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 Palos 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 Palos Community Hospital Board of Directors on July 21, 2022, and made available to the public on August 31, 2022. It was created in accordance with federal IRS regulations §1.501(r)-3.
Our Commitment to Equity

In many ways, 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 all minority groups, 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 informed 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 diverse individuals and providing innovative training, education, and development initiatives that help drive economic growth for under-resourced communities.

**Community Engagement**
We partner 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.

To achieve equity for those we serve, we continually work to overcome structural inequities and bias, and improve coordination and connection to community resources. These are two areas that span all three of our community pillars and touch every strategy we have for addressing the priority health needs of our communities. These are foundational issues that Northwestern Medicine is addressing both within the organization and across our communities. The long-standing resolve to address them is woven throughout the fabric of Northwestern Medicine.

This Community Health Needs Assessment may be on a three-year cycle, but our community work happens every day, throughout Northwestern Medicine. In short, this is who we are.
Structural inequities and bias
We elevate initiatives that:
• Facilitate community engagement and cultivate new relationships
• Allow us to work with long-standing community partners 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 coordination
• Connect patients with community resources

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

A note about COVID-19
Work on this report was completed during a time that communities across the globe, including those we serve locally, were experiencing profound impacts from the COVID-19 pandemic. The pandemic shone a spotlight on the devastating effects that economic and social inequities have on health. These effects were confirmed by community members, healthcare workers and public health experts who participated in this assessment.

The pandemic has strengthened our resolve to improve health equity among those we serve and ensure that all people have an equal opportunity to achieve their optimal level of health and wellness.
Introduction to the Community Health Needs Assessment

Since 2012, Northwestern Medicine Palos 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 and 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 Palos Hospital 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.

*Palos Hospital completed a CHNA in 2022 (only one year since their last CHNA) in order to align with the county timeline.
How we achieved our goals

For the 2022 CHNA, Palos Hospital collaborated with the Alliance for Health Equity (AHE) to learn about the communities we serve and their health needs. AHE is made up of 35 hospitals working with local health departments and regional and community-based organizations to improve health equity, wellness and quality of life across Chicago and suburban Cook County. The Illinois Public Health Institute (IPHI) acts as the backbone organization for AHE and developed the collaboration so that participating organizations could work together to assess community health needs, develop strategies to address needs, more efficiently share resources and have a greater impact on the larger population residing in Cook County.

Together with AHE, we gathered information from a variety of sources, including direct community input through surveys and focus groups. After we collected and analyzed this information, 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
- Ethnicities
- Ages (over 10 years old)

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 partners. These needs are the priority health needs we will focus on over the next three years.

The priority health needs for Palos Hospital in the 2022 CHNA are:

- Behavioral Health
- Culturally and Linguistically Appropriate Care
- Food Access and Security
Next steps

Palos 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 all of those who dedicated their time to share their insights with us.

We also gratefully acknowledge AHE for their collaboration and significant efforts in the completion of this CHNA.

Community organizations that generously gave their time and expertise to help guide this CHNA include:

- Bremen High School District 228
- Crisis Center for South Suburbs
- Inner-City Muslim Action Network (IMAN) Health Center
- Moraine Valley Community College
- National Alliance on Mental Illness (NAMI) South Suburbs of Chicago
- Pathlights
- Sertoma Centre, Inc.
- Together We Cope
Who We Are

Get to know Northwestern Memorial HealthCare

Who we are

Northwestern
Memorial
HealthCare

Northwestern
Medicine

Northwestern
University
Feinberg School
of Medicine

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
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

We are...
• Pushing boundaries in our research labs
• Training the next generation of physicians and scientists
• Pursuing excellence in patient care

11 hospitals and more than 200 locations
How we achieve our mission

As pillars in their respective communities, Northwestern Medicine hospitals are 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 partners that share our vision of building stronger, healthier communities.
- We are a major economic driver in the communities we serve.

About Northwestern Medicine Palos Hospital

**Services:** A complete range of adult inpatient and outpatient services, including a comprehensive emergency department, an intensive care unit, comprehensive cardiovascular services, home health services, orthopaedics, oncology, maternity care and women’s health, pediatrics, physical and occupational therapy, and psychiatry and behavioral health

**Community:** Chicago's southwest suburbs, including southwestern Cook County and northeastern Will County

**Palos Hospital has a rich history of caring for our community.** We realize that to have the greatest impact, we need to work with—and learn from—those who live in the communities we serve. We are committed to working with people and organizations that will help us identify and respond to priority health needs within our community and systematically reduce barriers to patient care services.
Defining the Community Service Area

How the Community Service Area was determined

The Palos Hospital Community Service Area (CSA) used in this CHNA was determined by:

- 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 partners

The defined CSA takes into account populations that are:

- Medically underserved
- 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 Palos Hospital Community Service Area is defined

**Southwestern Cook County and northeastern Will County, Illinois**

- **Change in population:** +0.93% change between the 2010 and 2020 census
- **26 ZIP codes**
- **2,081 people per square mile**
- **622,197 residents**

**Predominantly suburban**

#### Palos Hospital CSA Cities and ZIP Codes

<table>
<thead>
<tr>
<th>City</th>
<th>ZIP Code</th>
<th>City</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alsip</td>
<td>60803</td>
<td>Mokena</td>
<td>60448</td>
</tr>
<tr>
<td>Bridgeview</td>
<td>60455</td>
<td>Mt. Greenwood</td>
<td>60655</td>
</tr>
<tr>
<td>Burbank</td>
<td>60459</td>
<td>New Lenox</td>
<td>60451</td>
</tr>
<tr>
<td>Chicago Ridge</td>
<td>60415</td>
<td>Oak Forest</td>
<td>60452</td>
</tr>
<tr>
<td>Crestwood</td>
<td>60418</td>
<td>Oak Lawn</td>
<td>60453</td>
</tr>
<tr>
<td>Evergreen Park</td>
<td>60805</td>
<td>Orland Hills/Tinley Park</td>
<td>60487</td>
</tr>
<tr>
<td>Frankfort</td>
<td>60423</td>
<td>Orland Park</td>
<td>60462, 60467</td>
</tr>
<tr>
<td>Hickory Hills</td>
<td>60457</td>
<td>Palos Heights</td>
<td>60463</td>
</tr>
<tr>
<td>Homer Glen</td>
<td>60491</td>
<td>Palos Hills</td>
<td>60465</td>
</tr>
<tr>
<td>Justice</td>
<td>60458</td>
<td>Palos Park</td>
<td>60464</td>
</tr>
<tr>
<td>Lemont</td>
<td>60439</td>
<td>Tinley Park</td>
<td>60477</td>
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<tr>
<td>Lockport</td>
<td>60441</td>
<td>Worth</td>
<td>60482</td>
</tr>
<tr>
<td>Midlothian-Crestwood</td>
<td>60445</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Defining the Community Service Area

Palos Hospital Community Service Area map

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

- Unemployment (over age 16)
- Education (over age 25 without a high school diploma)
- Per capita income level
- Crowded housing (more than one person per room)
- Dependents (under age 18 or over age 64)
- Poverty (income below 200% of the federal poverty level)
Completing the Assessment

Palos Hospital performed the CHNA from May 2021 through March 2022. We worked with AHE to plan for data collection and analysis, and we took an intentional approach to build on previous CHNAs.

We conducted surveys and focus groups 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 hospital, who identified which needs should be prioritized.

Primary data

Community input is the most important data contributor into the CHNA, as it provides the most current, real-time information about community health needs. This is particularly true in the context of the current 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.

Primary data was collected through community input surveys and focus groups. This information was used to complement existing data, such as the Healthy Chicago Survey and Centers for Disease Control and Prevention (CDC) PLACES.

