



# **2019 Community Health Needs Assessment Implementation Strategy**

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**Palos Community Hospital**

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# **Community Health Needs Assessment**

## About Palos Community Hospital

In the fall of 2018, Palos Community Hospital embarked on a comprehensive Community Health Needs Assessment (CHNA) process to identify and address the key health issues for our community.

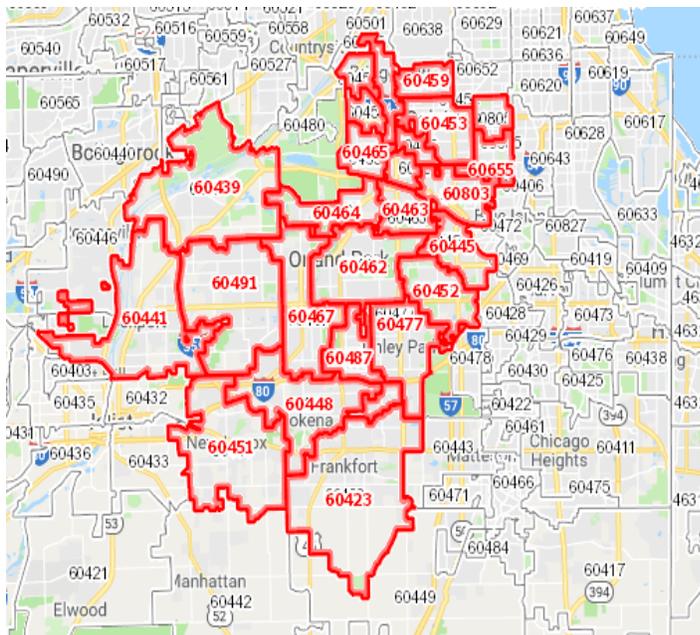
Palos Community Hospital is an acute care community hospital that serves Chicago's southwest suburbs, including southwestern Cook County and northeastern sections of Will County in Illinois. Guided by the traditions and principles of quality, respect and trust, our philosophy urges us to treat people the way we would want our families and friends to be treated. Palos Community Hospital strives to help people get well and stay healthy.

Hospital facts and figures:

- 425 licensed beds
- 2,889 employees; 612 volunteers
- 2018 Discharges – 19,997
- 2018 Patient Days – 88,636
- 2018 Births - 575
- 2018 Emergency Department Visits – 62,564
- 2018 Immediate Care Center Visits – 16,918
- 2018 Inpatient Surgical Procedures – 4,204
- 2018 Same Day Surgical Procedures – 5,097

Palos Community Hospital completed its last Community Health Needs Assessment in 2015.

## The Community We Serve



The study area for the survey effort (referred to as the “Palos Community Hospital Service Area” in this report, or “PCH Service Area”) is comprised of 25 residential ZIP Codes based on patient origination. This area definition is illustrated in the following map. While this survey captured data from the majority of the Palos service area, Will County was not included in this research.

## Demographics of the Community

The total population in the area served by Palos Community Hospital is 629,000, and the population has grown by approximately 57,000 between 2000 and 2016. The largest cities in the area are Orland Park, Oak Lawn, and Tinley Park.

Overall, 23% of the residents are under 18, while 15% are over the age of 65. Figures 2 and 3 show the proportion of children and older adults by municipality. Across the Palos Community Hospital service area, there are approximately 2,500 grandparents raising grandchildren.

