Community Health Needs Assessment

2017 - 2019

December 2019

Thank you for taking the time to understand Advocate South Suburban's 2019 Community Health Needs Assessment. We are so privileged to serve the people who live in the communities we serve and dedicated to meeting their health needs. This community health needs assessment (CHNA) presents data and findings analyzed by the hospital's community health team and community health council, which includes community leaders, aimed at identifying health disparities and seeking solutions to address the prioritized needs.

Our CHNA helps us identify and measure community needs and assets, which lets us tailor our engagement within communities and use our organizational resources to enhance community health priorities. For this CHNA, Advocate South Suburban partnered with the Alliance for Health Equity (AHE), a collaboration between the Illinois Public Health Institute, hospitals, health departments, and community organizations across Chicago and Cook County. The Alliance for Health Equity has been influential in providing data, guidance and technical support during the course of the CHNA process.

Advocate South Suburban has chosen to focus its three-year strategy on two key health issues – diabetes and mental health – as well as the social determinants of health in the area of workforce development. Going forward this CHNA will also be accompanied by an implementation strategy plan that identifies the steps and goals we will take to respond to the prioritized health needs.

I invite you to review this assessment and am confident that you will find it an effective tool when looking at the health of our community. Your opinion is important to us and we welcome your feedback to this assessment. A link to provide feedback is available on the last page of this report.

On behalf of Advocate South Suburban and Governing Council members, thank you for your time and please know that it is indeed a privilege to serve the residents of south suburban Cook County.

Respectfully submitted,

Rashard Johnson
President
Advocate South Suburban Hospital

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I. Executive Summary

In 2018, Advocate Health Care (Illinois) merged with Aurora Health (Wisconsin) to create Advocate Aurora Health (Advocate Aurora). Advocate Aurora is one of the largest integrated health care systems in Illinois and the largest in Wisconsin. Within Illinois there are 12 hospitals located across metropolitan Chicagoland/surrounding counties and central Illinois. Advocate South Suburban Hospital (Advocate South Suburban) is one of four hospitals in the south Chicagoland region of Illinois with a mission to serve individuals, families and communities through a whole person approach. Advocate South Suburban continues to be an active member of The Alliance for Health Equity (The Alliance) formerly known as the Health Impact Collaborative of Cook County. The Alliance is a coalition of non-profit and public hospitals, health departments, and community-based organizations across Chicago and Cook County. The Illinois Public Health Institute provides backbone support for The Alliance and the non-profit hospitals fund the coalition. Through this coalition, primary and secondary data was collected for more than 100 indicators in Chicago and Suburban Cook County. The hospital convened a Community Health Council (CHC) responsible for overseeing the community health needs assessment (CHNA) process at Advocate South Suburban. Community health department staff also pulled additional local data to complete the assessment process.

For the purpose of this 2017-2019 CHNA, the hospital and the CHC defined community as the hospital's Primary Service Area (PSA). The PSA is the geographic area within which 75 percent of the hospital's patients reside.

The Advocate South Suburban PSA includes twenty-two zip codes with a total population of 479,400 persons. The population in the PSA has a median age of 36; 47% of the population is African American; 42% White and 13% Hispanic. Most of the population is between 25 and 64 years of age. The SocioNeeds Index, a proprietary index created by Conduent Healthy Communities Institute (HCI) provided additional information regarding underserved and at risk communities. The SocioNeeds index is a calculation using six indicators, including poverty, income, unemployment, occupation, education and language, as a measurement of socioeconomic need and its correlation to poor health outcomes. The cities with the highest SocioNeeds Index scores are Harvey, Chicago Heights, Markham, Dolton, Calumet City, Park Forest, Hazel Crest and Country Club Hills. Over the last three years, Advocate South Suburban's service area has experienced an increase in alcohol, substance use and mental health emergency room (ER) visits. The population most affected showing increases in alcohol, substance use and mental illness are those ages 45-64 years of age. The ER rates among this population are higher than those of the state of Illinois. In addition, ER visits related to diabetes were also on an upward trend in 2017.

After the CHC reviewed all data presented by the community health department, the council selected mental health, diabetes and workforce development as the health priorities for the hospital to address for the 2020-2022 implementation plan. Advocate South Suburban is currently conducting an environmental scan, in partnership with local community-based organizations and health care providers, to learn more about existing resources in the community that are addressing these priorities. Mental health is a new area of focus for Advocate South Suburban and will require planning and collaboration with partners to determine the most effective implementation plan. The Diabetes Prevention Program will continue to be offered to community members who are identified as pre-

diabetic. Finally, in 2019 Advocate Aurora's workforce initiatives in Illinois will be expanded to Advocate South Suburban. This initiative is aimed at aligning the skill set of current job seekers in targeted low-income, high unemployment communities with high-growth, middle-skill health care jobs in the Chicagoland area. This initiative will create well-trained and industry-qualified candidates to secure employment within the PSA.

II. Description of Advocate Aurora Health and Advocate South Suburban Hospital

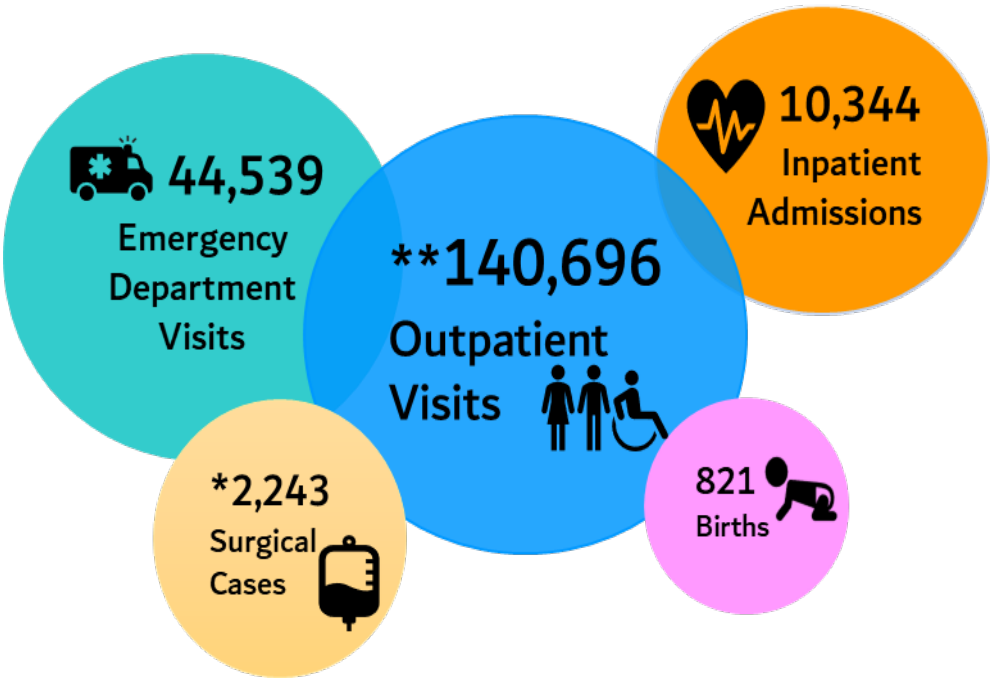
Advocate Aurora Health

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 South Suburban Hospital

Advocate South Suburban is a 284-bed acute-care hospital located in Hazel Crest, Illinois. The hospital provides comprehensive inpatient, outpatient, diagnostic and ambulatory care services. With more than 800 physicians on its medical staff, Advocate South Suburban serves over 10,000 inpatients annually. The hospital features a broad range of medical services that include an Ambulatory Surgery Center, an accredited Cancer Center, a dedicated Breast Care Center, an Orthopedic Center of Excellence unit, a state-of-the-art intensive care unit and a full-service Emergency Department. The hospital is an Illinois Department of Public Health-designated Stroke Center and has earned the American Heart Association's Get with the Guidelines-Stroke Gold-Plus Quality Achievement Award.

Exhibit 1: Advocate South Suburban Annual Statistics 2017



*Excludes 4,145 Outpatient surgeries
**Excludes 56,013 Advocate Medical Group outpatient visits
Source: Advocate Health Care Strategic Planning Department, 2017

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

Community Definition

Advocate South Suburban defined its community for the 2014-2016 assessment as its PSA, which included twenty-two zip codes in South Cook County with parts of Park Forest and Frankfort in Will County, Illinois. In 2016, the total population of Advocate South Suburban's PSA was 496,633. Exhibit 2 lists the zip codes and corresponding cities, towns or villages in the PSA.

