



# 2022 Community Health Implementation Plan

Northwestern Medicine Valley West 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 Valley West Hospital**

Northwestern Medicine Valley West Hospital (NMVWH) is a critical-access, 25-bed hospital in Sandwich, Illinois, that has served the Fox Valley community for more than 70 years. Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare & Medicaid Services (CMS). As a Critical Access Hospital in a service area that encompasses parts of DeKalb County, with its federally designated Medically Underserved Areas, NMVWH provides essential services to its rural community. NMVWH provides a seamless pathway from critical access to specialty care across the health system, greatly expanding access to care in its rural community. More than 150 physicians are on NMVWH's medical staff, representing a wide range of specialties. In fiscal year 2020, NMVWH had approximately 700 inpatient admissions and more than 7,300 Emergency Department visits.

To best address the needs of our patients and community, NMVWH collaborates with trusted community-based organizations throughout DeKalb 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 patient care 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. NMVWH 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 the 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, NMVWH 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 NMVWH 2021 CHNA, which can be accessed at [nm.org/about-us/community-initiatives/community-health-needs-assessment](https://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, NMVWH responds to the significant health needs identified in its 2021 CHNA. NMVWH explains 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, NMVWH 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 to those strategies; and discuss planned collaborations between NMVWH and other organizations.

This Implementation Plan is aligned and coordinated with the Community Benefits Plan and ongoing operations at NMVWH and throughout NMHC. The strategies outlined in this document have been developed to specifically respond to the priority health needs identified in the NMVWH 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 NMVWH

## Defining the Community Service Area

To define the NMVWH Community Service Area (CSA), the following factors were considered: (1) geographic area served by NMVWH, (2) principal functions of NMVWH, (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.

## NMVWH Community Service Area

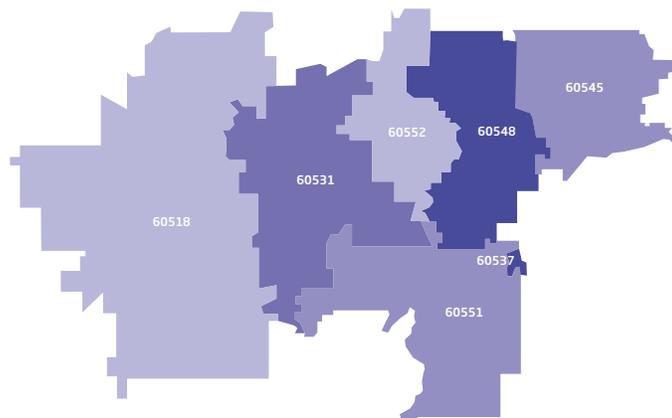
The NMVWH CSA is located about 60 miles west of Chicago at the convergence of DeKalb, Kendall and LaSalle counties in Illinois. The geographical boundary of the hospital’s CSA is home to an estimated 41,460 residents. Most of the population is centered in the cities of Plano, Sandwich and Somonauk, which have contiguous borders along U.S. Route 34. Beyond this core population center, the service area includes rural towns to the west (Earlville, Leland) and south (Millington, Sheridan).

NMVWH provides comprehensive, acute, emergent, critical access and specialty care for various people across the life span, including but not limited to adults, children, women, seniors and people with disabilities. The NMVWH CSA includes medically underserved, low-income and minority populations, with special consideration given to under-resourced communities. The ZIP codes and corresponding area names that compose the NMVWH CSA are listed below.

## NMVWH CSA ZIP Codes

- 60518 Earlville
- 60531 Leland
- 60537 Millington
- 60545 Plano
- 60548 Sandwich
- 60551 Sheridan
- 60552 Sycamore

## NMVWH Community Service Area Map



# Implementation Plan overview

The NMVWH 2021 CHNA was conducted in collaboration with Conduent Healthy Communities Institute (HCI). Together, we completed a comprehensive analysis of the collected data. This included soliciting input from such target populations as medically underserved, low-income and minority populations. Once the data analysis was complete, community representatives were formally engaged to participate in the NMVWH 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 NMVWH CSA.

Following the prioritization process, NMVWH applied a systematic approach to develop strategies to address the priority health needs. Working with the NMVWH 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, NMVWH 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 NMVWH and NMHC.

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

# Identified significant health needs

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

- |                                      |                         |
|--------------------------------------|-------------------------|
| Access to health services            | Older adults and aging  |
| Cancer                               | Other chronic diseases  |
| Environment                          | Public safety           |
| Exercise, nutrition and weight       | Substance use disorders |
| Immunization and infectious diseases | Transportation          |
| Mental health and mental disorders   | Women's health          |
-

# Significant health needs addressed by NMVWH

Through a systematic, data-driven approach, NMVWH 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 Health Care and Community Resources
  2. Chronic Disease
  3. Mental Health and Substance Use Disorders
  4. Older Adults and Aging
- 

NMVWH worked collaboratively to develop strategies and identify resources, collaborations, and anticipated impact of these efforts.