*Analyses conducted by AHE for this CHNA report are presented without citations. Data presented from other sources are cited in Appendix E.
Community input surveys at a glance

- Intended to gain first-hand information from people who are typically underrepresented in the assessment process: people of color, immigrants, LGBTQ people, people with disabilities and people with low income
- Conducted between September and December 2021 by AHE
- 526 surveys collected from individuals age 10 and older living in the Palos Hospital CSA
- Available online or on paper
- Disseminated in English and Spanish
- 24 questions
- Asked about demographics, community health status, strengths, opportunities for improvement and COVID-19 impacts
- Promoted widely through social media and an email blast

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

Focus groups at a glance

- Conducted between September 2021 and January 2022 by AHE
- Eight community focus groups within the Palos Hospital CSA
- Participants were age 14 or older and represented a diverse range of ethnic, racial, religious and socioeconomic backgrounds
- AHE recruited participants through hospital community partnerships
- Also held with healthcare and social service providers
- Asked about community strengths, needs, underlying root causes of health needs, COVID-19 impacts, solutions to identified health needs and communication strategies

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

Secondary data was gathered through Metopio, a cloud-based data atlas and analysis platform that curates publicly available data for hundreds of health and equity indicators. AHE helped identify, compile and analyze the secondary data.

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
- Cook County Department of Public Health
- Local data compiled by government agencies:
  - Chicago Metropolitan Agency for Planning
  - Chicago Department of Family and Support Services
  - Chicago Department of Planning and Development
  - Housing Authority of Cook County
  - Local police departments
- Local data compiled by community-based organizations:
  - Greater Chicago Food Depository and Feeding America
  - Voices of Child Health in Chicago
  - Healthy Chicago Equity Zones
  - Mapping COVID-19 Recovery Initiative
- Illinois Health and Hospital Association/COMPdata: Hospitalization and emergency department rates
- State agencies:
  - Illinois Department of Healthcare and Family Services
  - Illinois Department of Human Services
  - Illinois State Board of Education
  - Illinois Department of Public Health
- Federal sources:
  - U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health
  - Centers for Disease Control and Prevention PLACES project
  - Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of Health Care
  - Health Resources and Services Administration
  - United States Department of Agriculture
Key Findings

The following describes the data we collected for the Palos Hospital CHNA and the significant health needs we identified.

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.

- Aligns with Cook County (51.4% and 48.6% respectively)
- Percentage of individuals identifying as male or female is approximately equal
- Accurate and complete data for people who are transgender, nonbinary and gender-nonconforming in Cook County is limited

<table>
<thead>
<tr>
<th>Population¹</th>
<th>Sex¹</th>
</tr>
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<tbody>
<tr>
<td>622,197</td>
<td></td>
</tr>
<tr>
<td>314,832</td>
<td>307,365</td>
</tr>
<tr>
<td>residents</td>
<td>females males</td>
</tr>
</tbody>
</table>

(50.6%) (49.4%)
More than 14% of households have limited English proficiency in Justice and Bridgeview.

13.42% of CSA residents were not born in the United States (compared to 20.86% in Cook County).

4.19% of CSA households speak limited English (compared to 7.36% in Cook County).

More than 14% of households have limited English proficiency in Justice and Bridgeview.

### Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Population in the Hospital’s CSA</th>
<th>Percentage in the Hospital’s CSA</th>
<th>Percentage in Cook County</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td>35,465</td>
<td>5.7%</td>
<td>6.1%</td>
</tr>
<tr>
<td>5 to 17</td>
<td>107,018</td>
<td>17.2%</td>
<td>15.7%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>159,905</td>
<td>25.7%</td>
<td>32.2%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>212,791</td>
<td>34.2%</td>
<td>31.3%</td>
</tr>
<tr>
<td>65 and Older</td>
<td>107,018</td>
<td>17.2%</td>
<td>14.7%</td>
</tr>
</tbody>
</table>

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

- Unlike Cook County, majority non-Hispanic white population
- Minority populations concentrated to the northeast side of the CSA
- Racial and ethnic segregation in Cook County well above national median levels

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Population in Hospital’s CSA</th>
<th>Percentage in Hospital’s CSA</th>
<th>Percentage in Cook County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>472,870</td>
<td>76.0%</td>
<td>42.0%</td>
</tr>
<tr>
<td>Hispanic/Latin American</td>
<td>82,752</td>
<td>13.3%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>36,710</td>
<td>5.9%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>18,044</td>
<td>2.9%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>10,577</td>
<td>1.7%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Native American</td>
<td>622</td>
<td>0.1%</td>
<td>0.09%</td>
</tr>
</tbody>
</table>

### Language

Language skills affect the ability to access, understand and act on health information.
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). SDOH relates to access 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.²
Access to Health Care

Access to health care is broadly defined as the “timely use of personal health services to achieve the best health outcomes.” The ability to access health insurance is essential for promoting and maintaining health as well as preventing and managing disease.

According to Healthy People 2030, “People without insurance are less likely to have a primary care provider, and they may not be able to afford the healthcare services and medications they need.”

Healthcare access and quality can vary greatly between communities. Within the Palos Hospital CSA, 45% of survey respondents selected access to healthcare services as a need in the community.

- 109,156 residents (17.5%) are enrolled in Medicaid

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. Other barriers to access may include availability of a Federally Qualified Health Center, lack of transportation options, appointment timing and knowledge of available resources.

The following major themes came from focus group participants regarding access to health care:

- Coordination and Connection to Community Resources
- Culturally and Linguistically Appropriate Care
- Linkage to Quality Care
- Trauma-Informed Care

*There is one Federally Qualified Health Center (FQHC) in the Palos Hospital CSA. FQHCs are community-based healthcare providers that receive government funds to provide healthcare services in areas that are historically under-resourced. FQHCs can provide care on a sliding fee scale based on an individual’s ability to pay, serving as a crucial resource in many communities.
Key Findings

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.

ZIP codes on the northeast side of the Palos Hospital CSA are marked by significant and concentrated areas of poverty. In Illinois, the annual household income at 200% of the federal poverty level (FPL) for a household of four was $55,500 in 2022. More than 18% of residents living in the Palos Hospital CSA have household incomes less than or equal to this amount.

<table>
<thead>
<tr>
<th>Socioeconomic Status</th>
<th>Population in the Hospital’s CSA</th>
<th>Percentage in the Hospital’s CSA</th>
<th>Percentage in Cook County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons Living at or Below the Federal Poverty Level</td>
<td>46,603</td>
<td>7.49%</td>
<td>13.68%</td>
</tr>
<tr>
<td>Persons Living at or Below 200% of the Federal Poverty Level</td>
<td>114,609</td>
<td>18.42%</td>
<td>30.28%</td>
</tr>
</tbody>
</table>

Palos Hospital CSA Residents Living at or Below 200% of the Federal Poverty Level
Measured as a Percent
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. During 2016 to 2022:

**Rates of Unemployment**

Palos Hospital CSA: **5.0%**

Cook County: 7.0%

20% of survey respondents in the CSA reported a loss of employment due to COVID-19

In May 2020, the Urban Institute estimated that **13.3% of jobs with low wages (less than $40,000/year) were lost due to COVID-19** in the Palos Hospital CSA.

Community Input:

What does a community need to be healthy?

“Employment, economic security, good job with living wage in your own neighborhood.”

- Loyola Community Health Workers Countywide

What are the needs of families with limited resources?

“Adequate and vital employment.”

- Loyola Community Health Workers Countywide

**Average Unemployment Rate in the Palos Hospital CSA (2016-2020)**

Measured as a Percent

[Map showing unemployment rates with color coding from 3.18 to 8.79]
Key Findings

Education

Poverty, unemployment and under-employment are highest among those with less education. A higher level of education is linked to positive health outcomes.