Exhibit 2: Advocate South Suburban PSA Zip Codes 2016

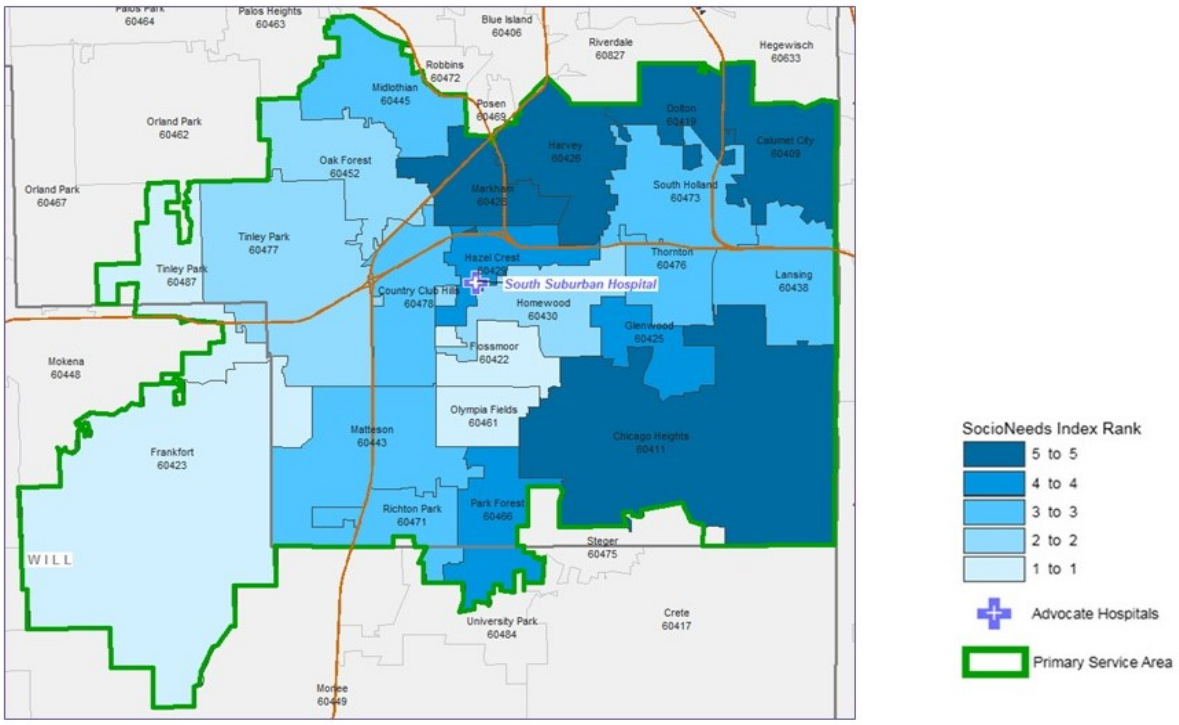
City/Community	Zip Code	City/Community	Zip Code
Country Club Hills	60478	**Markham**	60428
Calumet City	60409	**Matteson**	60443
Chicago Heights	60411	**Midlothian**	60445
Ford Heights	60411	**Oak Forest**	60452
Dolton	60419	**Olympia Fields**	60461
Flossmoor	60422	**Park Forest**	60466
Frankfort	60423	**Richton Park**	60471
Glenwood	60425	**South Holland**	60473
Harvey	60426	**Thornton**	60476
Hazel Crest	60429	**Tinley Park**	60487
Homewood	60430	**Tinley Park**	60477
Lansing	60438		

Source: Advocate Health Care Strategic Planning Department, 2016

Communities with Highest SocioNeeds Index Values

Advocate South Suburban used the SocioNeeds Index, created by the Healthy Communities Institute (HCI), to better understand the disparity of income and other socioeconomic factors that exist within the hospital's PSA. The SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. Indicators for the index are weighted to maximize the correlation of the index with premature death rates and preventable hospitalization rates. This index combines multiple socioeconomic indicators (which range from poverty to education) into a single composite value. As a single indicator, the index can serve 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 others in the specific geographic area under consideration. Exhibit 3 shows the SocioNeeds Index values for zip codes in the hospital's PSA in 2016. Five communities in the hospital's PSA were classified as high risk and had a SocioNeeds Index value of five. These communities include Harvey, Chicago Heights, Markham, Calumet City and Dolton, as demonstrated in Exhibit 3.

Exhibit 3: Advocate South Suburban PSA SocioNeeds Index Value 2016



Source: Healthy Communities Institute, 2016

Overview of Collaborations

For the 2014-2016 CHNA, Advocate South Suburban collaborated with numerous stakeholders. Key stakeholders and partners included the following:

- Health Impact Collaborative of Cook County
- Advocate South Suburban Community Health Council
- Advocate South Suburban Governing Council

Health Impact Collaborative of Cook County

In 2015, the Advocate Health Care hospitals in Cook County, including Advocate South Suburban, were founding members of the Health Impact Collaborative of Cook County (HICCC). HICCC is a best practice community health initiative that included 26 hospitals, seven health departments and nearly 100 community-based organizations. The goal of the collaborative was to work together on a county-wide health assessment and common implementation strategies for identified health priorities. The Illinois Public Health Institute (IPHI) served as the backbone organization for the collaborative—providing facilitation, data coordination and report preparation activities. The non-profit hospitals funded the work of the collaborative.

Given the size and diversity of Cook County, the collaborative was divided into three regions—North, Central and South—for purposes of organizing the assessment process. Advocate South Suburban

was assigned to the South region consisting of both the south side of Chicago and the south suburbs of Cook County. As a part of the community health needs assessment process, a strategic planning framework named MAPP (**M**obilizing for **A**ction through **P**artnerships and **P**lanning) was implemented in all three regions from February 2015-June 2016 in an effort to identify resources and prioritize needs for communities within the service areas.

Community Health Council

In February 2016, Advocate South Suburban convened a community health council (CHC), comprised of hospital and community representatives. The council's responsibilities were to oversee the community health activities of the hospital, review data and prioritize the health needs for the 2014-2016 CHNA; and oversee the development of implementation plans to address the selected community health needs. Key stakeholders and partners that are members in the CHC included the following:

- Community-based organizations (CBOs)
- Members of Advocate South Suburban's Governing Council
- Faith leaders
- Social Service Agencies
- Federally Qualified Health Centers (FQHCs)

The CHC functions as a subset of the hospital's Governing Council and all activities and decisions made by the CHC regarding the CHNA are submitted for approval to the full Governing Council.

Governing Council

As indicated above, a member of the Advocate South Suburban's Governing Council serves as chair of the CHC, providing input and receiving feedback to and from the Governing Council on the CHC's progress. A majority of members serving on the hospital's Governing Council (59%) represent the community. The principal roles of Governing Council members are to: 1) support the hospital leadership in their pursuit of the hospital's goals; 2) represent the community's interests to the hospital; and 3) serve as an ambassador of the hospital in the community. For the CHNA, the role of the Governing Council is to provide input and to review and approve the recommendations of the CHC. Advocate South Suburban's Governing Council approved the hospital's 2014-2016 CHNA Report, including identified priorities for action and implementation strategy, on December 1, 2016.

Summary of Assessment Process

Advocate South Suburban's community health department collected and analyzed data for the hospital's primary service areas. In addition, hospital utilization data and program data from clinical and community-based programs were collected. This process resulted in the identification of seven community health needs that were brought to the CHC for discussion and prioritization, including:

1. Asthma
2. Cancer
3. Diabetes
4. Heart disease
5. Hypertension/stroke
6. Mental health
7. Violence/homicide

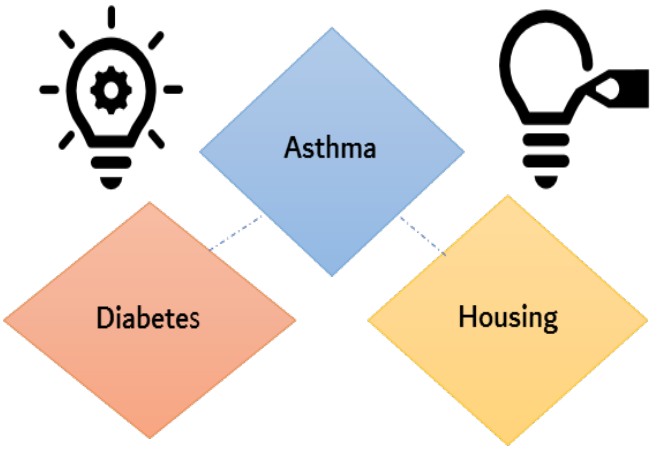
The CHC ranked the most significant community health needs using the following criteria:

- Most prevalent health needs identified based on highest mortality rates:
    - Highest incidence of disease in the community
    - The highest hospital admissions
- Availability of community partnerships
- Availability of current resources needed to plan and implement programs

Needs Identified and Priorities Selected

The CHC members voted and prioritized the greatest health needs based on the above established criteria. The health issues with the highest number of votes were selected as the priority health needs. The CHC members identified asthma and diabetes as the priority health needs for the hospital to address. The integration of social determinants of health into the CHNA and implementation plan was also an essential component of identifying and addressing root causes of chronic health issues. In efforts to align with the HICCC social determinants of health (SDOH) priorities, CHC members selected housing as the hospital's SDOH priority. Exhibit 4 highlights the priorities selected during the 2014-2016 CHNA process.

Exhibit 4: Advocate South Suburban 2014-2016 CHNA Priority Areas



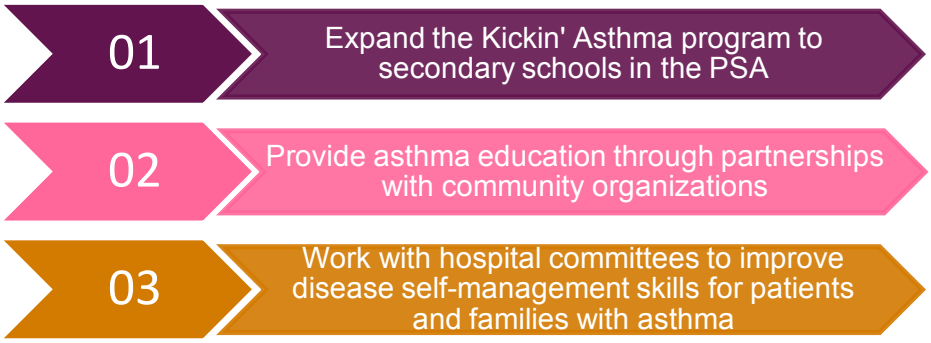
Summary of Implementation Programs and Key Accomplishments

Advocate South Suburban implemented several strategies to address each prioritized health need as identified through the 2014-2016 CHNA. The implementation plan strategies included the Kickin' Asthma program, the Centers for Disease Control and Prevention's (CDC) National Diabetes Prevention Program and the Housing Initiative.

Kickin' Asthma Program

The overall goal for the Kickin' Asthma program was to reduce the incidence of uncontrolled asthma among children in the PSA. Kickin' Asthma is an asthma management program for kids ages 11–16 (grades 6-10) that educates and empowers students through a fun and interactive approach to asthma self-management. The program includes different learning techniques suitable for children and highlights self-management practices, including recognizing triggers and proper medication use. Advocate South Suburban developed partnerships with secondary schools to host the program within the zip codes with the highest emergency department (ED) visits related to asthma exacerbation.

