Community Health Needs Assessment

2017 - 2019

December 2019

Advocate Illinois Masonic Medical Center believes that supporting the community's overall health is critical in providing quality care that helps families, children and individuals live well. This community health needs assessment (CHNA) provides a comprehensive picture of the health status of the communities served by the medical center. Through understanding the health and social needs of our communities, Advocate Illinois Masonic is able to provide high-quality, safe and culturally competent care with compassion and dignity. The CHNA also helps guide our community investments and development of effective strategies to address the health and social needs of the communities we serve.

Every three years the medical center completes a comprehensive CHNA by collecting and analyzing demographic, socioeconomic and health data. We use local data, data from our CHNA data platform, and input from the community to gain an in-depth understanding of our communities' health needs. Collaboration and partnership is a crucial component of the medical center's CHNA. Therefore, the medical center is a member of the Alliance for Health Equity (The Alliance), a collaborative task force comprised of Cook County hospitals/medical centers and community organizations. In addition, the medical center has a Community Health Council (CHC) that oversees the CHNA process and selects the medical center's priority health needs.

Based upon comprehensive community data and feedback, our CHC selected three health priorities for the 2019 CHNA. The priorities selected include the following:

- Healthy Lifestyles: This priority includes chronic disease prevention and management, physical activity, nutrition and obesity prevention.
- Behavioral Health: This priority includes both substance use and mental health.
- Social Determinants of Health: This priority includes housing, community safety and workforce development.

As a community medical center, we hold strong to our commitment to help people live well through proper nutrition, physical activity, awareness and access to behavioral health services, and addressing social barriers to health. We also realize the importance of addressing these health needs through a collective impact model and evidence-based programs.

We encourage you to review the report, which provides valuable information around the health needs of our communities and welcome feedback you may have regarding the CHNA process and health needs. A link at the end of the CHNA report provides you an opportunity to include your feedback, comments or ideas. Advocate Illinois Masonic is privileged to work alongside community partners to address the health needs of the diverse communities that we serve. With a comprehensive and thorough understanding of our communities' health needs, Advocate Illinois Masonic is equipped to develop strategies that methodically address the health and social needs of our communities and make healthy happen in households across the City of Chicago.

Susan Nordstrom Lopez
President
Advocate Illinois Masonic Medical Center

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I. Executive Summary

Advocate Illinois Masonic Medical Center (Advocate Illinois Masonic) completed a comprehensive community health needs assessment (CHNA) process in 2019. This CHNA report includes demographic and socioeconomic data for Advocate Illinois Masonic's primary service area (PSA) and key findings regarding the PSA's health status. For the purposes of this report, the "community" was defined as the medical center's PSA. The PSA consists of 23 communities in Cook County Chicago.

Demographic and socioeconomic data for the medical center's PSA was collected and analyzed to get a thorough picture of the health needs for the PSA. Data collected included primary, secondary, quantitative and qualitative data. Data shows that the medical center's PSA is 62.48 percent White, 15.17 percent "Other," 10.33 percent Black/African American, 7.68 percent Asian, 3.56 percent two or more races, 0.56 percent American Indian/Alaskan Native and 0.05 percent Native Hawaiian/Pacific Islander. The ethnic make-up of the PSA is 32.99 percent Hispanic/Latino and 67.01 percent non-Hispanic/Latino. In addition, the PSA is 50.35 percent female and 49.65 percent male, with a median household income of $71,193.

The medical center's Community Health Council (CHC) was essential to completing the CHNA process and is comprised of medical center and community representatives. The CHC provided oversight of the 2019 CHNA process and reviewed and analyzed data along with the medical center's Community Health Department to determine the health needs of the PSA. After thorough review and analysis of primary and secondary data, the top eight health needs of the PSA were identified as:

- Mental Health
- Substance/Alcohol use
- Healthy Lifestyles
- Access to Health Care
- Heart Disease
- Cancer
- Respiratory Disease/Asthma
- Senior Health

After reviewing and analyzing data, the CHC began the initial stage of prioritization of health needs using a prioritization grid that rated each health need using criteria such as severity of health issue, effectiveness of intervention and degree to which community partners are involved in addressing the health issue. After using the prioritization grid to narrow the health needs down from seven to four, the CHC used the tabulation method to vote on the final two health needs. The CHC selected healthy lifestyles and behavioral health as the priority health needs for the medical center's PSA.

Collaboration was an essential component of this CHNA. Advocate Illinois Masonic is an active member of The Alliance, a collaborative co-founded by Advocate Aurora Health (Advocate Aurora) and comprised of Cook County hospitals/medical centers, health departments and community organizations. The Alliance is facilitated by the Illinois Public Health Institute (IPHI) and directed by a steering committee, of which Advocate Aurora is a member, and aims to align prioritized health needs and community improvement plans across the county. The Alliance is one of the largest community health improvement collaboratives in the country. In addition to over 30 nonprofit and public

hospitals/medical centers, seven local health departments and more than 100 community organizations participated in the 2019 assessment and action teams. IPHI serves as the backbone organization for the collaborative and the hospitals/medical centers provide funding for the shared assessment and the development of the community health improvement plan. The medical center supported the collaborative CHNA process through distributing community input surveys and engaging in community focus groups. The primary and qualitative data collected by The Alliance was also used by the medical center to determine the PSA's health needs.

To ensure the medical center develops an effective 2019 CHNA Implementation Plan, the CHC and Community Health Department will collaborate with community partners and The Alliance to create strategies that address the priority health needs using the collective impact model. Metrics, goals and objectives will be created for each strategy and outcomes will be monitored to track community impact and program effectiveness.

II. Description of Advocate Aurora Health and Advocate Illinois Masonic Medical Center

Advocate Aurora Health

Advocate Aurora Health is one of the 10 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 70,000 employees, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care. Advocate Aurora is engaged in hundreds of clinical trials and research studies and is nationally recognized for its expertise in cardiology, neurosciences, oncology and pediatrics. The organization contributed $2.1 billion in charitable care and services to its communities in 2018. We help people live well.

Advocate Illinois Masonic Medical Center

Advocate Illinois Masonic is a 397-bed teaching medical center located on Chicago's North Side. The medical center is one of only four Level I Trauma Centers in Chicago, treating more than 1,000 trauma patients a year and has one of Chicago's most active emergency departments (EDs) with more than 40,000 emergency visits annually. Advocate Illinois Masonic's Level III Neonatal Intensive Care Unit (NICU) holds the state's highest designation. The medical center is fully accredited by Det Norske Veritas (Norway) and Germanischer Lloyd (Germany) (DNV-GL), with the exception of Outpatient Behavioral Health, which is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), and Laboratory Point of Service Testing, which is accredited by the Joint Commission. Located in the heart of one of the largest Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)

communities in the Midwest, the medical center has been recognized by the Human Rights Campaign Healthcare Equality Index as an LGBTQ Healthcare Equity Leader. Advocate Illinois Masonic is also Chicago's only resource medical center coordination center, acting as lead for mass disaster communication and coordination.

Advocate Illinois Masonic has more than 900 active physicians on staff representing 43 medical specialties. It employs almost 800 registered nurses. The medical center offers a wide range of medical services and is nationally recognized for its medical expertise, innovative technologies, and dedication to patient safety, quality and service. Advocate Illinois Masonic's major services include: behavioral health, comprehensive surgical services, emergency and trauma services; cancer care; cardiovascular services; digestive health services; obstetric, midwifery; pediatric services; and neuroscience services. Ambulatory and community health services include: primary care; a dentistry program including a mobile dental van; vision services; a deaf and hard of hearing program; the Pediatric Development Center; ear, nose and throat services; urology and urogynecology; physical rehabilitative services; diagnostic imaging services; infusion therapy; pain management; rheumatology; and a unique relationship with school-based health centers. In addition, the medical center's Creticos Cancer Center launched its first medical center-based food pantry for oncology patients in 2018. Since its inception, the pantry has worked to reduce the incidence of food insecurity for oncology patients.

Currently, Advocate Illinois Masonic employs over 2,300 associates and has 447 volunteers. The medical center trains 225 residents and 490 medical students each year, is one of Illinois' largest non-university medical teaching medical centers and is affiliated with the University of Illinois at Chicago Health Sciences Center, Rosalind Franklin University and Midwestern University.

Exhibit 1: Advocate Illinois Masonic Annual Statistics 2018

	TOTAL
Admissions**	13,256
Inpatient Days**	61,893
Emergency Visits***	42,623
Outpatient Visits****	215,463
Births	1,909
Surgeries	12,499

**Does not include normal newborn
***ER visits include patients that were admitted
****Outpatient visits include ER patients not admitted
Source: Finance Department, Illinois Masonic Medical Center, 2019

A commitment to community, medical education and ongoing clinical research affirms Advocate Illinois Masonic's mission of providing patients the highest quality care in Chicagoland. This is illustrated by its many honors, including being ranked one of Illinois' Best Hospitals by *US News & World Report* for the past five consecutive years.

III. Summary of the 2014-2016 Community Health Needs Assessment and Program Implementation

Community Definition

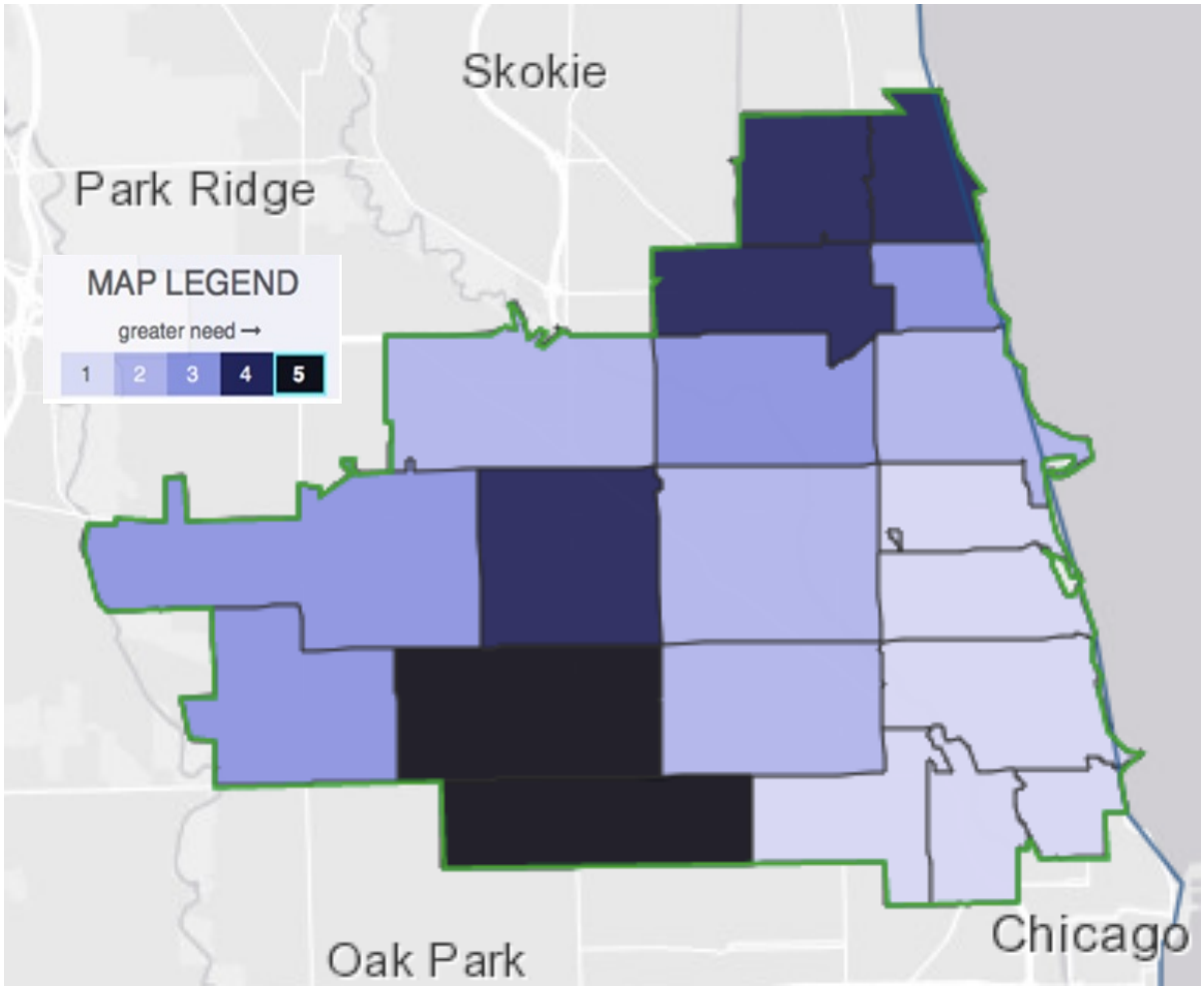
For the purpose of the 2014-2016 Community Health Needs Assessment (CHNA), “community” was defined as the medical center’s PSA. The total population of the PSA was 1,198,692 (The Nielsen Co., Truven Health Analytics Inc., 2016).

Advocate Illinois Masonic’s PSA includes 20 zip codes with the following community areas assigned to each by the medical center’s Strategic Planning Department: 60610 (Fort Dearborn), 60640 (Uptown), 60613 (North Central), 60641 (Irving Park/Portage Park), 60614 (Lincoln Park), 60643 (Wicker Park), 60618 (Avondale/North Center), 60645 (West Ridge), 60622 (Wicker Park), 60647 (Logan Square), 60625 (Ravenswood), 60651 (Division Street), 60626 (Rogers Park), 60657 (Lakeview), 60630 (Jefferson Park), 60659 (West Ridge), 60634 (Dunning), 60660 (Rogers Park), 60639 (Belmont Cragin) and 60707 (Elmwood Park).

Socioeconomic Need

To clearly illustrate the disparity of income and other socioeconomic factors that exist within Advocate Illinois Masonic’s PSA, the medical center examined a map of the PSA that indicates areas of high socioeconomic need. Created by the Healthy Communities Institute, the SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. Indicators for the index were weighted to maximize the correlation of the index with premature death rates and preventable hospitalization rates. The index combines multiple socioeconomic indicators into a single composite value. As a single indicator, the index served as a concise way to explain which areas are of highest need. The scores can range from one to 100. A score of 100 represents the highest socioeconomic need. The ranking of one to five is a comparison of each zip code to all others within the PSA; a five represents areas of highest socioeconomic need in comparison to other communities in the specific geographic area under consideration.