Figure 2. Children and Youth: Percentage of population under 18, 2016

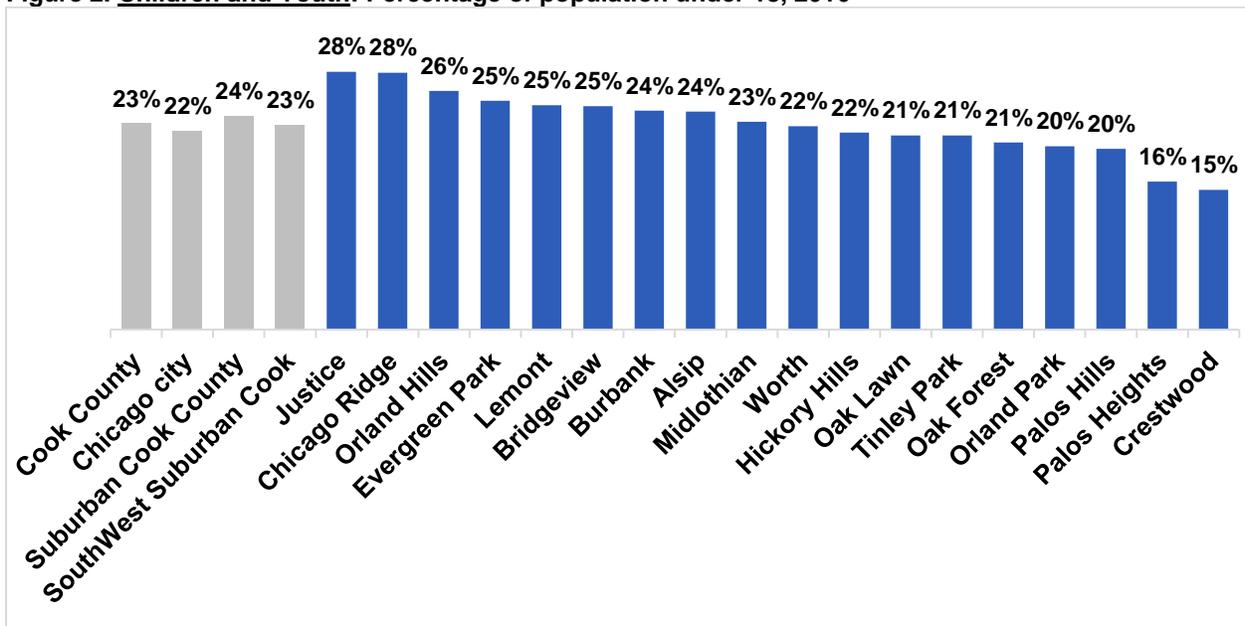
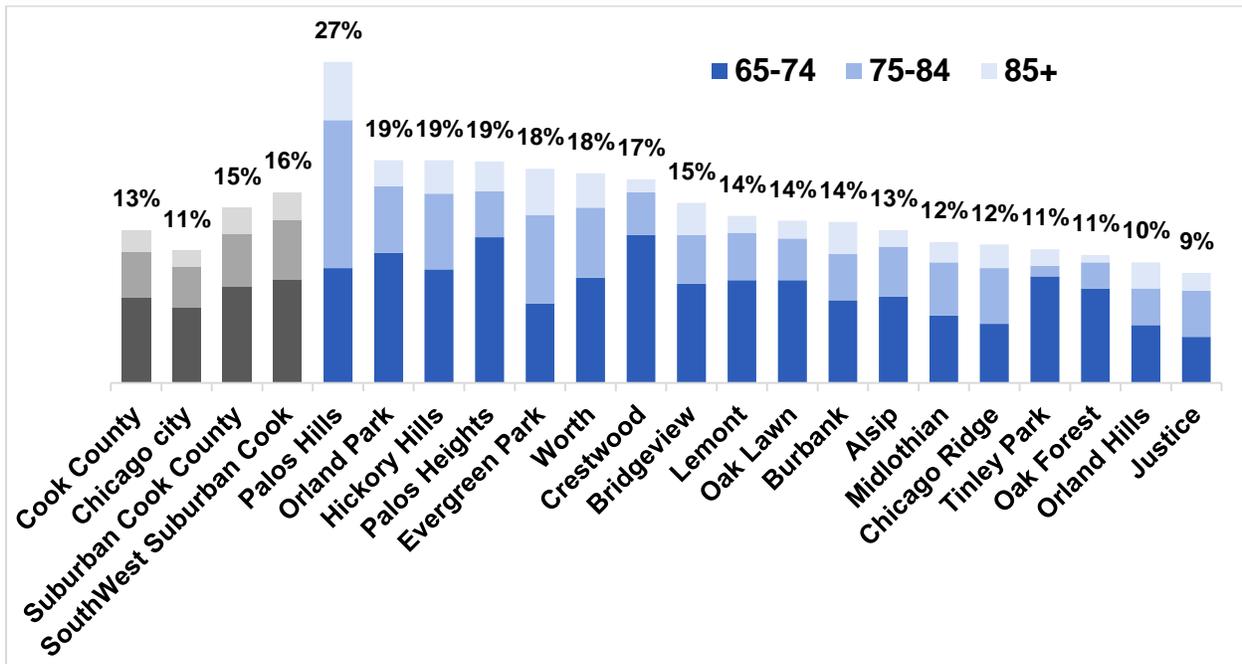
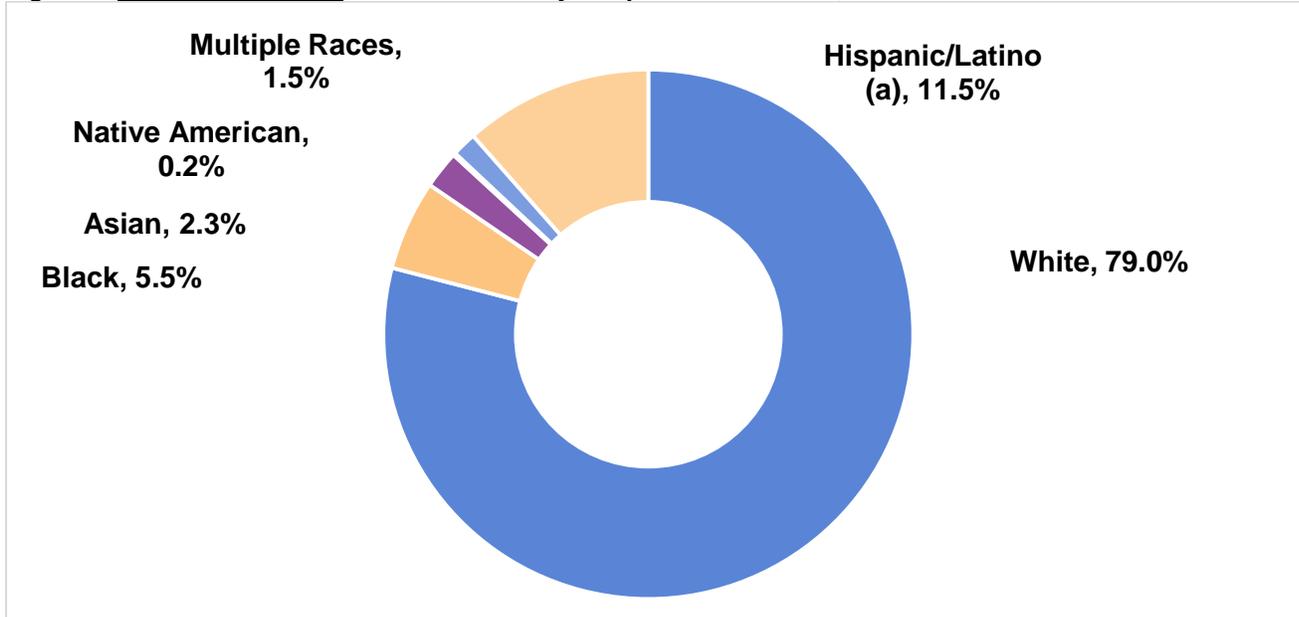


