

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.



Foreword

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



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.

Table of Contents

Introduction to the Community Health Needs Assessment	1	▶
Acknowledgments	4	▶
Who We Are		
Get to Know Northwestern Memorial HealthCare	5	▶
About Northwestern Medicine Palos Hospital	7	▶
Defining the Community Service Area		
How the Community Service Area was determined	8	▶
How the Palos Hospital Community Service Area is defined	9	▶
Palos Hospital Community Service Area map	10	▶
Completing the Assessment		
Primary data	11	▶
Secondary data	13	▶
Key Findings		
Who lives in the communities we serve	14	▶
Social determinants of health	16	▶
Health conditions	28	▶
Health behaviors	41	▶
Data analysis and significant health needs	43	▶
Priority Health Needs		
Community councils	44	▶
How we chose the priority health needs	46	▶
Identified priority health needs	48	▶
Development of a Plan to Address Priority Health Needs		
Existing resources	49	▶
Palos Hospital role	50	▶
Appendix A: Evaluation of Impact	51	▶
Appendix B: Resources to Address Significant Health Needs	59	▶
Appendix C: Timeline for the Palos Hospital 2022 CHNA	61	▶
Appendix D: A Closer Look at Data	62	▶
Appendix E: Citations	69	▶
Appendix F: Disclaimers		
Information gaps	73	▶
Public dissemination	73	▶
Public comment	73	▶



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 Suburbia
- 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



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

11 hospitals
and more than
200 locations



We are...

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

Our mission

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

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

Improve the health of the communities we serve

How we achieve our mission

As 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



406
beds



Acute
care



Located in **Palos Heights**, Illinois

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



622,197 residents

2,081
people per
square mile



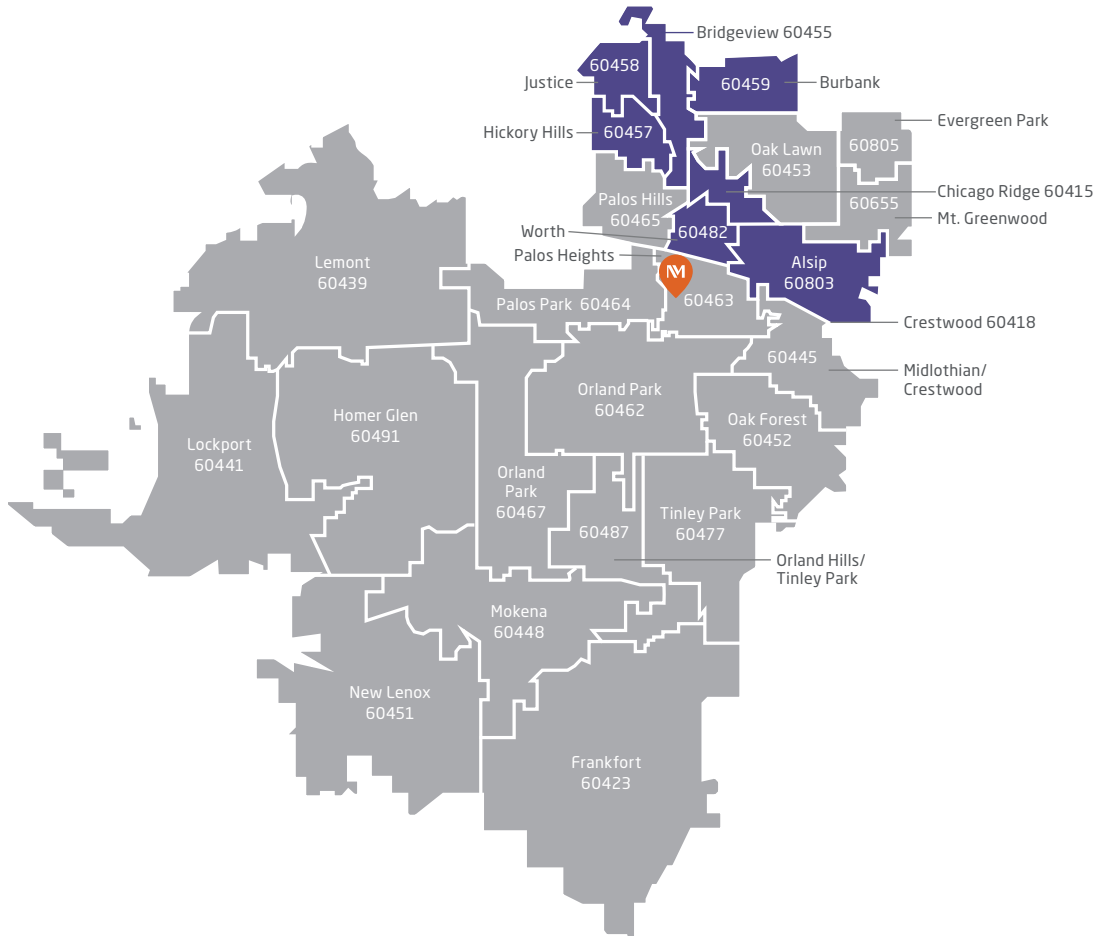
Predominantly
suburban

Palos Hospital CSA Cities and ZIP Codes			
City	ZIP Code	City	ZIP Code
Alsip	60803	Mokena	60448
Bridgeview	60455	Mt. Greenwood	60655
Burbank	60459	New Lenox	60451
Chicago Ridge	60415	Oak Forest	60452
Crestwood	60418	Oak Lawn	60453
Evergreen Park	60805	Orland Hills/Tinley Park	60487
Frankfort	60423	Orland Park	60462, 60467
Hickory Hills	60457	Palos Heights	60463
Homer Glen	60491	Palos Hills	60465
Justice	60458	Palos Park	60464
Lemont	60439	Tinley Park	60477
Lockport	60441	Worth	60482
Midlothian-Crestwood	60445		

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)



The Palos Hospital Community Service Area. Locations in dark purple have been identified as under-resourced communities by SERI.



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



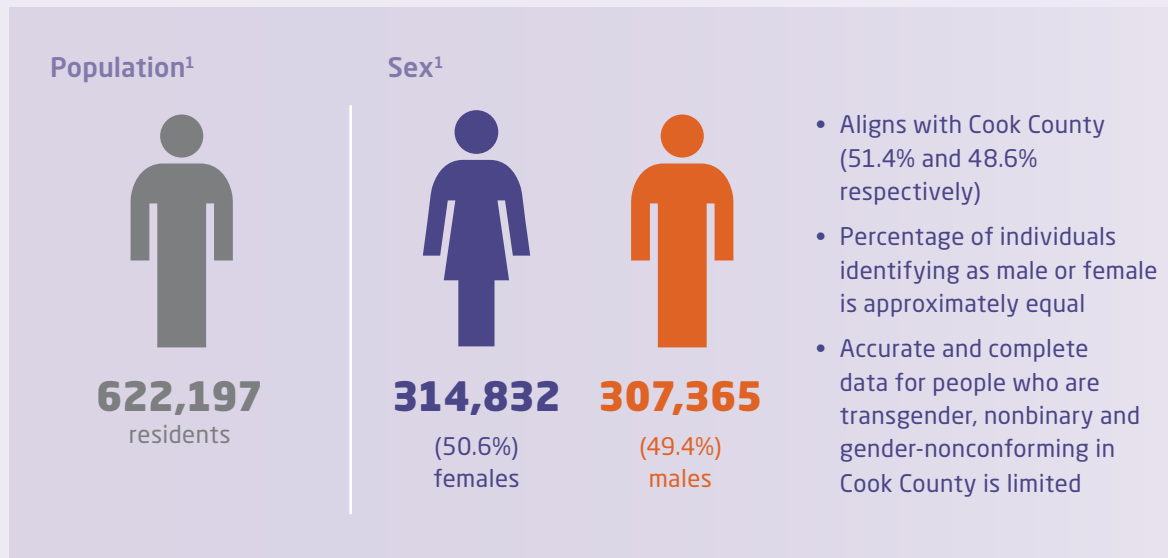
Key Findings

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.



Age¹

Age Group	Population in the Hospital's CSA	Percentage in the Hospital's CSA	Percentage in Cook County
0 to 4	35,465	5.7%	6.1%
5 to 17	107,018	17.2%	15.7%
18 to 39	159,905	25.7%	32.2%
40 to 64	212,791	34.2%	31.3%
65 and Older	107,018	17.2%	14.7%

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

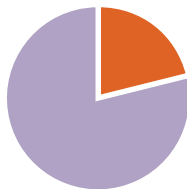
Race and ethnicity¹

- Unlike Cook County, majority non-Hispanic white population¹
- Minority populations concentrated to the northeast side of the CSA
- Racial and ethnic segregation in Cook County well above national median levels²

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

Language²

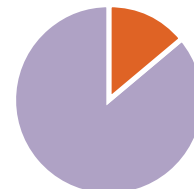
Language skills affect the ability to access, understand and act on health information.