Exhibit 2: Primary Service Area SocioNeeds Index 2016



Source: Healthy Communities Institute, 2016

Overview of Collaborations

For the 2014-2016 community health needs assessment, Advocate Illinois Masonic collaborated with numerous stakeholders. The key stakeholders and partners were:

- Advocate Illinois Masonic Community Health Council
- Advocate Illinois Masonic Governing Council
- Cook County Health Department
- Advocate system and medical center leadership
- Health Impact Collaborative of Cook County/HICCC

The Health Impact Collaborative of Cook County

In 2015, Advocate Health Care and its five hospitals/medical centers principally serving Cook County (including Advocate Illinois Masonic) contributed financially and with in-kind resources to the formation and development of the Health Impact Collaborative of Cook County (HICCC), a project involving 26 hospitals/medical centers, seven health departments and nearly 100 community-based organizations. The goal of this initiative was to work collaboratively on a county-wide CHNA and implementation plan once priorities were identified. The Illinois Public Health Institute (IPHI) served as the backbone organization for the collaborative including coordinating the data collection and report preparation activities. Given the size and diversity of Cook County, the collaborative created three regions—North, Central and South—for purposes of organizing the assessment process. Advocate Illinois Masonic participated in the North region assessment.

HICCC conducted its collaborative CHNA between February 2015 and June 2016. IPHI designed and facilitated a community-engaged assessment based on the Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a community-driven strategic planning framework that was developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Both the Chicago and Cook County Departments of Public Health use the MAPP framework for community health assessment and planning as well. The MAPP framework promotes a system focus, emphasizing the importance of community engagement, partnership development and the dynamic interplay of factors and forces within the public health system. HICCC chose this inclusive, community-driven process so that the assessment and identification of priority health issues would be informed by the direct participation of stakeholders and community residents. The MAPP framework emphasizes partnerships and collaboration to underscore the critical importance of shared resources and responsibility to make the vision for a healthy future a reality.

As part of continuing efforts to align and integrate community health assessments across Chicago and Cook County, HICCC leveraged recent assessment data from local health departments where possible for its CHNA. Both the Chicago and Cook County Departments of Public Health completed community health assessments using the MAPP model between 2014 and 2015. As a result, IPHI was able to compile data from the two health departments' respective Forces of Change Assessment (FOCA) and Local Public Health System Assessments for discussion with the North Stakeholder Advisory Team, as well as data from their respective Community Health Status Assessments. The Community Themes and Strengths Assessment included both focus groups and community resident surveys. The purpose of collecting this community input data was to identify issues of importance to community residents, gather feedback on quality of life in the community and identify community assets that could be used to improve communities.

Summary of Assessment Process

In 2015, Advocate Illinois Masonic convened a Community Health Council (CHC) to complete a comprehensive Community Health Needs Assessment. The Council was comprised of both community and medical center leaders. The Illinois Public Health Institute also supported the completion of the CHNA by collecting qualitative and quantitative data at the city, regional and zip code level.

Using both primary and secondary community health data, the council identified key health needs. The CHC then employed a priority-setting process to determine priority health needs on which to focus. This process included an examination of both the medical center and the community's strengths, weaknesses and resources to determine the potential for partnerships with other organizations to address the community's needs.

Needs Identified and Priorities Selected

After reviewing substantial amounts of data, the CHC identified three key areas of need— behavioral health, chronic disease prevention and management, and social determinants of health (SDOH)—as areas of focus for the three-year implementation cycle. The decision was based on the availability of resources, current programs and the opportunities to impact community health outcomes. Community and internal partners were identified, including Action for Healthy Kids, which provides technical support to schools in efforts to improve the health and wellness of the environment; the Transition Support Program, which addresses chronic disease through access to care and chronic disease management; the Advocate Works Initiative, a workforce development initiative that addresses unemployment and under-employment in low-income communities; and the medical center's Behavioral Health Department, which provides connections to Mental Health First Aid (MHFA) trainers for the community.

Advocate Illinois Masonic's Community Health Council approved behavioral health, workforce development and chronic disease as priorities for the medical center's 2016 CHNA. The 2016 CHNA Report, including high-level implementation strategies, was approved by Advocate Illinois Masonic's Governing Council on September 27, 2016.

Summary of Implementation Programs and Key Accomplishments

Behavioral Health

Advocate Illinois Masonic partnered with community members and organizations in the medical centers' PSA to provide Mental Health First Aid (MHFA) trainings. The goal of this strategy is to help community leaders and organizations identify if someone has a mental illness or health issue and how to address issues once they've been identified. Organizations that served communities with higher ED utilization rates due to mental health were given priority for the training. In 2019, the medical center also began partnering with NAMI to implement the Bridges of Hope (BOH) workshop, which specifically targets churches and faith-based organizations to increase awareness around mental illness and health.

Since first implemented in 2017, the medical center has held over 11 MHFA trainings and two BOH workshops with universities and colleges, social services agencies, and community churches and faith-based organizations. More than 169 individuals have received the eight hour MHFA training, and 30 individuals received the BOH training.

Chronic Disease Prevention and Management

The medical center partnered with Action for Healthy Kids and Advocate Children's Hospital to support Grover Cleveland Elementary School (Cleveland), a school located in a community with high rates of obesity and food insecurity. This strategy aimed to create a multi-component, sustainable school-based obesity prevention program, which included Healthy CPS designation. In 2018, the medical center in partnership with Action for Healthy Kids helped the school create a Wellness Committee. Advocate Children's Hospital and Common Threads' Small Bites program—a nutrition education program—was provided to all third and fourth grade students. In addition, teachers and administrative staff were provided professional development opportunities on how to incorporate nutrition education and physical activity into their daily lesson plans. The medical center also worked with Windy City Harvest to provide a farmer's market stand for students, parents, staff and the community. In total over 560 lives were impacted through this initiative.

The Transition Support Program (TSP) aims to improve post-medical center management of chronic disease. The TSP is a volunteer-based follow-up program for patients experiencing chronic diseases and with frequent readmission histories. Since 2018, TSP has served over 5,340 patients and trained over 26 volunteers. Advocate Illinois Masonic has seen a reduction in the medical center's readmission ratio, and 97% of the medical center's congestive heart failure patients have kept their appointments after discharge as a result of the TSP intervention.

Social Determinants of Health: Advocate Workforce Initiative

The Advocate Workforce Initiative (AWI) is a program that recruits, trains and hires community members seeking employment opportunities in the health care industry. The initiative specifically targets individuals from the medical center's PSA and underserved communities. In addition, the initiative includes NAVIGATE, a program that includes soft-skills training and professional development tools and resources. Since the program's inception, 206 individuals were enrolled in the initiative from the PSA, 169 individuals graduated from the program and 70 individuals have been placed with employment within the health care industry.

Input from the Community

Although many feedback mechanisms were put in place for the public to comment or provide input on the community health needs assessment, the medical center did not receive any feedback from the community. Advocate Illinois Masonic will continue to encourage input from the community by providing various feedback mechanisms for the 2017-2019 community health needs assessment.

Lessons Learned

The medical center partnered with a national nonprofit organization to support the Healthy Schools strategy. The partner organization utilized a Regional Schools Coordinator, who was not an Illinois resident, to provide support to Cleveland Elementary School. This regional and remote approach was not effective for this specific school due to the one-on-one and in-person technical support that was needed. Cleveland Elementary School also required an organization that was knowledgeable and had close relationships with the local community. Due to the regional approach, the organization lacked knowledge of the community culture and had very limited relationships with local community organizations. To ensure that effective and sustainable technical support was provided to the school, the Advocate Illinois Masonic Community Health Council provided recommendations and guidance for alternative local community organizations that could provide support in helping schools improve the health and wellness of their students and the environment. The medical center's Community Health Department worked alongside the Community Health Council to identify and solidify an alternative local organization that would provide technical support to the partner school.

Measuring program impact is an essential component of the medical center's community health work. In implementing the Mental Health First Aid trainings in the community, there was concern that the impact of the trainings was not being measured effectively. The training included a post survey and final exam, however, these measurement tools measured knowledge gained directly after completion of the training but not the impact the training had on the community. In efforts to measure community impact, the medical center's Community Health Department created and conducted a 90-day follow-up electronic survey. The electronic survey measures how participants utilized the training in their community or job, if the training was practical and additional resources needed to make the training more effective in addressing mental health in the community.

IV. 2017-2019 Community Health Needs Assessment

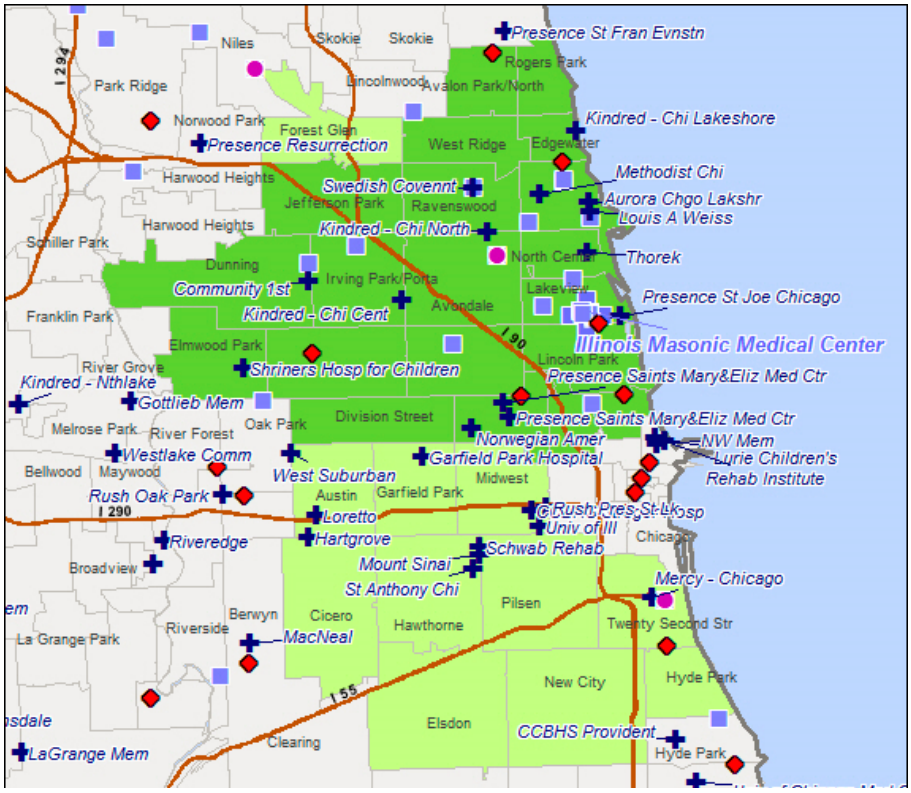
Community Definition

Over 72 percent of Advocate Illinois Masonic's patient volume comes from the medical center's PSA. An additional six percent of the patient volume comes from the medical center's secondary service area (SSA). The combined PSA and SSA make up the medical center's total service area (TSA), which accounts for 78 percent of the patient volume. The remaining 22 percent comes from outside the TSA and one percent from other states.

For the purposes of the 2017-2019 CHNA, Advocate Illinois Masonic defines the "community" as its PSA. The medical center's PSA consists of 21 communities in Cook County including the communities of Fort Dearborn (60610), North Center (60613), Lincoln Park (60614), Avondale/North Center (60618), Wicker Park (60622), Ravenswood (60625), Rogers Park (60626), Jefferson Park (60630), Dunning (60634), Belmont Cragin (60639), Uptown (60640), Irving Park/Portage Park (60641), Wicker Park (60642), Avalon Park/North (60645), Logan Square (60647), Division Street (60651), Lakeview

(60657), West Ridge (60659), Rogers Park (60660), Old Town/Near North Side (60610) and Elmwood (60707 and 60635).

Exhibit 3: Advocate Illinois Masonic Medical Center PSA Map 2018



Source: Advocate Aurora Business Development Analytics, 2019

Population

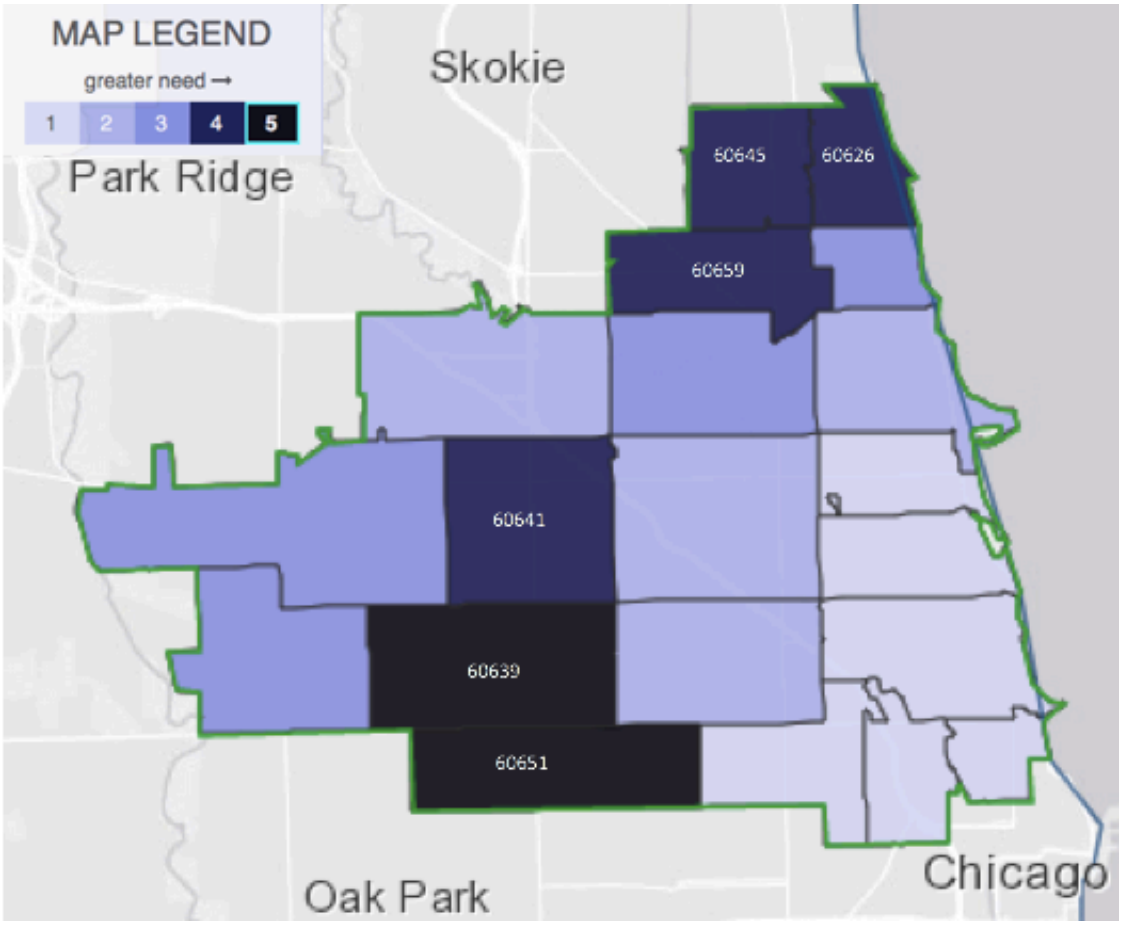
The total population for the PSA is 1,186,360 (Conduent Healthy Communities Institute, Claritas, 2019). The PSA population slightly decreased by 0.05 percent from 2010 to 2019.