# NMVWH priority health needs

## Priority health need: Access to Health Care and Community Resources

### Introduction

Access to comprehensive, quality healthcare services and community resources 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 impacted 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 connecting individuals to resources in their communities that can address those needs, and as a result, improve health outcomes.

Healthcare access and quality can vary greatly between communities. The NMVWH CHNA indicated that nearly 23% of survey respondents reported they did not receive necessary healthcare services in the past year. The top reasons cited include cost, long wait times, hours of operation and office or program closure due to COVID-19. Also, key informants, or individuals who have a broad interest in the health of the community and can provide a comprehensive picture of community need, said cultural barriers often impact people's willingness to take advantage of resources that do exist – for example, prevention resources and wellness activities within the Latinx community.

The NMVWH CHNA also indicated that the age-adjusted death rate due to breast cancer in DeKalb County is higher than state and national values. Further, the county value of 28.4 deaths per 100,000 female patients does not meet the Healthy People 2020 target of 20.7 deaths per 100,000, and the rate is increasing significantly. Offering people with little or no insurance coverage access to no-cost or reduced-cost mammograms will help increase screening rates.

## Goal

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

Action	Anticipated Impact	Resources	Collaboration
<p><b>Community Engagement</b></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>NMVWH will provide staff time and educational resources.</p>	<p>Community agencies and organizations (to be determined)</p>
<p><b>Federally Qualified Health Center (FQHC) and Clinical Community Collaboration</b></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 community-based organizations.</p>	<p>NMVWH will provide operating and grant funding.</p>	<p>FQHCs Free clinics</p>
<p><b>Health Screenings</b></p> <p>Support efforts to increase access to health screenings by investing in resources and collaborating with community-based organizations such as the Women Matter program.</p>	<p>Increase no-cost and reduced-cost screening options for people who do not have health insurance or cannot afford breast cancer screenings.</p> <p>Increase screening rates of routine mammography for DeKalb County women with little or no insurance.</p>	<p>NMVWH will promote the Women Matter program and coordinate with the NMKH Breast Health Center.</p>	<p>Community agencies and organizations (to be determined)</p>
<p><b>Community Benefit Donations and Grants</b></p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address access to healthcare services and community resources.</p>	<p>Increase funding to programs that enhance or improve access to healthcare services and community resources.</p> <p>Foster collaboration with community-based organizations that align with the NM vision.</p>	<p>NMVWH 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 recommended services.

Lifestyle factors, such as having a healthy diet, maintaining a healthy weight, and getting regular exercise, also contribute to chronic disease prevention. The NMVWH CHNA found that a lack of exercise, inactive lifestyles, lack of nutritional foods and learned behaviors through multiple generations were key contributors to obesity. In addition, key informants emphasized a need for more education and resources to encourage healthy lifestyles.

In the NMVWH CHNA, Nutrition, Physical Activity and Weight were identified as the most pressing health problem (alongside Mental Health), with 42.7% of respondents selecting either or both issues as a priority. Access to healthy food options in restaurants, stores and markets was rated by 31.3% of survey respondents as a top quality-of-life issue, and another 20.5% of survey respondents disagreed or strongly disagreed that local restaurants serve healthy food options. Key informants noted the prevalence of food deserts, as well as the high density of convenience and liquor stores, particularly in low-income communities. Food insecurity or hunger was rated by 3.8% of survey respondents as a top quality-of-life issue they would like to see addressed in the community, with 41.5% of survey respondents reporting they sometimes or often worried that their food would run out before they had money to buy more.

Approximately 16.3% of survey respondents rated cancer as a top health issue in the community. In addition, secondary data findings for DeKalb County indicate 9.2% of adults have diabetes. The prevalence was 25.9% for high blood pressure and 27.3% for high cholesterol.

## 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><b>Health Screenings</b></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>NMVWH will provide staff, health education tools and materials for screening and education.</p>	<p>Community agencies and organizations (to be determined)</p>
<p><b>Leishman Center for Culinary Health</b></p> <p>Expand access to educational and behavioral modification programs (such as healthy diet and cooking programs) to reduce the risk of chronic disease.</p>	<p>Increase virtual education programs for healthy diet and cooking.</p> <p>Monitor Leishman Center participant outcomes related to changes in dietary behavior based on knowledge received through the programs.</p>	<p>NMVWH will provide staff, health education tools and materials for program education.</p>	<p>Community agencies and organizations (to be determined)</p>
<p><b>Community Benefit Donations and Grants</b></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>NMVWH 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/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).