Kickin' Asthma program strategies included:



Program results for 2018 were as follows:

- There were two schools within the 60411 and 60466 zip codes that hosted the Kickin' Asthma program.
- The program provided services to 18 students and as a result of the program, there were no students who had an ED visit within three months post program attendance.
- Twenty-five community members were trained in asthma self-management education.

Diabetes Prevention Program

The overall goal for the Diabetes Prevention program is to reduce the incidence of Type-2 diabetes in the PSA. Advocate South Suburban implemented a CDC evidence-based intervention named the National Diabetes Prevention Program (DPP). The program is designed to educate individuals who have been diagnosed with pre-diabetes regarding how to prevent or delay the onset of Type-2 diabetes through education, diet and exercise. The hospital partnered with clinics, local churches and community organizations to host the program.

Diabetes Prevention Program Strategies for 2018 included:

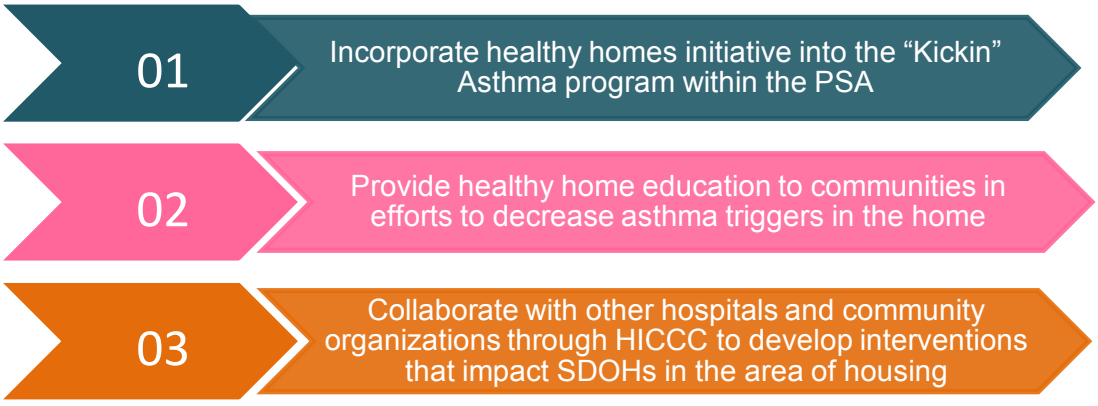
Program results for 2018 were as follows:

- Three DPP cohorts were established with a total of 24 participants.
- Seventy-five percent of the participants were eligible to participate in the DPP program based on blood-based tests; 25 percent of the participants were eligible based on a risk assessment.
- Thirty-eight percent of participants met the weight loss goal from the baseline.
- There were 341 individuals who received educational information at community partner sites regarding prediabetes.

Housing Initiative

The overall goal of the housing initiative was to improve the health outcomes for individuals with asthma in the hospital's PSA. Advocate South Suburban aligned efforts with community-based organizations to address housing as a social determinant of health. The Housing initiative specifically addressed the identification of environmental triggers in the home that could cause asthma exacerbation.

Housing Initiative Program Strategies for 2018 included:



Program results for 2018 were as follows:

- A training session was held in partnership with the Metropolitan Tenants Organization for respiratory care associates and provided education on identification of environmental factors in the home for those with Asthma.
- Three staff members attended the healthy homes training in Advocate South Suburban's PSA.

- Collaboration continued with community organizations in the area of housing through participation in the HICCC collaborative.

Input from the Community from the 2014-2016 CHNA

Although many feedback mechanisms were put in place for the public to comment or provide input on the CHNA, the hospital did not receive any feedback from the community. The hospital will continue to encourage input from the community by providing various feedback mechanisms for the 2017-2019 CHNA.

Lessons Learned from the 2014-2016 CHNA

Advocate South Suburban made progress toward accomplishing the strategies and initiatives adopted to address the top identified health priorities described in the 2014-2016 CHNA and Implementation Strategy Plan. Lessons learned from the past CHNA cycle include the following:

Kickin' Asthma Program—Program staff need to consider expansion and promotion of the Kickin' Asthma program to additional school districts that demonstrate high rates of asthma. During the 2014-2016 CHNA cycle, underserved schools in the primary zip code of 60426 resulted in no new school partnerships after multiple contacts with the lead district nurse responsible for the five schools. Although there was an expressed need for asthma education, the district lacked the commitment to identify dates and eligible students for the program despite numerous attempts by the hospital's community health department and by a CHC member who was a former school nurse.

Diabetes Prevention Program—Although the hospital is now successfully operating several programs within its PSA, there were challenges building the DPP program. Establishing a community partner that is willing to host a year-long program in its facility can be a daunting commitment to the host site (i.e., DPP relationships with area churches). Marketing and advertising by Advocate Aurora in physician offices via digital display monitoring could be an asset in establishing future cohorts, thereby engaging more participants to reduce their risks for developing Type-2 diabetes. Other creative marketing tools will be researched to recruit and develop more community cohorts.

Housing Initiative—Establishing multiple relationships with community organizations that are working in the area of housing and health will allow the hospital to have access to increased resources and programming toward addressing housing disparities in the PSA. In addition, an improved partnership with the Metropolitan Tenants Organization will assist in the hospital's ability to better serve the Advocate South Suburban PSA.

IV. 2017-2019 Community Health Needs Assessment

Community Definition

Advocate South Suburban and the CHC defined community as the hospital's PSA for the 2017-2019 CHNA. The hospital's PSA includes 22 zip codes in suburban Cook County, with parts of Park Forest and Frankfort located in Will County. The zip codes and corresponding cities, towns or villages are listed below in Exhibit 5.

Exhibit 5: Advocate South Suburban PSA Zip Codes and Community Names 2017

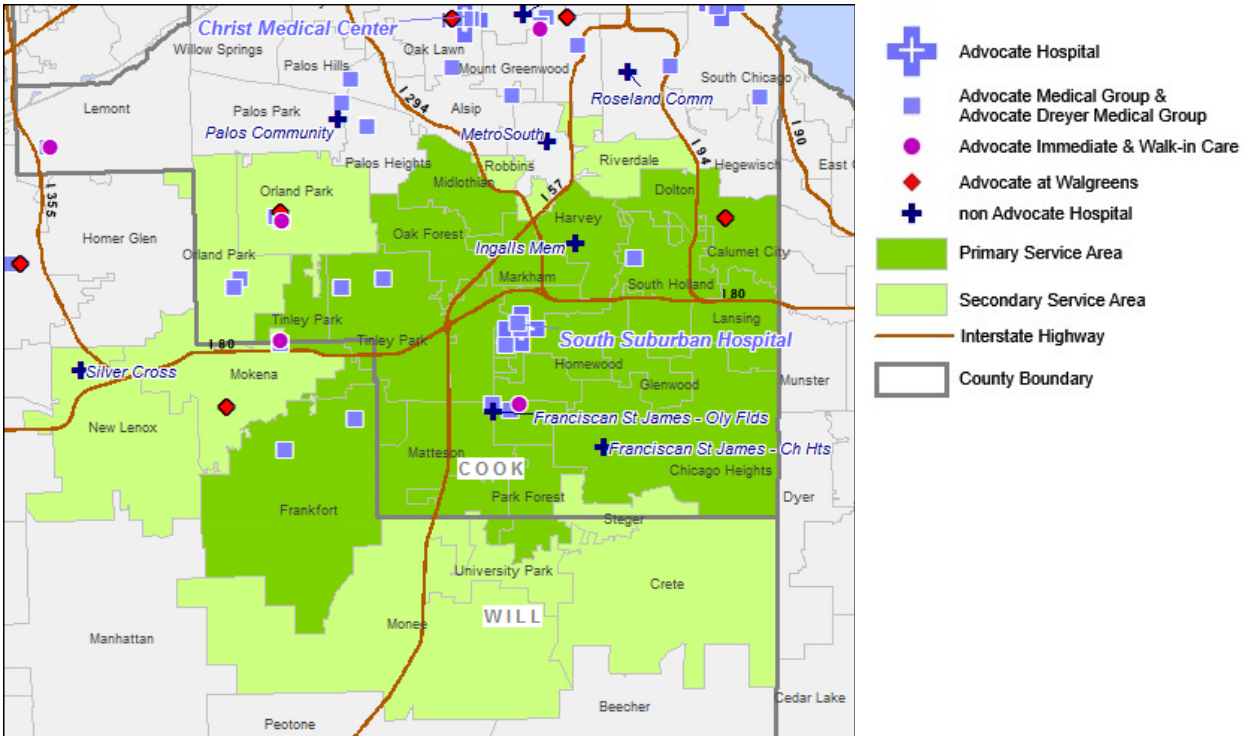
Advocate South Suburban			
Zip Code	**City Name**	**Zip Code**	**City Name**
60409	Calumet City	60445	Midlothian
60411	Chicago Heights	60452	Oak Forest
60419	Dolton	60461	Olympia Fields
60422	Flossmoor	60466	Park Forest
60425	Glenwood	60471	Richton Park
60426	Harvey	60473	South Holland
60428	Markham	60476	Thornton
60429	Hazel Crest	60477	Tinley Park
60430	Homewood	60478	Country Club Hills
60438	Lansing	60487	Tinley Park
60443	Matteson	60423	Frankfort

Source: Advocate Health Care Strategic Planning Department, 2017

Population

In 2019, the total population for Advocate South Suburban's PSA consists of 479,400 persons. The PSA population decreased by 0.82 percent from 2010 to 2019. Similarly, the state of Illinois population decreased 0.46 percent (Conduent Healthy Communities Institute, 2019). Exhibit 6 shows a map of the Advocate South Suburban PSA.