SocioNeeds Index

In order to understand the social context that exists in the defined community that deeply influences health, the collaborative medical center assessment utilized the Conduent Healthy Communities Institute's (HCI) SocioNeeds Index. The SocioNeeds Index is a Conduent HCI indicator that is a measure of socioeconomic need, correlated with poor health outcomes. The index is calculated from six indicators, one each from the following areas: poverty, income, unemployment, occupation, education and language. The indicators are weighted to maximize the correlation of the index with premature death rates and preventable hospitalization rates. All zip codes, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). To help identify the areas of highest need within a defined geographic area, the selected zip codes are ranked from one (low need) to five (high need) based on their Index value. These values are sorted from low to high and divided into five ranks. These ranks are then used to color the zip codes with the highest

SocioNeeds Indexes with the darker colors. The medical center has several communities within the PSA that have greater socioeconomic needs compared to other communities in the primary service area. Belmont Cragin and Humboldt Park are the PSA's highest socioneed communities and are ranked as fives in the SocioNeeds Index Map. These two communities experience higher rates of chronic disease and unemployment and have some of the lowest median household incomes in the PSA. Exhibit 4 details the SocioNeeds Index Map for the medical center's PSA. This map shows the various levels of socioeconomic need in the medical center's PSA. The darker the shade of purple the higher the index value hence the greater the need in that community.

Exhibit 4: PSA SocioNeeds Index Map 2019



Source: Conduent Healthy Communities Institute, 2019

Demographics

Age

Twenty-point-seven percent of the PSA is under the age of 18 years old. The 18-24 year old age group is the smallest group at 7.7 percent, the 25-64 year old age group is the largest age group at 60.04 percent of the population, and 11.56 percent of the population is over the age of 65 (Conduent HCI, Claritas, 2019). Exhibit 5 displays the PSA by age group.

Exhibit 5: PSA by Age 2018

Age	Population	Percent
Age< 18	345,564	20.7%
Age 18-24	91,308	7.7%
Age 25-64	712,391	60.04%
Age 65+	137,097	11.56%

Source: Conduent Healthy Communities Institute, Claritas, 2019

Life Expectancy

This chart displays the average number of years a person may expect to live (life expectancy) for neighborhoods in Advocate Illinois Masonic's PSA. Life expectancy is a good measure of a population's longevity and general health.

Exhibit 6: Life Expectancy in PSA 2017

Neighborhood	Zip code	Life Expectancy	Year
North Center	60613; 60614; 60618; 60625; 60640; 60647; 60657	81.6	2017
Lincoln Park	60610, 60654; 60614; 60618; 60642, 60622; 60647; 60657	81.3	2017
Avondale	60618; 60639; 60641; 60647	81.1	2017
Rogers Park	60626; 60645; 60660	75.1	2017
Jefferson Park	60630; 60631; 60646; 60656	79.9	2017
Dunning	60634	79.7	2017
Belmont Cragin	60634; 60639; 60641; 60707	79.7	2017
Uptown	60613; 60640	76.1	2017
Irving Park	60618; 60625; 60630; 60641	79.8	2017
Portage Park	60630; 60634; 60641	80.1	2017
Avalon Park	60617; 60619; 60649	72.6	2017
Logan Square	60614; 60618; 60639; 60641; 60642, 60622; 50547	81.1	2017
Division Street (Humboldt Park)	60612; 60624; 60639; 60642,60622; 60647; 60651	74	2017
Lakeview	60613; 60614; 60640; 60657	82	2017
West Ridge	60620; 60645; 60659; 60660	79.8	2017

Source: Chicago Health Atlas, 2019

Gender

Exhibit 7: Primary Service Area by Gender, 2019

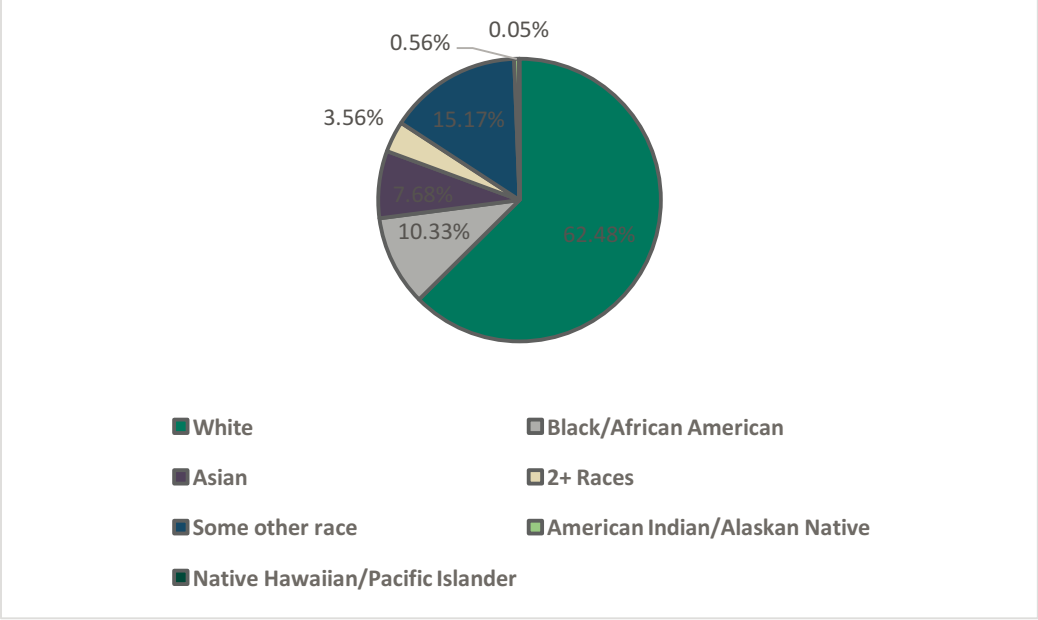
Gender	
Male	49.65%
Female	50.35

Source: Conduent Healthy Communities Institute, 2019

Race and Ethnicity

The demographic data shows that the medical center's PSA is 62.48 percent White, 15.17 percent "Other", 10.33 percent Black/African American, 7.68 percent Asian, 3.56 percent 2 or more races, 0.56 percent American Indian/Alaskan Native and 0.05 percent Native Hawaiian/Pacific Islander. A graph showing the racial composition of the PSA is pictured below in Exhibit 8.

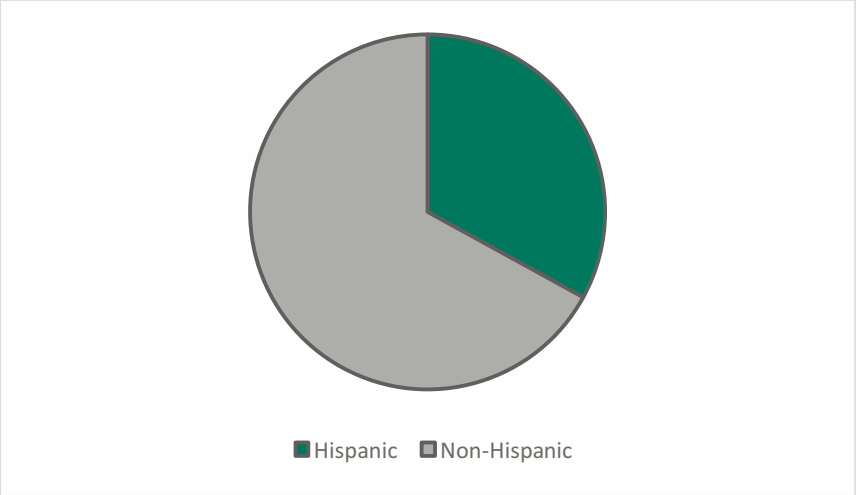
Exhibit 8: Primary Service Area Population by Race 2018



Source: Conduent Healthy Communities Institute, Claritas, 2019

The PSA is 32.99 percent Hispanic/Latino and 67.01 percent non-Hispanic/Latino. A graph of the PSA's ethnic composition is pictured in Exhibit 9 as follows.

Exhibit 9: PSA by Ethnicity 2018



Source: Conduent Healthy Communities Institute, Claritas, 2019

Language

Over half of the PSA aged five and older speak English at home followed by Spanish at 26.79 percent, Indo-European at 9.56 percent and Asian/Pacific Islander at 4.03 percent. Exhibit 10 displays the various languages spoken in homes within the medical center's PSA.

Exhibit 10: Primary Service Area by Language Spoken at Home 2018

Language	Percentage of People in PSA
Speak Only English at Home	57.20%
Speak Spanish at Home	26.79%
Speak Asian/Pacific Islander at Home	4.03%
Speak Indo-European at Home	9.56%
Speak Other Language at Home	2.42%

Source: Conduent Healthy Communities Institute, Claritas, 2019

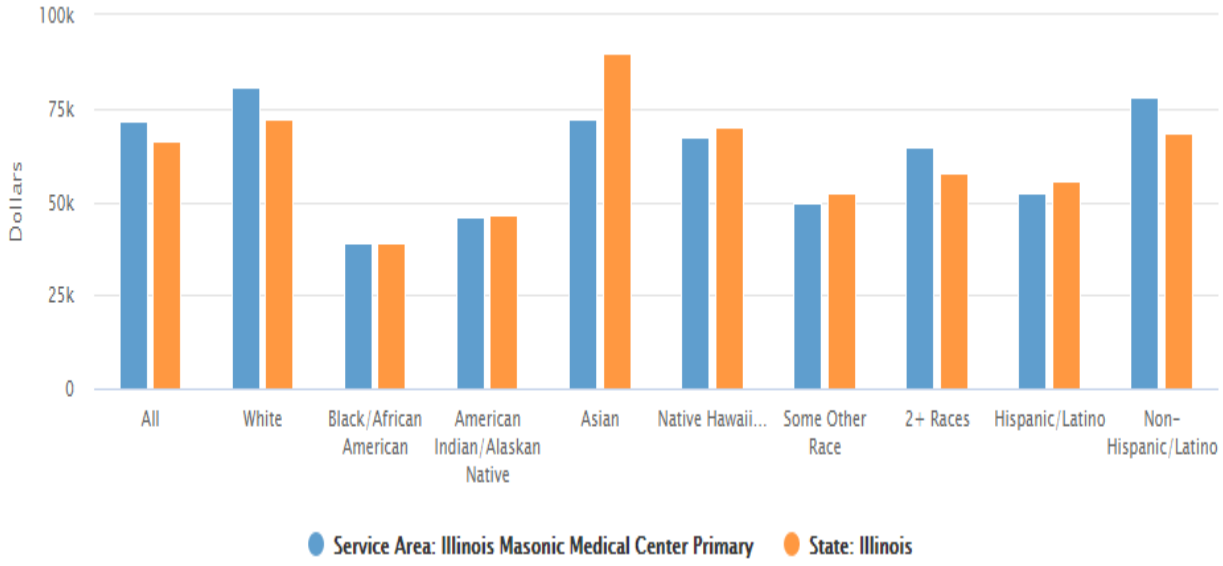
Economics

Household and Income

There are 502,786 households in the medical center's PSA and the average household size is 2.32 persons (Conduent Healthy Communities Institute, Claritas, 2019).

The median household income for the Advocate Illinois Masonic's PSA is $71,593, which is $5,106 higher than the state's average household income of $66,487 (Conduent Healthy Communities Institute, Claritas, 2019). There is a racial and ethnic disparity in the median household income with the White population having the highest median household income of $80,630, followed by the Asian population at $72,081 and the Native Hawaiian/Pacific Islander population at $67,231. The lowest household incomes are among the Black population at $38,837, the American Indian/Alaskan Natives at $45,985, the "Other Race" population at $49,933 and the Hispanic/Latino population at $52,438. Exhibit 11 shows the median household income by race and ethnicity. The number of families living below the federal poverty level is 30,672 (12.49 percent), which is more than the state of Illinois at 9.8 percent. There are 8.7 percent of families with children living below poverty, which is slightly more than Illinois at 7.38 percent.

Exhibit 11: Primary Service Area Average Household Income by Race 2018



Source: Conduent Healthy Communities Institute, Claritas, 2019

Education and Employment

The unemployment rate in the medical center's PSA is 5.61 percent, which is slightly less than the state of Illinois at 6.7 percent. The top three industries of employment in the PSA are professional/ scientific/technical/administrative, health care/social assistance, and accommodations/food services. Overall, Advocate Illinois Masonic's PSA has higher educational attainment rates with 45.66 percent of the population having a bachelors and/or graduate/professional degree, compared to the state of Illinois at 32.33 percent. Thirteen-point-six-four percent of the medical center's PSA over the age of 25 has less than a high school diploma, which is more than Illinois at 11.31 percent.

Exhibit 12: Primary Service Area by Educational Attainment 2018

Educational Attainment	2019
Less than 9th grade	7.55%
Some High School, No Diploma	6.09%
High School Diploma	19.02%
Some College or Associate Degree	20.12%
Bachelor Degree	29.29%
Graduate or Professional Degree	16.37%

Source: Conduent Healthy Communities Institute, Claritas, 2019

Advocate Illinois Masonic's community health staff mapped all health care resources within the medical center's PSA. These health care resources are listed below.

Name of Facility	Type of Facility
Chicago Lakeshore	Hospital
Kindred-Chicago Lakeshore	Hospital
Kindred-Chicago North	Hospital
Methodist Hospital of Chicago	Hospital
Norwegian American Hospital	Hospital
Community First Hospital	Hospital
AMITA Health- Saints Mary and Elizabeth	Hospital
AMITA Health Saint Joseph Hospital	Hospital
Swedish Covenant Hospital	Hospital
Thorek Memorial Hospital	Hospital
Weiss Memorial Hospital	Hospital
PCC Wellness	Federally Qualified Health Center
Prime Care	Federally Qualified Health Center
Erie Family Health Network	Federally Qualified Health Center
Near North Health Service Corporation	Federally Qualified Health Center
Heartland Health Centers	Federally Qualified Health Center
Hamdard Federally Qualified Health Center	Federally Qualified Health Center
Access Community Health Network	Federally Qualified Health Center
Howard Brown Health	Federally Qualified Health Center
CommunityHealth	Free Clinic
Asian Human Services	Federally Qualified Health Center
Old Irving Park	Free Clinic

Key Roles in the 2017-2019 Community Health Needs Assessment

Advocate Aurora System and Advocate Illinois Masonic Leadership

In 2017, Advocate Health Care began organizing resources to implement the 2017-2019 CHNA cycle. The system had a contract with Xerox Health solutions to provide an internet-based data resource, Conduent Healthy Communities Institute, for all Advocate hospitals/medical centers during the 2017-2019 CHNA cycle. The robust data platform offered over 171 health and demographic indicators including hospitalization and emergency department visit indicators. Medical center and system leadership also provided medical center data and access to the medical center's utilization and patient demographic data.