Figure 3. **Older Adults:** Percentage of population over 65, 2016



Data Source: US Census Bureau: American Community Survey, 2012-2016.

Figure 4. **Race and Ethnicity:** Palos Community Hospital Service Area, 2016



Data Source: US Census Bureau: American Community Survey, 2012-2016.

The communities served by Palos Community Hospital are predominantly non-Hispanic white (79%), with 11.5% of the population identifying as Hispanic/Latino(a), 5.5% black, and 2.3% Asian. Latino and Arab American communities are growing substantially in the area, and 18% of children under 18 are Hispanic/Latino(a).

Subject	Number	Percent
Nonfamily households [7]	64,344	28.3%
Householder living alone	55,171	24.2%
Male	22,554	9.9%
65 years and over	5,872	2.6%
Female	32,617	14.3%
65 years and over	17,405	7.6%
Households with individuals under 18 years	77,867	34.2%
Households with individuals 65 years and over	61,395	27.0%
Average household size (median)	2.72	—
Average family size (median)	3.26	—
<b>HOUSING OCCUPANCY</b>		
Total housing units	<b>238,324</b>	<b>100.0%</b>
Occupied housing units	227,679	95.5%
Vacant housing units	10,645	4.5%
For rent	3,111	1.3%
Rented, not occupied	184	0.1%
For sale only	3,470	1.5%
Sold, not occupied	531	0.2%
For seasonal, recreational, or occasional use	648	0.3%
All other vacants	2,701	1.1%
Homeowner vacancy rate (percent) (median)	1.9	—
Rental vacancy rate (percent) (median)	7.3	—
<b>HOUSING TENURE</b>		
Occupied housing units	<b>227,679</b>	<b>100.0%</b>
Owner-occupied housing units	189,037	83.0%
Population in owner-occupied housing units	524,415	—
Average household size of owner-occupied units (median)	2.78	—
Renter-occupied housing units	38,642	17.0%
Population in renter-occupied housing units	90,285	—
Average household size of renter-occupied units (median)	2.32	—

## Area Health Care Resources

Palos Community Hospital recognizes there are many health care related resources available to serve the health needs of community members.