In the NMVWH CHNA, Mental Health was identified as the most pressing health problem (alongside Nutrition, Physical Activity and Weight), with 42.7% of respondents selecting either or both issues as a priority. Nearly all key informants spoke of mental health issues in the community. Access to mental health services was a common theme among key informants and survey respondents, with more than 17% of survey respondents reporting that they did not receive necessary mental health services in the past year. The top reasons cited for not receiving mental health services or treatment included office or program closure due to COVID-19, cost, long wait lists and lack of accepted insurance. Key informants mentioned stigma as a barrier to seeking mental health services, in particular among African American adults and Hispanic men.

In addition, key informants reported opioid misuse and overdoses as an area of concern. Among survey respondents, 26% identified alcohol and substance use disorders as priorities.

## Goal

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

Action	Anticipated Impact	Resources	Collaboration
<p><b>Mental Health Training and Education</b></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 education and awareness programs around mental health, substance use disorders and coping skills.</p> <p>Increase the number of mental health collaborations with high-quality community-based organizations.</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>NMVWH will provide staff, health education tools, program materials, and coordination with NM Behavioral Health Services.</p>	<p>Mental Health First Aid</p> <p>Community agencies and organizations (to be determined)</p>
<p><b>Drug Education and Safety Services</b></p> <p>Raise awareness and educate the community about the potential for abuse of medications while providing a safe, convenient and responsible way of disposing of prescription drugs.</p>	<p>Decrease the opportunity for diversion of non-prescribed prescription drugs and opioids.</p> <p>Increase the number of community members who are safely disposing of unneeded prescription drugs.</p> <p>Track the total number of pounds collected throughout DeKalb County, including through the permanent drug take-back boxes and during National Drug Take Back Day.</p>	<p>NMVWH will provide staff to work at events such as the National Drug Take Back Day.</p>	<p>Community agencies and organizations to be determined)</p> <p>Law Enforcement: Sandwich, DeKalb, and Sycamore police departments and DeKalb County Sheriff's Office</p> <p>DeKalb County Partnership for a Substance Abuse Free Environment (DCP/SAFE)</p> <p>DeKalb County Health Department</p>
<p><b>Community Benefit Donations and Grants</b></p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address mental health or substance use disorders.</p>	<p>Increase funding to programs that enhance and improve mental health and substance use disorders.</p> <p>Increase collaboration with community organizations that align with the NM vision.</p>	<p>NMVWH will provide operating and grant funding.</p>	<p>Community agencies and organizations (to be determined)</p>

## Priority health need: Older Adults and Aging

### Introduction

In the NMVWH CHNA, key informants identified loneliness and isolation among elderly people as a major concern, and the COVID-19 pandemic has only increased that concern. Several key informants spoke about how the loss of independence among older adults contributes to lower levels of self-confidence. In addition, a common barrier to receiving care or services among older adults was the lack of knowledge and effective communication strategies to reach this population. The older population does not always have access to cellphones, social media, computers and the internet, making it difficult to communicate.

Older adults and aging was rated as a top health issue by 31.3% of survey respondents. Another 11.3% of survey respondents rated senior services as a top quality-of-life issue that that should be addressed in the community.

### Goal

Improve access to quality resources, focusing on isolation and loneliness, to help ensure older adults in the NMVWH CSA have the services and support needed to live healthy lives.

Action	Anticipated Impact	Resources	Collaboration
<p><b>Community Benefit Donations and Grants</b></p> <p>Provide funding through the Community Benefit donations and grants process to strategies and organizations that address the needs of older adults and aging.</p>	<p>Increase funding to programs that enhance and promote health for older adults.</p> <p>Increase collaborations with community organizations that align with the NM vision.</p>	<p>NMVWH will provide operating and grant funding.</p>	<p>Community agencies and organizations to be determined)</p>

# Significant health needs not addressed by NMVWH

NMVWH has determined that it will not create programs to specifically address certain significant health needs over the next three years. Although these needs were not identified as priority health needs, many are being addressed through the comprehensive services and Community Benefit operations at NMVWH 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.
Environment	This need is better addressed through external community agencies who provide services to address this.
Exercise, nutrition and weight	Although not individually called out as a priority, this need is being addressed through the Chronic Disease strategy.
Immunizations and infectious diseases	This need was assessed by the community as a relatively low priority as measured by the NMVWH prioritization tool.
Other chronic diseases (defined as chronic pain, autoimmune diseases, osteoporosis, rheumatoid arthritis, osteoarthritis and chronic kidney disease)	This need was assessed by the community as a relatively low priority as measured by the NMVWH prioritization tool.
Public safety	This need is better addressed through external community agencies who provide services to address this.
Transportation	This need is better addressed through external community agencies who provide these services.
Women's health	This need was assessed by the community as a relatively low priority as measured by the NMVWH prioritization tool.

# 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 NMVWH 2022 Community Health Implementation Plan was reviewed and adopted by the president of Northwestern Medicine Valley West 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](mailto: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](https://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](mailto: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](mailto:communityhealth@nm.org).



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