A community health team, comprised of a master's prepared director of community health and a master's prepared coordinator, oversee and are responsible for coordinating and promoting the medical center's involvement in policies, programs and services to improve the overall health status of the medical center's service area communities. The community health needs assessment, the convening and oversight of the medical center's Community Health Council and the co-administering of the medical center's community benefits reporting are responsibilities of the director of community health. There is a matrixed relationship between the director of community health and the medical center's executive leadership team to ensure the CHNA process and community benefits plan and reporting align with the medical center's strategic plan.

The medical center's manager of behavioral health services, coordinator of community network development, and staff from the business development and planning department were engaged in the medical center's CHNA process through data collection and participation in FOCA. Advocate Illinois Masonic leadership also participated in the 2017-2019 CHNA through membership on the medical center's CHC. The details of their roles and participation are outlined below. Multiple medical center departments also worked with the medical center's director of community health and The Alliance to provide primary data regarding the medical center's patient population and service area.

Governing Council

The Advocate Illinois Masonic Governing Council is comprised of community leaders and executive level medical center staff. The principal roles of each Governing Council member are to support medical center leadership in achievement of the medical center's goals, represent the community's interests to the medical center and to serve as an Advocate Illinois Masonic ambassador in the community. The Governing Council monitors clinical outcomes, patient satisfaction, associate satisfaction, physician credentialing and relations, financial performance, strategic direction and overall community health strategy. The Governing Council is also the medical center's body that has final approval and endorses the CHNA. The director of community health presented the process and findings of the 2019 CHNA to the medical center's Governing Council. The presentation included details regarding the priority setting process and prioritized health needs. The Advocate Illinois Masonic Governing Council approved the 2017-2019 CHNA and the priority health needs on September 24, 2019.

Community Health Council

The Community Health Council (CHC) is led by the community health director and is a diverse and multisectoral council comprised of the medical center and community representatives. The Council acts as an advisory body for the medical center's Community Health Department and supports data collection, data review, prioritizing identified health needs and identifying community partners to support the creation and development of the CHNA implementation plan. The Council has 23 members of which nine are medical center representatives from multiple departments and service lines and 14 are from community-based organizations. The CHC community members most often represent high risk population groups. For the 2017-2019 cycle, the CHC convened several times throughout the year to complete a comprehensive CHNA. The CHC also participated in the medical center's FOCA, which is an exercise to evaluate the strengths, weaknesses, opportunities and threats of the local community. CHC members were also able to share their feedback, comments and recommendations around the health needs of the medical center's PSA.

2019 CHC Members

- Acclivus Inc, COO
- Asian Health Coalition, Executive Director
- Casa Central, Deputy Director and Senior Community Services
- Centro Romero, Resource Developer
- Chicago Police Department 19th District, Officer
- Chicago Public Health Department, Senior Analyst
- Chuhak & Tecson, Lawyer, Advocate Illinois Masonic Governing Council Member
- CommunityHealth FQHC, Executive Director
- DePaul University, Director, Office of Health Promotion and Wellness
- Heartland Health Centers, VP Strategy and Development
- Howard Brown, Director, Data, Evaluation and Epidemiology
- Lakeview Food Pantry, Director, Programs
- NAMI Chicago, Executive Director
- Northeastern Illinois University, Coordinator, Health Sciences Field Experience Program
- ONE Northside, Coordinator
- Advocate Illinois Masonic, Physician; Governing Council Member
- Advocate Illinois Masonic, Manager, Business Development
- Advocate Illinois Masonic, Program Manager, Transition Support Program
- Advocate Illinois Masonic, Faith Community Nurse (2)
- Advocate Illinois Masonic, Project Leader, Workforce Development
- Advocate Illinois Masonic, Director, Care Management
- Advocate Illinois Masonic, VP, Mission and Spiritual Care
- Advocate Illinois Masonic, Supervisor, Food and Nutrition
- Advocate Illinois Masonic, Director, Community Health
- Advocate Illinois Masonic, Coordinator, Community Health

The Alliance for Health Equity

The Alliance is a collaborative of Cook County not-for-profit and public hospitals/medical centers, health departments and community organizations and aims to align CHNAs as well as prioritize health needs and community improvement plans. The collaborative is facilitated by the Illinois Public Health Institute (IPHI) and led by a steering committee of which Advocate Aurora is a member. The Alliance is one of the largest CHNA and community health improvement collaboratives in the country. In addition to over 30 nonprofit and public hospitals/medical centers, seven local health departments and more than 100 community organizations participated in the 2019 CHNA and action teams. IPHI serves as the backbone organization for the collaborative and the hospitals/medical centers provide funding for the shared assessment and the development of the community health improvement plan.

The Alliance created and distributed surveys throughout Cook County with a focus on underserved, high risk and ethnically diverse communities. Over 5,000 surveys were completed and collected providing a picture of community concerns, strengths and health needs through the lens of community members. Primary and secondary data also included multiple focus groups and hospital/medical center utilization data, which was analyzed by IPHI staff. IPHI, under the guidance of the steering committee, completed the collaborative CHNA in June 2019. As a result of the assessment work, the collaborative determined the following four focus areas for implementation:

1. Improving social, economic and structural determinants of health while reducing social and economic inequities;
2. Improving mental health and reducing substance use disorders;
3. Preventing and reducing chronic disease; and
4. Increasing access to care and community resources.

Action teams have been formed and community health improvement plans will be developed with a focus on aligned actions and standardized data collection.

The medical center is a key member of The Alliance and contributes to the collection and analysis of Cook County data for the collaborative CHNA. Advocate Illinois Masonic also utilized The Alliance's CHNA data to thoroughly understand the health needs of the PSA. The surveys and data distributed and collected by the collaborative was a major source of primary and secondary data for the medical center's CHNA. Staff from the IPHI also presented qualitative, quantitative, secondary and primary data around the health and social needs of the PSA to the medical center's CHC. Advocate Illinois Masonic will continue to work with and financially support The Alliance to align community health strategies in efforts to have a collective impact on the prioritized community health needs. A copy of The Alliance for Health Equity's CHNA report is posted along with the Advocate Illinois Masonic CHNA report on the medical center's website.

Exhibit 13: The Alliance for Health Equity Members 2019

Nonprofit Hospital/Medical Center Members	
Advocate Children's Hospital	Loyola Medicine-Gottlieb Memorial Hospital
Advocate Christ Medical Center	Loyola Medicine-Loyola University Medical Center
Advocate Illinois Masonic Medical Center	Loyola Medicine-MacNeal Hospital
Advocate Lutheran General Hospital	Mercy Hospital & Medical Center
Advocate South Suburban Hospital	Northwestern Memorial Hospital
Advocate Trinity Hospital	Norwegian American Hospital
AMITA Adventist Medical Center	Palos Community Hospital
AMITA Alexian Brothers Medical Center	Roseland Community Hospital
AMITA Holy Family Medical Center	Rush Oak Park
AMITA Resurrection Medical Center	Rush University Medical Center
AMITA St. Alexius Medical Center and Alexian Brothers Behavioral Health Hospital	Sinai Health System-Holy Cross Hospital
AMITA Saint Francis Hospital	Sinai Health System-Mount Sinai Hospital
AMITA Saint Joseph Hospital	Sinai Health System-Schwab Rehabilitation Hospital
AMITA Saints Mary and Elizabeth Medical Center	South Shore Hospital
Ann & Robert H. Lurie Children's Hospital of Chicago	Swedish Covenant Hospital
Jackson Park Hospital	University of Chicago Medicine
The Loretto Hospital	University of Chicago Medicine-Ingalls Memorial Hospital
Public Hospital Partners	
Cook County Health-Stroger Hospital	Cook County Health-Provident Hospital
University of Illinois Hospital & Health Sciences System	
Public Health Department Partners	
Chicago Department of Public Health	Evanston Health and Human Services Department
Cook County Department of Public Health	Village of Skokie, Health Department

Source: The Alliance for Health Equity, 2019

Collaborations with Other Key Stakeholders

The medical center partnered with a diverse group of community-based organizations to conduct the FOCA. The group convened for one two-hour meeting to discuss the social, economic and health issues/strengths of the medical center's PSA. Various sectors and racial and ethnically diverse community representatives attended the meeting and provided crucial feedback and perspectives on some of the community health needs and concerns. Information collected from the FOCA was analyzed and included in the review of top PSA health needs and prioritization process. Appendix 2 summarizes data collected from the FOCA.

Methodology

Timeline

In August 2018, the medical center's Community Health Department organized a FOCA, which includes questions such as "what is occurring or might occur that affects the well-being of our residents or the local system?" and "what specific threats and opportunities are generated by these occurrences?" The medical center's CHC, community organizations and leaders, as well as local municipal representatives were invited to attend the FOCA to provide feedback and input on the medical center's PSA health needs, social issues, community strengths and opportunities. The qualitative data collected from the FOCA was analyzed and utilized to help identify the PSA's health needs.

In November of 2018, Advocate Illinois Masonic's Community Health Department also supported the distribution and collection of the Cook County Community Survey through working with The Alliance to identify community groups and organizations that were able to distribute the survey to "hard to reach" groups," such as the LGBTQ and undocumented immigrant communities in the medical center's PSA.

In December 2018, the medical center's Community Health Department presented the top eight health needs to the CHC, using qualitative and quantitative data from various sources to support the selection of identified health needs. After a thorough review and analysis of the eight health needs, the CHC utilized a prioritization grid (Appendix 1) to narrow down the eight health needs to the top four.

In March 2019, the medical center's Community Health Department held two CHC meetings to select the final two priority health needs. Community experts representing the top four health needs provided a presentation around the barriers and challenges in addressing the health issue, root causes of the health issue and organizations that are working to address the health need in the community. Expert organizations that presented include CommunityHealth FQHC, The Alliance and the National Alliance on Mental Illness Chicago (NAMI Chicago). The second CHC meeting in March allowed Council members an open forum to discuss information from the expert presentations and vote on the final health need priorities.

As indicated above, multiple data collection strategies were employed to collect data for the 2019 CHNA. Advocate Illinois Masonic collaborated with many partners to collect primary and secondary service area and county data. Details regarding the medical center's 2019 CHNA's secondary data sources are listed below.

Secondary Data

Conduent Healthy Communities Institute (HCI)

In early 2017, Advocate Health Care signed a second three-year contract with Conduent Healthy Communities Institute to continue to provide an internet-based data resource for Advocate's eleven hospitals/medical centers. This robust platform offered the hospitals/medical centers 198 health and demographic indicators, including 38 hospitalization and emergency department (ED) visit indicators at the service area and zip code levels. Utilizing the Illinois Hospital Association's COMPdata, Conduent HCI was able to summarize, age adjust and average the hospitalization and ED data for five-time periods from 2009-2017. The Conduent HCI contract also provided a wealth of county and zip code data comparisons, data from the 500 cities project, a SocioNeeds Index visualizing vulnerable populations within service areas and counties, a Healthy People 2020 tracker and a database of promising and evidence-based interventions.

As indicated, Conduent HCI was a key source of data for the 2017-2019 CHNA. This secondary data was crucial in analyzing the Advocate Illinois Masonic's PSA health needs as the data base was the only source that provided such an extensive amount of data specific to the defined community. All data collected through Conduent HCI was quantitative and included data comparisons between PSA communities and counties in Illinois. These comparisons were exemplified in the form of community dashboards, which provided great insight on the health status of the medical center's PSA in comparison to other counties and communities in Illinois.

Conduent Healthy Communities Institute provides a gauge that illustrates comparison of indicators across counties, service areas and zip codes.

Green (Good):	When a high value is good, community value is equal to or higher than the 50th percentile (median), or, when a low value is good, community value is equal to or lower than the 50th percentile.
Yellow (Fair):	When a high value is good, community value is between the 50th and 25th percentile, or when a low value is good, the community value is between the 50th and 75th percentiles.
Red (Poor):	When a high value is good, the community value is less than the 25th percentile, or when a low value is good, the community value is greater than the 75th percentile.

Throughout the CHNA, indicators may be referred to as being in the green, yellow or red zone, in reference to the above value ratings from Conduent HCI.

Primary Data

The Alliance for Health Equity Community Input Surveys

Between October 2018 and February 2019, The Alliance partners, including Advocate Illinois Masonic, collected 5,934 community input surveys from individuals 18 years and older living in Chicago and Suburban Cook County. There were 1,825 survey responses collected from Advocate Illinois Masonic' s PSA. The surveys were available on paper and online, and were disseminated in English, Spanish, Chinese and Polish. The surveys included questions asking respondents about the health status of their communities, community strengths, opportunities for improvement and priority health needs. Hospitals/medical centers, community-based organizations, and health departments distributed the surveys with the intention of gaining insight from populations that are typically underrepresented in assessment processes. Some of the underrepresented populations were communities of color, immigrants, LGBTQ community members, individuals with disabilities, and low-income communities.

The intention of the community input survey was to complement existing community health surveys distributed throughout Chicago and Suburban Cook County by local health departments. IPHI and the CHNA committee took the following steps to develop the survey tool: (1) IPHI drafted a survey based on review of 13 example community input surveys, (2) CHNA committee members, of which Advocate Aurora community staff were members, from hospitals/medical centers and health departments provided input, (3) IPHI incorporated revisions from CHNA committee members and the University of Illinois at Chicago Survey Research Laboratory, (4) IPHI made edits based on a health literacy review, (5) IPHI and two member hospitals piloted the survey at three community-based events, and (6) IPHI made final edits to address minor challenges identified at the pilot events. The final survey tool included 16 questions—three questions related to zip code/community of residence, nine demographic questions, two multi-select questions about health problems and what's needed for a healthy community, and two open-ended questions about community strengths and improvements needed.

Paper surveys were entered into the SurveyGizmo online platform so that electronic and paper surveys could be analyzed together. Survey data analysis was conducted using SAS 9.4 statistical analysis software and Microsoft Excel 2016. Results from the community input surveys collected from the medical center's PSA can be found in Appendix 3.