The following represent potential resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive but serves as a starting point for services available.

Access Blue Island Family Health Center	Oak Forest Health Center of Cook County
Alcoholics Anonymous	Orland Park Substance Abuse Forum
American Cancer Association	Orland Township Health Services
American Heart Association	Palos Medical Group
American Lung Association	Palos Township Health Services
BEDS Plus	PLOWS
Cancer Support Center	The Bridge Teen Center, Orland Park
Crisis Center for South Suburbia	The Center, Palos Park
Emotions Anonymous	TASC
Families Anonymous	Together We Cope
Illinois Department of Children and Family Services	

## Collaboration

The Affordable Care and Patient Protection Act (ACA) has allowed millions of individuals and families in the United States to gain health care coverage. In addition, it has accelerated the health care system's shift from a focus on clinical approaches to treating disease to a more comprehensive focus on overall wellness and prevention. To further encourage this shift, the ACA requires non-profit hospitals to conduct a comprehensive Community Health Needs Assessment (CHNA), identify community health priorities, and develop implementation strategies to address priority health needs every three years.

### **Federal rules for CHNA allow for and encourage collaborative assessment, planning, and implementation. Palos Community Hospital is part of a collaborative Community Health Needs**

This CHNA was conducted to meet federal requirements and guidelines, including:

- clearly defining a community served by the hospital, and ensuring that defined community does not exclude low-income or vulnerable communities in proximity to the hospital;
- a clear description of the CHNA process and methods; community health needs; collaboration, including with public health experts; and a description of existing facilities and resources in the community;
- reporting on implementation activities from the previous CHNA;
- input from persons representing the broad needs of the community;
- opportunity for community comment on the CHNA and health needs in the community;
- posting the CHNA and making it available to the public;

### **Assessment (CHNA) being conducted through a membership collaborative called the Alliance for Health Equity.**

The Alliance for Health Equity includes 35 hospitals (33 nonprofit and two public), six local health departments, and approximately 100 regional and community-based partners working together on assessment, planning and implementation across Cook County, Illinois. The Illinois Public Health Institute (IPHI) serves as the backbone organization that convenes and facilitates the Alliance for Health Equity.

Cook County is the second most populous county in the United States. Most of the priority health issues faced by communities in Cook County are long-standing and driven by complex historical inequities. Due to the scope and complexity of health needs within the county, non-profit hospitals in Chicago and Suburban Cook County partnered to create the Health Impact Collaborative of Cook County in 2015. In partnership with local health departments and community-based organizations, the collaborative completed a county-wide CHNA in 2016. This unprecedented partnership effort enabled the organizations involved to align their efforts, efficiently share resources, foster collaboration with communities, and achieve more effective and sustainable community health improvement. In June 2017, the Health Impact Collaborative of Cook County merged with the Healthy Chicago Hospital Collaborative to form the Alliance for Health Equity. Palos Community Hospital joined the Alliance for Health Equity in 2017 and has been an active participant in planning and carrying out the collaborative CHNA.

The 2015-2016 collaborative CHNA process focused on gaining an overall understanding of community health, health inequities, priority populations, and community assets. The 2018-2019 assessment continued cross-sector collaborations to provide an overall understanding of community health status. In addition, the current CHNA focused on creating a deeper understanding of community health needs within the Alliance focus areas and further developing strategies that directly address those needs.

The 2016 CHNA findings allowed Alliance for Health Equity partners to identify four overarching implementation focus areas for improving community health: addressing the social, structural, and economic determinants of

health; improving mental health and reducing substance use disorders; increasing access to care and community resources; and chronic disease prevention.

During the process of implementation, Alliance partners determined that improving access to care and chronic disease prevention were cross-cutting priorities that should be integrated into the work of all workgroups and committees along with several additional cross-cutting priorities including: structural racism and inequities; trauma-informed services; systems to screen, refer, and connect to care, capacity building, and youth development (Figure 5).

