



2022 Community Health Implementation Plan

Northwestern Medicine Central DuPage Hospital



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Introduction

About Northwestern Memorial HealthCare

Northwestern Memorial HealthCare (NMHC) is committed to providing quality medical care, regardless of a patient's ability to pay; transforming medical care through clinical innovation, breakthrough research and academic excellence; and improving the health of the communities we serve. NMHC is a not-for-profit, integrated academic health system committed to serving a broad community. NMHC provides world-class care at 11 hospitals, two medical groups, and more than 200 diagnostic and ambulatory locations in communities throughout Chicago and the surrounding suburbs. NMHC hospitals are pillars in their respective communities and lead efforts to positively impact the health of the populations they serve. From facilitating collaborations with community organizations to serving as major economic drivers, NMHC strengthens our communities.

About Northwestern Medicine Central DuPage Hospital

Northwestern Medicine Central DuPage Hospital (NMCDH) is an acute-care, 392-bed tertiary community hospital located in Winfield, Illinois. NMCDH has a deep, nearly 60-year history of caring for its community and providing quality health care to the residents of DuPage County and beyond. The hospital provides a full range of emergency, inpatient and outpatient services. NMCDH also serves as a regional destination for clinical services that include oncology, neurology, orthopaedics, pediatrics, behavioral health and cardiology, and offers the only proton therapy center in Illinois. Nearly 1,300 physicians are on the medical staff at NMCDH. In fiscal year 2020, NMCDH had more than 19,000 inpatient admissions, and its Emergency Department had nearly 65,000 visits. NMCDH joined the Northwestern Medicine Health System in 2014, connecting the residents of Chicago's western suburbs to specialty care across NMHC, including access to front-line clinical trials.

To best address the needs of our patients and community, NMCDH collaborates with trusted community-based organizations throughout DuPage County. Healthy communities are strong communities, and facilitating collaboration among organizations allows us to maximize a positive impact. We collaborate to identify and respond to priority health needs within our community and systematically reduce barriers to services. Together, we have developed important initiatives to promote healthy lifestyles and minimize risk factors for chronic disease in addition to providing access to care. NMCDH has a longstanding history of caring for our community, and we are committed to upholding our promise to meaningfully improve access to high-quality health care and implement targeted programs that address significant health needs of the community.

About the Community Health Implementation Plan

In alignment with our mission and in accordance with the requirements of the Patient Protection and Affordable Care Act, NMCDH works with community organizations every three years to complete a comprehensive Community Health Needs Assessment (CHNA) that identifies the significant health needs of residents of the community it serves. This Community Health Implementation Plan (Implementation Plan) is a companion document to the NMCDH 2021 CHNA, which can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment. The Implementation Plan uses CHNA data to guide new initiatives and enhance existing efforts that improve the health of our community.

In this Implementation Plan, NMCDH will respond to the significant health needs identified in its 2021 CHNA. NMCDH will explain which significant health needs it will prioritize over the next three years, as well as explain why it will not be addressing other identified significant health needs. For each priority health need, NMCDH will outline the actions, or strategies, planned to address the need; detail the anticipated impact of those strategies; outline the resources it intends to commit; and discuss planned collaborations between NMCDH and other organizations.

This Implementation Plan is aligned and coordinated with the Community Benefits Plan and ongoing operations at NMCDH and throughout NMHC. The strategies outlined in this document have been developed to specifically respond to the priority health needs identified in the NMCDH 2021 CHNA, and are supplementary to NMHC's comprehensive Financial Assistance and Presumptive Eligibility policies, as well as the vast research, education and other Community Benefit activities conducted across NMHC under our Community Benefits Plan. Together, these strategies help to improve the health of the communities we serve.

Community served by NMCDH

Defining the Community Service Area

To define the NMCDH Community Service Area (CSA), the following factors were considered: (1) geographic area served by NMCDH, (2) principal functions of NMCDH, (3) areas of high hardship (socioeconomic challenges related to education, housing, income, poverty, unemployment and dependents), (4) existing NM assets (NM-supported clinics and programs), (5) CSAs of other local hospitals, and (6) existing initiatives that address community needs.

