This strategy focused on supporting efforts to increase access to care by providing leadership, investing resources and working collaboratively with other community organizations throughout the county. As part of these efforts, a planned approach between the Kane County Health Department, in collaboration with other community organizations, developed the following action teams and committees:

- Health Advisory Committee
- Access to Health Services Action Team
- Nutrition, Exercise, Weight (N.E.W.) Action Team
- Immunizations and Infectious Disease Action Team
- Health Equity Committee

These groups worked to increase programs and initiatives focused on promoting access to care, especially with low-income and under-resourced communities. They each met monthly.

Impact of Strategy

These community collaborations allowed us to increase access to multiple disciplines of care, improve community outreach, and increase collaboration across lead organizations across all of the settings in our CSA. These committees and action teams show the variety of ways we can enhance the collaboration of organizations already impacting patients in the community.

Strategy 1.2: Federally Qualified Health Center (FQHC) and Clinical Community Collaboration: Align with the system-level approach to better serve the uninsured and underinsured populations through clinical community relationships.

This strategy focused on collaboratively working with local FQHCs to promote a seamless continuum of care for under-resourced populations, including:

- VNA Health Care
- Tri City Health Partnership

VNA Health Care

Northwestern Medicine Delnor Hospital participated in a third-party software program along with VNA Health Care so they could assess patients who seek medical care in the Emergency Department and inpatient setting.

Numbers of patients identified:

- FY22: 2,336 patients in the Emergency Department and 139 Inpatient admissions
- FY23: 2,757 patients in the Emergency Department and 158 Inpatient admissions
- FY24*: 1,781 patients in the Emergency Department and 99 Inpatient admissions

Tri City Health Partnership

Northwestern Medicine Delnor Hospital provided a proportion of funding to support the Tri City Health Partnership through grants in the amount of $100,000 across the three-year period. The grants were used to support outpatient care and other services at no cost for their clients.

Impact of Strategy

Providing and supporting these organizations ensured that our most vulnerable patients had access to adequate and timely care and improved patient outcomes overall.

*At the time of this report

Strategy 1.3: Community Benefit Donations and Grants: Provide funding through the Community Benefit donations and grants process to strategies and organizations that address access to healthcare services and community resources.

Northwestern Medicine Delnor Hospital provided funding through the Community Benefit Competitive Grant process. This process resulted in the following awards:

- FY22: Five grants were awarded in the total amount of $145,000.
- FY23: Seven grants were awarded in the total amount of $136,000.
- FY24: Grant recipients are being selected.

Funding supported the following organizations and strategies:

- Well Child Center: Integrating oral health care into services provided during pregnancy along with their Women, Infants, and Children (WIC) program.
- Tri City Health Partnership: Offering health care and oral care to clients regardless of their ability to pay.
- Corbella Clinic: Increasing access to medical care, maternal assistance and resources for women in need of support during pregnancy.

Impact of Strategy
Over the last few years, access to health care for the community has increased significantly. Through our financial support of high-quality, trusted community organizations, we have been able to expand access in the CSA.

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Priority Health Need 2: Chronic Disease

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

Strategy 2.1: Health Screenings: Provide no-cost biometric screenings and educational sessions to the community. Provide no-cost blood pressure screenings and education about cardiovascular disease. Offer strategies to help people eat healthier, maintain a healthy weight and increase physical activity.

Northwestern Medicine Delnor Hospital continued to provide community education related to chronic disease in the areas of evidence-based primary interventions (disease prevention, health promotion), secondary interventions (screenings), and tertiary interventions (programs for individuals with a chronic disease to promote an optimum state of wellness). This acute care for chronic disease and chronic disease management was provided to all individuals, regardless of ability to pay.

The following two types of screenings were held in the CSA:

- Blood pressure screenings: FY22, two clinics, 37 people screened; FY23, 12 clinics, 126 people screened; FY24, six clinics, 97 people screened
- Know Your Numbers: FY22, one clinic, 10 people screened; FY23, the program was put on hold; FY24, the program has been reinstated, but no clinics have been scheduled yet.

Impact of Strategy
Community-based screenings help identify people with unmanaged high blood pressure. They also reinforce awareness of heart disease and the importance of measures to prevent or manage it. Patients who screened positive for high blood pressure were given information on how to manage it. They were encouraged to follow treatment plans provided by their clinicians, and where necessary, they were referred to a primary care site.

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Strategy 2.2: Community Health and Wellness Programming: Promote health and reduce chronic disease through prevention, detection and addressing risk factors. Collaborate with early-childhood schools and child care centers to review policies and curricula and increase efforts that promote nutrition and moderate to vigorous physical activity.

Northwestern Medicine Delnor Hospital continued to provide community education related to preventing childhood obesity through nutrition education and increased physical activity and family involvement, within an emphasis on parents and children attending the 4-year-old program and all preschool program teachers.