**Figure 5. Alliance for Health Equity – Interconnected Community Health Priorities**



**These broad priorities that developed out of the Alliance for Health Equity 2015-2016 CHNA are very similar to the priority needs from Palos Community Hospital’s 2015 CHNA—Access to Health Services; Cancer; Diabetes; Stroke, Heart Disease & Respiratory; and Mental Health & Substance Abuse. As a result, it has been smooth transition for Palos Community Hospital to join the Alliance for Health Equity collaborative CHNA process.**

## Alliance for Health Equity Structure

The Alliance for Health Equity is comprised of a steering committee and several workgroups and committees working on implementation strategies in different priority areas (Figure 6). A steering committee comprised of hospital and health department representatives provides oversight and guidance for the Alliance and ensures that all activities align with its purpose, vision, and values. Data and policy committees assist other workgroups with projects as needed and develop methods for information sharing and alignment of policy agendas. A CHNA committee provides oversight and assistance with the development of assessments and implementation plans. The Alliance for Health Equity partners with the Illinois Adverse Childhood Experiences (ACEs) Response Collaborative led by Health and Medicine Policy Research Group to develop strategies for integrating trauma-informed practices into healthcare, public health, and community-based organizations and projects.

**Figure 6. Alliance for Health Equity Structure**



## Community Engagement

A core tenet of the Alliance for Health Equity approach to assessing and addressing community health needs is engagement of community members and stakeholders in all phases and aspects of the process. Community partners have been involved in the assessment and ongoing implementation process in several ways, both in providing community input and in decision making processes.

Methods of community engagement include:

- representation on the steering committee;
- participation in implementation committees and workgroups;
- hospital and health department community advisory groups; and
- collection of community input through surveys and focus groups

The types of community-based organizations engaged in the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing services, food security, community safety, planning, community development, immigrant rights, primary and secondary education, faith communities, behavioral health services, advocacy, policy, transportation, older adult services, healthcare services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, older adults, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, unemployed youth and adults, and priority populations.

## CHNA Methodology

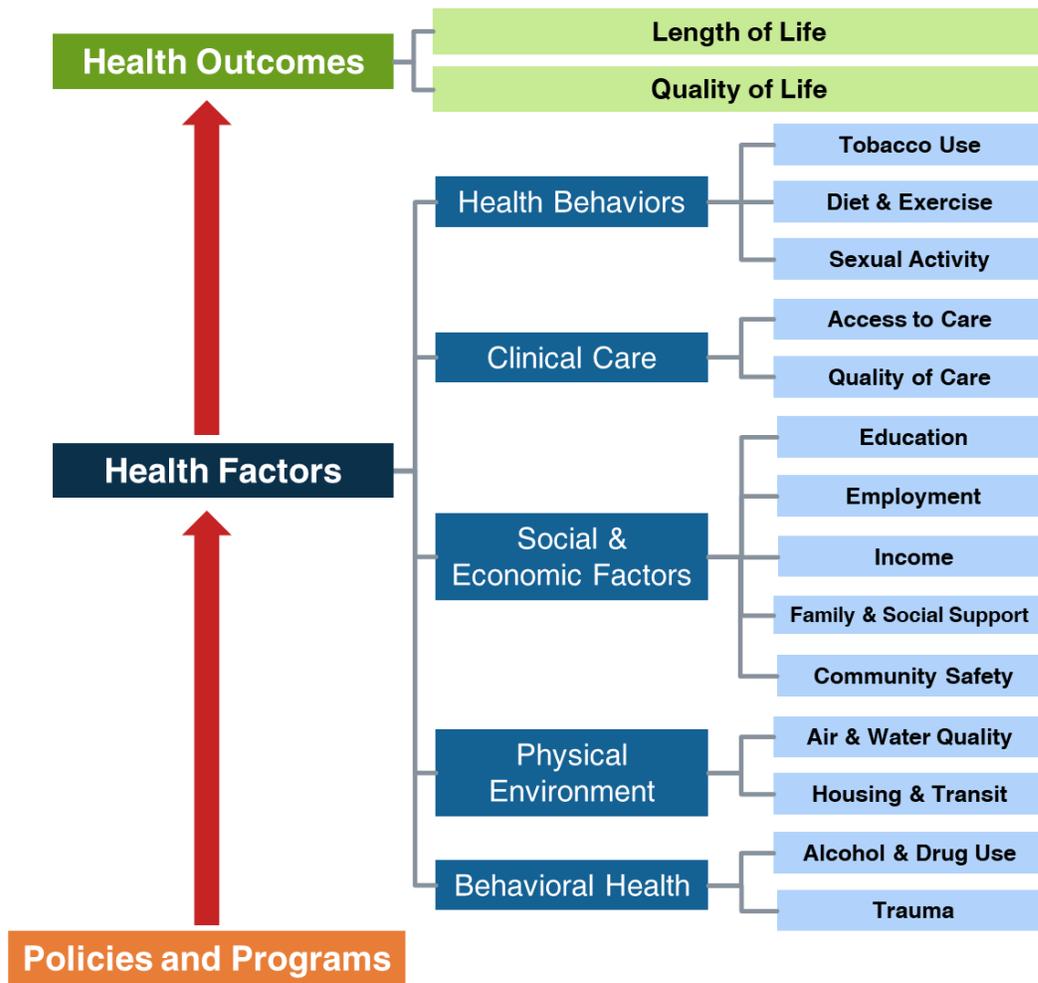
The Alliance for Health Equity began the collaborative CHNA in March 2018, and the final county-wide report will be published in Spring 2019. Given that Palos Community Hospital must post a CHNA by December 2018, Alliance for Health Equity staff and epidemiologists at the Cook County Department of Public Health have worked with Palos Community Hospital and local community partners in Southwest Cook County to complete the CHNA for the communities served by Palos Community Hospital in 2018.