The Alliance for Health Equity Community Input Sessions and Focus Groups

Between August 2018 and February 2019, IPHI worked with The Alliance partners, including Advocate Illinois Masonic, to hold a total of 52 community input sessions (focus groups and learning map sessions) with populations including veterans, individuals living with mental illness, communities of color, older adults, caregivers, teens and young adults, LGBTQ community members, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma. The community input sessions included 31 focus groups conducted by IPHI and 21 learning map sessions led by West Side United with notetaking by IPHI. In addition to the 52 community input sessions, there were also five focus groups with health care and social service providers hosted by Swedish Covenant Hospital, MacNeal Hospital and South Shore Hospital. Focus group facilitators asked participants about the underlying root causes of health issues seen in their communities and specific strategies for addressing

those health needs. IPHI developed the focus group questions using resources from existing CHNA toolkits and peer-reviewed studies, in consultation with the CHNA committee and colleagues at partner health departments. Each focus group was hosted by a community-based organization or hospital/medical center, and participation ranged from three to forty people. Most focus groups were 90 minutes long with an average of 10 participants. Data collected from the community input sessions and focus groups were analyzed and used to identify and prioritize Advocate Illinois Masonic's PSA health needs.

Forces of Change Assessment

In August of 2018, Advocate Illinois Masonic held a FOCA with local municipal sectors, CHC members, medical center leadership and community leaders, members and organizations representing multiple sectors. Participants in Advocate Illinois Masonic's FOCA provided critical qualitative feedback on community health needs and social barriers. The medical center's Community Health Department took detailed notes during the FOCA and analyzed the data to identify any patterns or alignment with the quantitative data collected. FOCA data was utilized to identify PSA health needs including the top SDOH. Results from the FOCA can be found in Appendix 2.

Summary of Results

The collection and analysis of raw data was completed by the medical center's Community Health Department. As indicated on page 12, the community for the 2017-2019 CHNA was defined as the medical center's PSA. In efforts to provide a clear picture of the PSA's health needs to the medical center's CHC, the medical center's director and coordinator of community health used the following set of criteria to determine the top eight health needs of the PSA.

- High prevalence/incidence rate of health issue compared to other IL counties
- Number of cases/people affected drastically increased over time
- Large number of/percentage of people were affected by the health issue
- The community expressed concern about health issue via the community surveys and/or FOCA

The director and coordinator of community health presented the top eight health needs including quantitative and qualitative data to the CHC. The CHC was able to review the health needs and get a clear picture of the extent of each health need including root causes. The sections below outline and review the PSA's top eight health needs in detail.

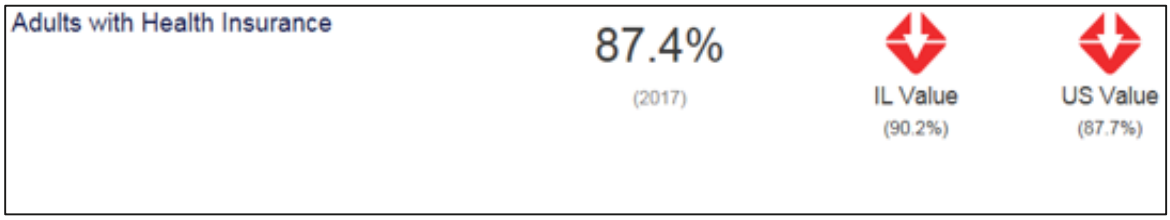
Access to Care and Health Care Coverage

Access to health care services is essential in maintaining good health, preventing and managing chronic diseases and preventing unnecessary ER visits. One of the major barriers to accessing health care is the lack of health insurance, therefore, the medical center's Community Health Department reviewed insurance coverage rates to evaluate the need for access to health care. Due to limited health insurance coverage data at the PSA level, Cook County data was also used to evaluate access to health care and insurance coverage rates.

The medical center's PSA largest source of health insurance coverage comes from the commercial sector with 64.7 percent of the PSA being covered by commercial insurance, which is favorably higher than all other Advocate Aurora sites in Illinois. Medicare provides coverage to 16.9 percent of the PSA followed by Medicaid at 10.1 percent. Over 4 percent (4.5 percent) of the PSA is uninsured and 2.4 percent are covered through Veterans benefits.

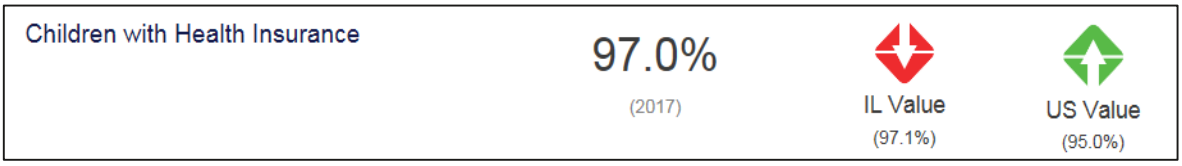
When compared to other counties in Illinois, Cook County has a lower percentage of adults with health insurance at 87.4 percent. Counties such as Lake, DuPage and McHenry have higher rates of adults with health insurance. Cook County also has a lower percentage of adults with health insurance compared to the state of Illinois at 90.2 percent and the U.S. at 87.7 percent. Latino/Hispanic adults had the lowest rates of health insurance compared to all other race/ethnicities. Ninety-seven percent of children in Cook County have health insurance, which is similar to the state of Illinois at 97.1 percent and slightly more than the U.S. at 95 percent. There were no racial/ethnic disparities in health insurance rates for children in Cook County. Over 50 percent (55.7 percent) of Cook County residents have private health insurance while 27 percent have public health insurance. The percentage of Cook County residents covered by public health insurance has increased since 2013 from 23.6 percent to 2017 at 27 percent.

Exhibit 14: Cook County Adults with Health Insurance 2017



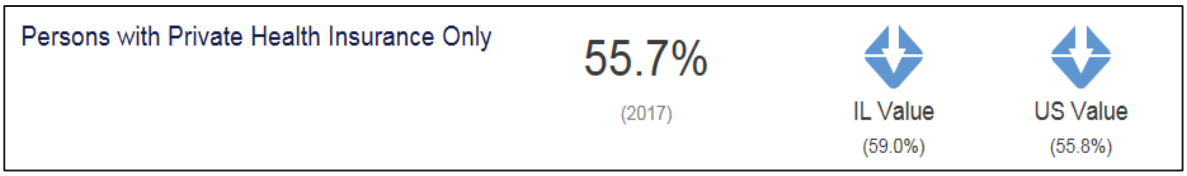
Source: Conduent Healthy Communities Institute, American Community Survey, 2018

Exhibit 15: Cook County Children with Health Insurance 2017



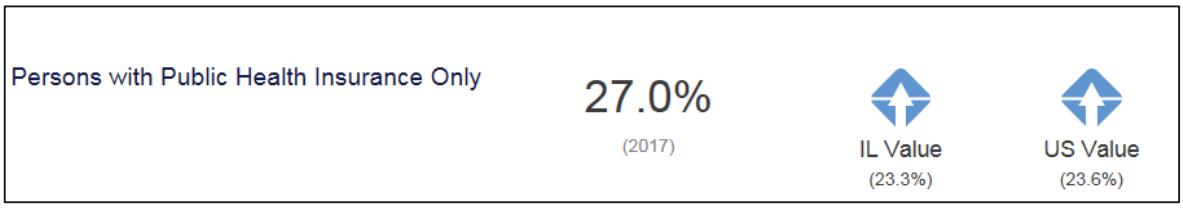
Source: Conduent Healthy Communities Institute, American Community Survey, 2018

Exhibit 16: Cook County Persons with Private Health Insurance Only 2017



Source: Conduent Healthy Communities Institute, American Community Survey, 2018

Exhibit 17: Cook County Persons with Public Health Insurance Only 2017



Source: Conduent Healthy Communities Institute, County Health Rankings, 2018

Behavioral Health

Substance/Alcohol Use

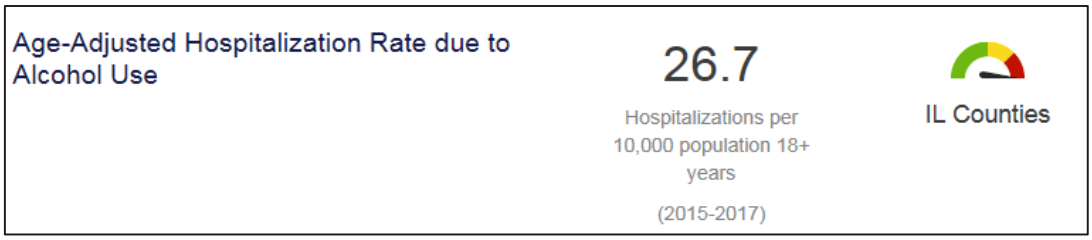
The rate of substance and alcohol use continues to increase in the medical center's PSA. From 2010 to 2017, the age-adjusted ER rate due to alcohol use increased from 68.0 ER visits per 10,000 population to 90.7 ER visits per 10,000 population. Likewise, the age adjusted ER rate due to substance use increased from 13.3 in 2010 to 35.4 in 2018, which is higher than the state of Illinois at 33.6. The medical center's PSA also has a higher rate of hospitalizations due to alcohol abuse compared to other Illinois counties at 26.7 hospitalizations per 10,000 population. The Native Hawaiian/Pacific Islander populations have substantially higher rates of hospitalization due to alcohol and ER visits due to substance use compared to all other races/ethnicities. The PSA age-adjusted rate of hospitalization due to opioid use is 19.5 per 10,000 population aged 18 years and older, which is high compared to other counties in Illinois and the state of Illinois at 11.7 per 10,000 population. The Black/African American population had substantially higher rates of hospitalization due to opioid use at 74.5 per 10,000 population compared to all other races/ethnicities and the overall PSA rate of 19.5 per 10,000 population.

Uptown (60640) and Division Street (60641) had higher rates of hospitalizations and ER visits due to substance and alcohol use compared to other communities in the medical center's PSA.

Exhibit 18: PSA Age-Adjusted ER Rate due to Alcohol Abuse 2015-2017

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Exhibit 19: PSA Age-Adjusted Hospitalization Rate due to Alcohol Abuse 2015-2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Exhibit 20: PSA Age-Adjusted ER Rate due to Substance Use 2015-2017

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Exhibit 21: PSA Age-Adjusted Hospitalization rate due to Opioid Use 2015-2017

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Mental Health

Mental health is an increasing health issue across many communities in the U.S. including the medical center's PSA. Estimates suggest that only half of the people with a mental illness receive treatment, suggesting access to mental health care is a serious issue and contributing factor to the increasing rates of mental health issues and crises (National Institute of Mental Health, 2018). In addition, suicide was the tenth leading cause of death overall in the U.S. and the second leading cause of death among individuals between the ages of 10 and 34 (Centers for Disease Control and Prevention, 2017). Mental health and access to mental health services were also top issues for residents in the medical center's PSA, with 46 percent of The Alliance's community survey respondents reporting mental health as the top health issue in the medical center's PSA. In addition, barriers to accessing behavioral health treatment that were mentioned and discussed in the PSA's focus group sessions included provider shortages, no insurance or lack of coverage for services, a lack of available treatment types including inpatient, individual therapy and drop in counseling centers.

The PSA age-adjusted ER rate due to adult mental health is 81.6 ER visits per 10,000 population aged 18 and over, which is an increase from the previous measurement period but less than the state of Illinois at 96 per 10,000 population and highest amongst African American/Black and Hawaiian/Pacific Islander populations. Likewise, the PSA age-adjusted ER rate due to pediatric mental health under the age of 18 has increased from 34.4 in 2012 to 47.9 in 2017 and is highest among the African American/Black pediatric population. The PSA age-adjusted ER rate due to adolescent suicide and intentional self-inflicted injury is 45.9 per 10,000 population aged 10-17 years old, which is lower that the state of Illinois at 67.4. The PSA age-adjusted ER rate due to adult suicide and intentional self-inflicted injury is 31.7 per 10,000 population aged 18 years and older, which is less than the state of Illinois at 37.2 but an increase from the previous measurement period (2014-2016).

There were four communities in the medical center's PSA that had higher rates of ER visits due to mental health. Rogers Park (60626) at 144.0 per 10,000 population aged 18 and older, Division Street (60651) at 143.9, Uptown (60640) at 138.8 and Avalon Park (60645) at 109.4 per 10,000 population aged 18 and older. Exhibits 22 through 25 display the various PSA mental health indicators discussed above.

Exhibit 22: PSA Age Adjusted ER Rate due to Mental Health 2015-2017

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Exhibit 23: PSA Age-Adjusted ER Rate due to Pediatric Mental Health 2015-2017

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Exhibit 24: PSA Age-Adjusted ER Rate to Adolescent Suicide and Intentional Self-inflicted Injury 2015-2017

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Exhibit 25: PSA Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-inflicted Injury 2015-2017

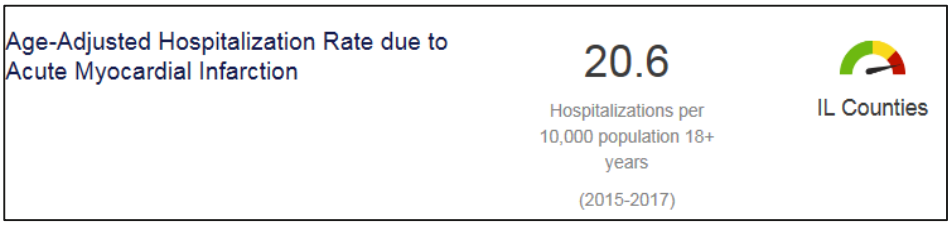
Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Heart Disease

According to the CDC, heart disease is the number one cause of death in the U.S. and Illinois (Centers for Disease and Control and Prevention, 2018). Lack of nutrition and physical activity are strongly correlated with increased prevalence and incidence of heart disease and stroke. The PSA age-adjusted hospitalization rate due to heart failure is 35.4 per 10,000 population aged 18 years and older, which is high compared to other counties in Illinois. The PSA age-adjusted hospitalization rate due to acute

myocardial infraction is 20.6 per 10,000 population aged 18 years and older, which is higher than the state of Illinois at 16.7 per 10,000 and high compared to other counties in Illinois. The PSA age-adjusted hospitalization rate due to hypertension is also high at 6.3 per 10,000 population aged 18 and older compared to other counties and the state of Illinois. Overall, the African American/Black population had higher rates of hospitalization due to heart failure, acute myocardial infarction and hypertension compared to all other races/ethnicities.