Exhibit 6: Advocate South Suburban PSA 2019



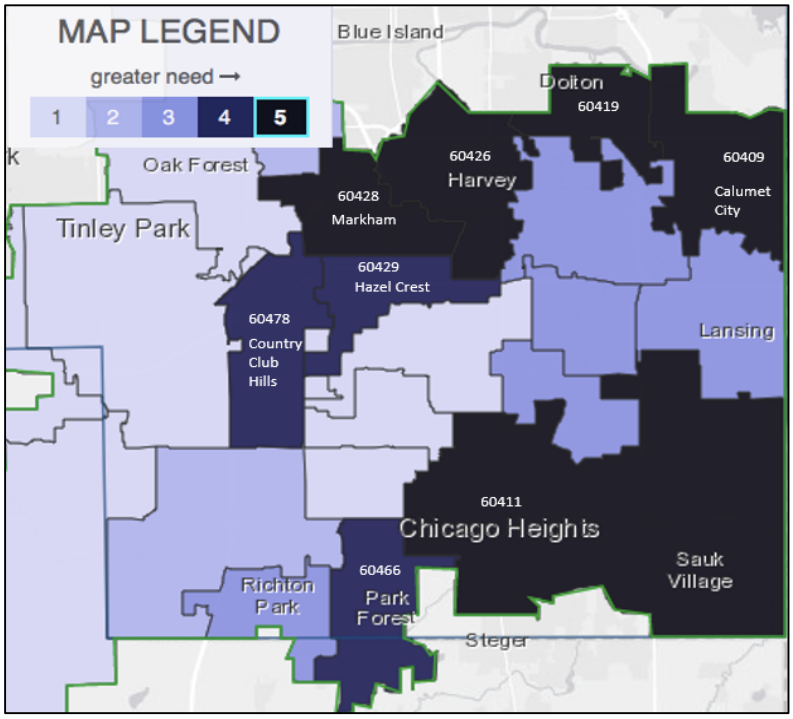
Source: Advocate Health Care Strategic Planning Department, 2017

Social Determinants of Health: SocioNeeds Index

In order to better understand the underlying social conditions that deeply affect a person's ability to live well, the community health department consulted the SocioNeeds Index. The SocioNeeds Index is a Conduent Healthy Communities Institute (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 topics: 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 (U.S.) are given an index value from zero (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 using natural breaks. These ranks are then used to color the zip codes with the highest SocioNeeds Indices with the darker colors (Conduent Healthy Communities Institute, 2019).

The hospital has several communities within the PSA that have greater socioeconomic needs compared to other communities in the PSA. Harvey, Chicago Heights, Markham, Dolton and Calumet City are Advocate South Suburban's highest need communities. Exhibit 7 illustrates the communities with the highest ranking SocioNeeds Index in the hospital's PSA.

Exhibit 7: Advocate South Suburban PSA SocioNeeds Index 2019



Highest SocioNeeds Index by Zip Code

1. 60426 - Harvey
2. 60411 - Chicago Heights
3. 60428 - Markham
4. 60419 - Dolton
5. 60409 - Calumet City

Source: Conduent Healthy Communities Institute, 2019

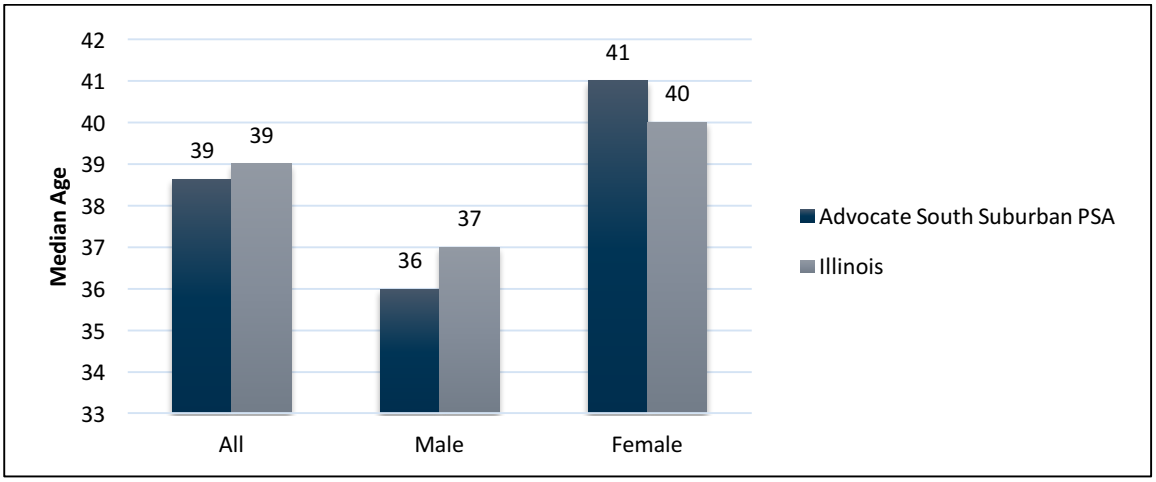
Demographics

Age and Gender

Median Age by Sex

The median age in the hospital's PSA is 39 years, which is equal to the state of Illinois' median age at 39. In the Advocate South Suburban PSA, the median age for men is 36 years, while the median age for women is 41 years. This is comparable to the state of Illinois median age range for males (37 years) and females (40 years). Exhibit 8, depicts the median age by sex for the PSA and state of Illinois.

Exhibit 8: Advocate South Suburban PSA Median Age by Sex 2019

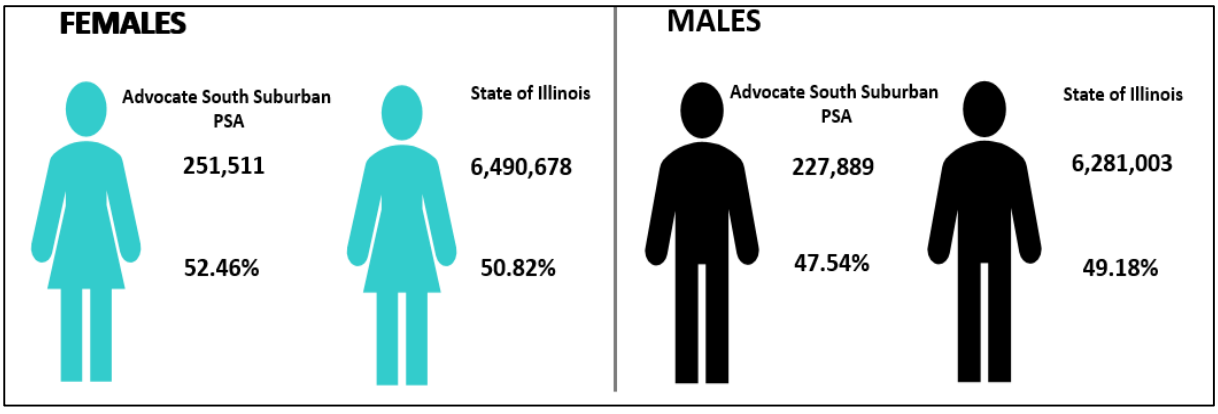


Source: Conduent Healthy Communities Institute, Claritas, 2019

Population by Sex

There are 52.46 percent females in the hospital's PSA while 47.54 percent are males. The percentage of females compared to males is comparable to the state of Illinois at 50.82 percent female and 49.18 percent male. Overall, there are no notable differences in gender between the PSA and the state of Illinois among the male and female population. Exhibit 9 displays the total population by sex for the service area and the state of Illinois.

Exhibit 9: Advocate South Suburban PSA Population by Sex 2019



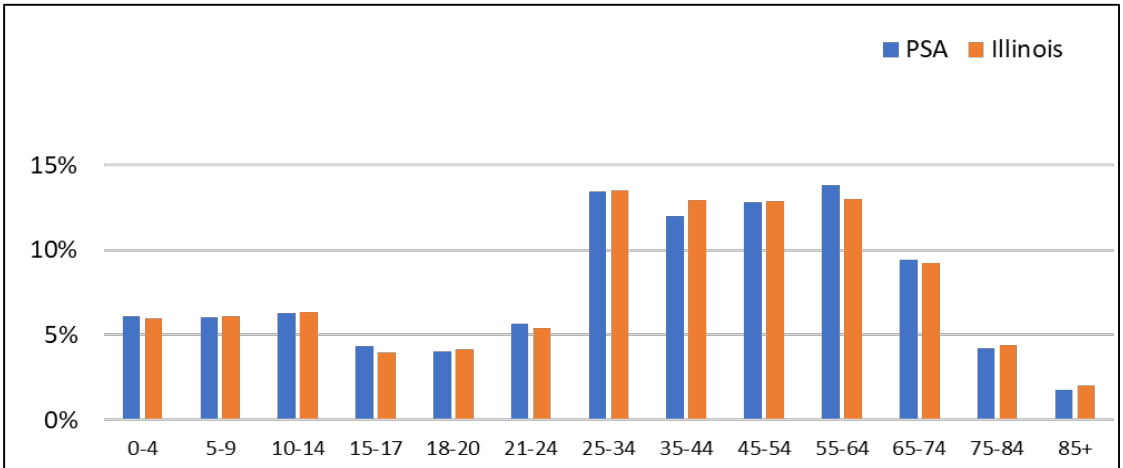
Source: Conduent Healthy Communities Institute, Claritas, 2019

Population by Age Group

Individuals aged 25-64 years make up the majority of the PSA's population (52.08 percent), which is similar to the state of Illinois (52.34 percent). Overall, individuals aged 55-64 make up 13.84 percent of the PSA, while individuals aged 25-34 make up 13.48 percent of the PSA (Conduent Healthy

Communities Institute, Claritas, 2019). Exhibit 10 displays the population by age group for the hospital's PSA and the state of Illinois.