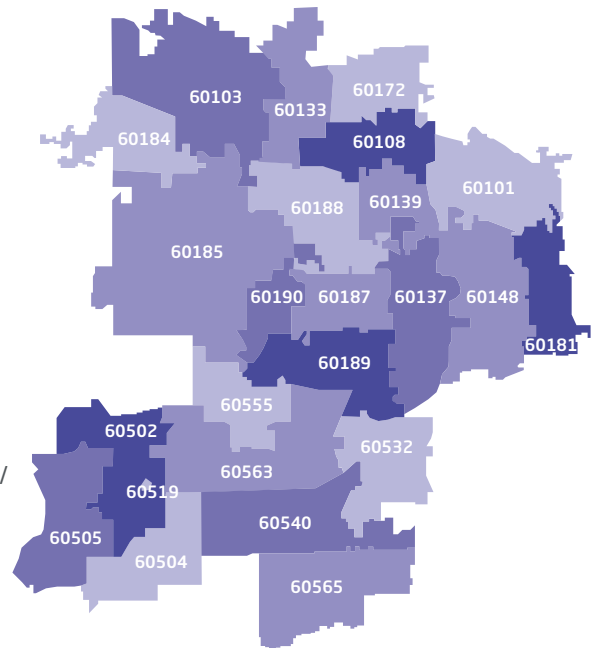
NMCDH Community Service Area

The NMCDH CSA is defined as DuPage County, Illinois, which is located about 30 miles west of Chicago. The geographical boundary of the hospital’s CSA is home to an estimated 931,743 residents. NMCDH provides comprehensive, acute, emergent and specialty care for various people across the life span, including but not limited to adults, children, women, seniors and people with disabilities. The NMCDH CSA includes medically underserved, low-income and minority populations with special consideration given to under-resourced communities. The ZIP codes that define the NMCDH CSA are noted below.

NMCDH CSA ZIP Codes

60101 Addison	60188 Carol Stream
60103 Bartlett/Streamwood	60189 Wheaton/Glen Ellyn
60108 Bloomingdale/Keeneyville	60190 Winfield
60133 Hanover Park	60502 Aurora/Eola
60137 Glen Ellyn/Lombard/ Glendale Heights	60504 Aurora
60139 Glendale Heights	60505 Aurora
60148 Lombard/York Center/ Butterfield	60519 Eola
60172 Roselle/Medinah/ Bloomingdale/Keeneyville	60532 Lisle
60181 Villa Park/Oakbrook Terrace/ Elmhurst	60540 Naperville
60184 Wayne	60555 Warrenville
60185 West Chicago/Lakewood	60563 Naperville/Aurora/ Warrenville/Lisle
60187 Wheaton	60565 Naperville/Bolingbrook/ Woodridge

NMCDH Community Service Area Map



Implementation Plan overview

The NMCDH 2021 CHNA was conducted in collaboration with Professional Research Consultants, Inc. (PRC). Together, we completed a comprehensive analysis of the collected data. This included soliciting input from target populations such as medically underserved, low-income and minority populations. Once the data analysis was complete, community representatives were formally engaged to participate in the NMCDH prioritization process. Key stakeholders were selected based on strong collaborative efforts to improve the health of the community, and their varied backgrounds provided diverse insight into prioritizing the identified health needs. These stakeholders used a structured process to inform prioritization, which included a review of guiding principles and CHNA data findings, as well as participation in robust conversations regarding community health needs for the NMCDH CSA.

Following the prioritization process, NMCDH applied a systematic approach to develop strategies to address the priority health needs. Working with the NMCDH Community Health Council, a multidisciplinary committee of internal stakeholders, the team identified actions, resources, anticipated impacts and planned collaborations to have the greatest possible effect. In developing these strategies, NMCDH was mindful of its own strengths and those of other organizations in our CSA. Identified strategies supplement and work in tandem with existing Community Benefit strategies and operations at NMCDH and NMHC.

This Implementation Plan will be reviewed annually during the three-year life span of the NMCDH 2021 CHNA and updated as needed to ensure viability and impact. NMCDH efforts will be communicated regularly to reporting agencies and our community.

Identified significant health needs

The following significant needs were identified through the NMCDH 2021 CHNA and represented areas to consider for prioritization and action.