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



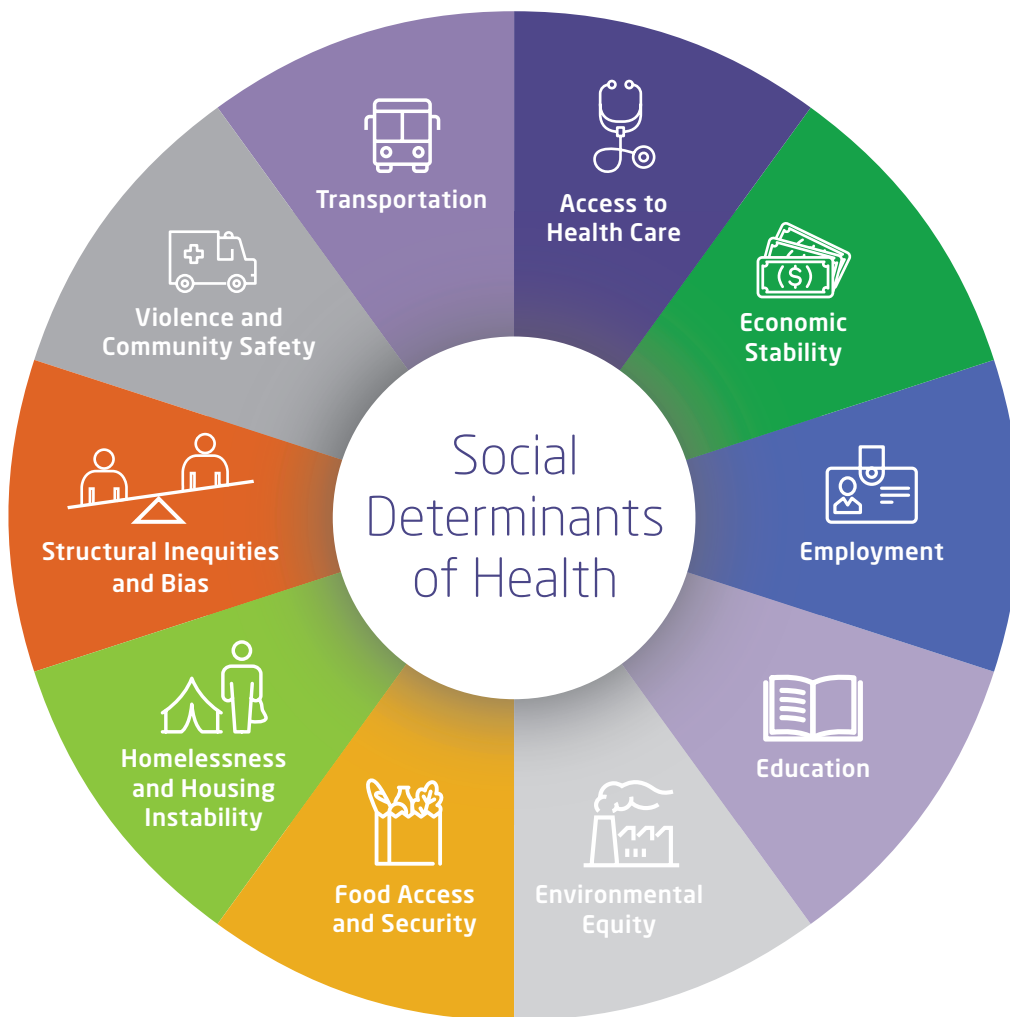
4.19% of CSA households speak limited English (compared to 7.36% in Cook County)



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

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.”⁴⁸ The ability to access health insurance is essential for promoting and maintaining health as well as preventing and managing disease.

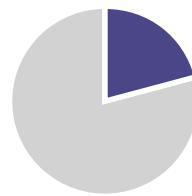
According to Healthy People 2030, “People without insurance are less likely to have a primary care provider, and they may not be able to afford the healthcare services and medications they need.”³

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 Medicaid⁵



13.7%
of residents in the Palos
Hospital CSA do not have
medical insurance⁴



21.1%
of residents in Cook
County do not have
medical insurance⁴

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.



Community Input:⁴⁷ Access to Health Care

“People need some form of ID usually to get help. ID is hard to get.”

– AHS Family Health Center

“Affordable health care and mental health care for all ages [and] prescription access [are hard to find].”

– Pillars Community Health

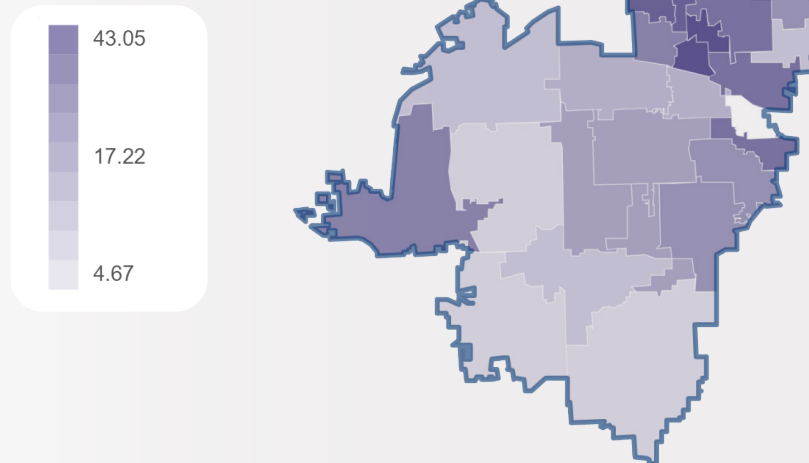
Economic Stability

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.⁶ In Illinois, the annual household income at 200% of the federal poverty level (FPL) for a household of four was \$55,500 in 2022.⁶ More than 18% of residents living in the Palos Hospital CSA have household incomes less than or equal to this amount.

Socioeconomic Status ⁶	Population in the Hospital's CSA	Percentage in the Hospital's CSA	Percentage in Cook County
Persons Living at or Below the Federal Poverty Level	46,603	7.49%	13.68%
Persons Living at or Below 200% of the Federal Poverty Level	114,609	18.42%	30.28%

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 Unemployment⁷

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.⁸



Community Input:⁴⁷ Employment

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

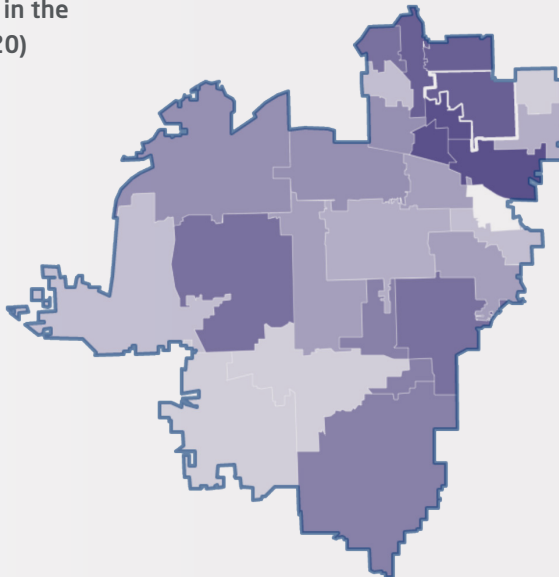
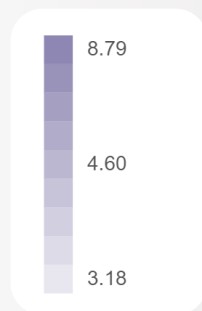
What are the needs of families with limited resources?

"Adequate and vital employment."

- Loyola Community Health Workers Countywide

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

Measured as a Percent



Education

Poverty, unemployment and under-employment are highest among those with less education.⁹ 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)⁸
- That number is 87.7% in Cook County⁸
- Residents in the south and central parts of the CSA are more likely to have a high school diploma⁸
- 4.2% of residents ages 16 to 19 are neither working nor enrolled in school⁹
- 20% of survey respondents ranked activities for teens and youth as needed to support improvements in the health of the community



Community Input:⁴⁷ Education

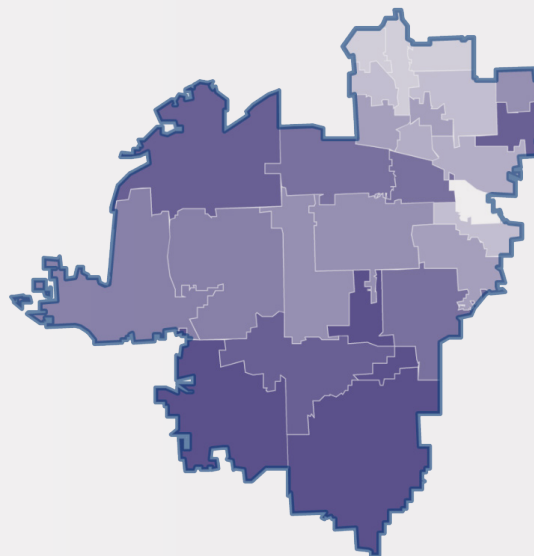
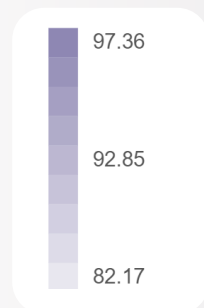
"Early childhood education is vital."