The Alliance for Health Equity CHNA includes secondary data for approximately 135 health indicators collected and collated by the Chicago Department of Public Health and Cook County Department of Public Health. The data were collected for approximately 125 Suburban Cook County municipalities and 77 Chicago community areas. The data provide a comprehensive overview of the health status of communities in Cook County. The County Health Rankings and Roadmaps framework (Figure 8) provides the foundation for selecting indicators for the CHNA. In addition to the secondary data provided by health departments and primary data gathered from community input, findings from several external assessments and projects were integrated into this report as well.

Primary data was collected through community input surveys and community resident focus groups. Between October and November 2018, approximately 4,000 community input surveys were collected from individuals 18 or older living in Cook County, including over 250 in the Palos Community Hospital service area. The surveys asked respondents about health status of their communities and priority health needs. (Survey findings for the Palos Community Hospital service area are presented below on page 11.) Survey collection efforts were concentrated in communities and populations that are typically underrepresented in assessment processes.

Between August and November 2018, a total of 50 focus groups and community meetings were conducted throughout Chicago and suburban Cook County as part of the CHNA process. Twenty-five focus groups were conducted throughout the county with underrepresented priority populations such as veterans, individuals living with mental illness, communities of color, older adults, caregivers, teens and young adults, LGBTQ community members, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma. In addition, the Alliance for Health Equity partnered with a regional hospital collaborative called West Side United to conduct an additional 25 “learning map” focus groups on the West Side of Chicago with the same priority populations. Focus group questions asked participants about the health issues that they see in their communities and specific strategies for addressing those health needs.

Figure 8. Adapted County Health Rankings and Roadmaps Model



Modified from County Health Rankings and Roadmaps Model, 2014, <http://www.countyhealthrankings.org>

## **Social, Economic, and Structural Determinants of Health**

Household poverty rates range from 3% to 23% of households in the communities served by Palos Community Hospital. Three of the cities served by Palos Community Hospital have over 25% of children living in poverty – Bridgeview, Chicago Ridge, and Hickory Hills. Over 10% of older adults are living in poverty in Justice, Crestwood, and Bridgeview. There are also large disparities in per capita income. Per capita income in Palos Heights (\$43,635) is 2.2 times per capita income in Chicago Ridge (\$19,438).

## **Project Assistance**

This assessment was conducted by Illinois Public Health Institute (IPHI). The IPHI mobilizes stakeholders, catalyzes partnerships, and leads action to promote prevention and improve public health systems in order to maximize health, health equity and quality of life for the people of Illinois.

## **Vulnerable Populations**

The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups.

## **Information Gaps**

While this Community Health Needs Assessment is quite comprehensive, Palos Community Hospital and IPHI recognize that it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender/queer residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

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

## **Public Dissemination**

This Community Health Needs Assessment is available for download at the following URL:

<https://www.paloshealth.com/about-us/>

Palos Community Hospital will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document is available for download. Palos Community Hospital will also maintain at its facilities a hardcopy of the CHNA report that may be viewed by any who request it.

# **Health Needs of the Community**

## Health Needs of the Community Details

In the Palos Community Hospital service area, 252 community residents responded to the survey (250 English and 2 Spanish). Of the 234 respondents who answered the demographic questions, 53 percent reported being 65 and older, 30 percent 45-64, and 17 percent 18-44. Three-quarters of respondents identified as female. The majority of respondents (73 percent) identified their race/ethnicity as white, 10 percent of respondents identified as African American/black and 8 percent Hispanic/Latino(a).