Exhibit 10: Advocate South Suburban PSA Population by Age Group 2019



Population by Age Group	Service Area: Suburban Hospital Primary		State: Illinois	
	Persons	% Population	Persons	% Population
0-4	29,078	6.07%	765,044	5.99%
5-9	29,032	6.06%	780,381	6.11%
10-14	30,238	6.31%	811,994	6.36%
15-17	20,667	4.31%	505,923	3.96%
18-20	19,284	4.02%	532,593	4.17%
21-24	27,231	5.68%	692,058	5.42%
25-34	64,496	13.45%	1,721,027	13.48%
35-44	57,371	11.97%	1,656,780	12.97%
45-54	61,482	12.82%	1,644,576	12.88%
55-64	66,354	13.84%	1,661,318	13.01%
65-74	45,234	9.44%	1,178,821	9.23%
75-84	20,338	4.24%	564,342	4.42%
85+	8,595	1.79%	256,824	2.01%

Source: Conduent Healthy Communities Institute, Claritas, 2019

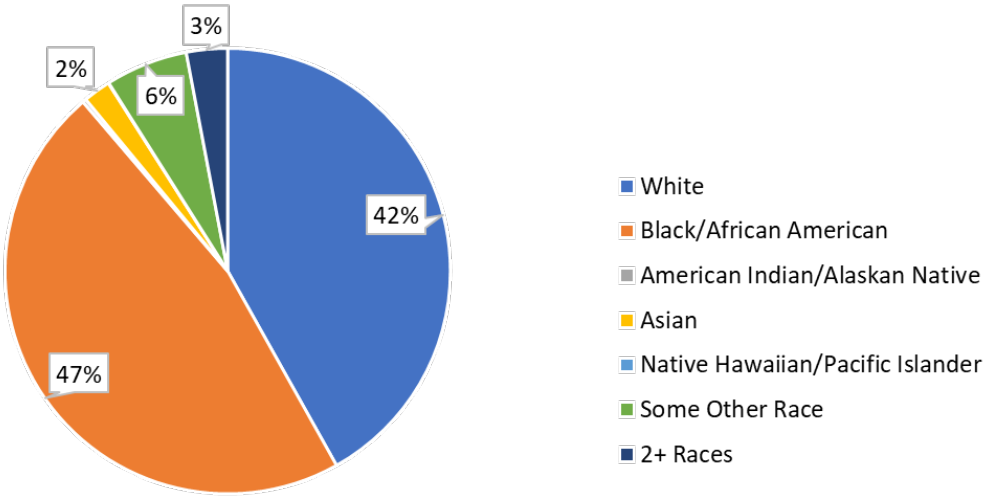
Race and Ethnicity

Population by Race

Advocate South Suburban's PSA population is 47.40 percent Black/African American; 41.70 percent White; 5.99 percent "Other Race"; 2.77 percent 2+ Races; 1.84 percent Asian; 0.27 percent American Indian/Alaskan Native and 0.03 percent Native Hawaiian/Pacific Islander. The PSA has a substantially

higher representation of Black/African American population when compared to the state of Illinois. Exhibit 11 displays the PSA by race.

Exhibit 11: Advocate South Suburban PSA Population by Race 2019



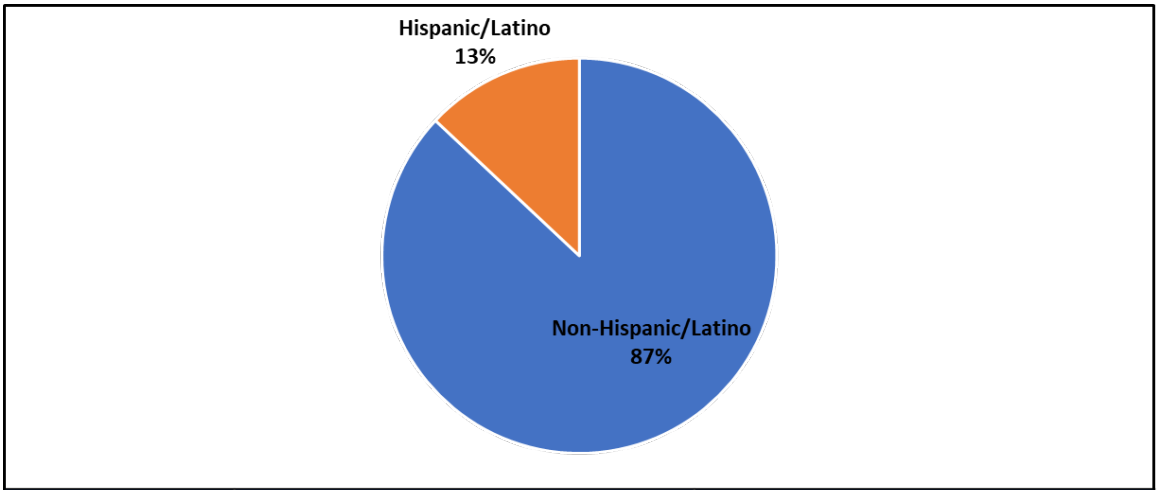
Population by Race	Service Area: South Suburban Hospital Primary		State: Illinois	
	Persons	% of Population	Person	% of Population
White	**199,907**	41.70%	**8,872,760**	69.47%
Black/African American	**227,239**	47.40%	**1,823,605**	14.28%
American Indian/Alaskan Native	**1,312**	0.27%	**46,983**	0.37%
Asian	**8,838**	1.84%	**728,041**	5.70%
Native Hawaiian/Pacific Islander	**120**	0.03%	**4,682**	0.04%
Some Other Race	**28,275**	5.99%	**950,675**	7.44%
2+ Races	**13,259**	2.77%	**344,935**	2.70%

Source: Conduent Healthy Communities Institute, Claritas, 2019

Population by Ethnicity

The ethnic makeup of the PSA is 87.06 percent Non-Hispanic and 12.94 percent Hispanic/Latino. The PSA has a smaller Hispanic/Latino population compared to the state of Illinois at 17.62 Hispanic/Latino and 82.38 percent non-Hispanic/Latino. Exhibit 12 shows the racial and ethnic composition of the PSA (Conduent Healthy Communities Institute, Claritas, 2019).

Exhibit 12: Advocate South Suburban PSA Population by Ethnicity 2019



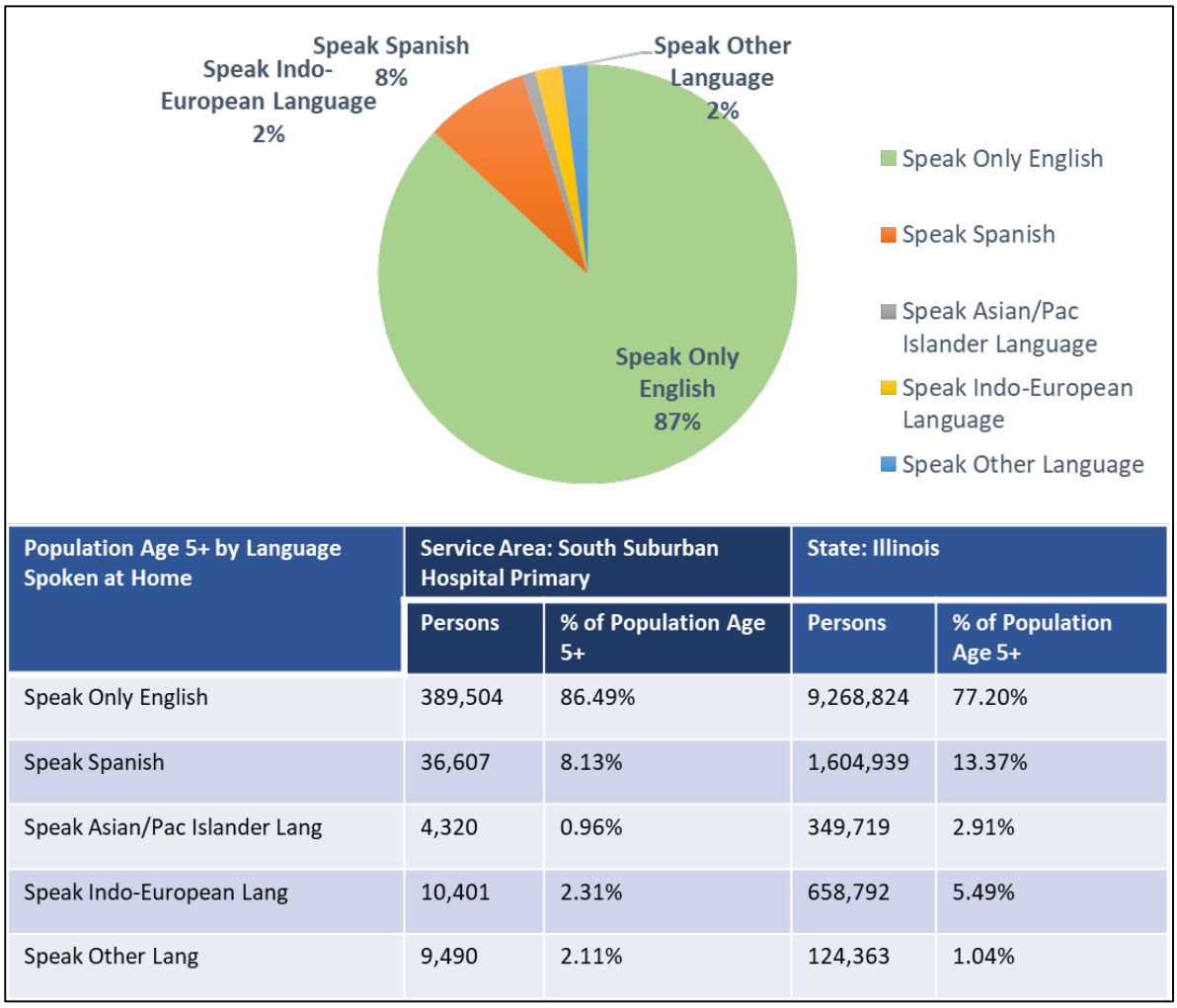
Population by Ethnicity	Service Area: South Suburban Hospital Primary		State: Illinois	
	Persons	% of Population	Persons	% of Population
Hispanic/Latino	62,022	12.94%	2,250,985	17.62%
Non-Hispanic/Latino	417,378	87.06%	10,520,696	82.38%

Source: Conduent Healthy Communities Institute, Claritas, 2019

Population Age 5+ Language(s) Spoken at Home

Advocate South Suburban serves a primarily English-speaking population with 86.49 percent of the population age 5 years and older speaking only English at home and 8.13 percent speaking only Spanish at home. Comparatively, the state of Illinois has 77.20 percent of the population age 5 and older speaking English at home and 13.37 percent of the population speaking Spanish at home age 5 years and older (Conduent Healthy Communities Institute, Claritas, 2019). Exhibit 13 displays details of the languages spoken within the hospital's PSA.