Within the Palos Hospital CSA:

- 92.6% of adults age 25 and older have a high school diploma (or equivalent)\(^9\)
- That number is 87.7% in Cook County\(^8\)
- Residents in the south and central parts of the CSA are more likely to have a high school diploma\(^8\)
- 4.2% of residents ages 16 to 19 are neither working nor enrolled in school\(^9\)
- 20% of survey respondents ranked activities for teens and youth as needed to support improvements in the health of the community

Community Input:

“Early childhood education is vital.”
- Loyola Community Health Workers Countywide

“We’re at home for now and unprepared for virtual school, and virtual education was very challenging for students. [It] impacted social skills, impacted mental health, affected confidence when going back to school.”
- Loyola Community Health Workers Countywide

Adults With High School Diploma or Equivalent in the Palos Hospital CSA
Measured as a Percent
Environmental Equity

Another socioeconomic factor—a healthy or livable environment—refers to the surroundings in which one resides, lives and interacts.

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 a number of 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 Palos Hospital CSA, particulate matter was estimated in the 23.1 percentile. This rate rose in Justice (61.2 percentile) and Chicago Ridge (58.9 percentile).

A person’s environment can also affect their mental health. In Cook County, people may worry about:

- Pollution
- Community violence
- Increasing severe weather patterns that limit the ability to work or play
- Rising housing costs that lead to forced evictions

*Particulate Matter Environmental Justice Index: 0 = lowest exposure and 100 = highest exposure
Key Findings

Food Access and Security

A healthy food environment gives residents the ability to buy health 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. 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.

The COVID-19 pandemic significantly impacted the food environment. According to one study, the rate of food insecurity among children in the U.S. rose from 14% to 28% during the pandemic, with Black and other children of color being the most affected.

Families with children are more likely to have experienced food and nutrition insecurity during the pandemic.

Community Input:

“Chronic health issues communities are facing come from diet and access to healthy and affordable foods.”

- Rush Community Health Workers Countywide
Food insecurity is limited or uncertain access to adequate food and may include cost or distance to a grocery store. An estimated 11% of residents in the Palos Hospital CSA are experiencing food insecurity, compared to 15% of residents in Cook County. Food insecurity is concentrated on the northeast side of the CSA.\textsuperscript{12}

Only 6.63% of households in the Palos Hospital CSA are receiving Supplemental Nutrition Assistance Program (SNAP)\textsuperscript{*} benefits.\textsuperscript{13} It is estimated that 73% of households in poverty within the Palos Hospital CSA did not access SNAP benefits in the previous year.\textsuperscript{13} Time, transportation, knowledge of resource availability and stigma were identified as barriers to accessing this resource.

\textbf{6.3\% of households in the Palos Hospital CSA receive SNAP benefits\textsuperscript{13}}

\begin{table}[h]
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\begin{tabular}{|c|}
\hline
Residents With Food Insecurity in the Palos Hospital CSA Measured as a Percent \tabularnewline
\hline
16.8 \tabularnewline
11.0 \tabularnewline
8.1 \tabularnewline
\hline
\end{tabular}
\end{table}

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

Homelessness and Housing Instability

During the COVID-19 pandemic, economic hardship worsened housing affordability, quality, safety, stability and neighborhood opportunities. 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 social determinant of health.16

In the Palos Hospital CSA, homelessness ranked No. 10 as an important health need in the community according to survey respondents.

8.0% of CHNA survey respondents said homelessness and housing instability were an important health need in the Palos Hospital CSA

54.0% of renters living in poverty in suburban Cook County are living in unaffordable units

47.0% of people experiencing homelessness in suburban Cook County in 2022 indicated they have children in their household

In addition, 29.2% of housing units in the Palos Health CSA spend more than 30% of income on housing.17 This significantly impacts their ability to pay for other necessities such as food, transportation and health care.

29.2% of households in the CSA spend more than 30% of their income on housing

Community Input:

Focus group participants highlighted a need for rental assistance programs in their communities.

“If people are worried about not being able to pay for housing or bills, they won’t be focused on accessing health services.”

– Immigrant and refugee service providers
Structural Inequities and Bias*

Structural racism, also known as systemic racism, is racial bias among institutions and across society. 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 play a large part in determining where people live and therefore has downstream effects on health outcomes. These realities make it more likely that people in certain minority groups will live in areas with lack of access to:

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

In suburban Cook County:

- Black women experience infant mortality at 2.5 times the rate as white, Asian and Hispanic women.
- Adult and pediatric asthma-related emergency department visit rates among Black residents are 6 times that of white residents.
- People who live in communities that are low-income with a high concentration of people of color are less likely to have access to supermarkets and healthy foods and tend to have a higher density of fast-food restaurants and other sources of unhealthy food.
  
  — In the Palos Hospital CSA, 26,485 residents live in food deserts.
- Immigrants and refugees face barriers to treatment including lack of insurance coverage, lack of access to affordable services, discrimination by medical staff and language barriers.

*Consequences of inequities, related to specific topics, are addressed throughout this report. Additional information regarding structural inequities and bias can be found in the AHE report, noted at the end of Appendix D.
Key Findings

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 Palos Hospital CSA, 4% of CHNA survey respondents report that violence is a top concern within the community.

Community Input:

"Safety and low crime" were chosen by 23% of community survey respondents as a need to support improvements in the health of the Palos Hospital CSA.

Survey respondents frequently recognized safety and low crime as one of the greatest strengths in the community.
Safe and reliable transportation is essential to access healthcare appointments, social services, work, school and grocery stores. A lack of transportation is associated with adverse health outcomes.

While only 4.3% of adults in the Palos Hospital CSA reported not having access to a vehicle, 18% reported that access to transportation was needed to support improvements in health needs.

18% of households in the CSA reported that access to transportation was needed.

Focus group participants mentioned that there are significant inequities in infrastructure between communities and that the suburbs are particularly impacted by transportation inequities.

“Transportation is a challenge related to access to mental health care and services for people with disabilities.”

– Sertoma Centre focus group

For those who do have a vehicle, high gas prices make it more difficult to use that vehicle to perform daily tasks such as driving to work, school, medical care or grocery shopping. This is particularly concerning for individuals who cannot use public transportation for these necessary activities.

The majority of the Palos Hospital CSA (circled in purple on the map) is either categorized as low local employment with low transit availability or as high local employment with low transit availability. This means that individuals who live within this CSA may lack access to safe, reliable and affordable public transportation.
Health conditions

Overall, estimates of disease burden in the Palos Hospital CSA are similar to those reported for Cook County, with the cancer diagnosis rate being slightly higher in the hospital CSA.

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Prevalence in the Hospital’s CSA</th>
<th>Prevalence in Cook County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity(^{23})</td>
<td>27.9%</td>
<td>29.2%</td>
</tr>
<tr>
<td>High Blood Pressure(^{24})</td>
<td>29.5%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Diabetes(^{25})</td>
<td>8.7%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Asthma(^{26})</td>
<td>8.94%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Cancer (diagnosis rate)(^{27})</td>
<td>746.61 per 100,000 residents</td>
<td>522.52 per 100,000 residents</td>
</tr>
</tbody>
</table>
Life expectancy in the Palos Hospital CSA

There is a seven-year gap between the communities with the highest life expectancy (Orland Park) and the lowest life expectancy (Worth).

- Overall expectancy: 79.0 years
- Lowest life expectancy: 74.8 years in ZIP code 60415 (Worth)
- Highest life expectancy: 82.1 years in ZIP code 60467 (Orland Park)
Key Findings

Age-Related Illness

More than half of the residents in the Palos Hospital CSA are middle-aged and older adults. Among CHNA survey respondents, age-related illness emerged as the No. 1 most important health issue. For the purposes of this report, age-related illness includes:

- Alzheimer’s disease
- Arthritis
- Dementia
- Vision and hearing impairment

As of 2018, approximately 220,000 individuals 65 and older were diagnosed with Alzheimer’s disease in Illinois. It is estimated that this number will increase by 18.2% up to 260,000 by 2025.