The Coordinated Approach to Child Health (CATCH) was provided in the following locations:

- FY22: Seven schools and 310 participants
- FY23: Seven schools and 318 participants
- FY24 so far: Two schools and 47 participants

Impact of Strategy
Over the last few years, the CATCH program has not only affected the students within the program, but also the resources were passed along to their families. Students and their families gained an understanding of a healthier lifestyle through nutrition education, physical activity and physical education.

Strategy 2.3: Community Benefit Donations and Grants: Provide funding through the Community Benefit donations and grants process to strategies and organizations that address chronic disease.

Northwestern Medicine Delnor Hospital provided funding through the Community Benefit Competitive Grant process.

Funding supported the following organizations and strategies:

- FY22: Five grants were awarded in the total amount of $145,000.
- FY23: Seven grants were awarded in the total amount of $136,000.
- FY24: Grant recipients are being selected.

VNA Health Care received funding for improving self-management education and outcomes for patients with diabetes. Marklund received funding to increase access to aquatic therapy for people with disabilities.

Impact of Strategy
Over the last few years, the chronic health needs of the community have increased significantly. Through financial support of high-quality, trusted community organizations, we have expanded access to screenings, education and therapy.

Priority Health Need 3: Mental Health and Substance Use Disorders

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

Strategy 3.1: Community Engagement: Support mental health efforts by collaborating with community-based organizations.

This strategy focused on supporting efforts to increase mental health services by providing leadership, investing resources and working collaboratively with other community organizations throughout the county. Through collaboration with the Kane County Health Department and other community organizations, the following programs were supported:

- Behavioral Health Council
- Tobacco Coalition
- Opioid Overdose Prevention Partnership (Narcan® program)

Impact of Strategy
As part of these efforts, there was an increase in programs and initiatives focused on mental health care and substance use. These groups each met monthly.

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Strategy 3.2: Mental Health Training and Education: Educate the community on how to identify, understand and respond to the signs of mental illnesses and substance use disorders. Increase awareness of negative attitudes and beliefs around mental health.

Northwestern Medicine Delnor Hospital continued to provide evidence-based wellness programs in the areas of mental health and substance use disorders via programmatic venues, including Mental Health First Aid, mental health focused programming offered by the Community Programming Team, and support groups. We also collaborated with the county to provide medication disposal locations and events, plus Narcan education and administration.

- Mental Health First Aid course was offered to the CSA to increase awareness and decrease the stigma related to mental health. In FY22, there was one class and 11 participants; in FY23, two classes and 29 participants; and so far in FY24, two classes and 27 participants.
- Mental health community programming: In FY22, presentations were not developed yet; in FY23, there were six presentations, and in FY24, four presentations so far.
- Medication disposal locations and events: A disposal kiosk was placed at the entrance of the Northwestern Medicine Delnor Hospital Emergency Department for easy drop-off. We participate in the biannual Drug Take Back Day by providing locations across multiple Northwestern Medicine sites and staff to offer Narcan education.
- Narcan education and administration: In FY22, the program was not available; in FY23, 482 individuals received training, and in FY24, 314 individuals received training.

Impact of Strategy
With this multicommunity approach to addressing mental health and substance use gaps, we continue to work closely with the county and stay apprised of the community needs.

Strategy 3.3: Community Benefit Donations and Grants: Provide funding through the Community Benefit donations and grants process to strategies and organizations that address mental health or substance use disorders.

Northwestern Medicine Delnor Hospital provided funding through the Community Benefit Competitive Grant process.

Funding was provided in these amounts to support the following organizations and strategies:

- FY22: Five grants were awarded in the total amount of $145,000.
- FY23: Seven grants were awarded in the total amount of $136,000.
- FY24: Grant recipients are being selected.

Mutual Ground received funding to develop a new program to treat co-occurring disorders. The Ecker Center received funding to purchase and implement an electronic health record system.

Impact of Strategy
Over the last few years, the CSA has seen a severe increase in mental health issues and substance use disorders. We have been expanding access to care to meet these needs through financial support of high-quality, trusted community organizations.

Priority Health Need 4: Social Determinants of Health

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

Strategy 4.1: Community Benefit Donations and Grants: Provide funding through the Community Benefit donations and grants process to strategies and organizations that address SDOH.

Northwestern Medicine Delnor Hospital provided funding through the Community Benefit Competitive Grant process.

Funding was provided in these amounts to support the following organizations and strategies:

- FY22: Five grants were awarded in the total amount of $145,000.
- FY23: Seven grants were awarded in the total amount of $136,000.
- FY24: Grant recipients are being selected.

Funding for the Aurora Area Interfaith Food Pantry was given to support food distribution and hiring additional staff to meet increasing community needs. Food for Greater Elgin received funding to provide healthy food for those in need and expand food service availability by increasing their space.

Impact of Strategy

As with safe housing and transportation, food insecurity can be addressed by collaborating with organizations in the community that are already doing the work to make more resources available. By supporting organizations that can provide access to nutritious and healthy food, we are helping to address an important SDOH.