Exhibit 13: Advocate South Suburban PSA Population by Language Spoken at Home Age 5+ 2019



Population Age 5+ by Language Spoken at Home	Service Area: South Suburban Hospital Primary		State: Illinois	
	Persons	% of Population Age 5+	Persons	% of Population Age 5+
Speak Only English	389,504	86.49%	9,268,824	77.20%
Speak Spanish	36,607	8.13%	1,604,939	13.37%
Speak Asian/Pac Islander Lang	4,320	0.96%	349,719	2.91%
Speak Indo-European Lang	10,401	2.31%	658,792	5.49%
Speak Other Lang	9,490	2.11%	124,363	1.04%

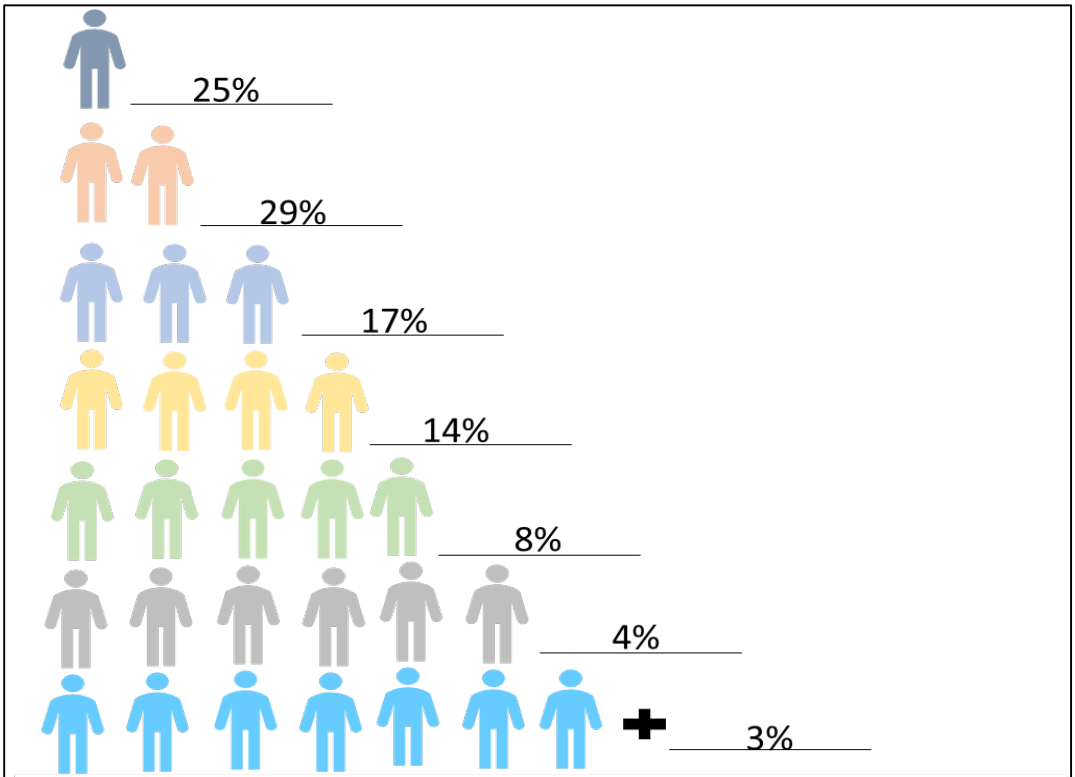
Source: Conduent Healthy Communities Institute, Claritas, 2019

Household/Family

Average Household Size and Number of Persons in Household

The average household size in the hospital's PSA is 2.75 with 123,634 families residing in the PSA. There are more two-person households in the hospital's PSA at 28.64 percent compared to all other household sizes. This number is lower that the percent of two-person households in the state of Illinois at 30.92 percent. Among household's in the hospital's PSA, 37.99 percent are households with children under the age of 18 years compared to the state of Illinois with 33.45 percent of households with children under the age of 18 years. Exhibit 14 shows the breakdown of the households by size for the hospital's PSA (Conduent Healthy Communities Institute, Claritas, 2019).

Exhibit 14: Advocate South Suburban PSA Households by Number of People in Household 2019



Households by Number of People in Household	Service Area: South Suburban Hospital Primary		State: Illinois	
	Persons	% of Population	Person	% of Population
1-Person	43,655	25.25%	1,393,073	28.63%
2-Person	49,528	28.64%	1,504,435	30.92%
3-Person	30,292	17.52%	767,606	15.78%
4-Person	24,832	14.36%	644,735	13.25%
5-Person	13,759	7.96%	325,704	6.69%
6-Person	6,371	3.68%	138,074	2.84%
7+Person	4,477	2.59%	92,210	1.90%

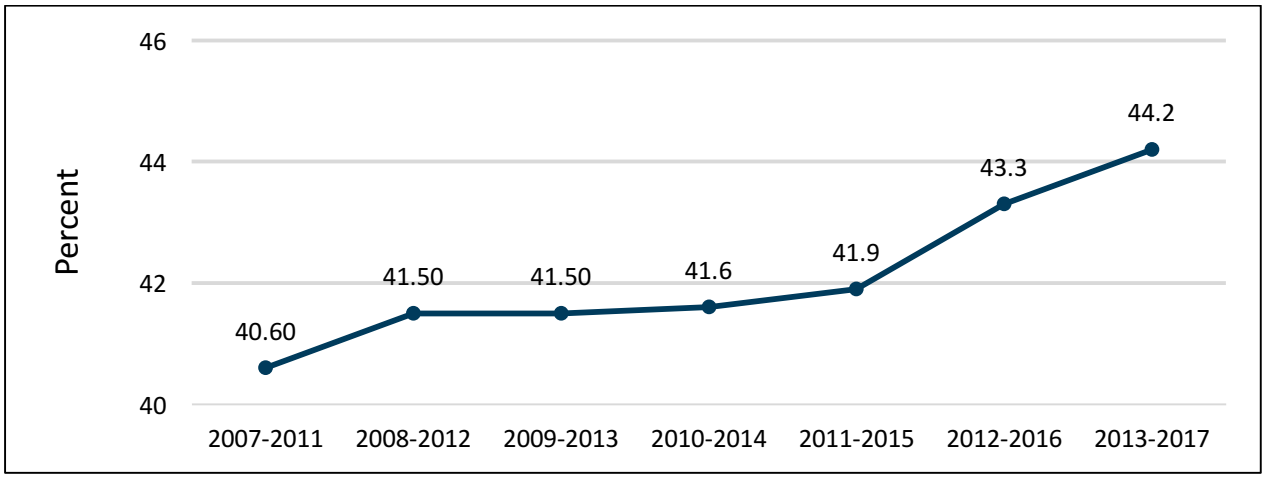
Source: Conduent Healthy Communities Institute, Claritas, 2019

Single Parent Households

A single parent household is defined as children living with a male or female in the household where no spouse is present. Single parent households are at a higher risk for adverse health conditions, including emotional and behavioral health problems. Children in single parent households are more likely to develop depression, smoke, and abuse alcohol and other substances (Conduent Healthy Communities Institute, Claritas, 2019). Exhibit 15 displays single parent households between years 2007–2017. During the most recent period of 2013-2017, Advocate South Suburban's PSA had 44.2 percent of

single parent households compared to 32.4 percent within the state of Illinois and 33.3 percent in the U.S.

Exhibit 15: Advocate South Suburban PSA Percent of Single-Parent Households 2007-2017

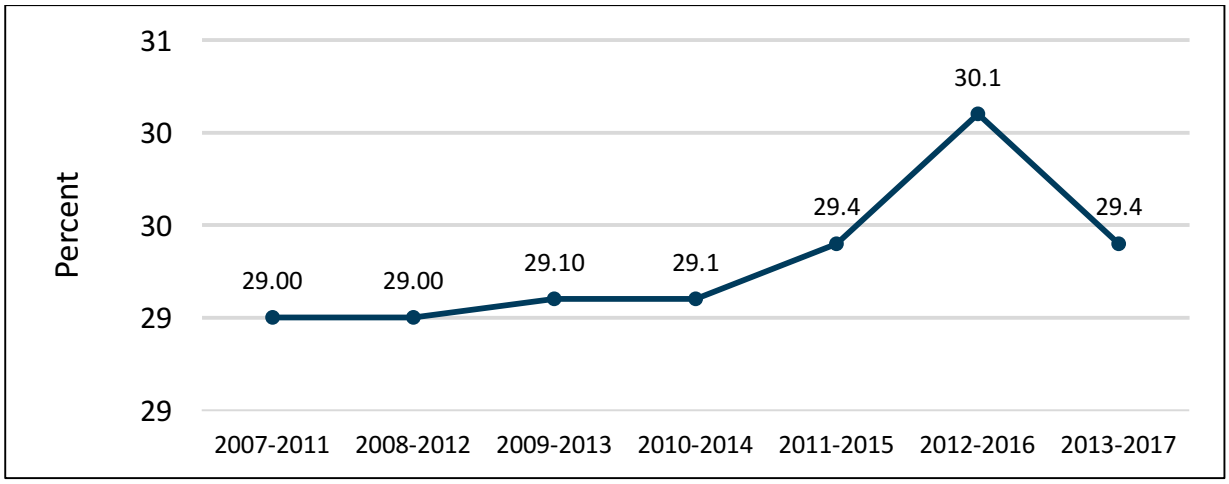


Source: Conduent Healthy Communities Institute, Claritas, 2019

People 65+ Living Alone

Older people who live alone may be at risk for limited access to support, social isolation, or inadequate assistance in emergency situations. Older people living alone may lack social support and are at higher risk for institutionalization or losing their independence. These individuals living alone can be vulnerable due to social isolation, poverty, disabilities, lack of access to care or inadequate housing (Conduent Healthy Communities Institute, Claritas, 2019). In the Advocate South Suburban PSA, there was a slight increase in people age 65 and older living alone over the periods of 2009–2013 through 2012-2016. In 2013-2017, there were 29.4 percent of people 65 and older living alone compared to 28.5 percent within the state of Illinois and 26.2 percent in the U.S. See Exhibit 16.