Additionally, older adults were identified as being more likely to experience isolation, particularly during the COVID-19 pandemic, as identified by focus group participants. Loneliness and isolation are significant contributing factors to health outcomes.

Community Input:

Multiple focus groups mentioned that support for caregivers is lacking in Cook County.

“Isolation of seniors. Many rely on congregate meals and programs. Many services shifted online, which made it more accessible to some, but there is a big technological divide.”

—Pillars Community Health

Arthritis⁴¹

Palos Hospital CSA: 24.4% of adults
Cook County: 20.8% of adults

Vision difficulty⁴²

Palos Hospital CSA: 1.8% of adults
Cook County: 2.1% of adults

Hearing difficulty⁴²

Palos Hospital CSA: 2.9% of adults
Cook County: 2.4% of adults
Behavioral 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.

Within the Palos Hospital CSA, 29% of survey respondents selected behavioral health as a top need, making it the No. 4 concern among community residents. Respondents reported a high prevalence of chronic stress, substance use and trauma, while noting challenges accessing mental health services.

As of 2019, 20.5% of adults in the Palos Hospital CSA reported having diagnosed depression. Since then, COVID-19 was reported in focus groups as having a negative impact on mental health both directly through issues such as chronic stress and indirectly through its impacts on the social and structural determinants of health.

- 38% of survey respondents report feeling a lack of control due to COVID-19
- 37% of survey respondents report feeling nervous, anxious or on edge
- 30% of survey respondents report feeling alone or isolated

Focus group participants frequently linked socioeconomic stressors such as unemployment to poor mental health. Other social determinants of health such as intergenerational trauma and access to early childhood education were identified as additional important factors for mental well-being.
Key Findings

Cancers

In the Palos Hospital CSA, 7.1% of adults report having ever had cancer. Cancers were identified as the second highest health need in the community, with 33% of respondents rating it as a top need.

Cancer Diagnosis Rate

Palos Hospital CSA:

746.6 per 100,000 residents

Cook County:

522.5 per 100,000 residents

Cancer Death Rate

162 per 100,000 residents in the southwest region of suburban Cook County\(^\text{19}\)
Cardiovascular Disease

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

Heart disease represents the leading cause of morbidity and mortality in Cook County. Heart disease and stroke ranked No. 3 in the top most important health needs by survey respondents in the Palos Hospital CSA, with 32% indicating concerns about these conditions.

Cardiovascular Disease in Adults in the Palos Hospital CSA

- **29.5%** have high blood pressure (29.2% in Cook County)
- **5.3%** report having coronary heart disease
- **70.9%** of those with high blood pressure report taking medicine for it
- **2.8%** report having had a diagnosed stroke
- **31.3%** report having high cholesterol

There are 112 cardiovascular disease physicians in the Palos Hospital CSA

After years of trending down, the risk of dying from heart disease or stroke in the U.S. spiked in 2020, the first year of the pandemic. The increases were highest among Black people, who had double the risk of dying from stroke and a fivefold higher risk of dying from heart disease than white people. Even after adjusting for the aging population, the risk of dying from heart disease rose 4.3%, and 6.4% for stroke.

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.
Key Findings

Diabetes

In the survey collected across the Palos Hospital CSA, diabetes ranked No. 5 as the most important health need in the community, selected by 20% of survey respondents.

Prevalence of Diabetes

Palos Hospital CSA: 8.7% of adults
Cook County: 10.6% of adults

Community Input:

“Chronic health issues communities are facing come from diet and [lack of] access to healthy and affordable foods.”

–Rush Community Health Worker focus group participant
Infectious Disease

The health impacts of COVID-19 are strongly present throughout all data collected over the course of this assessment. Across most focus groups, COVID-19 was seen as having a negative impact on health both directly and indirectly through issues such as chronic stress, and impacts on social and structural determinants of health.

Among community input survey respondents, COVID-19 ranked No. 6 in the most important health needs affecting the community (19% of survey respondents). Survey respondents reported the most significant effects of the pandemic on their lives have involved:

- Feeling a lack of control
- Anxiety
- Isolation
- Stress regarding employment status and/or loss of employment
- Deaths of family and friends

In suburban Cook County, 67% of residents reported having completed a COVID-19 vaccine series as of April 2022.

The majority of residents in the Palos Hospital CSA who wanted to get vaccinated were able to get the COVID-19 vaccine.

If you wanted to get vaccinated, were you able to access the vaccine? (n=526)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Did not want to get vaccinated</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>87%</td>
<td>3%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Community Input

What are the main challenges that your community is facing now because of COVID-19?

“Closing of mental health facilities. Everything is virtual, interaction is limited, quality of help is not the same.”

-NAMI Family Members and Caregivers

“COVID-19 exacerbated all issues, including social injustice.”

-Loyola Community Health Workers Countywide
The COVID-19 pandemic is challenging in many ways. Did anyone in your household experience any of the following due to the COVID-19 pandemic? (n=498)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not knowing when the pandemic will end, lack of control</td>
<td>38%</td>
</tr>
<tr>
<td>Feeling nervous, anxious or on edge</td>
<td>37%</td>
</tr>
<tr>
<td>Feeling alone or isolated, not being able to socialize</td>
<td>30%</td>
</tr>
<tr>
<td>Sick household members</td>
<td>23%</td>
</tr>
<tr>
<td>Stress regarding employment status</td>
<td>21%</td>
</tr>
<tr>
<td>Loss of employment</td>
<td>20%</td>
</tr>
<tr>
<td>Reduced pay/hours</td>
<td>18%</td>
</tr>
<tr>
<td>Death of family members or friends</td>
<td>16%</td>
</tr>
<tr>
<td>Lack of access to basic medical care</td>
<td>15%</td>
</tr>
<tr>
<td>Temporary layoff or furlough</td>
<td>10%</td>
</tr>
<tr>
<td>Ongoing or long-term illness</td>
<td>5%</td>
</tr>
<tr>
<td>Loss of child care</td>
<td>4%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>4%</td>
</tr>
<tr>
<td>Loss or reduction of insurance coverage</td>
<td>4%</td>
</tr>
<tr>
<td>Another impact - write in</td>
<td>4%</td>
</tr>
<tr>
<td>Shortage of food/hunger</td>
<td>3%</td>
</tr>
<tr>
<td>Lack of access to technology</td>
<td>3%</td>
</tr>
<tr>
<td>Transportation difficulty</td>
<td>2%</td>
</tr>
<tr>
<td>Unstable housing or homelessness</td>
<td>2%</td>
</tr>
<tr>
<td>Lack of skills to use technology to communicate</td>
<td>2%</td>
</tr>
<tr>
<td>Shortage of infant supplies</td>
<td>2%</td>
</tr>
</tbody>
</table>
Obesity is a common health condition in the Palos Hospital CSA.

While obesity ranked No. 7 in a list of priority health issues generated from surveys collected, focus group participants recognized the adverse impact of obesity and food insecurity on other chronic diseases. Obesity is linked to many serious health problems, including:

- Type 2 diabetes
- Heart disease
- Stroke
- Some types of cancer

Community Input:

Multiple focus groups discussed issues that could impact their ability to maintain a healthy weight, such as:

- Lack of after-school activities and sports due to COVID-19
- Closure of gyms
- Lack of access to safe exercise spaces
- Inequities in access to healthy food

Rates of Obesity

Palos Hospital CSA:

27.9% of adults

Cook County:

29.2% of adults
Key Findings

Oral Health

Dental problems were identified as a top concern in the Palos Hospital CSA by 10% of survey respondents. Oral health was ranked as No. 8 in the list of needs.