- 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.¹⁴ 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).¹⁵



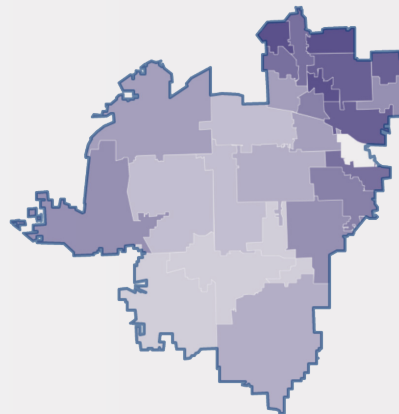
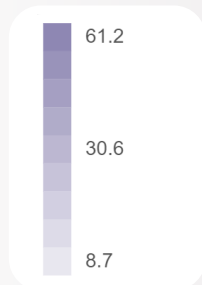
Community Input:⁴⁷ Environmental Equity

Communities highlighted the many ways in which the SDOHs, such as infrastructure and environmental health, are impacting health outcomes.

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

**Exposure to Particulate Matter
in the Palos Hospital CSA**
Measured as a Percentile Ranking



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

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.¹⁰ 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.¹¹



Community Input:⁴⁷ Food Access and Security

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

– Rush Community Health
Workers Countywide

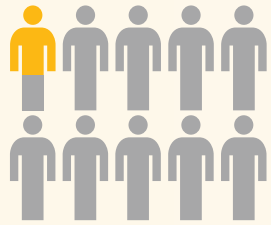
Families with children are more likely to have experienced food and nutrition insecurity during the pandemic.¹¹



Food Access and Security (continued)

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.¹²

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

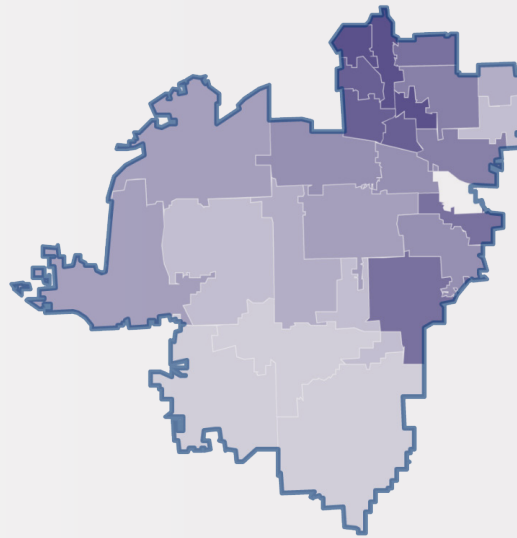
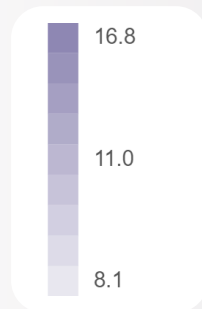


6.3% of households

in the Palos Hospital CSA receive SNAP benefits¹³

Residents With Food Insecurity in the Palos Hospital CSA

Measured as a Percent



*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.

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



Community Input:⁴⁷ Homelessness and Housing Instability

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

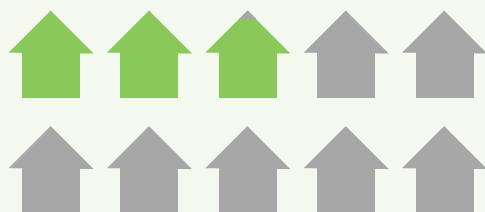


54.0% of renters living in poverty in suburban Cook County are living in unaffordable units



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

Structural Inequities and Bias*



Structural racism, also known as systemic racism, is racial bias among institutions and across society.^{18, 19} 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.



Community Input:⁴⁷ Structural Inequities and Bias

"Immigrants are taking expired medication they brought home because they cannot access medical care."

- AHS Family Health Center focus group participant

"Having services in their language so that they can make informed decisions about their care and can make decisions about how to maintain their health long-term."

- Immigrant and refugee service providers

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

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.²¹
- 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.

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:⁴⁷ Violence and Community Safety

“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.



Transportation

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,²² 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



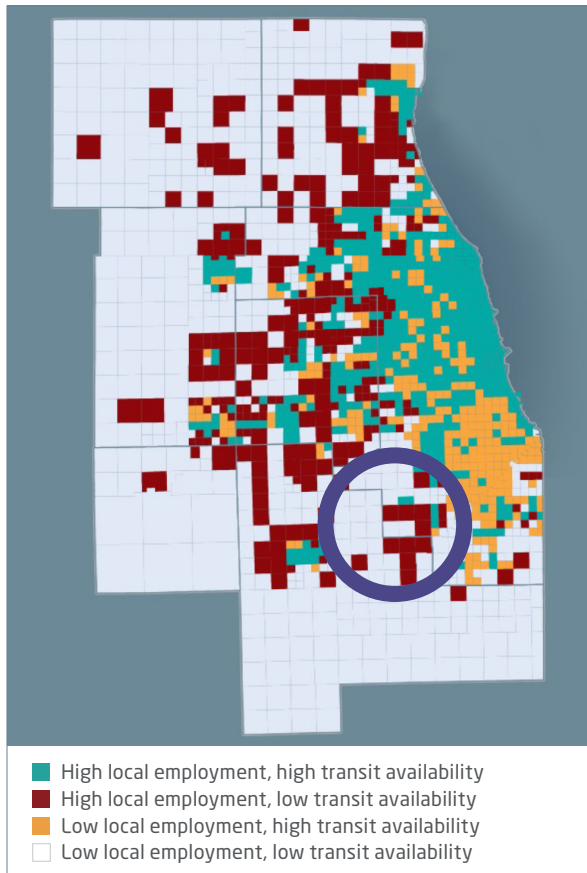
Community Input:⁴⁷ Transportation

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

Local Employment and Transit Availability²⁰

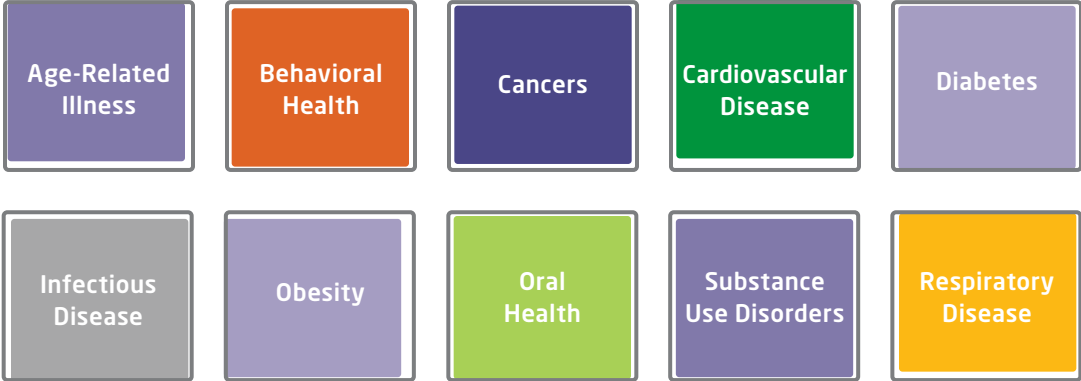


- High local employment, high transit availability
- High local employment, low transit availability
- Low local employment, high transit availability
- Low local employment, low transit availability

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



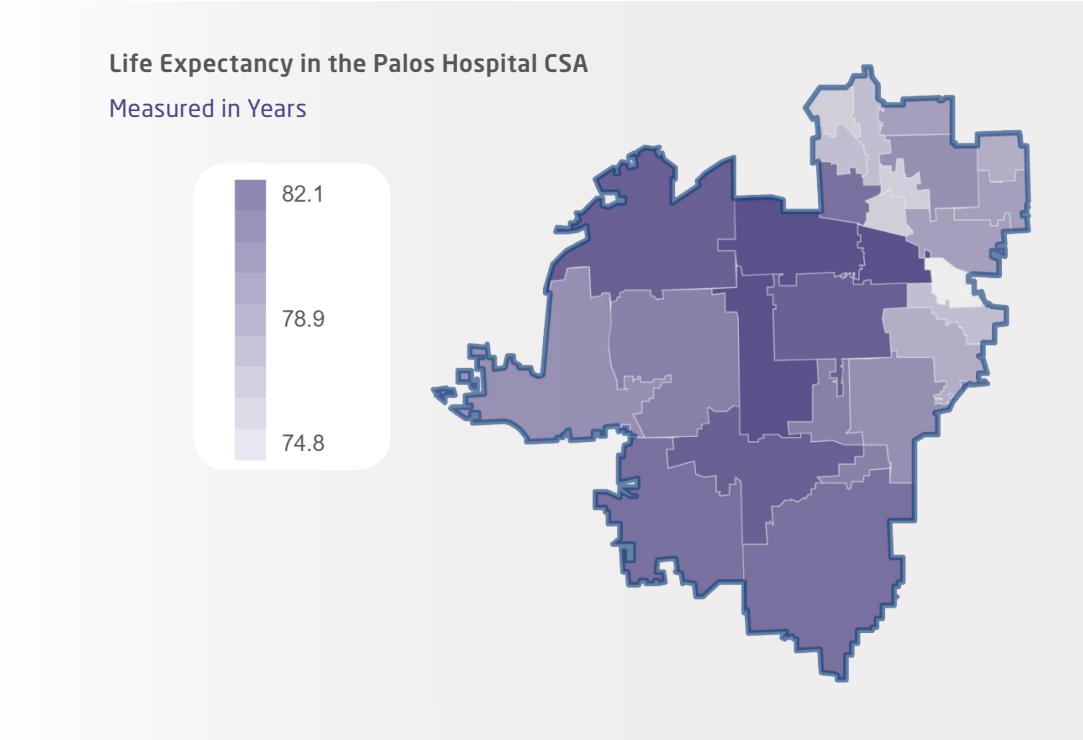
Overall, estimates of disease burden in the Palos Hospital CSA are similar to those reported for Cook County, with the cancer diagnosis rate being slightly higher in the hospital CSA.