Exhibit 16: Advocate South Suburban PSA Percent of People Age 65+ Living Alone 2007-2017



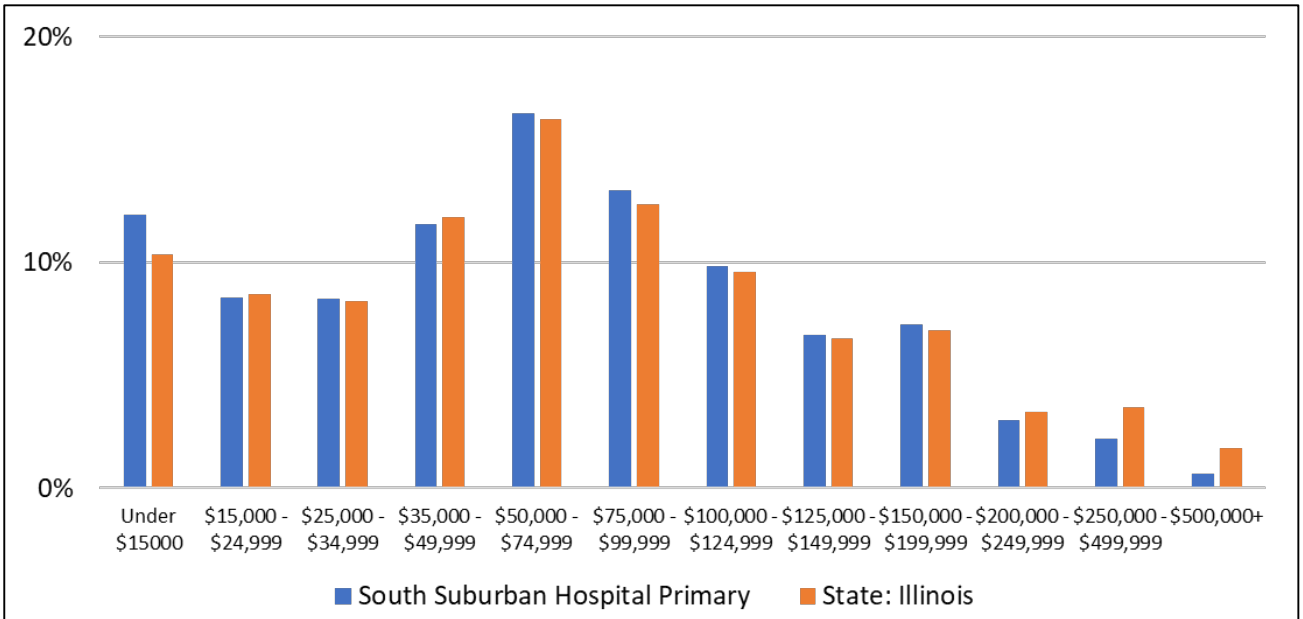
Source: Conduent Healthy Communities Institute, Claritas, 2019

Economics

Income

Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health outcomes. Advocate South Suburban's PSA poverty level of 15.4 percent of the population is comparable to the Cook County level at 15.9 percent of the population. Households by income are relatively similar for the PSA and the state of Illinois. As of 2019, 16.62 percent of households in the PSA have a household income between $50,000-$74,499. Comparatively, the state of Illinois has 16.36 percent of households with an income between $50,000-$74,499 (Conduent Healthy Communities Institute, Claritas, 2019). Exhibit 17 depicts the PSA by household income.

Exhibit 17: Advocate South Suburban PSA Households by Income 2019



Households by Income	South Suburban Hospital Primary		State: Illinois	
	Households	% of Households	Households	% of Households
Under $15,000	20,919	12.10%	502,369	10.32%
$15,000 - $24,999	14,571	8.43%	417,596	8.58%
$25,000 - $34,999	14,448	8.36%	403,487	8.29%
$35,000 - $49,999	20,183	11.67%	584,624	12.01%
$50,000 - $74,999	28,741	16.62%	795,830	16.36%
$75,000 - $99,999	22,761	13.16%	610,384	12.54%
$100,000 - $124,99	17,016	9.84%	466,589	9.59%
$125,000 - $149,999	11,714	6.77%	322,110	6.62%
$150,000 - $199,999	12,484	7.22%	339,204	6.97%
$200,000 - $249,999	5,238	3.03%	163,692	3.36%
$250,000 - $499,999	3,739	2.16%	172,888	3.55%
$500,000+	1,100	0.64%	87,064	1.79%

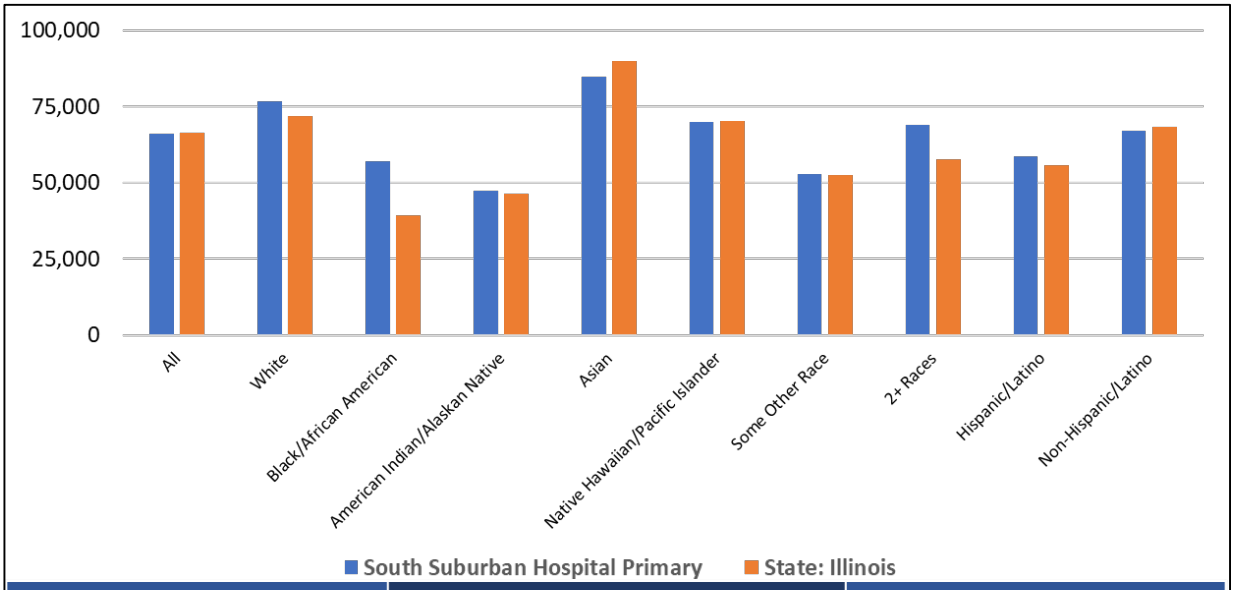
Source: Conduent Healthy Communities Institute, Claritas, 2019

Median Household Income by Race and Ethnicity

The median household income by race and ethnicity for the PSA is $66,110 compared to a value of $66,487 for the state of Illinois. There are notable income disparities when comparing races. The household income for Asians and Whites are significantly higher compared to other races and ethnicities. Asians have a median household income value of $84,759 for the PSA and Whites have a median income of $76,684. In contrast, Black/African Americans' household income for the PSA is

$56,883. Black/African Americans have the lowest median income for the PSA and the state of Illinois among all racial/ethnic groups (Conduent Healthy Communities Institute, Claritas, 2019). Exhibit 18 depicts the median household income by race and ethnicity.

Exhibit 18: Advocate South Suburban PSA Median Household Income by Race/Ethnicity 2019



Median Household Income by Race/Ethnicity	South Suburban Hospital Primary	State: Illinois
	Value	Value
All	$66,110	$66,487
White	$76,684	$71,965
Black/African American	$56,883	$39,105
American Indian/Alaskan Native	$47,265	$46,315
Asian	$84,759	$89,990
Native Hawaiian/Pacific Islander	$69,936	$70,259
Some Other Race	$52,688	$52,421
2+ Races	$69,081	$57,588
Hispanic/Latino	$58,534	$55,737
Non-Hispanic/Latino	$66,991	$68,287