Exhibit 26: PSA Age-Adjusted Hospitalization Rate due to Acute Myocardial Infarction 2015-2017

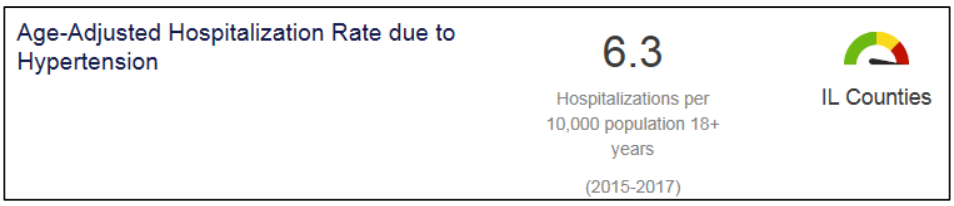


Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Exhibit 27: PSA Age-Adjusted Hospitalization due to Heart Failure 2015-2017

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Exhibit 28: PSA Age-Adjusted Hospitalization due to Hypertension 2015-2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

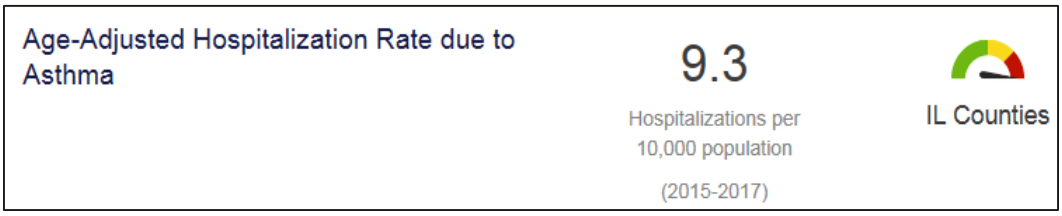
Respiratory Disease/Asthma

Asthma is a chronic condition in which a person's air passages become inflamed and the narrowing of the respiratory passages makes it difficult to breathe. Asthma is one of the most common long-term diseases of children, but also affects millions of adults nationwide (Conduent Healthy Communities Institute, 2017). The PSA pediatric ER rate due to asthma is 76.0 per 10,000 population under the age of 18, which is substantially higher than the state of Illinois at 62.6 as well as other counties in Illinois. The PSA age-adjusted ER rate due to adult asthma is 37.9 ER visits per 10,000 population aged 18 and over, which is higher than other Illinois counties and the state of Illinois at 34.7 ER visits per 10,000. The PSA age-adjusted hospitalization rate due to asthma is 9.3 per 10,000 population, which is higher than other counties in Illinois and the overall state of Illinois rate at seven per 10,000.

Three zip codes in the PSA have the highest rates of age-adjusted hospitalization due to asthma including Division Street (60651) at 22.5, Fort Dearborn (60610) at 18.7 and Belmont Cragin (60639) at 15.0 hospitalizations per 10,000 population, compared to the overall PSA rate of 9.3 per 10,000 population.

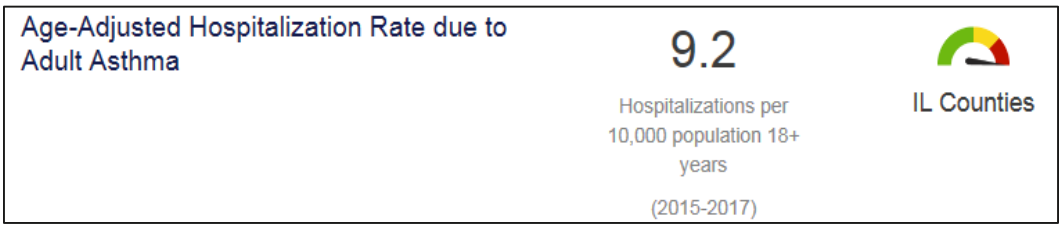
There are racial/ethnic disparities in the rates of ER visits and hospitalization due to asthma with the African American/Black population having the highest rates.

Exhibit 29: PSA Age-Adjusted Hospitalization Rate due to Asthma 2015-2017



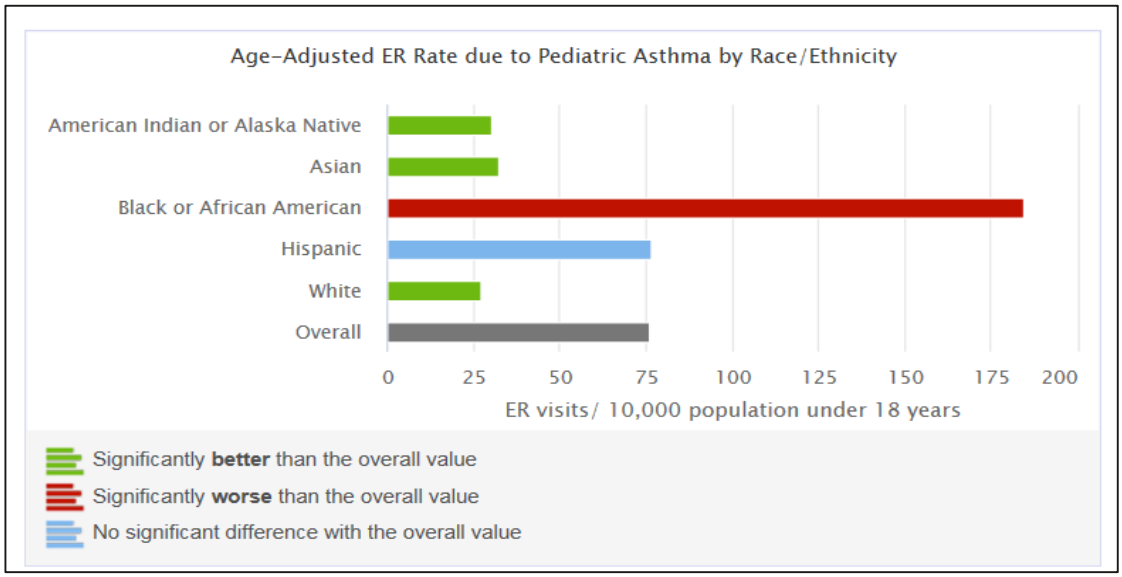
Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Exhibit 30: PSA Age-Adjusted Hospitalizations Rate due to Adult Asthma 2015-2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Exhibit 31: PSA Age-Adjusted ER Rate due to Pediatric Asthma by Race/Ethnicity 2015-2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Healthy Lifestyles/Obesity

Obesity, nutrition and physical activity are strong indicators and leading causes of many preventable diseases such as diabetes, stroke, heart disease and some cancers. Access to and consumption of healthy foods impacts one's ability to maintain a healthy weight and prevent chronic disease. According to The State of Obesity, 31.1 percent of adults in Illinois are obese making Illinois the 27th highest out of 51 U.S. states. Due to the lack of nutrition, physical activity and obesity data at the PSA level, data was analyzed at the county and city level to determine the significance of the health need. In Chicago, 33.5 percent of adults are obese, which is high compared to 500 other U.S. cities, Cook County at 27.4 percent and the state of Illinois at 31.1 percent.

Food insecurity is an additional indicator that relates to obesity and nutrition. The Cook County food insecurity rate is 12 percent, which is higher than most other Illinois counties and the state of Illinois at 10.9 percent. The child food insecurity rate is 15.8 percent and the rate for children who are likely ineligible for assistance is 31 percent, which is high compared to the majority of counties in Illinois and the U.S. at 21 percent.

In addition, 31 percent of The Alliance's community input survey respondents from the medical center's PSA indicated that access to healthy affordable food was essential in creating a healthy community. Furthermore, 37 percent of respondents indicated a safe and low-crime community was essential in creating a healthy community, which also contributes to safe spaces for physical activity.

The lowest rates of fruit and vegetable consumption within the PSA were seen in Avalon Park (60645) at six percent and Belmont Cragin (60639) at 18 percent (The Alliance for Health Equity, 2019). In addition, the highest soda consumption rates in the PSA were seen in Avalon Park (60645) at 60 percent, Belmont Cragin (60639) at 30 percent and Portage Park (60641) at 20 percent (The Alliance for Health Equity, 2019).

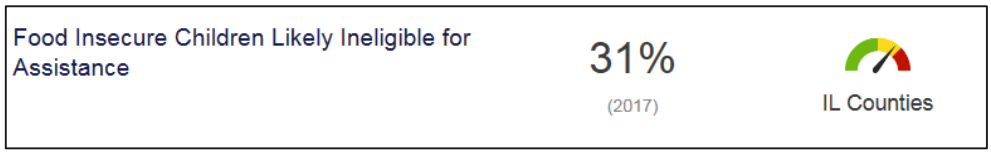
Exhibit 32: Chicago Adults who are Obese 2015

Source: Conduent HCI, Centers for Disease Control and Prevention, 2018

Exhibit 33: Cook County Adults who are Obese 2010-2014

Source: Conduent HCI, Illinois Behavioral Risk Factor Surveillance System, 2018

Exhibit 34: Cook County Food Insecure Children Likely Ineligible for Assistance 2017

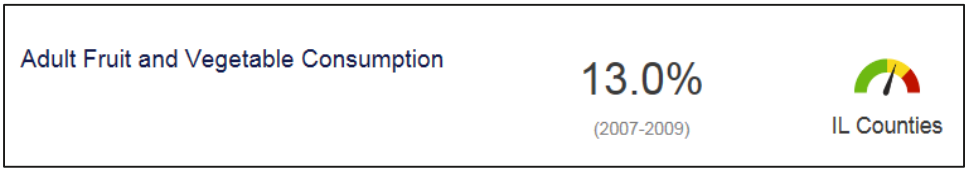


Source: Conduent Healthy Communities Institute, Feeding America, 2018

Exhibit 35: Cook County Food Insecurity Rate 2017

Source: Conduent Healthy Communities Institute, Feeding America, 2018

Exhibit 36: Cook County Adult Fruit and Vegetable Consumption 2007-2009



Source: Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance, 2018

Senior Health

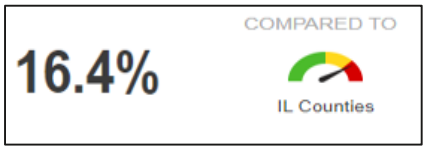
Over 15 percent of the medical center's PSA is over the age of 65. Providing care to the senior (65 years and older) population is critical in creating a healthy environment for seniors and maintaining/increasing the life expectancy in the PSA. In consideration of the medical center's senior population, the Community Health Department and CHC reviewed and analyzed data related to senior health. Due to the limited amount of data at the PSA level, additional data was analyzed at the county level to identify the health needs of seniors in the PSA.

In the PSA, 15.7 percent of those aged 65 and older live below the federal poverty level. In addition, 31.5 percent of those aged 65 and older in the PSA live alone, which is higher than the state of Illinois at 28.5 percent and the U.S. at 26.2 percent. Seniors who live below the poverty level and/or alone are at an increased risk of limited physical activity, low access to health care and social isolation (Conduent Healthy Communities Institute, 2019). Data also indicates that the top health needs for the Medicare population in Cook County aged 65 and older are: heart failure (16.8 percent), cancer (10.3 percent), osteoporosis (7.7 percent), Alzheimer's or dementia (12.9 percent) and stroke (4.4 percent).

Exhibit 37: PSA People 65+ Living Alone 2013-2017

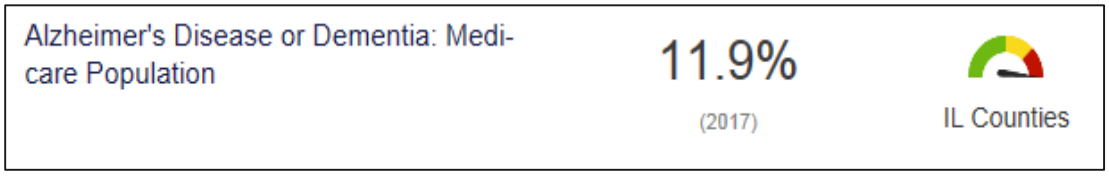
Source: Conduent Healthy Communities Institute, American Community Survey, 2018

Exhibit 38: Cook County Heart Failure: Medicare Population 2017



Source: Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services, 2018

Exhibit 39: Cook County Alzheimer's Disease or Dementia: Medicare Population 2017



Source: Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services, 2018

Cancer

Cancer was identified as a health need for the PSA due to the severity of the disease and high incidence and prevalence rates. Given the limited availability of cancer data at the PSA level, the CHC looked at county level data. The breast cancer incidence rate was 130.9 cases per 100,000 females, which is slightly less than the state of Illinois at 131.7 but more than the U.S. at 124.7 per 100,000 females. The age-adjusted death rate due to breast cancer in Cook County is 23.4 deaths per 100,000 females, which is higher than the state at 22.4 and the U.S. at 20.9 per 100,000 females. There is a racial disparity in the breast cancer death rate with African American/Black females (32.6 per 100,000 females) having substantially higher death rates compared to all other races (White, 20.9; Hispanic; 10.8 and; Asian or Pacific Islander 12.3 per 100,000 females). Prostate cancer rates in Cook County are also high at 118.7 per 100,000 males compared to the state of Illinois at 114.9 and the U.S. at 109 per 100,000 males. There is a racial disparity in prostate cancer incidence rates with African American males having a substantially higher rate (175.7 per 100,000 males) compared to White males (101.9 per 100,000 males). The Cook County cervical cancer incidence rate is 8.4 per 100,000 females, which is higher than the state of Illinois at 7.7 and the U.S. at 7.5. Exhibits 40 through 43 display multiple cancer indicators for Cook County.

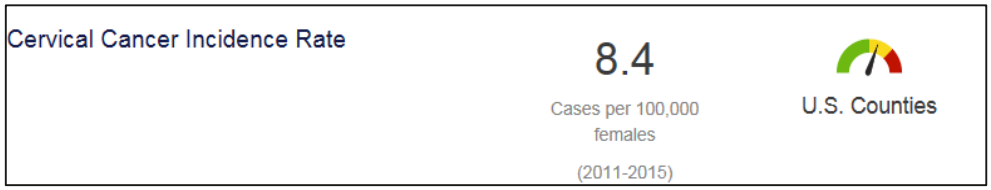
Exhibit 40: Cook County Breast Cancer Incidence Rate 2011-2015

Source: Conduent Healthy Communities Institute, National Cancer Institute, 2018

Exhibit 41: Prostate Cancer Incidence Rate 2011-2015

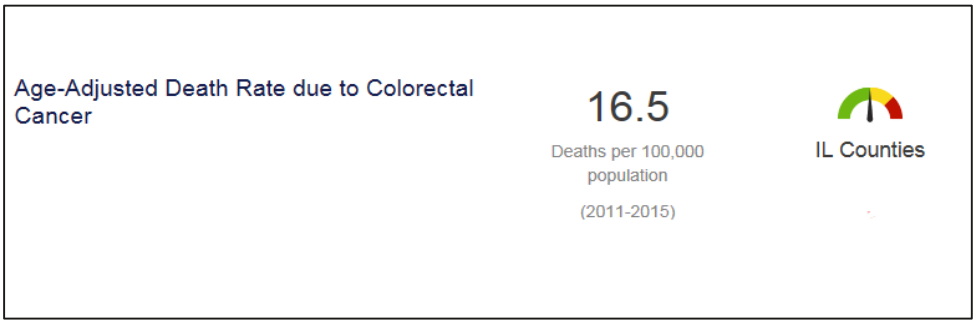
Source: Conduent Healthy Communities Institute, National Cancer Institute, 2018

Exhibit 42: Cook County Cervical Cancer Incidence Rate



Source: Conduent Healthy Communities Institute, National Cancer Institute, 2018

Exhibit 43: Cook County Adjusted Death Rate due to Colorectal Cancer 2011-2015



Source: Conduent Healthy Communities Institute, National Cancer Institute, 2018

Social Determinants of Health

The PSA health needs discussed above are strongly influenced by various social factors—this concept is known as SDOH. The World Health Organization (WHO) defines the conditions of SDOH as the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. PSA and Cook County data show a relationship between various socioeconomic factors such as income, educational attainment, race/ethnicity and health outcomes. PSA communities with lower median household incomes had higher rates ED visits and hospitalizations due to chronic disease and mental health issues. This data is consistent with state and national trends, which indicate poor health outcomes and the risk of chronic disease are greater among those who are low-income with less educational attainment (Healthy People 2020, 2019).