Health Condition	Prevalence in the Hospital's CSA	Prevalence in Cook County
Obesity ²³	27.9%	29.2%
High Blood Pressure ²⁴	29.5%	29.2%
Diabetes ²⁵	8.7%	10.6%
Asthma ²⁶	8.94%	8.6%
Cancer (diagnosis rate) ²⁷	746.61 per 100,000 residents	522.52 per 100,000 residents

Life expectancy in the Palos Hospital CSA²⁸

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

- Overall life 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)



Age-Related Illness

More than half of the residents in the Palos Hospital CSA are middle-aged and older adults.²⁹ 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 2025.³⁰

Community Input:⁴⁷ Age-Related Illness

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

Arthritis³¹



Palos Hospital CSA: **24.4% of adults**

Cook County: 20.8% of adults

Vision difficulty³²



Palos Hospital CSA: **1.8% of adults**

Cook County: 2.1% of adults

Hearing difficulty³²



Palos Hospital CSA: **2.9% of adults**

Cook County: 2.4% of adults

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.

Behavioral Health

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.

Community Input:⁴⁷ Behavioral Health

"Stigma around mental health adds to the bigger issue of overdose rates and suicide."

-Pillars Community Health



46% of survey respondents in the Palos Hospital CSA selected **access to behavioral health services as a need within the community**¹

49.6 behavioral health providers per 100,000 residents in northeast (Bridgeview); there are 1,635³³ behavioral health providers in the Palos Hospital CSA

As of 2019, 20.5% of adults in the Palos Hospital CSA reported having diagnosed depression.³⁴ 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.

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

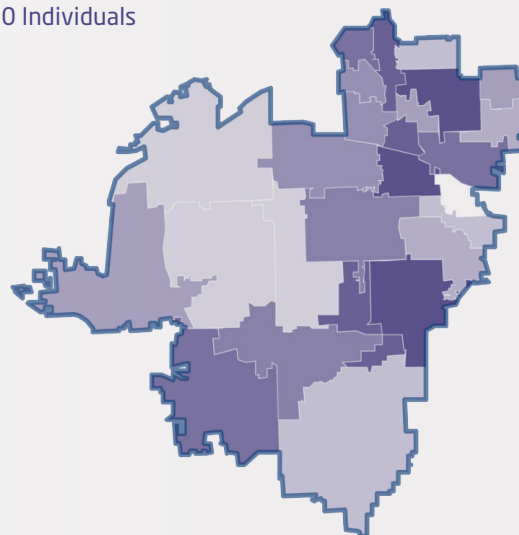
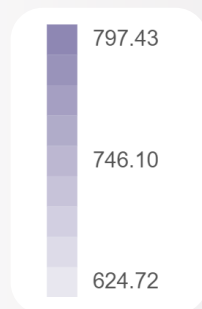
Cancer Death Rate

162 per 100,000 residents in the southwest region of suburban Cook County⁴³



Cancer Diagnosis Rate in the Palos Hospital CSA

Measured as a Rate per 100,000 Individuals



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)³⁶



5.3% report having **coronary heart disease**³⁹



70.9% of those with high blood pressure report **taking medicine** for it³⁸



2.8% report having had a **diagnosed stroke**⁴⁰



31.3% report having **high cholesterol**³⁸



There are **112 cardiovascular disease physicians** in the Palos Hospital CSA³³

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.⁴¹

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.⁴²

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:²⁵

8.7%
of adults

Cook County:
10.6% of adults



Community Input:⁴⁷ Diabetes

“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

Community Input:⁴⁷ Infectious Disease

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.”

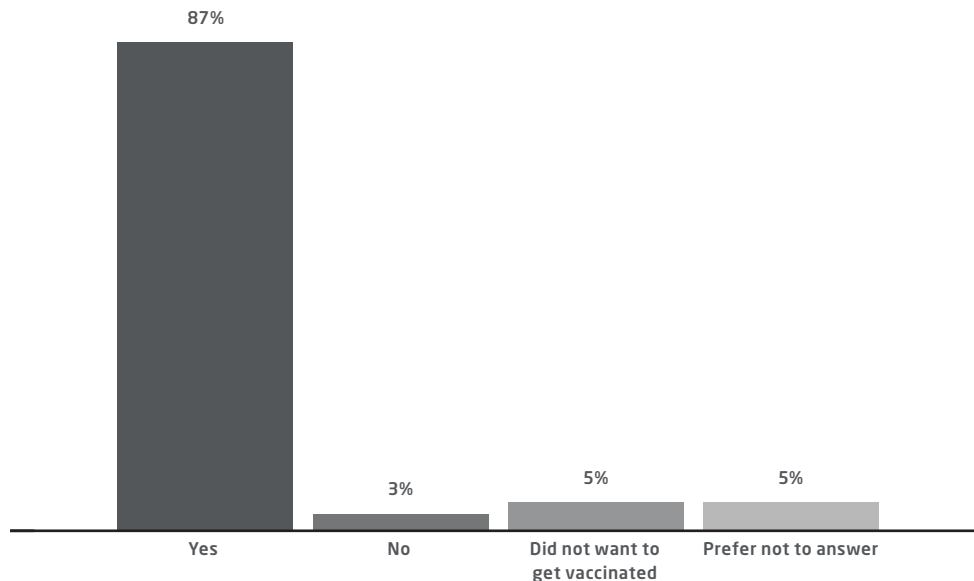
-NAMI Family Members and Caregivers

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

-Loyola Community Health Workers Countywide

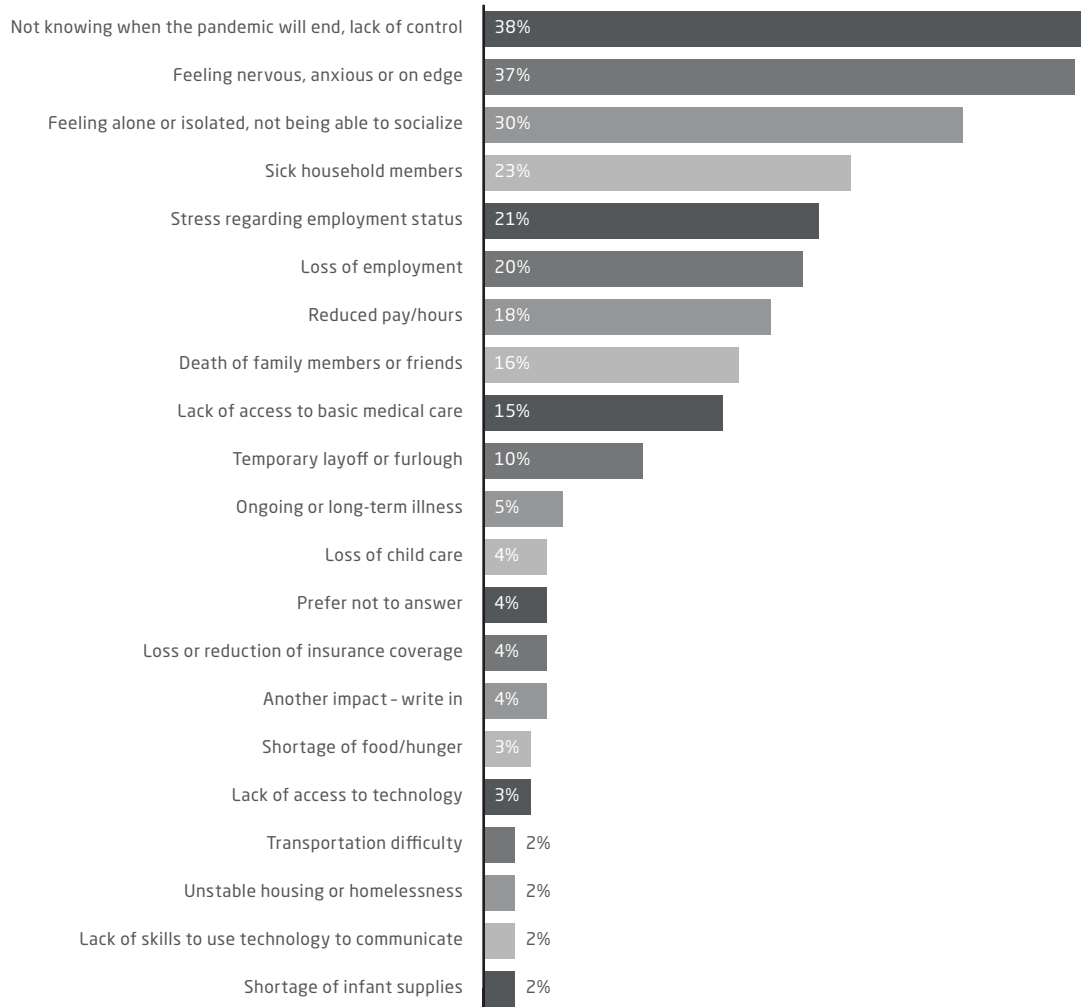
In suburban Cook County, 67% of residents reported having completed a COVID-19 vaccine series as of April 2022.¹ The majority of residents in the Palos Hospital CSA who wanted to get vaccinated were able to get the COVID-19 vaccine.