Access to healthcare services

- Barriers to access
- Inconvenient office hours
- Appointment availability
- Finding a physician
- Difficulty accessing children's health care
- Eye examinations

Cancer

- Leading cause of death
- Cervical cancer screening (for those aged 21 - 65 years)

Coronavirus/COVID-19

Diabetes

- Blood sugar testing (for those without a diabetes diagnosis)
- Kidney disease prevalence

Heart disease and stroke

- Leading cause of death

Injury and violence

- Unintentional injury deaths
- Violent crime experience
- Intimate partner violence

Mental health

- Fair or poor mental health
- Stress

Nutrition, physical activity and weight

- Fruit and vegetable consumption
- Overweight and obesity (adults and children)
- Leisure-time physical activity
- Children's physical activity

Potentially disabling conditions

- Difficulty concentrating

Substance use disorders

- Excessive drinking
- Unintentional drug-related deaths
- Alcohol or drug issues

Tobacco use

- Environmental tobacco smoke exposure at home
- Use of vaping products

Significant health needs addressed by NMCDH

Through a systematic, data-driven approach, NMCDH has prioritized the following identified significant health needs to address over the next three years. These needs will be referred to as priority health needs throughout the remainder of this Implementation Plan.

1. Access to Healthcare Services
 2. Chronic Disease
 3. Mental Health and Substance Use Disorders
 4. Social Determinants of Health
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NMCDH worked collaboratively to develop strategies and identify resources, collaborations, and anticipated impact of these efforts.

Priority health needs addressed by NMCDH

Priority health need: Access to Healthcare Services

Introduction

Access to comprehensive, quality healthcare services is important for achieving optimal health and increasing quality of life. It affects overall physical, social and mental health status, including prevention of disease and disability, detection and treatment of health conditions, preventable death and life expectancy. Improving access to healthcare services and community resources depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and lower overall healthcare costs.

Health is also affected by access to and use of evidence-based preventive services and community resources. Clinical preventive services are services that prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention) or that detect a disease at an earlier and often more treatable stage (secondary prevention). In addition, identifying social determinants of health (SDOH), such as economic stability, housing, violence and food insecurity, is a critical step in linking individuals to resources that can address those needs, and as a result, improve health outcomes.

Healthcare access and quality can vary greatly between communities. The NMCDH CHNA showed 42.1% of DuPage County residents experienced difficulties or delays in receiving needed health care in the past year. Further, 11.1% of adults verbalized having skipped doses or stretched a needed prescription in the past year to save costs. The two most notable barriers to obtaining health care were reported as (1) finding a physician and (2) scheduling an appointment.

Access to health screenings is also an important factor for community health. Female breast cancer was the second leading cause of death in the NMCDH CSA, slightly lower than state and national trends. Among women residing in DuPage County, 76.0% of those aged 50 - 74 years had a breast cancer screening in 2021. This is slightly lower than the Healthy People 2030 target of 77.1% or higher. Offering access to free or reduced cost mammograms for people with limited resources or no insurance coverage will help increase screening rates.

Goal

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

Action	Anticipated Impact	Resources	Collaboration
<p>Community Engagement</p> <p>Support efforts that increase access to healthcare services and community resources by investing in resources and collaborating with community-based organizations.</p>	<p>Increase collaboration and knowledge sharing through workgroup participation to address access-to-care issues.</p> <p>Increase programs and initiatives focused on promoting access to care, especially with low-income and under-resourced communities.</p>	<p>NMCDH will provide staff time and educational resources.</p>	<p>Community agencies and organizations (to be determined)</p>
<p>Federally Qualified Health Center (FQHC) and Clinical Community Collaboration</p> <p>Align with the system-level approach to better serve the uninsured and underinsured populations through clinical community relationships.</p>	<p>Increase access to health care by investing in resources and collaborating with other community-based organizations.</p>	<p>NMCDH will provide operating and grant funding.</p>	<p>FQHCs Free clinics</p>
<p>Health Screenings</p> <p>Support efforts to increase access to health screenings by investing in resources and collaborating with community-based organizations such as the Why Wait program.</p>	<p>Increase timely screening options for people who do not have health insurance or cannot afford breast cancer screening.</p>	<p>NMCDH will promote the Why Wait program and coordinate with the NMCDH Breast Health Center.</p>	<p>Why Wait program Community agencies and organizations (to be determined)</p>
<p>Community Benefit Donations and Grants</p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address access to healthcare services.</p>	<p>Increase funding to programs that enhance or improve access to healthcare services.</p> <p>Foster collaboration with community-based organizations that align with the NM vision.</p>	<p>NMCDH will provide operating and grant funding.</p>	<p>Community agencies and organizations (to be determined)</p>

Priority health need: Chronic Disease

Introduction

Preventive care reduces the risk for diseases, disabilities and death. Unfortunately, millions of people in the United States do not get recommended preventive care. Access to these services, as well as awareness and education about their importance, are essential to ensuring more people receive them.