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Appendix B: Resources Available to Address Significant Health Needs

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

Category	Resource	Description	Link
Health Care	Northwestern Medicine Central DuPage Hospital	Hospital	nm.org
	Greater Family Health	Federally Qualified Health Center (FQHC)	greaterfamilyhealth.org
	VNA Health Care	Free clinic	vnahealth.com
	Tri City Health Partnership	Free clinic	tchpfreeclinic.org
Nonprofit, Faith-Based Organizations	Bethlehem Lutheran Church	Church	bethlehemluth.org
	St. Patrick Parish	Church	stpatrickparish.org
	St. Peter Catholic Church	Church	stpeterchurch.com
Social Service Organizations	Aurora Area Interfaith Food Pantry	Food pantry	aurorafoodpantry.org
	PADS of Elgin	Shelter for unhoused community members	padsofelgin.org
	Northern Illinois Food Bank	Food bank	solvehungertoday.org
	Well Child Center	Education, counseling and services in the areas of childhood nutrition and pediatric dental health	wellchildcenter.org

Category	Resource	Description	Link
Education	Kane County Regional Office of Education	Regional Office of Education	kaneroe.org
	Elgin Community College	Community college	elgin.edu
	Waubonsee Community College	Community college	waubonsee.edu
Government-Based Organizations	Kane County Health Department	Health department	kanehealth.com
	Kane County Government	County government	kanecountyil.gov

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Appendix C: Timeline for the 2024 CHNA for Northwestern Medicine Delnor Hospital

Phase	Description	Date
Assessment and Analysis	Overall	October 2023 to April 2024
	Community input survey	October 2023 to January 2024
	Focus groups	January to February 2024
	Key informant interviews	February to March 2024
Prioritization	Overall	April 2024
	Community Engagement Council	April 19, 2024
Approval	Delnor-Community Hospital Board of Directors	July 30, 2024
Report Made Widely Available to the Public	Website	August 31, 2024
	Paper copy available at no charge on request	August 31, 2024
Public Comment	Northwestern Medicine Delnor Hospital 2024 CHNA	August 31, 2024, through August 31, 2030
	Northwestern Medicine Delnor Hospital 2021 CHNA	August 31, 2021, through August 31, 2027

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Appendix D: A Closer Look at Data

Community Input Summary

Community Input Survey

Metopio collected 2,781 survey responses from people in the CSA. The following issues were selected as the most important health needs in the community by 25% or more of the survey respondents:

1. Cancers (37%)
2. Adult mental health (35%)
3. Alzheimer's disease (33%)
4. Heart disease (32%)
5. Chronic pain (28%)
6. Obesity (27%)
7. Adolescent mental health (26%)

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

1. Medication affordability (43%)
2. Access to health care (35%)
3. Elder care (34%)
4. Insurance access and affordability (33%)
5. Healthy eating (33%)
6. Safe, affordable housing (25%)

Community focus groups and key informant interviews

Metopio facilitated 11 focus groups in the CSA and conducted 30 key informant interviews. Focus groups took place with priority populations such as individuals living with mental illness, people of color, older adults, caregivers, teens and young adults, people from sexual minority groups, families with children, faith communities and adults with disabilities.

Most focus groups were 90 minutes long with an average of 10 participants. Groups were conducted virtually using the Zoom platform or in person. A trained facilitator moderated each session. Sessions were recorded, and recordings were stored securely on a server at Metopio.

Key informant interviews lasted 30 minutes and were done with a trained interviewer. Sessions were held over the Zoom platform. Notes were captured in a Word document.

The following themes were identified during focus group sessions and key informant interviews for the CSA:

Accessibility

- Access to behavioral health care
- Transportation needs for medical appointments and other common locations
- Limited availability of appointment times

Cultural Competency

- Stigma around receiving addiction treatment, specifically for Hispanic or Latino communities
- Linguistically and culturally competent care

Affordability

- Cost of living
- Cost of care and medications

Age

- Lack of education for youth on substance use and healthy living
- Social isolation among older adults
- Better coordination of care needed for older adults

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Appendix E: References

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23. Community input represents information and beliefs obtained from CHNA focus groups and from persons representing the broad interests of the community, including people who are uninsured, have low incomes and belong to certain minority groups.

Appendix F: Disclaimers

Information gaps

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

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

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

Public dissemination

The 2024 CHNA report for Northwestern Medicine Delnor Hospital is available to the public at no charge and can be accessed in the following ways:

Online: nm.org/about-us/nm-community-impact/reports

Phone: 312.926.2301 (TTY: 711)

Email: communityhealth@nm.org

In person: Please visit the main customer service desk at:
Northwestern Medicine Delnor Hospital
300 Randall Road
Geneva, Illinois 60134

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Public comment

As of May 2024, Northwestern Medicine Delnor Hospital had not received comments from the public. Northwestern Medicine will continue to use its website as a tool to encourage public comments and ensure that these comments are considered in the development of future CHNAs.

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

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

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