Advocate Illinois Masonic's Community Health Department reviewed various social determinant of health indicators and socioeconomic data including the SocioNeeds map to identify the most significant social determinant of health needs. After reviewing socioeconomic data, The Alliance survey responses and focus groups, the medical center's Community Health Department presented, community safety, employment and training and affordable housing as the most significant social determinant of health needs. The medical center also recognizes the importance of addressing root causes to effectively

address the health needs of the PSA thus SDOH will be incorporated into all 2019 CHNA Implementation Plan strategies. The medical center's Community Health Department will also work with medical center leadership to develop programs and interventions that address employment and training, community safety and housing within the medical center's patient population and high socioneed communities.

V. Prioritization of Health-Related Issues

Priority Setting Process

The medical center's Community Health Department presented data to the CHC regarding the top eight health needs in the medical center's PSA. The data was reviewed and discussed by the CHC including representatives from various sectors in the community to ensure the social determinants of health and root causes were being discussed with each health need. The top health needs that were presented to the CHC are listed below.

- Mental Health
- Substance Use
- Healthy Lifestyles/Obesity
- Heart Disease
- Respiratory Disease/Asthma
- Access to Health Care
- Cancer
- Senior Health

Council members asked questions and engaged in a robust discussion around the top eight health needs, which lead to the first round of prioritization. CHC members were asked to complete a prioritization grid (Appendix 2), which required each member to rate the eight health needs based on the following criteria:

- Size of the health need—This was determined through ED, hospitalization, prevalence and incidence data.
- Seriousness of the health issue—Several questions were taken into consideration to rate the seriousness of the health issue including:
    1. What is the importance of health issue to the community?
    2. Does health issue impact the quality of life?
    3. What are the hospitalization and mortality rates caused by the health issue?
- Effectiveness of available interventions—The CHC considered several questions to determine the effectiveness of the health need interventions including:
    1. Are prevention programs effective in preventing the health issue?
    2. Do interventions for the health issue have the ability to improve/impact other health issues?
    3. Do treatment programs effectively address the health issue?

- Resources available to address the health issue
- Existing community partners working on the problem
- Meets a defined community need as identified through data
- Potential for health issue to impact other health issues
- Ability to impact the health issue through demonstrable outcomes and collaboration

The medical center's Community Health Department collected the prioritization grids to conduct analysis and to aggregate the health need scores (listed in Exhibit 44). The aggregated scores for each health need were presented to the CHC and the four health needs with the highest scores were selected for community expert presentations to assist the CHC in selecting the final two health need priorities.

Exhibit 44: Top Eight Health Needs Aggregated Ratings

Health Need	Size/Seriousness of the problem	Effectiveness of avaliable interventions	Several resources to address the problem	Existing community partners working on the problem	Meets a defined community need as identifed as through data	Strong potenital for issue to impact other issues for collective impact	Ability to make an impact and demostrate measurable outcome through collaboration	Total
Access to Health Care	61.3	42.3	43.6	46	54	57.6	56.6	**361.4**
Mental Health	61	44	39	47.3	52	57	55.6	**355.9**
Substance/Alcohol Abuse	57	42.6	41.3	45.6	53	52.6	50	**342.1**
Obesity/Healthy Lifestyles	58	40.3	44.6	42.6	48.3	53.6	46.6	**334**
Heart Disease/Stroke	52.3	44.3	44	45.3	48	48.3	49	331.2
Cancer	50	47	47	44.6	44	48.3	48.6	329.5
Senior Health	52.3	38.3	38.3	39.6	48.3	49.6	48	314.4
Asthma	49.3	44.6	37.6	40.6	47	46.3	46.6	312
Total	441.2	343.4	335.4	351.6	394.6	413.3	401	

Source: Advocate Illinois Masonic Medical Center, Community Health Department, 2018

After careful review of data and extensive discussion about the top four health needs (access to health care, mental health, substance/alcohol abuse and healthy lifestyles/obesity), the Community Health Department had experts from the community present on each of the top four health issues. Community experts/organizations that presented included the National Alliance on Mental Illness (NAMI Chicago), CommunityHealth FQHC and The Alliance. Each presentation consisted of health disparities, root causes, community resources, gaps in resources, and most affected communities. Following presentations, the Council engaged in an in-depth discussion and the medical center's Community Health Department called for a second vote to narrow the health needs to the final two 2019 CHNA health priorities. The Council proceeded to vote on the two health priorities, which were: 1) Healthy Lifestyles/Obesity; and 2) Behavioral Health.

Health Needs Selected

Healthy Lifestyles/Obesity

Healthy lifestyles/obesity was chosen as one of the two health need priorities due to the many chronic diseases and health issues that are related to poor nutrition and physical inactivity. Moreover, the Council also identified healthy lifestyles and obesity due to the large impact this issue has on quality of life and overall health outcomes in the PSA.

Behavioral Health

Behavioral health was selected as the other health priority. This health priority includes mental health and substance/alcohol use. The rates of mental health issues and substance use are continuing to increase over time and are in the lowest 25th percentile (red indicator) when compared to other Illinois counties . Data and hospitalization rates indicate that there is a great need for expansion of behavioral health services including access to health services, treatment, housing and programming. Furthermore, there is a correlation between substance use and mental health, which makes it essential for the medical center to address both health issues in tandem.

Social Determinants of Health

The Alliance's CHNA demonstrated the devastating impact social and economic factors can have on one's health. The CHC identified SDOH as a crucial component of addressing the root causes of the prioritized health issues and key to improving the overall health and quality of life in the PSA. Specifically, the medical center will address employment and training, housing and community safety/violence prevention.

Health Needs Not Selected

Health needs that were not selected will not be included in the 2020 Implementation Plan, however, may be addressed through other medical center community partnerships, resources and current programs.

Cardiovascular/Heart Disease

Cardiovascular/heart disease was identified as one of the health needs but was not selected as a priority due to consensus from the Council that many factors leading to cardiovascular/heart disease can partially be prevented by healthy eating, physical activity and access to care. The Council will address cardiovascular/heart disease through the healthy lifestyle and obesity priority. Advocate Illinois Masonic also addresses cardiovascular disease through its Heart Institute, which provides over 20,000 heart procedures performed by over 350 specialists.

Cancer

Cancer was identified as a health need for the medical center but was not selected as a priority due to the many cancer services and programs offered by the medical center's Creticos Cancer Center (CCC). In addition, the medical center's Community Health Department partners with the CCC to provide a hospital-based food pantry to food insecure cancer patients and address cancer prevention in the community. The medical center also works closely with the American Cancer Society to provide other cancer related services and support, such as wigs, support groups and other services.

Senior Health

The medical center and Council recognize that senior health is a concern as 11.56 percent of the medical center's PSA is 65 and older. The medical center currently has an array of outreach programs for seniors and their care givers. These programs include the senior fair, Medicare 101 classes, lectures provided to local senior care providers and organizations, and senior housing facilities. The medical center's Community Health Department works closely with the Business Development team to ensure that the health needs of seniors are being addressed in the community.

Asthma

Asthma was identified as a lower ranked health need and was not selected as a priority due to lack of community partners and ineffectiveness/availability of asthma prevention programs.

Access to Health Care

The Council, Community Health Department and medical center are aware that access to health care is a critical need for the medical center's PSA. Rather than making this health issue a stand-alone health priority, the CHC decided to incorporate access to care in both behavioral health and healthy lifestyle strategies.

VI. Approval of Community Health Needs Assessment

The director of community health provided a copy of the CHNA to each medical center Governing Council member in advance of the October 2019 Council meeting. Governing Council members were able to review the CHNA document in its entirety before the Council meeting. The medical center's director and coordinator of community health presented the CHNA document, including the assessment process and selected health need priorities, to Council members. Following the presentation, Council members were able to discuss findings, ask questions and comment. On September 24, 2019, the Governing Council fully approved the medical center's 2019 CHNA Report. The Advocate Health Care Network Board approved Advocate Illinois Masonic's 2017-2019 CHNA Report at the system level on December 16, 2019.

VII. Overview of 2020-2022 Implementation Plan Strategies and Community Resources

Behavioral Health

The medical center will explore the opportunity to continue its partnership with NAMI Chicago to implement Bridges of Hope, a program that creates awareness and destigmatizes mental health in faith-based communities and churches. The medical center will also discuss a continued partnership with local Universities to provide Mental Health First Aid to all incoming Resident Assistants. In addition, the medical center will continue to attend and participate in the Alliance for Health Equity's Mental Health Committee meetings to ensure the medical center is not duplicating efforts and is working with community partners for a collective impact. Furthermore, the medical center's Community Health Department will meet with the Behavioral Health Department to discuss medical center programs that address both behavioral health and access to care such as the First Access and the Medically Integrated Crisis Community Support program.

Healthy Lifestyles

The medical center will explore the opportunity to expand its Food Pantry and Veggie Rx program across multiple departments to address food insecurity within the medical center's patient population. The medical center's Community Health Department will also identify new community partnerships to streamline the Food Pantry and Veggie Rx program. Electronic screening for food insecurity and other SDOH will also be explored with medical center leadership. Furthermore, the medical center will work with local elementary schools to provide famer's markets for students, teachers and their families. Farmer's market strategies will be focused in schools located in low-income communities with higher rates of obesity.

Social Determinants of Health

The medical center will work with Acclivus, an organization focused on improving the safety of communities, to implement violence interruption strategies in the medical center's ER. The medical center's Community Health Department will work with the organization to create metrics and track program outcomes to ensure the program strategies are improving community safety in the medical center's PSA.

The medical center's Behavioral Health Department will address housing through a partnership with the Center for Housing and Health. Through this partnership, the medical center will have the capacity to place up to four behavioral health patients in permanent housing while providing case management services to address other social determinants of health and clinical needs.

The Advocate Workforce Initiative (AWI) is a program that aims to recruit, train and place individuals in entry to mid-level health care positions. The program increases employment opportunities in under-served and low-income communities through focusing recruitment efforts on individuals residing in high

socioneed communities. The medical center's Community Health Department will provide support to the initiative by supporting strategy development around target communities through analysis of high socioneed communities with high unemployment rates within the PSA. The Advocate Work Initiative (AWI) coordinator at Advocate Illinois Masonic will also participate in the Council meetings to ensure strategy alignment and collaboration with priority health needs.

VIII. Vehicle for Community Feedback

Community Feedback

Advocate Illinois Masonic welcomes all feedback regarding the 2019 Community Health Needs Assessment. Any member of the community wishing to comment on this report, can click on the link below to complete a CHNA feedback form. Questions will be addressed and will also be considered during the next CHNA cycle.
http://www.advocatehealth.com/chnareportfeedback

If you experience any issues with the link to our feedback form or have any other questions, please click below to send an email to us at:
AHC-CHNAReportCmtyFeedback@advocatehealth.com

This report can be viewed online at Advocate Health Care's Community Health Needs Assessment Report webpage via the following link: http://www.advocatehealth.com/chnareports

A paper copy of this report may also be requested by contacting Advocate Illinois Masonic medical center's Community Health Department.

Sharing Results

Advocate Illinois Masonic's Director of Community Health will present the 2019 CHNA to the hospital service lines, community partners and hospital leadership. Feedback from the presentations will be recorded and collected at the conclusion of each presentation. Additional presentations will be given upon request.

IX. Appendices

Appendix 1: 2017-2019 Community Health Needs Assessment Data Sources

(All data was verified and website links were fully functional within the CHNA Report and Appendices as of September 1, 2019.)

Advocate Aurora Business Development Analytics, 2019

Advocate Illinois Masonic, Finance Department, 2018

Centers for Disease Control and Prevention, 2018 https://www.cdc.gov/

Cook County Department of Public Health, 2014-2016 https://www.cookcountypublichealth.org/

Healthy Communities Institute, Claritas, 2019. Website unavailable to the public.