Lifestyle factors, such as having a healthy diet, maintaining a healthy weight, and getting regular exercise, also contribute to chronic disease prevention. Obesity is linked to a higher risk for diseases and conditions like high blood pressure, high cholesterol, diabetes, asthma, anxiety and depression. In addition, children with obesity are more likely to be bullied and to have obesity as adults (according to Health People 2030).

In the NMCDH CHNA, nutrition, physical activity and weight were identified as a moderate problem by 54.5% of key informants, or individuals who have a broad interest in the health of the community and can provide a comprehensive picture of community need. When surveyed, 31.1% of individuals in the NMCDH CSA reported being obese, and 22.0% of children aged 5 - 17 years in DuPage County are overweight. Only 28.5% of children aged 2 - 17 in DuPage County are physically active for one or more hours per day, compared to the U.S. average of 33.0%. In addition, heart disease and stroke were identified as the leading causes of death in DuPage County, and 10.5% of DuPage County residents have been diagnosed with diabetes.

Goal

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

Action	Anticipated Impact	Resources	Collaboration
<p>Health Screenings</p> <p>Provide no-cost biometric screenings and educational sessions to the community.</p> <p>Provide no-cost blood pressure screenings and education about cardiovascular disease.</p> <p>Offer strategies to help people eat healthier, maintain a healthy weight and increase physical activity</p>	<p>Increase the number of adults who get checked for the following: total cholesterol, HDL, LDL, triglycerides, glucose, blood pressure, body mass index (BMI), height, weight and waist circumference.</p> <p>Increase knowledge of cardiovascular disease.</p> <p>Provide access to strategies that help lower and control blood pressure.</p>	<p>NMCDH will provide staff, health education tools and materials for screening and education.</p>	<p>Community agencies and organizations (to be determined)</p>
<p>Community Health and Wellness Programming</p> <p>Promote health and reduce chronic disease through prevention, detection and addressing risk factors.</p> <p>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.</p>	<p>Increase community health and wellness programs that address chronic disease prevention.</p> <p>Increase physical activity and nutrition among early childhood students and their families.</p> <p>Improve knowledge of (1) signs and symptoms, (2) prevention and management, and (3) level of knowledge before and after the programs.</p> <p>Increase referrals to tobacco cessation resources..</p>	<p>NMCDH will provide staff, health education tools and materials for program education.</p>	<p>Community agencies and organizations (to be determined)</p>
<p>Community Benefit Donations and Grants</p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address chronic disease.</p>	<p>Increase funding to programs that enhance and promote health to reduce chronic disease.</p> <p>Increase collaboration with community organizations that align with the NM vision.</p>	<p>NMCDH will provide operating and grant funding.</p>	<p>Community agencies and organizations (to be determined)</p>

Priority health need: Mental Health and Substance Use Disorders

Introduction

Mental health disorders affect people of all ages and racial and ethnic groups, but some populations are disproportionately affected. Estimates suggest that only half of all people with mental health disorders get the treatment they need (according to Healthy People 2030).

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use – especially in adolescents – and helping people get treatment can reduce drug and alcohol misuse, related health problems, and deaths (according to Healthy People 2030).

The NMCDH CHNA indicated that 59.1% of key informants perceived mental health as a major problem in DuPage County, and 16% of DuPage County residents described their mental health as fair or poor, which was higher than national rates.

In addition, 20.1% of respondents described having been diagnosed with a depressive disorder, which is higher than state data. In communities with higher proportions of population from racial and ethnic minority groups, 31.3% of survey respondents reported symptoms of chronic depression. Among low-income survey respondents, 23.3% reported that they were unable to get mental health services when needed in the past year.