The annual diagnosis rate for oral cancer in the Palos Hospital CSA is 14 per 100,000 people for residents ages 15 and over.

While there are 822 professionally active dentists, including federal and non-federal practicing dentists in the community, lack of insurance coverage for dental services was a big concern among community members, especially seniors.

Community Input:

Feedback on Oral Health

Multiple focus groups discussed the high cost of dental care in Cook County and how it prevents access to needed care.

“Can’t get dental care needed. Insurance doesn’t cover eye care or dental care.”

AHS Family Health Center

Dental Visits in the Palos Hospital CSA

Palos Hospital CSA:

69.8% of adults

Cook County:

64.4% of adults
If use of a substance cannot be controlled and continues despite harmful consequences and impairment in day-to-day functioning, it is termed a substance use disorder.

The COVID-19 pandemic not only highlighted the increasing burden of substance use disorders in the U.S., but it also led to an increase in substance use. By June 2020, the Centers for Disease Control and Prevention estimated that 13% of people in the U.S. started or increased substance use to cope with the stress and uncertainty of the pandemic. Better monitoring systems are needed to fully understand the burden of substance use disorders among children and adolescents, particularly in light of the impact of the COVID-19 pandemic.

Community members in focus groups linked limited programs and educational opportunities for youth with higher rates of substance use disorders. A need exists for more:

- Substance use treatment and prevention workers trained in providing support
- Parity in funding and pay for mental health and substance use services
- Culturally and linguistically appropriate and inclusive practices
- Work to reduce stigma related to behavioral health

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**Substance Use in the Palos Hospital CSA**

24% of adult respondents to the survey reported binge drinking

36% increase in opioid-involved overdose deaths in suburban Cook County in 2020 over 2019 (487 deaths in 2020)

Between 2016 and 2020, 60482 (Worth) was among the top five ZIP codes for opioid-related deaths in suburban Cook County.

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**Community Input:**

It is easier to access alcohol than a health resource.”

- Pillars Community Health

“There’s an increase in drug use amongst teenagers and their parents.”

- LGBTQIA+ Community Countywide
Key Findings

Respiratory Disease

Lung diseases did not emerge as a high priority in surveys and focus groups conducted in communities constituting the Palos Hospital CSA. Of respiratory illnesses, the most common referenced by community members in the CSA was asthma.

Rates of Asthma

Palos Hospital CSA: 8.94% of residents
Cook County: 8.6%

Current Asthma Rate in the Palos Hospital CSA
Measured as a Percent
Health behaviors

Many behaviors impact the burden of disease in communities, including food choices, physical activity and substance use. Within the Palos Hospital CSA, residents reported a range of behaviors.

Self-Reported Health Behaviors by Neighborhood Within the Palos Hospital CSA

<table>
<thead>
<tr>
<th>No exercise</th>
<th>Cigarette smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merrionette Park</td>
<td>18.2%</td>
</tr>
<tr>
<td>Justice</td>
<td>27.9%</td>
</tr>
</tbody>
</table>

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

Nutrition

The Palos Hospital CSA identified access to healthy food as No. 7 in the list of items needed to support improvements in the health of the community. 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.

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. Within the Palos Hospital CSA, 22.7% of adults reported having no exercise in the past month.

Personal, social, economic and environmental factors all play a role in physical activity levels among youth, adults and older adults. 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.

In addition, the COVID-19 pandemic served as a significant barrier to getting exercise for many individuals. Focus group participants cited fear of the virus, cost of exercise equipment and time as some of the barriers to attaining regular physical activity during the pandemic.

Tobacco Use

More than 16 million adults in the U.S. have a disease caused by smoking cigarettes, and smoking-related illnesses lead to 500,000 deaths each year. In the Palos Hospital CSA, 15.7% of adults report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.
Reflections on our data analysis

Two cross-cutting themes emerged during our data gathering.

**Access to care and community resources**
Data sources analyzed for this report highlighted the importance of access to healthcare and community services. Access to behavioral health care emerged as a particular challenge for many in the Palos Hospital CSA.

**Structural inequities**
In our analysis, the distribution of poverty, low levels of education, violence and poor health outcomes were most often concentrated in communities with large minority populations on the northeast side of the Palos Hospital CSA. These data sources highlight structural inequities that shape the health outcomes reported in these areas.

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

- Age-Related Illness
- Behavioral Health
- Cancers
- Coordination and Connection to Community Resources
- COVID-19
- Culturally and Linguistically Appropriate Care
- Diabetes
- Education and Youth Development
- Employment
- Food Access and Security
- Heart Disease and Stroke
- Homelessness and Housing Instability
- Linkage to Quality Care
- Obesity
- Oral Health
- Structural Inequities and Bias
- Transportation
- Trauma-Informed Care
Priority Health Needs

Once significant health needs are identified, it is important to engage a diverse set of individuals 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, Palos Hospital engaged with external collaborators through its Community Engagement Council, and with internal collaborators through its Community Health Council.

Community Engagement Council
The Community Engagement Council is a diverse group of representatives from the Palos Hospital CSA. 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.

The following community organizations participate on the Palos Hospital Community Engagement Council:

- Bremen High School District 228
- Crisis Center for South Suburbs
- Inner-City Muslim Action Network (IMAN)
- Moraine Valley Community College
- NAMI South Suburbs of Chicago
- Pathlights
- Sertoma Centre, Inc.
- Together We Cope
Community Health Council

The Community Health Council is made up of Northwestern Medicine staff from multiple departments. Council members were chosen based on their role and demonstrated commitment to improving the health of the community. The varied backgrounds of the committee members provided diverse insight into prioritizing identified health needs. The following is a list of departments represented and why they were chosen for inclusion.

<table>
<thead>
<tr>
<th>Hospital Department</th>
<th>Knowledge Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Affairs</td>
<td>Community relationships, data and hospital resources</td>
</tr>
<tr>
<td>Quality and Patient Safety</td>
<td>Quality data and patient outcomes</td>
</tr>
<tr>
<td>Strategy</td>
<td>Clinic and hospital location planning</td>
</tr>
<tr>
<td>Access</td>
<td>Patient access to health care (for example, scheduling appointments and finding the right medical professional)</td>
</tr>
<tr>
<td>Specialty Care</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>Direct patient care, care administration and operations</td>
</tr>
<tr>
<td>Social Work</td>
<td></td>
</tr>
<tr>
<td>Spiritual Care</td>
<td></td>
</tr>
<tr>
<td>Imaging</td>
<td></td>
</tr>
<tr>
<td>Human Resources</td>
<td>Recruiting and hiring new employees; diversity, equity and inclusion (DEI)</td>
</tr>
<tr>
<td>Finance</td>
<td>Financial perspective</td>
</tr>
<tr>
<td>Collaborative Care and Outreach</td>
<td>Coordination of patient care, including medical and social needs</td>
</tr>
</tbody>
</table>
How we chose priority health needs

Following completion of data analysis, Palos Hospital leadership convened our community councils to review the findings.

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

- Both councils convened in April 2022 to receive an overview of the CHNA process, a review of the Palos Hospital CSA, and the primary and secondary data collection process. In these meetings, council members also received a preview of the 19 emerging significant health needs identified through the data assessment.

- In early May, council members were given a data book that highlighted key findings.

- In late May 2022, both councils convened again to review all data collected from the community and to prioritize health needs based on data as well as their own knowledge and expertise.

- During these meetings, council members were encouraged to ask questions and offer additional data points based on their areas of expertise. This process was meant to ensure Palos 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 All Our Ideas (allourideas.org). While going through this process, participants were asked to consider multiple prioritization factors.
— For the Community Engagement Council, the survey assessed 19 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.
— The Community Health Council went through the same pairwise survey process with the top 10 health needs that were identified through the Community Engagement Council survey.