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



Infectious Disease (continued)

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)



Obesity

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:⁴⁷ Obesity

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 Obesity²³

Palos Hospital CSA:

27.9% of adults

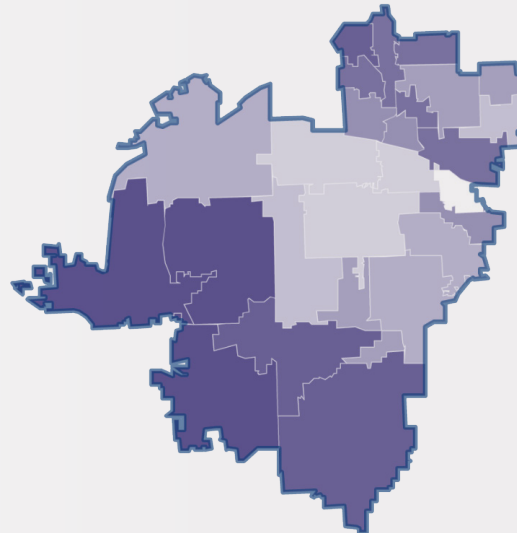
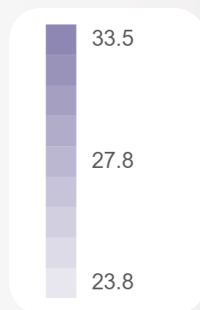
Cook County:

29.2% of adults



Obesity Rate of Adults in the Palos Hospital CSA

Measured as a Percent



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.⁴³

While there are 822³³ 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:⁴⁷ 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.

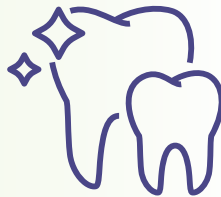
“Can’t get dental care needed. Insurance doesn’t cover eye care or dental care.”

–AHS Family Health Center

Dental Visits in the Palos Hospital CSA⁴⁴

Palos Hospital CSA:
69.8% of adults

Cook County:
64.4% of adults



Substance Use Disorders

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 2020,⁴⁵ 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

Community Input:⁴⁷ Substance Use Disorders

"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

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)⁴⁶

Between 2016 and 2020, 60482 (Worth) was among the top five ZIP codes for opioid-related deaths in suburban Cook County.⁴⁶



Respiratory Disease

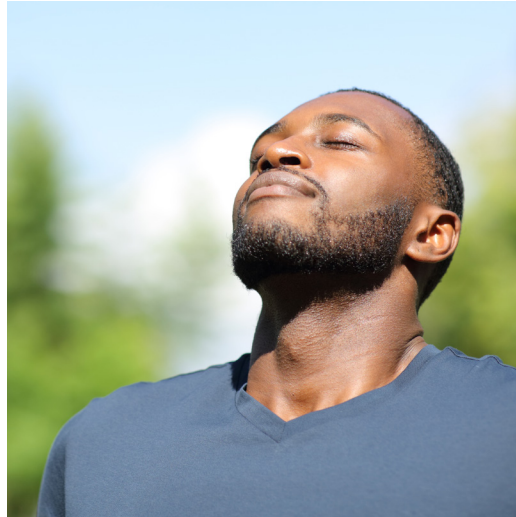
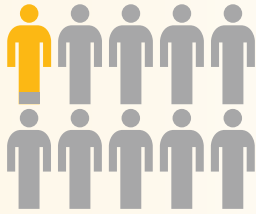
Lung diseases did not emerge as a high priority in surveys and focus groups conducted in communities constituting the Palos Hospital CSA. Of respiratory illnesses, the most common referenced by community members in the CSA was asthma.

Rates of Asthma²⁶

Palos Hospital CSA:

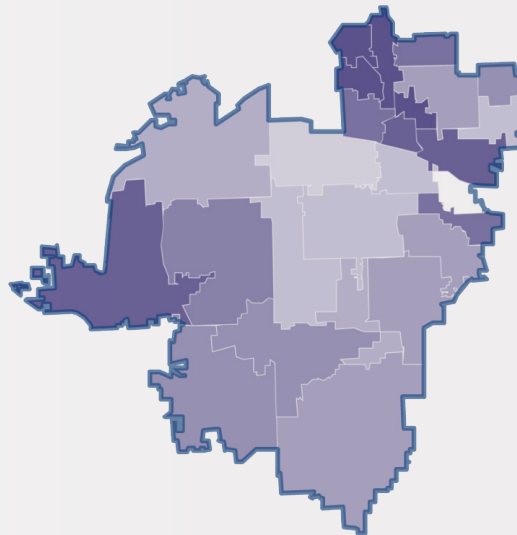
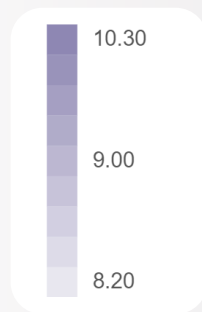
8.94% of residents

Cook County: 8.6%



Current Asthma Rate in the Palos Hospital CSA

Measured as a Percent

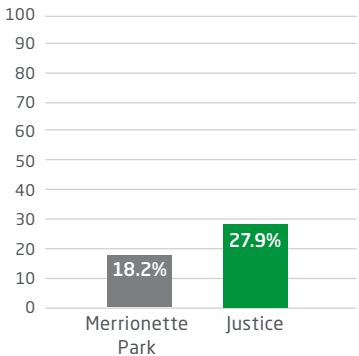


Health behaviors

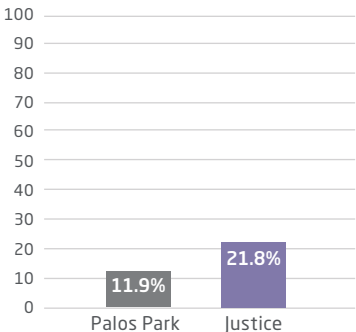
Many behaviors impact the burden of disease in communities, including food choices, physical activity and substance use. Within the Palos Hospital CSA, residents reported a range of behaviors.

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

No exercise



Cigarette smoking



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



Nutrition

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 | NAMI South Suburbs of Chicago |
| Crisis Center for South Suburbia | Pathlights |
| Inner-City Muslim Action Network (IMAN) | Sertoma Centre, Inc. |
| Moraine Valley Community College | Together We Cope |

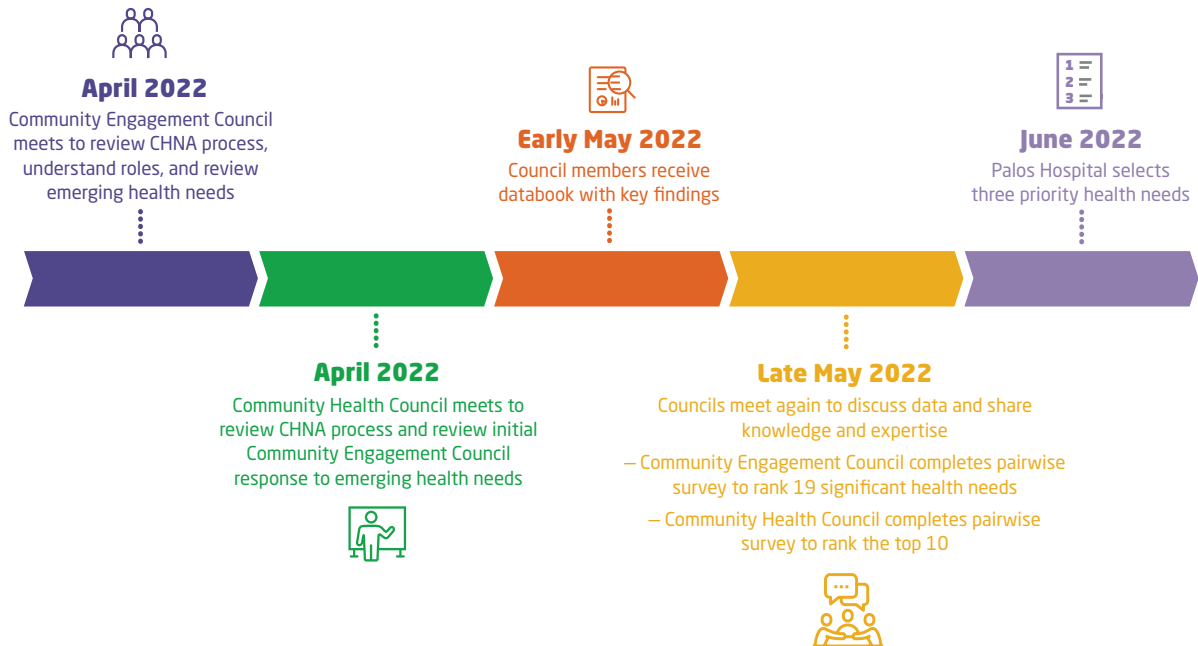
Community Health Council

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.