Goal

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

Action	Anticipated Impact	Resources	Collaboration
<p>Community Engagement</p> <p>Support mental health efforts by collaborating with community-based organizations.</p>	<p>Increase collaboration and knowledge sharing through workgroup participation to address mental health and substance use disorders.</p>	<p>NMCDH will provide staff time and educational resources.</p>	<p>Community agencies and organizations (to be determined)</p>
<p>Mental Health Training and Education</p> <p>Educate the community on how to identify, understand and respond to the signs of mental illnesses and substance use disorders.</p> <p>Increase awareness of negative attitudes and beliefs around mental health.</p>	<p>Increase the number of Mental Health First Aid sessions available in the community.</p> <p>Increase the number of people trained in Mental Health First Aid.</p> <p>Increase awareness of related resources.</p> <p>Decrease stigma.</p>	<p>NMCDH will provide staff, health education tools and program materials.</p>	<p>Mental Health First Aid</p> <p>Community agencies and organizations (to be determined)</p>
<p>Community Benefit Donations and Grants</p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address mental health and substance use disorders.</p>	<p>Increase funding to programs that enhance and improve mental health and address substance use disorders.</p> <p>Increase collaboration with community organizations that align with the NM vision.</p>	<p>NMCDH will provide operating and grant funding.</p>	<p>Community agencies and organizations (to be determined)</p>

Priority health need: Social Determinants of Health

Introduction

In the United States, 1 in 10 people live in poverty, and many people cannot afford things like healthy foods, health care and housing. Employment programs, career counseling and high-quality child care opportunities can help more people find and keep jobs. In addition, policies to help people pay for food, housing, health care and education can reduce poverty and improve health and well-being (according to Healthy People 2030).

The NMCDH CHNA indicated that 6.8% of people in DuPage County live below the poverty level. Unfortunately, 8.7% of those individuals are children. Community survey respondents reported how often they have had to worry or stress over paying rent or mortgage in the past year, and results showed that 18.5% of individuals reported sometimes, 5.1% reported usually and 7% reported always. Further, 23.2% of people with low incomes reported living in unhealthy or unsafe living conditions in the past year, and 49.7% of low-income families reported concerns related to insufficient food or food not lasting until the next paycheck.

Goal

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

Action	Anticipated Impact	Resources	Collaboration
<p>Community Benefit Donations and Grants</p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address SDOH.</p>	<p>Increase funding to programs that enhance and increase access to resources that address SDOH.</p> <p>Foster collaborations with community-based organizations that align with the NM vision.</p>	<p>NMCDH will provide operating and grant funding.</p>	<p>Community agencies and organizations (to be determined)</p>

Significant health needs not addressed by NMCDH

NMCDH has determined that it will not create strategies to specifically address certain significant health needs over the next three years. Although these needs were not identified as priority health needs, many are addressed through the comprehensive services and Community Benefit operations at NMCDH and throughout NMHC. Specific reasons for not addressing these needs are outlined below.

Identified Health Need	Rationale for not addressing them
Cancer	Although not individually called out as a priority, this need is being addressed through the Chronic Disease strategy.
Coronavirus/COVID-19	This need is addressed through the NMCDH care delivery system.
Diabetes	Although not individually called out as a priority, this need is being addressed through the Chronic Disease strategy.
Heart disease and stroke	Although not individually called out as a priority, this need is being addressed through the Chronic Disease strategy.
Injury and violence	This need is better addressed through external community agencies who provide services to address it.
Nutrition, physical activity and weight	Although not individually called out as a priority, this need is being addressed through the Chronic Disease strategy.
Potentially disabling conditions	This need is better addressed through external community agencies who provide services to address them.
Tobacco use	Although not individually called out as a priority, this need is being addressed through the Chronic Disease strategy.

Implementation Plan adoption

The adoption of the Implementation Plan was authorized through a board resolution at the July 13, 2021, meeting of the Northwestern Medicine West Region Board of Directors.

The NMCDH 2022 Community Health Implementation Plan was reviewed and adopted by the president of Northwestern Medicine Central DuPage Hospital on January 14, 2022.

Feedback

The community is encouraged to provide feedback on this Implementation Plan and all NMHC Community Health Needs Assessment documents by calling 312.926.2301 (TTY: 711) or emailing communityhealth@nm.org. Please include your name, organization (if applicable) and any questions or feedback you have about the report content.

Public availability

This Implementation Plan and all NMHC Community Health Needs Assessment documents are public information and can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment.

Reports can also be requested, at no cost, by calling 312.926.2301 or by emailing communityhealth@nm.org.

Please contact the NM Community Affairs Department with any questions by calling 312.926.2301 (TTY: 711) or emailing communityhealth@nm.org.



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