• After prioritizing the list of top 10 needs, the Community Health Council was able to view and compare their results against that of the Community Engagement Council. The idea behind this methodology is to put an emphasis on the community voice while also recognizing that the Community Health Council, as a council comprised of hospital employees, is able to provide the perspective of what Palos Hospital and Northwestern Memorial HealthCare can feasibly accomplish over the next three years in this CHNA cycle.

### Prioritization Factors Considered to Establish Priority Health Needs

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

Palos Hospital has identified three priority health needs in the 2022 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.
Development of a Plan to Address Priority Health Needs

To address the priority health needs identified, Palos 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

Palos Hospital recognizes that a large number of healthcare facilities and organizations within the Palos Hospital 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 specify significant health needs identified through the CHNA that Palos Hospital did not prioritize, together with the reason that they will not be addressed.
Palos Hospital roles

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

**Civic Leader**
- Partner/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 partners
Appendix A: Evaluation of Impact

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

The last Palos Hospital CHNA was completed in 2021. We worked with Professional Research Consultants, Inc. (PRC) 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.

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

1. Access to Healthcare Services
2. Heart Disease and Stroke
3. Mental Health and Substance Use Disorder

This Evaluation of Impact report summarizes progress of community strategies outlined in the Palos Hospital 2021 Community Health Improvement Plan (CHIP). This evaluation shows how well these strategies addressed the priority health needs of the community.

*Palos Hospital completed a CHNA in 2022 (only one year since their last CHNA) in order to align with the county timeline.
2021 Priority Health Need 1: 
Access to Healthcare Services

**Goal:** Improve access to quality healthcare and community resources to help ensure that under-resourced communities in the Palos Hospital CSA have the services and support needed to live healthy lives.

Access to comprehensive, quality healthcare services is important for the achievement of optimal health and increasing quality of life. It impacts overall physical, social and mental health status, including:

- Prevention of disease and disability
- Detection and treatment of health conditions
- Less likelihood of preventable death
- Increased life expectancy

### Strategy 1.1: Increase community engagement.
Identify and develop relationships with community organizations. Pilot a Community Engagement Council. Assess social determinants of health (SDOH) resources in the electronic medical record system to best address patients’ social needs.

Having integrated with Palos Hospital in January 2021, Northwestern Medicine is new to the Palos Hospital CSA. During this year, Palos Hospital focused on identifying potential community partners and connecting with more than 30 organizations, including:

- Social service organizations
- Libraries
- Food pantries
- High school districts

With these newly established relationships, Palos Hospital is better positioned to collaborate with community organizations on implementation strategies for the 2022 CHNA.

The Community Engagement Council, consisting of members representing eight community organizations throughout the Palos Hospital CSA, held its first meetings in April and May 2022.

- In April, they considered the most recent CHNA.
- In May, they prioritized significant health needs to be addressed over the next three years.
In October 2022, Palos Hospital will be on the same electronic medical record as the rest of the Northwestern Medicine system. New questions will be added to ask patients about SDOH, such as housing and food security. A robust database of resources available to assist with SDOH has been reviewed and updated. Once the SDOH program launches at Palos Hospital, patients who identify concerns regarding SDOH will be provided information on available resources from the database.

**Impact**

By engaging a variety of community organizations as potential partners with an interest in collaborating, Palos Hospital has established a robust process to inform future CHNA reports. In addition, we have developed a deep knowledge of the services available in the CSA to enhance the list of available community resources for those with needs associated with SDOH.

**Strategy 1.2: Establish relationship with a Federally Qualified Health Center (FQHC) in the Palos Hospital CSA for increased clinical community collaboration.**

Align with the system-level approach to better serve people who are uninsured and underinsured through clinical community relationships.

To date, Palos Hospital has conducted a review of quality measures of existing FQHCs located in its CSA. Existing FQHCs are located on the fringes of the CSA and may not meet the needs of some people who have transportation challenges. Northwestern Medicine has relationships with a number of FQHCs throughout Chicago and its suburbs. We have had initial discussions with existing FQHCs in regards to bringing their services to the southwest suburbs, closer to Palos Hospital.

**Impact**

Having an FQHC closer to Palos Hospital would improve access to care for more people in the Palos Hospital CSA. Research continues to determine a potential location that would serve the most people.
Strategy 1.3: Enhance healthcare services available in the community.
Improve access to specialty care in the Palos Hospital CSA so people don’t have to travel outside of their community.

Palos Hospital recently added physicians to provide patients access to:

- Obstetrics and gynecology
- General neurosurgery
- Spine care
- Cerebrovascular neurosurgery
- Epilepsy care
- Stroke care
- Vascular care
- Neurosurgical oncology

Additional specialists in the areas of urogynecology, oncology and interventional pulmonology will join Palos Hospital in summer 2022.

Impact
With more specialized expertise available at Palos Hospital and other Northwestern Medicine locations in the Palos Hospital CSA, patients do not have to travel outside of their community for care. This saves time and money on transportation, and makes higher levels of care more convenient to access closer to where patients live and work.
2021 Priority Health Need 2: Heart Disease and Stroke

Goal: Improve access to quality health education and community resources to improve knowledge of heart disease and stroke prevention.

Strategy 2.1: Host virtual cooking classes.
Host virtual cooking classes targeted at a broad audience or specific community organization or group, such as employees, volunteers or the general public. Provide trusted health education materials along with the class.

Healthy habits start with small changes. Participants in these classes learn about label reading and how to make healthy food substitutes when cooking. Classes also address prevention activities aimed at reducing the risk for heart disease and stroke.

To date, three virtual healthy cooking demonstrations have been held through libraries in Palos Heights and Burbank, serving 89 participants. These programs have been well received, and a few participants have attended additional virtual cooking demonstrations available for a broader audience. To date, four demonstrations are scheduled for fall 2022.

Impact
Cooking demonstrations provide education to decrease the risk for chronic illness, disease and obesity.
Strategy 2.2: Improve access to health screenings.
Support increased access to health screenings by investing resources and collaborating with community-based organizations.

With the introduction of Northwestern Medicine to the Palos Hospital CSA, more time has been dedicated to establishing relationships with community partners that could offer future programming. Potential partners have been informed about opportunities to work with Northwestern Medicine, and many are working with us on planning programs for fall 2022.

To date, one blood pressure screening with 12 participants was held in Tinley Park at a subsidized housing complex for older adults.

Impact
Participants in blood pressure screenings learn the importance of monitoring blood pressure to help manage their risk of heart disease and stroke. Additional collaborations will help broaden the potential scope of highly valuable health screenings that can be offered in the Palos Hospital CSA, advancing awareness of disease prevention.
2021 Priority Health Need 3: Mental Health and Substance Use Disorders

Goal: Provide community-based programs to educate community members about mental health and improve mental health resources.

About half of all people in the U.S. will be diagnosed with a mental health disorder at some point in their lifetime. 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.

For the Palos Hospital 2021 CHNA, survey respondents were asked about their own mental health, including stress, depression and problems with emotion.

- 23.4% reported experiencing fair or poor mental health
- 28.3% reported receiving a diagnosis of a depressive disorder, including depression, major depression, dysthymia or minor depression

Strategy 3.1: Increase access to mental health training and education.

Improve access to behavioral health resources through the expansion of community-based programs such as Mental Health First Aid trainings.

Mental Health First Aid (MHFA) teaches people how to respond when someone in their life shows signs of a mental health or substance use disorder.

Palos Hospital identified the need for MHFA programs in the community. While reaching out to various community organizations, we learned that MHFA is readily available in our community.

- Moraine Valley Community College counselors are trained to teach MHFA.
- Palos Heights Police Department has a certified MHFA teacher.
- Sertoma Centre has certified MHFA educators.