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

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

Prioritization Factors	Related Questions
Magnitude and Inequity	<ul style="list-style-type: none"> • How many people in the community are impacted? • Are there inequalities by race, income or location? • Where is the magnitude the greatest?
Severity and Impact	<ul style="list-style-type: none"> • How does the need impact health and vitality (focusing on people most impacted by needs related to social determinants of health)?
Feasibility of Influencing	<ul style="list-style-type: none"> • What capacity already exists to address the need? Can Northwestern Medicine action add value? • Is there already a foundation for partnership? Is it local? • Could the role of Northwestern Medicine complement that of other partners?
Consequences of Inaction	<ul style="list-style-type: none"> • What impact would inaction have on individuals and on population health? • Are there other partners who will act to address the need? • Do the inputs needed to take action create challenges to act in other important areas, recognizing that overall Northwestern Medicine resources are limited?
Trend	<ul style="list-style-type: none"> • Is there a pattern in the data? • Has the data gotten significantly worse/better over time?


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.

Palos Hospital 2022 Priority Health Needs



Behavioral Health

Culturally and Linguistically Appropriate Care

Food Access and Security



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.

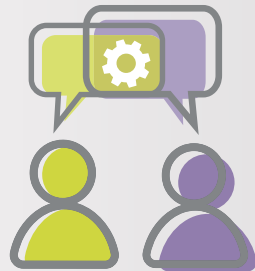
*The CHIP will specify significant health needs identified through the CHNA that Palos Hospital did not prioritize, together with the reason that they will not be addressed.

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



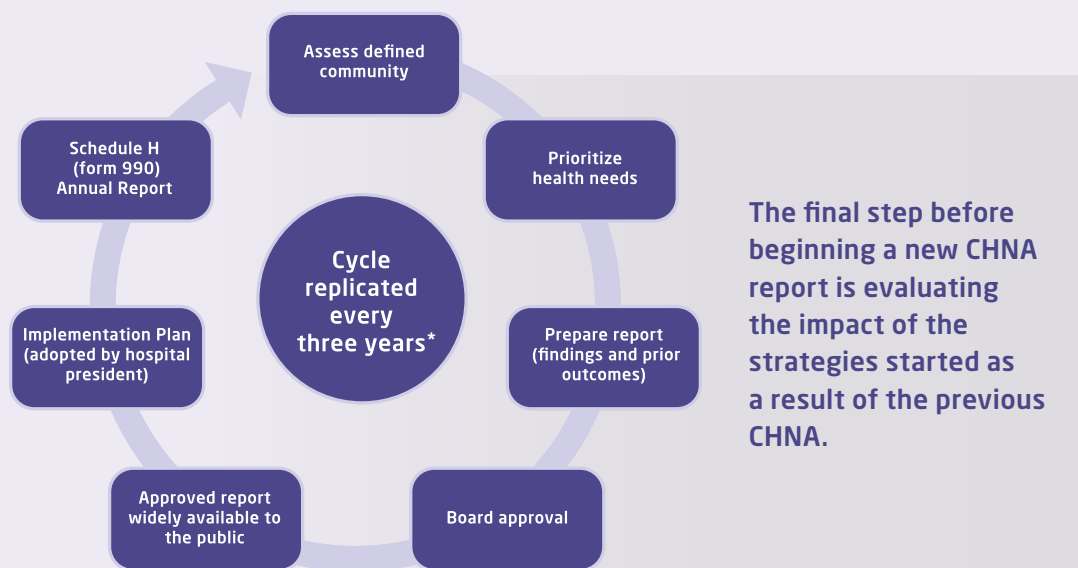
Care Provider

- 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.

Category	Resource	Description	Link
Health Care	American Cancer Society	Breast cancer screening	cancer.org
	Bria Health Services	Breast cancer support	briahealthservices.com/location/palos-hills-strive-center-for-rehabilitation
	Lemont Nursing & Rehabilitation Center	Nursing home and rehabilitation center	lemontcenter.com
	Northwestern Medicine	Health system	nm.org
	Promedica Skilled Nursing and Rehabilitation	Short-term rehabilitation and long-term care	promedicasnursing.com/palosheightseast
	Smith Crossing	Nursing home and rehabilitation center	smithcrossing.org

Category	Resource	Description	togetherwecope.org
Social Service Organizations	BEDS Plus	Housing	beds-plus.org
	Caring Patriots	Veteran assistance	caringpatriots.org
	Crisis Center for South Suburbia	Family crisis centers	crisisctr.org
	Elim Christian Services	Disability services	elimcs.org
	Gigi's Playhouse	Disability services	gigisplayhouse.org
	Orland Township Food Pantry	Food bank	orlandtownship.org/ about-the-food-pantry
	Palos Heights Farmers Market	Food	palosheights.org/273/ farmers-market
	Pathlights	Aging assistance and disability services	pathlights.org
	Sleep in Heavenly Peace	Housing	shpbs.org
	Together We Cope	Housing and food	togetherwecope.org
	VKMI Hattie B. Williams Food Pantry	Food	chicagosfoodbank.org/ locations/vkmi-hattie-b- williams-food-pantry
Behavioral Health Services	The Bridge Teen Center	Youth programs	thebridgeteencenter.org
	Sertoma Centre	Mental health support	sertomacentre.org

Appendix C: Timeline for the Northwestern Medicine Palos Hospital 2022 Community Health Needs Assessment

Phase	Description	Date
Assessment and Analysis	Overall	May 2021 to April 2022
	Community input survey	September to December 2021
	Focus groups	September 2021 to January 2022
Prioritization	Overall	May to June 2022
	Palos Hospital Community Engagement Council (external)	May 17, 2022
	Palos Hospital Community Health Council (internal)	May 24, 2022
	Palos Hospital Community Affairs (internal)	June 3, 2022
Approval	Palos Community Hospital Board of Directors	July 21, 2022
Report Made Widely Available to the Public	Website	August 31, 2022
	Paper copy available at no charge on request	August 31, 2022
Public Comment	Palos Hospital 2022 CHNA	August 31, 2022, through August 30, 2028
	Palos Hospital 2021 CHNA	August 31, 2021, through August 30, 2025

Appendix D: A Closer Look at Data

Community Input Summary

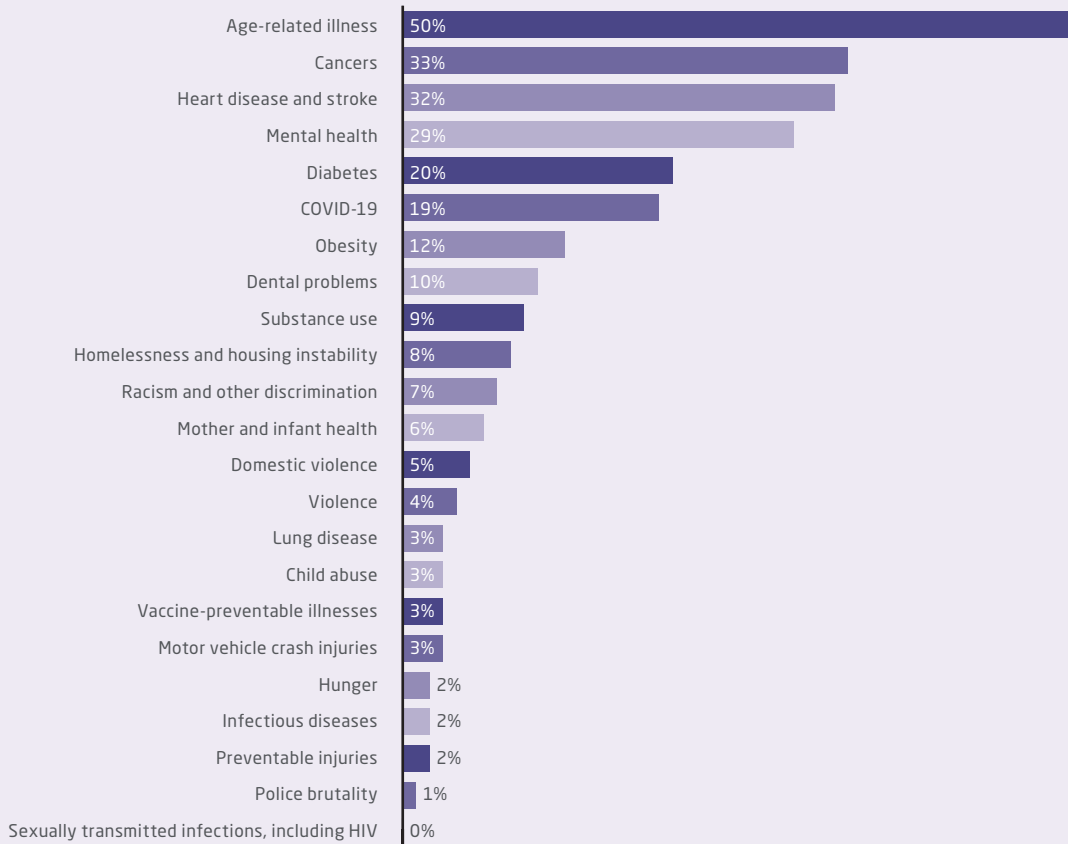
Community input survey

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%)