National Alliance on Mental Illness, 2018. https://www.nami.org/

The Alliance for Health Equity, Community Health Needs Assessment for Chicago and Suburban Cook, 2019; The Alliance for Health Equity, Focus Groups, 2018; and
The Alliance for Health Equity, Community Input Survey, 2018. All three documents accessible at https://allhealthequity.org/projects/2019-chna-reports/

The following data sources were accessed through Healthy Communities Institute:

American Community Survey, 2012-2016 https://www.census.gov/programs-surveys/acs/

Center for Diseases Control and Prevention, 2018 https://www.cdc.gov/

Centers for Medicare and Medicaid Services, 2018 https://www.cms.gov/

Chicago Health Atlas, 2019 https://www.chicagohealthatlas.org/indicators/life-expectancy

Chicago Public Health Department, 2018 https://www.chicago.gov/city/en/depts/cdph.html

City of Chicago: Healthy Chicago 2.0, 2016-2020
https://www.chicago.gov/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/HC2.0Upd4152016.pdf

County Healthy Rankings, 2018 https://www.countyhealthrankings.org/explore-health-rankings

Healthy People 2020, 2019 https://www.healthypeople.gov/

Illinois Department of Public Health, Vital Statistics, 2016 http://dph.illinois.gov/data-statistics/vital-statistics

Illinois Hospital Association, COMPdata, 2015-2017 Data unavailable to the public

National Alliance for Mental Health, 2018 https://www.nami.org/

State of Obesity, 2017 https://www.stateofobesity.org/states/il/

The Nielsen Co, Truven Health Analytics, 2016 Data unavailable to the public

World Health Organization, 2019 https://www.who.int/social_determinants/sdh_definition/en/

The following data sources were accessed through the Alliance for Health Equity:

U.S. Census Bureau
U.S. Census Bureau, American Community Survey, 2016 5-year estimates
U.S. Census Bureau, 2000-2010

Health Departments
Illinois Department of Public Health, Division of Vital Records

Cook County Department of Public Health, 2012-2016

Chicago Department of Public Health, 2016

Cook County Medical Examiner's Office via Chicago Department of Public Health, 2017

Hospitalizations and ED Visits
Illinois COMPdata, 2015-2017, Analysis conducted by Conduent Healthy Communities Institute

Additional mapping tools used
CARES Engagement Network

EJ Screen: EPA's Environmental Justice Screening and Mapping Tool (Version 2018)

List of secondary data sources in CHNA *(Page 11 of 2019 CHNA report)*
Peer-reviewed literature and white papers

Existing assessments and plans focused on key topic areas

Localized data compiled by several agencies including Chicago Department of Planning and Development, Chicago Metropolitan Agency for Planning, Housing Authority of Cook County, and state and local police departments

Localized data compiled by community-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago

Hospitalization and emergency department rates (COMPdata) provided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Communities Institute

Data compiled by state agencies including Illinois Environmental Protection Agency, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, and Illinois Department of Public Health

Data from federal sources including 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; Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of Health Care; Health Resources and Services Administration; and United States Department of Agriculture

Appendix 2: Illinois Masonic Medical Center Forces of Change Assessment

Strengths	Weakness	Opportunities	Threats
• Diverse Primary Service Area (PSA) • Access to Care • Partnerships and Resources • Transition Support Program (TSP) • Federally Qualified Health Centers (FQHC's) • Free Clinics • Community Based Organizations	• LGBTQ Care • Transportation Services • To and from appointments • Housing • Affordable, safe and stable • Political Climate • Immigration • Violence • Guns, domestic, sexual assault • Access to Care • AMG accepting Medicaid insurance • Mental/Behavioral Health Services • Gap in services and treatment for developmental care for 21 years and older (Autism, ADHD, etc.)	• Data Sharing • Resource Sharing • NowPow, Purple Binder • More partnerships and collaboration with FQHC's • Erie Family Health Centers, Howard Brown, Heartland Health Centers • Develop safe places • Know Your Rights Training • Educate the population about current policies and laws • Workforce Development • Major employers in our PSA for vulnerable populations • Entry level training • Re-entry training • Coalition Building • Free Clinics • Center for Education, Research & Advocacy at Howard Brown • LGBTQ pronoun training, SOGI • Community Based Organizations • Illinois Coalition for Immigration & Refugee Rights • Partnerships with churches and congregations • Hospital/Housing (Mercy/Chicago Housing Partners	• Current political climate • Funding for 501(c) (3) • Cost of living • Racial inequalities • Trust issues • Government • Gun Violence • Housing • Housing developers buying their way of out affordable housing policy • Root causes of social determinants of health

Appendix 3: Alliance for Health Equity Community Input 2018-2019

Community Input – Survey

5,934 surveys collected and analyzed for the County

- 568 in Spanish
- 157 in Chinese
- 104 Polish+
- 1,561 of respondents had someone in the household with a disability
- 386 of respondents identified as LGBTQ+

+ Polish surveys include both surveys completed in Polish and respondents who selected Polish as an ethnicity

Overall results for the city and suburbs

Top 5 Most Important Factors for a Healthy Community
- Access to health care & mental health services
- Safety and low crime
- Access to community services
- Access to healthy food
- Affordable housing

Top 5 Most Important Health Problems
- Diabetes
- Mental Health
- Age-related Illness
- Substance Use
- Heart Disease and Stroke

What is one thing that you would like to see improved in your community? (open-ended)
- Safety and Low Crime
- Economic Development
- Infrastructure
- Community Cohesion
- Health Care

What are the greatest strengths in the community where you live? (open-ended)
- Community Cohesion
- Community Services
- Safety and Low Crime
- Transportation
- Education

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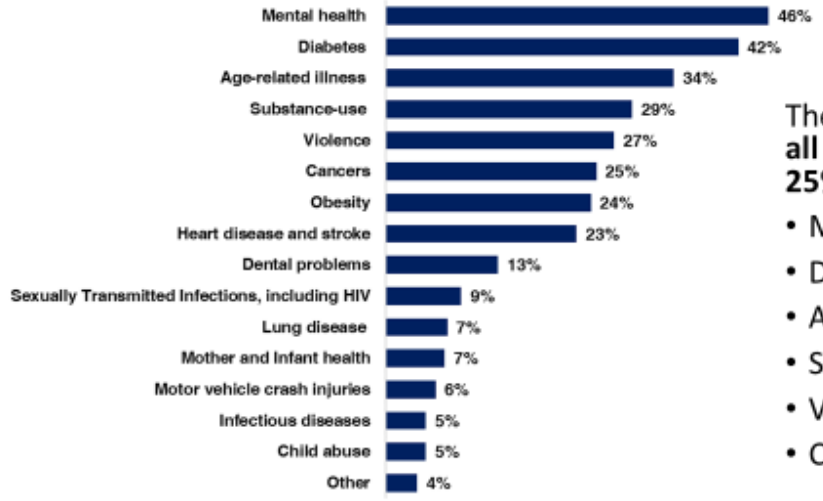
Community Input Survey Data, from 1776 respondents in Illinois Masonic's Service Area



The top six health issues – **all selected by more than 25% of respondents** – were:

- Mental health
- Diabetes
- Age-related illness
- Substance Use
- Violence
- Cancers

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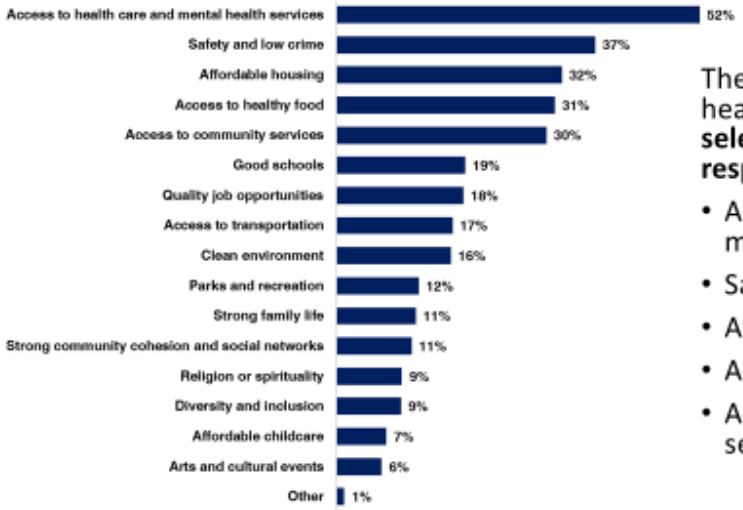
Community Input Survey Data, from 1755 respondents in Illinois Masonic's Service Area



The top five things for a healthy community—**all selected by more than 30% of respondents**—were:

- Access to healthcare and mental health services
- Safety and low crime
- Affordable housing
- Access to healthy food
- Access to community services

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Survey Respondent Demographics, Illinois Masonic Service Area

Race/Ethnicity (n=1701)	
African American/Black	13%
Asian/Pacific Islander	5%
Hispanic/Latino(a)	44%
Middle Eastern/Arab American	1%
White	32%
Multiracial	6%

Household Income (n=1780)	
Less than $10,000	24%
$10,000 to $19,999	19%
$20,000 to $39,999	17%
$40,000 to $59,999	14%
$60,000 to $79,999	8%
$80,000 to $99,999	6%
Over $100,000	12%

Age (n=1757)	
18-24	6%
25-34	15%
35-44	14%
45-54	17%
55-64	21%
65-74	17%
75-84	9%
85 or older	1%

Someone in the Household with a Disability (n=1724)	
Yes	32%
No	68%

Children in Household (n=1675)	
None	63%
Yes, age 0-4	16%
Yes, age 5-12	19%
Yes, age 13-17	14%

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Focus Group Input – Major Themes

49 Focus Groups and Learning Map Sessions Completed

- 27 Focus groups conducted by AHE
- 22 Learning Map Sessions conducted by West Side United

Mental health and substance use disorders were the most frequently discussed topics followed by the social and structural determinants of health

Mental Health and Substance Use Disorders
- Chronic stress
- Mental health education and awareness
- Access to treatment
- Consequences of untreated conditions
- Abuse and other forms of trauma

Social and Structural Determinants of Health
- Economic inequities
- Employment opportunities
- Education
- Community Safety/Violence (cross-cutting)

Access to Care and Community Resources
- Obtaining benefits
- Availability of services
- Healthcare quality

Chronic Disease
- Social determinants are both underlying root causes of chronic disease and barriers to disease management
- Community education about prevention, risk factors, and when to seek medical help
- Patient and caregiver stress
- Community-based support

A sense of community and community cohesion were often mentioned as greatest strengths in communities.

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Community Input – Focus Groups

11 focus groups completed with residents living within IL Masonic Medical Center's Service Area

- Asian Human Services Family Health Center
- Chicago Public Library - Austin/Irving Park Branch,
- Chicago Public Library - Jefferson Park Branch
- Faith Leaders – Mental Health Focus
- Friedman Place
- Immigrant Service Providers – North Side of Chicago
- NAMI Chicago (2 groups) - Families and Individuals
- Northwest Side Housing Center
- AMITA Saints Mary and Elizabeth Medical Center – Community Residents
- Swedish Covenant Hospital – community service providers
- Temple of Faith Missionary Baptist Church

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Mental Health and Substance Use Disorders Focus Group Input

Barriers to accessing behavioral health treatment

- No insurance or lack of coverage for services
  - Insufficient finances to cover costs including copays, uncovered treatment types, or when providers do not take insurance
- Provider shortages
- A lack of available treatment types (inpatient treatment, individual therapy, intensive community services, peer recovery programs, meetings for drug users and/or individuals in recovery, drop-in counseling centers)
- The disconnect between primary care systems and behavioral health systems
- Stigma related to both mental health and substance use disorder treatment

Participants mentioned several impacts that behavioral health systems issues are having on their communities

- Increased incidence of substance use disorders*
- Housing instability and homelessness
- Increased use of emergency departments for care
- Placement of individuals with unmet needs in shelters and jails
- Increases in negative interactions between law enforcement and individuals in crisis
- Chronic stress, trauma and childhood adversity

***Homelessness, mental illness, stress, and trauma were identified as both root causes and direct outcomes of substance use disorders**

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Substance Use Disorders Focus Group Input

Homelessness, mental illness, stress, and trauma were identified as both root causes and direct outcomes of substance use disorders

Examples of direct quotes from community residents related to substance use disorders

- "Stress leads to drinking and health problems. Stress is a gateway to health problems." (Maine Community Youth Assistance Foundation)
- "There's people I know who do things they are not supposed to such as drugs to cope with stress especially in Harvey because there is nothing else to do." (Restoration Ministries)
- "Alternatives to drinking. People drink a lot out of boredom. When you are homeless, you don't have anything else to do." (Housing Forward)
- "We smoked weed all the time because we are stressed and didn't know what to do. To escape reality. Reality is f****** up." (Teen Living Program)
- "Some get caught in limbo. People show up when they are struggling with substance use disorders and they get kicked out on the street and kicked out of the shelter and services." (Housing Forward)

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Healthy Lifestyles and Chronic Disease Focus Group Input

Theme	Examples of community input
Social and structural determinants of chronic disease	• "Cost – McDonalds is much cheaper than Pete's in Oak Park for vegetables, why is it that greasy foods are so much cheaper? Then they want to talk about obesity, yeah look what's in our community." (After School Matters LMS – *West Side of Chicago*) • "My mom has been stuck up a couple times [*while running*] and she is scared. She saw a guy trying to hurt his girlfriend and she had to hide in a park bathroom and call the police." (Gary Comer Youth Center - *South Side of Chicago*) • "My daughter is going through that right now in the South [Side]. Bad housing conditions - mice, roaches - not an optimal environment for kids." (Housing Forward – *West Suburbs*)
Community education and awareness	• "We don't learn PE where we get exercise or health classes." (Restoration Ministries – *South Suburbs*) • When I was first diagnosed [*with diabetes*], I got connected to a group at Rush in their center for aging . There was a six week, eating right class. I got a lot from that because it was a classroom structure, they had a booklet for us. I had to find it [referring to class]. (Timothy Community Corporation – *South Side of Chicago*) • The Latino community is very deep rooted in culture and the belief system that medications can be replaced is still there even though we are very educated. (MacNeal Healthcare Providers - *West Suburbs*)
Community-Based Support	• "Churches in our community. Churches could start having some dialogue with the members about health and wellness." (Timothy Community Corporation – *South Side of Chicago*) • "I have discussions with people who struggle with diabetes and we discuss recipes. I also use Pinterest and they have a lot of good ideas - recipes, meal plans." (Timothy Community Corporation – *South Side of Chicago*) • "A lot of people don't like working out by yourself. They feel they are not doing it right, so they stop doing it." (Timothy Community Corporation – *South Side of Chicago*)
Patient and caregiver stress	• "Sometimes it makes me feel like I have a disability. I wanted to go to the army, but I couldn't because I have asthma. It makes me feel bad, dang why I got asthma." (Youth Asthma – *South Side of Chicago*) • "Family members that are helping you know and caring for elderly parents or something, these people need support. They need counseling. They need to voice out." (CPL – Jefferson Park Branch – *North Side of Chicago*)

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Healthy Lifestyles and Chronic Disease Focus Group Input

Theme	Examples of community input
Food Systems	• "Build more stores like Whole Foods, Cermack, and Mariano's on the low ends instead of places like Popeyes." (Gary Comer Youth Center – *South Side of Chicago*) • "School food is nasty. You have to pay for the salad, but the nachos and pizza are free." (Restoration Ministries – *South Suburbs*) • "One of my concerns is that I have diabetes and so does my daughter. Sometimes when I get home, I make food and sometimes I just grab chicken. I hear some people meal prep. I leave home at 6am and get home at 6 or 7pm, it is hard for me." (Timothy Community Corporation – *South Side of Chicago*) • "Healthy food tends to have less flavor than non-healthy food and my taste buds prefer flavor." (Gary Comer Youth Center – *South Side of Chicago*) • There are only two food pantries and they are hard to get to with low quality food and unhealthy options. (Evanston General Assistance - *North Suburbs)*

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Survey Responses from Illinois Masonic Service Area

- 1825 surveys were collected from the Christ Medical Center service area, across the following zip codes:

60622	60641
60647	60640
60639	60613
60651	60614
60630	60626
60625	60657
60618	60707
60634	60659

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