Palos Hospital hosted one MHFA class for staff at Pathlights, a social service organization dedicated to providing services to older adults in the community.

Impact

As a result of the class at Pathlights, staff are better able to identify and appropriately respond to the mental health needs of the older adults they serve. We will continue efforts to connect with community organizations that may benefit from MHFA training as well as stress management and goal setting.
Strategy 3.2: Address needs for youth mental health support.
Collaborate with local schools and organizations to evaluate assets and needs for youth mental health support. Conduct a readiness assessment for a school-based mindfulness and mental health promotion curriculum.

A readiness survey has been developed and sent to school districts in the Palos Hospital CSA. The assessment asked if a mindfulness curriculum is in place and, if so, what program the school/district is using. The assessment also gauged interest in education around specific areas such as social media, bullying, stress management, conflict resolution and substance use. We are currently in the data collection phase of this project. Next steps include reviewing input and developing programs based on the findings of this outreach.

To date, four schools have indicated an interest in working with Palos Hospital to develop mental health programming.

Impact
Mental health issues are rapidly increasing in the United States, particularly among youth. School districts in the Palos Hospital CSA are now aware that we are ready to develop and deliver a curriculum to help them educate students regarding mental health.

Conclusion
The integration of Palos Hospital with Northwestern Medicine has brought additional resources to benefit residents in the Palos Hospital CSA.

Much of 2021 was spent focusing on building relationships with community organizations and learning about the work they do. These efforts position Palos Hospital to collaborate with these organizations to address the health needs in the CSA.

As new community programs are launched, they are consistently being evaluated and improved upon to maximize our impact and strengthen the health and well-being of the communities we are privileged to serve.
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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Resource</th>
<th>Description</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>American Cancer Society</td>
<td>Breast cancer screening</td>
<td>cancer.org</td>
</tr>
<tr>
<td></td>
<td>Bria Health Services</td>
<td>Breast cancer support</td>
<td>briahs.com/location/palos-hills-strive-center-for-rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Lemont Nursing &amp; Rehabilitation Center</td>
<td>Nursing home and rehabilitation center</td>
<td>lemontcenter.com</td>
</tr>
<tr>
<td></td>
<td>Northwestern Medicine</td>
<td>Health system</td>
<td>nm.org</td>
</tr>
<tr>
<td></td>
<td>Promedica Skilled Nursing and Rehabilitation</td>
<td>Short-term rehabilitation and long-term care</td>
<td>promedicaskillednursing.org/palosheightseast</td>
</tr>
<tr>
<td></td>
<td>Smith Crossing</td>
<td>Nursing home and rehabilitation center</td>
<td>smithcrossing.org</td>
</tr>
</tbody>
</table>
## Appendix B: Resources Available to Address Significant Health Needs

<table>
<thead>
<tr>
<th>Category</th>
<th>Resource</th>
<th>Description</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Service Organizations</strong></td>
<td><strong>BEDS Plus</strong></td>
<td>Housing</td>
<td>beds-plus.org</td>
</tr>
<tr>
<td></td>
<td>Caring Patriots</td>
<td>Veteran assistance</td>
<td>caringpatriots.org</td>
</tr>
<tr>
<td></td>
<td>Crisis Center for South Suburbia</td>
<td>Family crisis centers</td>
<td>crisisctr.org</td>
</tr>
<tr>
<td></td>
<td>Elim Christian Services</td>
<td>Disability services</td>
<td>elimcs.org</td>
</tr>
<tr>
<td></td>
<td>Gigi’s Playhouse</td>
<td>Disability services</td>
<td>gigisplayhouse.org</td>
</tr>
<tr>
<td></td>
<td>Orland Township Food Pantry</td>
<td>Food bank</td>
<td>orlandtownship.org/about-the-food-pantry</td>
</tr>
<tr>
<td></td>
<td>Palos Heights Farmers Market</td>
<td>Food</td>
<td>palosheights.org/273/farmers-market</td>
</tr>
<tr>
<td></td>
<td>Pathlights</td>
<td>Aging assistance and disability services</td>
<td>pathlights.org</td>
</tr>
<tr>
<td></td>
<td>Sleep in Heavenly Peace</td>
<td>Housing</td>
<td>shpbeds.org</td>
</tr>
<tr>
<td></td>
<td>Together We Cope</td>
<td>Housing and food</td>
<td>togetherwecope.org</td>
</tr>
<tr>
<td></td>
<td>VKMI Hattie B. Williams Food Pantry</td>
<td>Food</td>
<td>chicagosfoodbank.org/locations/vkmi-hattie-b-williams-food-pantry</td>
</tr>
<tr>
<td><strong>Behavioral Health Services</strong></td>
<td>The Bridge Teen Center</td>
<td>Youth programs</td>
<td>thebridgeeencenter.org</td>
</tr>
<tr>
<td></td>
<td>Sertoma Centre</td>
<td>Mental health support</td>
<td>sertomacentre.org</td>
</tr>
</tbody>
</table>
Appendix C: 
Timeline for the Northwestern Medicine Palos Hospital 2022 Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment and Analysis</strong></td>
<td>Overall</td>
<td>May 2021 to April 2022</td>
</tr>
<tr>
<td></td>
<td>Community input survey</td>
<td>September to December 2021</td>
</tr>
<tr>
<td></td>
<td>Focus groups</td>
<td>September 2021 to January 2022</td>
</tr>
<tr>
<td><strong>Prioritization</strong></td>
<td>Overall</td>
<td>May to June 2022</td>
</tr>
<tr>
<td></td>
<td>Palos Hospital Community Engagement Council (external)</td>
<td>May 17, 2022</td>
</tr>
<tr>
<td></td>
<td>Palos Hospital Community Health Council (internal)</td>
<td>May 24, 2022</td>
</tr>
<tr>
<td></td>
<td>Palos Hospital Community Affairs (internal)</td>
<td>June 3, 2022</td>
</tr>
<tr>
<td><strong>Approval</strong></td>
<td>Palos Community Hospital Board of Directors</td>
<td>July 21, 2022</td>
</tr>
<tr>
<td><strong>Report Made Widely Available to the Public</strong></td>
<td>Website</td>
<td>August 31, 2022</td>
</tr>
<tr>
<td></td>
<td>Paper copy available at no charge on request</td>
<td>August 31, 2022</td>
</tr>
<tr>
<td><strong>Public Comment</strong></td>
<td>Palos Hospital 2022 CHNA</td>
<td>August 31, 2022, through August 30, 2028</td>
</tr>
<tr>
<td></td>
<td>Palos Hospital 2021 CHNA</td>
<td>August 31, 2021, through August 30, 2025</td>
</tr>
</tbody>
</table>
Appendix D: A Closer Look at Data

Community Input Summary

Community input survey
AHE collected 526 survey responses from people in the Palos Hospital CSA.