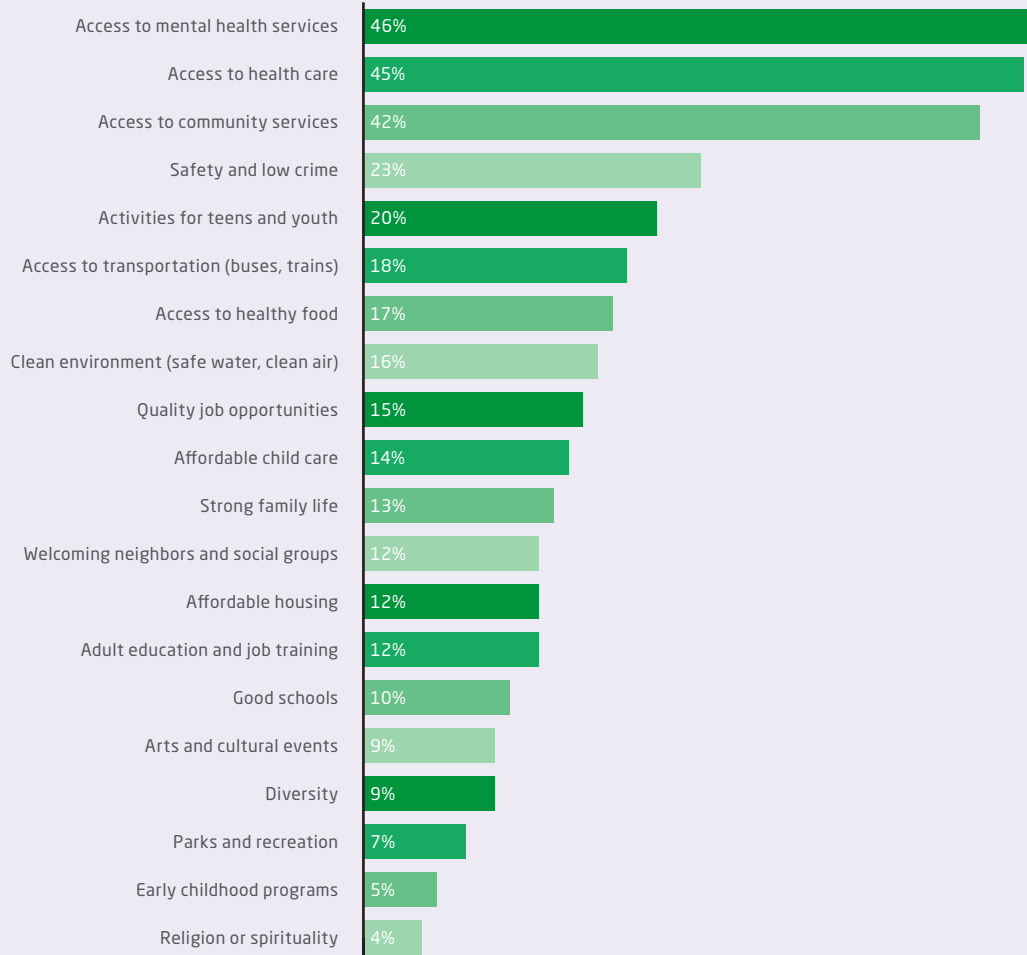
What are the most important health needs in your community? (n=526)



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%)

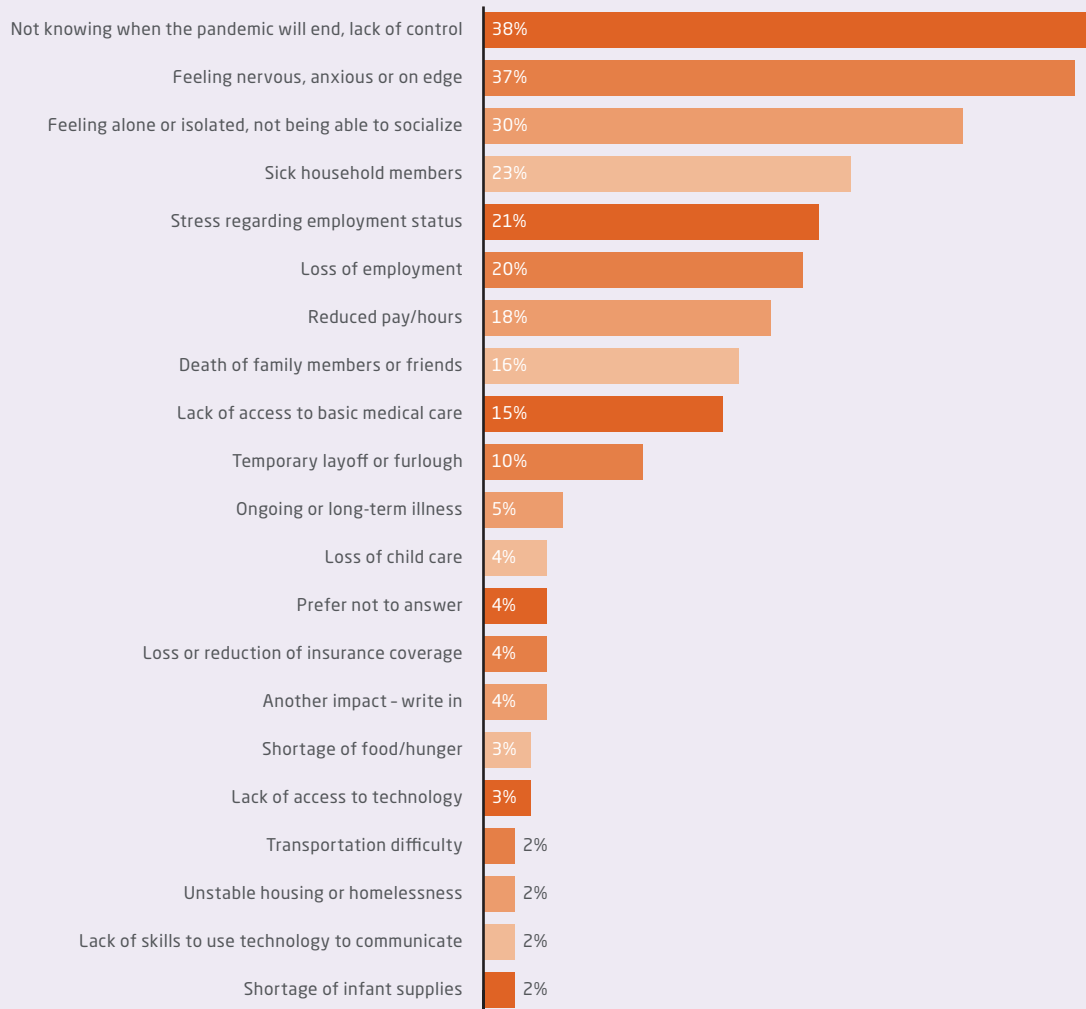
What is needed to support improvements in the health needs you chose? (n=526)



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)**



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

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

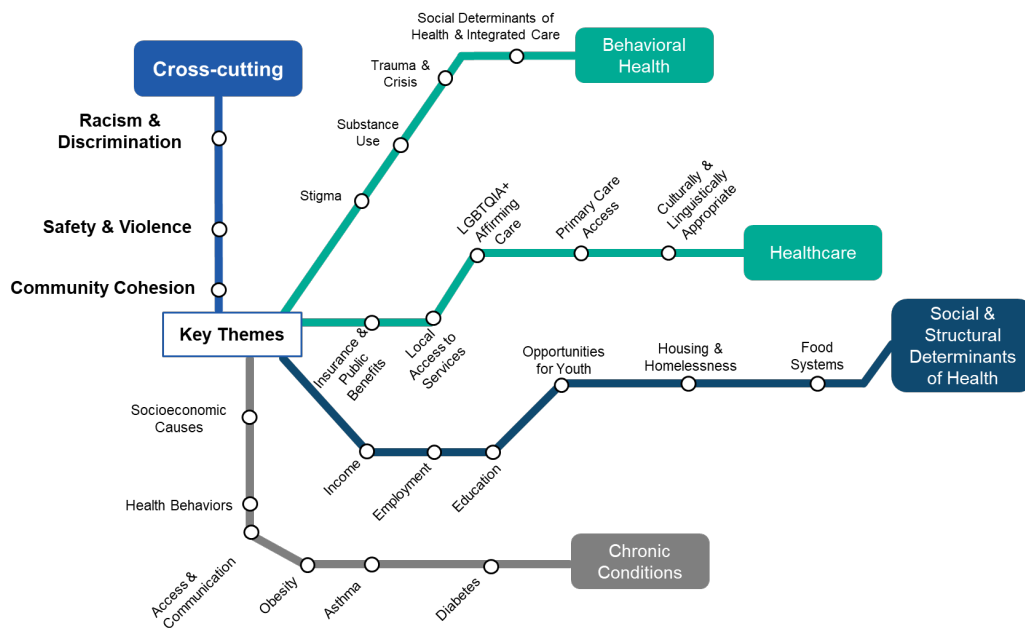
Health care

- 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 - Focus Group Summary 2022