Participants were asked to identify the three most important health problems in their community. The top 10 mentioned (ranked in order from top to bottom).

- Age-related illness
- Mental health
- Cancers
- Heart disease and stroke
- Diabetes
- Substance Use
- Obesity
- Dental problems
- Lung disease
- Motor vehicle crash injuries

Participants were asked to identify the three most important things necessary for a healthy community. The top 10 mentioned (ranked in order from top to bottom):

- Access to health care and mental health services
- Safety and low crime
- Access to community services
- Access to healthy food
- Good schools
- Strong family life
- Affordable housing
- Access to transportation
- Religion or spirituality

## Identification of Health Needs

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

## Prioritization of Health Needs

Palos Community Hospital leadership met to review the results of the CHNA, to evaluate, discuss and prioritize health issues for the hospital's community, based on findings of the 2018 Community Health Needs Assessment (CHNA). After review of the findings and areas of opportunity that were presented through the CHNA data.

The committee used the following criteria when prioritizing health issues:

**Magnitude.** The number of persons impacted in the service area, also taking into account variance from benchmark data.

**Scope/Severity.** The level to which the issue affects or exacerbates other quality of life and health-related issues.

**Ability to impact.** The ability to impact the issue, given available resources.

**Risk of Inaction.** The risk presenting if the issues are not addressed as early as possible.

# **Implementation Strategy**

## Implementation Strategy Adoption

This summary outlines Palos Community Hospital's plan (Implementation Strategy) to address our community's health needs by 1) sustaining efforts operating within a targeted health priority area; 2) developing new programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and within the public itself.

On April 10, 2019, the Palos Community Hospital Board of Directors approved this Implementation Strategy to undertake the outlined measures to meet the health needs of the community.

## Priority Health Issues to be Addressed

In consideration of the top health priorities identified through the CHNA process — and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined that Palos Community Hospital would focus on developing and/or supporting strategies and initiatives to improve

- Access to Health Care Services
- Mental Health & Substance Abuse
- Chronic Disease
- Transportation and Housing

The following displays outline Palos Community Hospital’s plans to address those priority health issues chosen for action in the FY2019-FY2021 period.

Access to Health Services	
<b>Community Partners/ Planned Collaboration</b>	<ul style="list-style-type: none"> <li>▪ <i>Palos Medical Group</i></li> <li>▪ <i>Loyola Medicine</i></li> <li>▪ <i>Chicago Health Colleagues</i></li> <li>▪ <i>Community-based organizations offering health and wellness services</i></li> </ul>
<b>Goal</b>	<i>Improve the availability and access to primary and specialty health care services to residents of the service area and provide outreach and support to efforts focused on encouraging healthy behaviors and management of chronic disease through care coordination.</i>
<b>Timeframe</b>	<i>FY2019-FY2021</i>
<b>Strategies &amp; Objectives</b>	<ul style="list-style-type: none"> <li>▪ <i>Continue to grow the Palos Medical Group in terms of number of providers and locations including primary care and specialties, while improving efficiencies to reduce wait times for appointments.</i></li> <li>▪ <i>Inform patients during the scheduling process about availability of exams at the free-standing Imaging Center to offering patients a lower-cost option.</i></li> <li>▪ <i>Introduce a cardiac diagnostics at the free standing Imaging Center to offer new lower cost options to patients.</i></li> <li>▪ <i>Collaborate through the clinical affiliation with Loyola to assure the availability of specialists and specialty programs in the local community.</i></li> <li>▪ <i>Encourage use of Palos My Chart to facilitate access to relevant patient specific clinical information to promote continuity and efficiency in the delivery of care.</i></li> <li>▪ <i>Expand care coordination efforts to manage patient acuity and deploy resources intended to provide support to patients in dealing with disease and reduce acute episodic treatment.</i></li> <li>▪ <i>Improve relations with area skilled-nursing facilities to enhance continuity of patient care.</i></li> <li>▪ <i>Explore alternative delivery models and provide new options to</i></li> </ul>

*reduce costs to patients*

- *Use clinically integrated network to improve the coordination of care between the hospital and physicians.*

## **Mental Health & Substance Use Issues**

### **Community Partners/ Planned Collaboration**

- *Palos Medical Group*
- *Cook County Circuit Court 5th Judicial District, TASC*
- *Community Based Support Groups*