The following issues were selected as the most important health concerns by 25% or more of the survey respondents:

1. Age-related illness (50%)
2. Cancers (33%)
3. Heart disease and stroke (32%)
4. Mental health (29%)

What are the most important health needs in your community? (n=526)

- Age-related illness: 50%
- Cancers: 33%
- Heart disease and stroke: 32%
- Mental health: 29%
- Diabetes: 20%
- COVID-19: 19%
- Obesity: 12%
- Dental problems: 10%
- Substance use: 9%
- Homelessness and housing instability: 8%
- Racism and other discrimination: 7%
- Mother and infant health: 6%
- Domestic violence: 5%
- Violence: 4%
- Lung disease: 3%
- Child abuse: 3%
- Vaccine-preventable illnesses: 3%
- Motor vehicle crash injuries: 3%
- Hunger: 2%
- Infectious diseases: 2%
- Preventable injuries: 2%
- Police brutality: 1%
- Sexually transmitted infections, including HIV: 0%
The following factors were determined to be needed to **support improvements** in the health choices of people in the Palos Hospital CSA by 25% or more of the survey respondents:

1. Access to mental health services (46%)
2. Access to health care (45%)
3. Access to community services (42%)

**What is needed to support improvements in the health needs you chose? (n=526)**

- Access to mental health services: 46%
- Access to health care: 45%
- Access to community services: 42%
- Safety and low crime: 23%
- Activities for teens and youth: 20%
- Access to transportation (buses, trains): 18%
- Access to healthy food: 17%
- Clean environment (safe water, clean air): 16%
- Quality job opportunities: 15%
- Affordable child care: 14%
- Strong family life: 13%
- Welcoming neighbors and social groups: 12%
- Affordable housing: 12%
- Adult education and job training: 12%
- Good schools: 10%
- Arts and cultural events: 9%
- Diversity: 9%
- Parks and recreation: 7%
- Early childhood programs: 5%
- Religion or spirituality: 4%
The following factors were determined to be challenges experienced by residents in the Palos Hospital CSA related to the COVID-19 pandemic:

1. Not knowing when the pandemic will end, lack of control (38%)
2. Feeling anxious or on edge (37%)
3. Feeling alone or isolated, not being able to socialize (30%)

Did anyone in your household experience any of the following due to the COVID-19 pandemic? (n=498)

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not knowing when the pandemic will end, lack of control</td>
<td>38%</td>
</tr>
<tr>
<td>Feeling nervous, anxious or on edge</td>
<td>37%</td>
</tr>
<tr>
<td>Feeling alone or isolated, not being able to socialize</td>
<td>30%</td>
</tr>
<tr>
<td>Sick household members</td>
<td>23%</td>
</tr>
<tr>
<td>Stress regarding employment status</td>
<td>21%</td>
</tr>
<tr>
<td>Loss of employment</td>
<td>20%</td>
</tr>
<tr>
<td>Reduced pay/hours</td>
<td>18%</td>
</tr>
<tr>
<td>Death of family members or friends</td>
<td>16%</td>
</tr>
<tr>
<td>Loss of access to basic medical care</td>
<td>15%</td>
</tr>
<tr>
<td>Temporary layoff or furlough</td>
<td>10%</td>
</tr>
<tr>
<td>Ongoing or long-term illness</td>
<td>5%</td>
</tr>
<tr>
<td>Loss of child care</td>
<td>4%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>4%</td>
</tr>
<tr>
<td>Loss or reduction of insurance coverage</td>
<td>4%</td>
</tr>
<tr>
<td>Another impact - write in</td>
<td>4%</td>
</tr>
<tr>
<td>Shortage of food/hunger</td>
<td>3%</td>
</tr>
<tr>
<td>Lack of access to technology</td>
<td>3%</td>
</tr>
<tr>
<td>Transportation difficulty</td>
<td>2%</td>
</tr>
<tr>
<td>Unstable housing or homelessness</td>
<td>2%</td>
</tr>
<tr>
<td>Lack of skills to use technology to communicate</td>
<td>2%</td>
</tr>
<tr>
<td>Shortage of infant supplies</td>
<td>2%</td>
</tr>
</tbody>
</table>
Community focus groups

AHE conducted eight focus groups in the Palos Hospital CSA. These groups included representatives from the following organizations:

- Arab American Family Services
- Community health workers from west/southwest suburbs
- Pillars Community Health (bilingual Spanish)
- Sertoma Centre
- Countywide virtual—Immigrant and refugee service providers
- Countywide virtual—People who identify as LGBTQIA+
- Countywide virtual—NAMI Chicago, individuals with mental health conditions
- Countywide virtual—NAMI Chicago, family members of people with mental health conditions

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 and was joined by a note-taker who recorded the session while typing notes and observations on a laptop. Recordings were stored securely on a server at the Illinois Public Health Institute (IPHI).

These focus groups took place with priority populations such as veterans, individuals living with mental illness, people of color, older adults, caregivers, teens and young adults, LGBTQ+ people, 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.

The following themes were identified during focus group sessions for the Palos Hospital CSA:

**Behavioral health**
- Holistic integrated care
- Substance use
- Mental health crises
- Stigma
- Access to treatment
- Behavioral health and COVID-19
- Connections between mental health and other determinants of health

**Child and adolescent health**
- Programs and services needed
- Child care
- Education
- COVID-19 impacts
- Child and adolescent behavioral health
- Overall child and adolescent health
Chronic health conditions

• Obesity, diabetes, hypertension, asthma

• Health behaviors and social determinants are contributing to chronic disease
  – Inactivity in youth and young adults
  – Inadequate access to healthy foods
  – Cost of medical care
  – Smoking

• Impacts of COVID-19 infection

Community cohesion and leadership

• Important for healthy communities

• The role of community social networks in COVID-19 response

• Community leadership
  – Engagement of community in local government
  – Community activism

• Roles of communities in solutions
  – Trusted community liaisons for sharing information
  – Churches and faith communities are a resource
  – Communities can provide accountability
  – Mutual aid programs
  – Community events

• Coordination between programs and services needs improvement

Community communication

• Communication about resources is ineffective

• Digital marketing opportunities
  – Social media, television, blogs, podcasts, news stories, school email systems

• In-person communications
  – Community events
  – Trusted messengers
  – Community health workers (CHWs)
  – Texting and calls
  – Passing information through faith communities
Community safety
• Several factors contribute to violence in communities
• Economic instability and lack of economic opportunity
• COVID-19 stressors
• Police brutality and a corrupt criminal justice system
• Substance use disorders
• Lack of behavioral health treatment and need for greater mental health awareness
• Education inequities
• Lack of conflict resolution alternatives
• Lack of infrastructure investment in roads and public safety measures

COVID-19
• Vaccine misinformation
• Additional COVID-19 impacts discussed under other topical areas

Health care
• Several factors influence access
  – Ease of access to health clinics
  – Insurance coverage and public benefits
  – Immigration status
  – Linguistically and culturally appropriate services
  – Bureaucracy that requires extensive paperwork and approvals before accessing care
• Discrimination, racism and lack of empathy among healthcare professionals
• Several additional healthcare needs discussed
  – Behavioral health services
  – Affordable specialty care
  – Engagement in primary care
  – Telehealth coverage
  – Expanded use of CHWs and in-home health promoters/health services
  – Building trust with communities
  – Better communication about resources
  – Transportation to appointments
Social and structural determinants of health
• Access to safe, affordable housing
• Access to healthy foods, farmers markets and grocery stores
• Quality education
• Affordable child care
• Economic opportunity and community investment
• Improved infrastructure
• Environmental health

Alliance for Health Equity CHNA Report
Read the full 2022 AHE report here: allhealthequity.org/projects/2022-chna-report/
Appendix E: Citations


Appendix E: Citations


Appendix E: Citations


47. Community input represents information and beliefs obtained from CHNA focus groups and from persons representing the broad interests of the community, including people who were uninsured, low-income and from certain minority groups.

Appendix F: Disclaimers

**Information gaps**

Palos 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. Due to variations in data collection time frames 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 Palos Hospital 2022 CHNA report is available to the public at no charge and can be accessed in the following ways:

- **Online:** [nm.org/about-us/community-initiatives/community-health-needs-assessment](http://nm.org/about-us/community-initiatives/community-health-needs-assessment)
- **Phone:** 312.926.2301 (TTY: 711)
- **Email:** communityhealth@nm.org

**In person:** For a hard copy of the report, visit Palos Hospital at:

12251 South 80th Avenue  
Palos Heights, Illinois 60463  
Inquire at the main customer service desk on the first floor.

**Public comment**

As of May 2022, Palos Hospital had not received comments from the public on its previous CHNA report. 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, were considered when identifying and prioritizing the significant health needs of the community.

**Palos 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.