Alliance for Health Equity CHNA Report

Read the full 2022 AHE report here: alltheequity.org/projects/2022-chna-report/

Appendix E: Citations

1. U.S. Department of Commerce. (2022). *U.S. Census Bureau 2016-2020 American community survey 5-year estimates*. U.S. Department of Commerce. <https://www.census.gov/newsroom/press-releases/2022/acs-5-year-estimates.html>
2. Centers for Disease Control and Prevention. (2021). *About social determinants of health (SDOH)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/socialdeterminants/about.html>
3. U.S. Department of Health and Human Services. (2022). *Healthy People 2030*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople>
4. Centers for Disease Control and Prevention. (2020). *500 cities: Current lack of health insurance among adults aged 18-64 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-Current-lack-of-health-insurance-among-/8dbf-5cp2>
5. Illinois Department of Healthcare and Family Services. (2020). *ZIP code search FY 2020 enrollment*. Illinois Department of Healthcare and Family Services. <https://www2.illinois.gov/hfs/info/factsfigures/Program%20Enrollment/Pages/FY2020ZipCodeSearchEnrollment.aspx>
6. United States Census Bureau. (2020). *Ratio of income to poverty level in the past 12 months*. United States Census Bureau. <https://data.census.gov/cedsci/table?q=C17002&tid=ACSDT5Y2020.C17002>
7. United States Census Bureau. (2020). *Employment status for the population 16 years and over*. United States Census Bureau. <https://data.census.gov/cedsci/table?q=B23025>
8. United States Census Bureau. (2020). *Sex by educational attainment for the population 25 years and over*. United States Census Bureau. <https://data.census.gov/cedsci/table?q=b15002&tid=ACSDT5Y2020.B15002>
9. United States Census Bureau. (2020). *Sex by school enrollment by educational attainment by employment status for the population 16 to 19 years old*. United States Census Bureau. <https://data.census.gov/cedsci/table?q=b14005>
10. Healthy People 2030. (2021). *Nutrition and healthy eating*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating>
11. Bleich, S., Cohen, J., et al. (2020). *Why partisan politics keeps 14 million hungry children from getting the food they need*. USA Today Online. <https://global.factiva.com/en/du/article.asp?accessionno=USATONL020201028egas000m9>
12. Feeding America Map the Meal Gap. (2021). *Food Insecurity in the United States*. Feeding America. <https://map.feedingamerica.org>
13. United States Census Bureau. (2020). *Receipt of food stamps/SNAP in the past 12 months for households*. United States Census Bureau. <https://data.census.gov/cedsci/table?q=b22003>
14. American Lung Association. (2020). *Particle pollution*. American Lung Association. <https://www.lung.org/clean-air/outdoors/what-makes-air-unhealthy/particle-pollution>
15. Environmental Protection Agency. (2022). *EJScreen: Environmental justice screening and mapping tool*. Environmental Protection Agency. <https://www.epa.gov/ejscreen>

16. Centers for Disease Control and Prevention. (2022). *Social determinants of health*. Centers for Disease Control and Prevention. <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>
17. United States Census Bureau. (2020). *Gross rent as a percentage of household income in the past 12 months*. United States Census Bureau. <https://data.census.gov/cedsci/table?q=b25070>
18. American Public Health Association. (2020). *Structural racism is a public health crisis: Impact on the black community*. American Public Health Association. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/structural-racism-is-a-public-health-crisis>
19. Harmon, A., Mandavilli, A., et al. (2020). *From cosmetics to NASCAR, calls for racial justice are spreading*. New York Times (Online). <https://search.proquest.com/docview/2412568233>
20. CMAP Transportation Committee. (2017). *Local employment and transit availability*. Illinois Department of Employment Security Data. Map received from Alliance for Health Equity.
21. Economic Research Service. (2022). *Food access research atlas*. U.S. Department of Agriculture. <https://www.ers.usda.gov/data-products/food-access-research-atlas/>
22. United States Census Bureau. (2020). *Tenure by vehicles available*. United States Census Bureau. <https://data.census.gov/cedsci/table?q=B25044%3A%20TENURE%20BY%20VEHICLES%20AVAILABLE&tid=ACSDT5Y2020.B25044>
23. Centers for Disease Control and Prevention. (2019). *500 cities: Obesity among adults aged >=18*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-Obesity-among-adults-aged-18-years/bjvu-3y7d>
24. Centers for Disease Control and Prevention. (2019). *500 cities: High blood pressure among adults aged >=18 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-High-blood-pressure-among-adults-aged-18-years/ebxs-yc6e>
25. Centers for Disease Control and Prevention. (2019). *500 cities: Diagnosed diabetes among adults aged >=18 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-Diagnosed-diabetes-among-adults-aged-18-years/cn78-b9bj>
26. Centers for Disease Control and Prevention. (2019). *500 cities: Current asthma among adults aged >=18 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/browse?q=asthma&sortBy=relevance>
27. Centers for Disease Control and Prevention. (2019). *500 cities: Cancer (excluding skin cancer) among adults aged >=18 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-Cancer-excluding-skin-cancer-among-adults-aged-18-years/9f46-utxd>
28. Centers for Disease Control and Prevention. (2022). *Life expectancy*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/nvss/life-expectancy.htm>
29. United States Census Bureau. (2020). *Sex by age*. United States Census Bureau. <https://data.census.gov/cedsci/table?q=B01001&tid=ACSDT5Y2020.B01001>
30. Illinois Department on Aging. (2022). *Alzheimer's and dementia resources*. Illinois Department on Aging. <https://www2.illinois.gov/aging/programs/Pages/AlzheimersandDementia.aspx>
31. Centers for Disease Control and Prevention. (2019). *500 cities: Arthritis among adults aged >=18 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-Arthritis-among-adults-aged-18-years/4pf2-u7sx>

32. United States Census Bureau. (2020). *Disability characteristics*. United States Census Bureau. <https://data.census.gov/cedsci/table?q=51810>
33. Centers for Medicare & Medicaid Services. (2021). *National provider identifier standard (NPI)*. Centers for Medicare & Medicaid Services. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand>
34. Centers for Disease Control and Prevention. (2022). *U.S. chronic disease indicators: Mental health*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/Chronic-Disease-Indicators/U-S-Chronic-Disease-Indicators-Mental-Health/ixrt-gnsg>
35. Centers for Disease Control and Prevention. (2019). *500 cities: Cancer (excluding skin cancer) among adults aged >=18 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-Cancer-excluding-skin-cancer-among-adul/9f46-utxd>
36. Centers for Disease Control and Prevention. (2019). *500 cities: High blood pressure among adults aged >=18 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-High-blood-pressure-among-adults-aged-1/ebxs-yc6e>
37. Centers for Disease Control and Prevention. (2019). *500 cities: Taking medicine for high blood pressure control among adults aged >=18 years with high blood pressure*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-Taking-medicine-for-high-blood-pressure/4peq-qp55>
38. Centers for Disease Control and Prevention. (2019). *500 cities: High cholesterol among adults aged >=18 years who have been screened in the past 5 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-High-cholesterol-among-adults-aged-18-y/mc6z-sjie>
39. Centers for Disease Control and Prevention. (2019). *500 cities: Coronary heart disease among adults aged >=18 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-Coronary-heart-disease-among-adults-age/cqcq-r6f8>
40. Centers for Disease Control and Prevention. (2019). *500 cities: Stroke among adults aged >=18 years*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/500-Cities-Places/500-Cities-Stroke-among-adults-aged-18-years/se7n-wpp3>
41. Sidney, S., Lee, C., Liu, J., et al. (2022). *Age-adjusted mortality rates and age and risk-associated contributions to change in heart disease and stroke mortality, 2011-2019 and 2019-2020*. JAMA Network Open, 5(3). doi:10.1001/jamanetworkopen.2022.3872
42. Healthy People 2030. (2022). *Heart disease and stroke*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke>
43. Illinois Department of Public Health. (2021). *Illinois state cancer registry*. Illinois Department of Public Health. <https://dph.illinois.gov/data-statistics/epidemiology/cancer-registry.html>
44. Centers for Disease Control and Prevention. (2022). *NOHSS adult indicators - adults who have visited a dentist or dental clinic in the past year*. Centers for Disease Control and Prevention. <https://chronicdata.cdc.gov/Oral-Health/NOHSS-Adult-Indicators-Adults-who-have-visited-a-d/jbym-fau6>
45. Abramson, A. (2021). *Substance use during the pandemic*. American Psychological Association. <https://www.apa.org/monitor/2021/03/substance-use-pandemic#:~:text=According%20to%20the%20Centers%20for,emotions%20related%20to%20COVID%2D19>

46. Cook County Department of Public Health. (2021). *The opioid epidemic*. Cook County Department of Public Health. <https://cookcountypublichealth.org/behavioral-health/opioids/#:~:text=The%20Opioid%20Epidemic,of%20these%20deaths%20involved%20fentanyl>
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.
48. Millman, M. (1993). *Access to Health Care in America*. Institute of Medicine (US) Committee on Monitoring Access to Personal Health Care Services. <https://www.ncbi.nlm.nih.gov/books/>

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 tract 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

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.



Northwestern Medicine Palos Hospital

12251 South 80th Avenue, Palos Heights, Illinois 60463

nm.org