### **Goal**

*To serve as a resource and provide a complement of inpatient, outpatient and supportive services focused on the treatment and recovery of mental illness and substance use in collaboration with community based programs and initiatives.*

### **Timeframe**

*FY2019-FY2021*

### **Strategies & Objectives**

- *Provide a broad range of outpatient services including partial hospitalization, intensive outpatient programming and counseling.*
- *Assure the availability of mental health providers including psychiatrists to meet the growing demand for services.*
- *Provide free community based seminars on issues impacting mental health and substance abuse*
- *Improve awareness of mental health and substance abuse and address issues related to stigma.*
- *Develop stronger relationships with referring agencies such as PLOWS and Crisis Center for South Suburbia*
- *Expand support group offerings to increase options for family members with loved ones facing mental health or substance use issues*

**Chronic Disease – Heart Disease, Stroke, Diabetes, Cancer – Prevention Initiatives related to Food and Nutrition**

<b>Community Partners/ Planned Collaboration</b>	<ul style="list-style-type: none"> <li>▪ <i>Loyola Medicine</i></li> <li>▪ <i>American Cancer Society</i></li> <li>▪ <i>American Heart Association</i></li> <li>▪ <i>PLOWS</i></li> <li>▪ <i>Orland Township</i></li> <li>▪ <i>Palos Township</i></li> <li>▪ <i>BEDS Plus</i></li> </ul>
<b>Goal</b>	<i>To serve as an educational resource regarding the importance of food and nutrition as it relates to prevention and the management of chronic disease.</i>
<b>Timeframe</b>	<i>FY2019-FY2021</i>
<b>Strategies &amp; Objectives</b>	<ul style="list-style-type: none"> <li>• <i>Enhance care coordination program to help patients manage their condition through appointments and resources available.</i></li> <li>• <i>Improve relationship with area food pantries to educate clients about how nutrition impacts long-term health.</i></li> <li>• <i>Work with area homeless shelter to provide nutritious meals.</i></li> <li>• <i>Review opportunity for growth of Palos Hospital's Home Delivered Meal</i></li> </ul>

**Transportation and Housing**

<b>Community Partners/ Planned Collaboration</b>	<ul style="list-style-type: none"> <li>▪ <i>Palos Medical Group</i></li> <li>▪ <i>Trace Ambulance</i></li> </ul>
<b>Goal</b>	<i>To develop new avenues in delivering care to patients to address issues related to transportation</i>
<b>Timeframe</b>	<i>FY2019-FY2021</i>
<b>Strategies &amp; Objectives</b>	<ul style="list-style-type: none"> <li>• <i>Grow community-based medicine to address the health care needs of homebound patients</i></li> <li>• <i>Launch pilot discounted transportation program for rehabilitation therapy patients</i></li> </ul>

## Health Issues That Will Not Be Addressed and Why

In acknowledging the wide range of priority health issues that emerged from the CHNA process, Palos Community Hospital determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence.

Health Priorities Not Chosen for Action	Reason
<b>Age-related Illness</b>	<p><i>As an acute care hospital, it is Palos' role to provide medical services for all patients who present for care. Many age-related illnesses are chronic. Palos is focusing on food and nutrition and the relationship to chronic disease. Palos offers a class that focuses on balance to help prevent falls in the aging populations. Palos works with PLOWS to develop programming related to age-related illness.</i></p> <p><i>Palos has limited resources to address all health care and social needs of the population. Other community organizations and resources are available and have programs and infrastructures in place to better meet this need.</i></p>
<b>Cancers</b>	<p><i>Palos offers an array of programs and services related to cancer prevention, diagnosis and treatment. The academic affiliation with Loyola Medicine and the presence of a cancer center on the Palos Health South Campus has improved patient access to quaternary level of cancer care in the community.</i></p>
<b>Lung Disease/Tobacco Use</b>	<p><i>Palos offers access to smoking cessation information and education and incorporates smoking cessation information in inpatient and outpatient settings. Therefore, it was determined that a separate set of initiatives for lung health/tobacco use is not necessary.</i></p>
<b>Motor Vehicle Crash Injuries</b>	<p><i>Data for the Palos service area did not indicate a higher than expected percentage of persons at risk for motor vehicle crash injuries. Palos has limited resources to address all health care and social needs of the population.</i></p>

**Oral Health**

*Palos has limited resources, services and expertise to address oral health issues including dental visits for adults. There are significant resources available to the community to provide dental services*