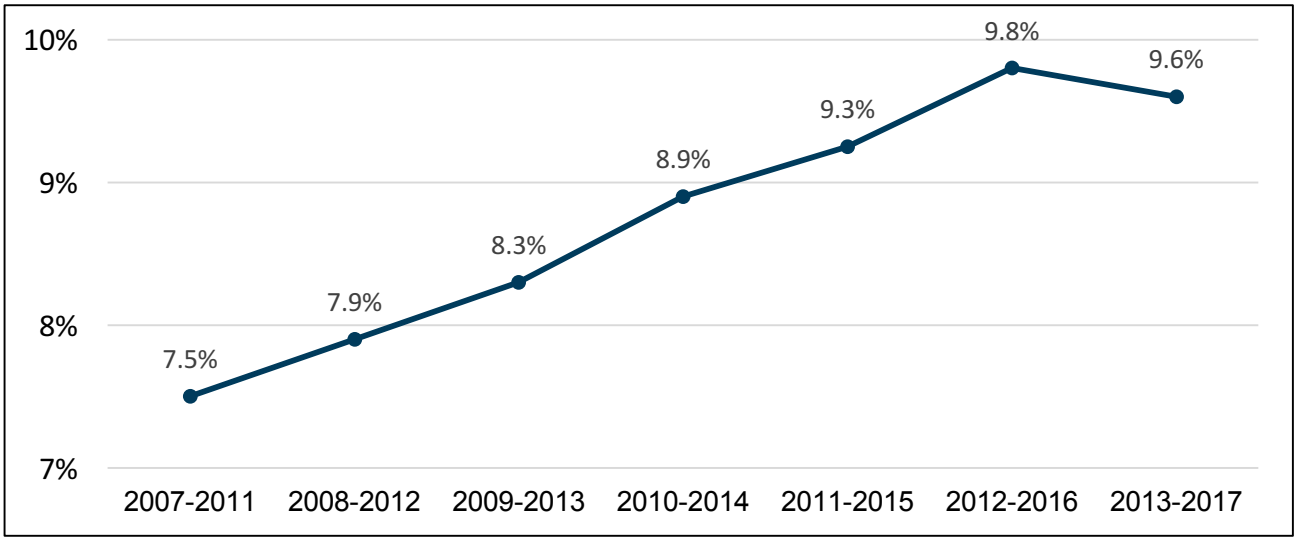
Source: Conduent Healthy Communities Institute, Claritas 2019

People Living Below the Poverty Level

The number of families in the PSA as of 2019 that are living below 100 percent of the federal poverty level (FPL) is 14,168 people or 11.46 percent of the population, which is higher than the state of Illinois at 9.80 (313,034 people). The number of families with children living below the 100 percent FPL in the PSA is 10,468 or 8.47 percent compared to 235,695 or 7.38 percent in the state of Illinois. The number of children identified as living below the poverty level is 21.7 percent compared to the state of Illinois at 18.8 percent. Between the years 2013-2017, 9.6 percent of people 65 years and older residing in the

hospital's PSA were living below the FPL compared to 8.8 percent in the state of Illinois and 9.3 percent in the U.S. There is an upward trend in poverty for those who are 65 years and older. See Exhibit 19.

Exhibit 19: Advocate South Suburban PSA People 65+ Living Below the FPL 2007-2017



Source: Conduent Healthy Communities Institute, Claritas, 2019

Employment

The unemployment rate among individuals 16 years of age and older in Advocate South Suburban's PSA is 10.52 percent, which is higher than the state of Illinois' unemployment rate at 6.70 percent. The male unemployment rate is slightly higher at 11.11 percent compared to the female unemployment rate at 9.94 percent. In the hospital's PSA, the communities with the highest unemployment include Dolton (19.47 percent), Harvey (19.19 percent), Calumet City (14.74 percent) and Chicago Heights (14.19 percent). The top three industries for employed citizens in the PSA are healthcare (17.30 percent), retail trade (11.28 percent) and transportation/warehousing industries (9.63 percent) (Conduent Healthy Communities Institute, Claritas, 2019).

Education

Educational Level

In Advocate South Suburban's PSA, 29,743 persons or 9.18 percent of the population ages 25 years and older have less than a High School diploma, slightly lower compared to the state of Illinois with 982,203, or 11.31 percent of the population with less than a high school diploma. In the PSA, 26.9 percent of people 25 years and older have a bachelor's degree or higher while 33.4 percent of people in the state of Illinois have a bachelor's degree or higher (Conduent Healthy Communities Institute, Claritas, 2019).

Health Care Resources in the Defined Community

There are several hospitals, federally qualified health centers (FQHC) and a county health department clinic which provide services in the hospital's PSA. Health care resources are listed in Exhibit 20 indicating the facility type and location.

Exhibit 20: Advocate South Suburban Health Care Resources in Defined Community 2019

Facility	Type of Facility	Location
Advocate South Suburban Hospital	Hospital	Hazel Crest, Illinois
University of Chicago Ingalls	Hospital	Harvey, Illinois
Franciscan Alliance	Hospital	Chicago Heights, Illinois
Metro South Medical Center	Hospital	Blue Island, Illinois
Access Community Health Network	Federally Qualified Health Center	Blue Island & Chicago Heights, Illinois
Aunt Martha's Community Health Center	Federally Qualified Health Center	Chicago Heights, Harvey & Hazel Crest, Illinois
Family Christian Health Center	Federally Qualified Health Center	Harvey, Illinois
Oak Forest Health Center	Cook County Clinic	Oak Forest, Illinois

Source: Cook County Department of Public Health, 2019

Key Findings: Community Definition

- The total population of Advocate South Suburban's PSA decreased by 0.82 percent between 2010-2019.
- The median age of the PSA is 39 years, with females at a median age of 41 years and males at a median age of 36 years.
- Advocate South Suburban's PSA is a racially diverse area. The PSA is 47.4 percent Black/African American and 41.7 percent White; 5.99 percent Other Race; 2.77 percent 2+ Races; 1.84 percent Asian; 0.27 percent American Indian/Alaskan Native; and 0.03 percent Native Hawaiian/Pacific Islander.
- Eighty-six percent of the people in the PSA speak English only at home.
- Forty-four percent of households in the PSA are single-parent households.
- The median household income is $66,100 with eleven percent of the population living below 100 percent of the FPL.
- The communities with the highest SocioNeeds Index values are Harvey, Chicago Heights, Markham, Calumet City and Dolton.
- There is a 10.52 percent unemployment rate for the PSA; higher than both the Cook County (7.74 percent) and the state of Illinois rates (6.70 percent).

Key Roles in the 2017-2019 Community Health Needs Assessment

Advocate Aurora System and Advocate South Suburban Leadership

Advocate Aurora continues to purchase software services and data from Conduent Healthy Communities Institute to provide an internet-based data resource for the twelve hospitals located in Illinois for the 2017-2019 CHNA cycle. HCI provides each hospital with a multitude of health and demographic indicators for hospitalization and ED utilization at the service area and zip code levels.

In the South Region, which includes Advocate South Suburban, a doctorate-prepared regional community health director is responsible for the overarching activities of the community health department. In March 2019, Advocate Aurora hired a doctorate prepared regional manager for the south Chicagoland region. The regional manager oversees the CHNA process, as well as the convening of the CHC, community health program development and community benefit reporting at the three Illinois south region hospitals. The manager is also responsible for providing leadership to assure that the community health interventions are aligned with the hospital's CHNA findings and Advocate Aurora's population health mission. Additionally, there is a community health coordinator who is responsible for executing the hospital's CHNA and Implementation Plans.

Governing Council

The hospital's Governing Council is comprised of community leaders and executive level hospital staff. The principal roles of each governing council member are to support hospital leadership in achievement of the hospital's goals, represent the community's interests to the hospital and to serve as a hospital ambassador in the community. Advocate South Suburban's Governing Council is comprised of 13 members, representing a broad spectrum across community sectors. Members represent the faith community, medical, business and industry fields. One member of the Governing Council also serves as the chair of the CHC to ensure alignment between the two councils. The hospital's Governing Council also reviews and approves the CHNA report, including the prioritized health needs. In November 2019, leaders of the CHC presented the 2017-2019 CHNA Report and prioritized health needs therein to the hospital's Governing Council. The Advocate South Suburban Governing Council approved and adopted the hospital's 2017-2019 CHNA Report on November 21, 2019.

Community Health Council

Advocate South Suburban convened a CHC on March 7, 2019. The CHC's responsibilities are to oversee the CHNA process, prioritize health needs and oversee community health strategies for the hospital. The CHC also contributes to the development of the hospital's implementation plan to address prioritized community health needs. Chaired by a member of Advocate South Suburban's Governing Council and managed by the regional director of community health and regional manager for community health, the council is comprised of a variety of representatives from the community and hospital leadership. The CHC functions as a subset of the hospital's Governing Council and all activities and decisions made by the CHC regarding the CHNA are submitted for approval to the full Governing Council.

The affiliations and titles of Advocate South Suburban's Community Health Council members are indicated below. Members representing the community's underserved, low-income and minority populations are also indicated below.

Representatives from the Community:

- Victory Apostolic Church, Nurse 1 (primarily serves African American)
- Victory Apostolic Church, Nurse 2 (primarily serves African-American)
- Advocate So. Suburban Governing Council member; Community Health Council, Chair
- Governors State University, Assistant Professor 1
- Hazel Crest Community, Resident 1
- Hazel Crest Community, Resident 2
- Aunt Martha's Health and Wellness, Program Coordinator (serves medically underserved and low-income populations)
- Village of Hazel Crest, Director, Community Relations

Advocate Aurora staff representatives:

- Advocate Aurora, South Region Manager, Community Health
- Advocate Aurora, South Region Director, Community Health
- Advocate South Suburban, Coordinator, Community Heath
- Advocate South Suburban, Clinical Nurse Educator
- Advocate South Suburban, Vice President, Operations, Executive Sponsor

Collaboration with Health Departments and/or Hospitals

The Alliance for Health Equity

Advocate South Suburban is a member of The Alliance, a coalition of 37 non-profit and public hospitals, health departments and regional community-based organizations working to improve health equity, wellness and quality of life across Chicago and Suburban Cook County. A steering committee, of which Advocate Aurora is a member, provides leadership to The Alliance, the Illinois Public Health Institute (IPHI) provides backbone support to the coalition and the non-profit hospitals provide the funding. Exhibit 21 lists hospitals and health systems that are members of The Alliance.

Hospitals and health systems that are members of The Alliance are very active in designing and implementing a collective health equity purpose that includes:

- Collaborate with IPHI, health departments and community organizations to design and implement the CHNA process;
- Participate in identifying indicators for data analysis, developing survey questions and prioritizing focus groups for input;
- Share existing data or assessments that are relevant and/or contribute to interpretation of data;
- Engage networks of community partners and hospital staff to collect community input and take that input into account in defining community health priorities for local service areas;
- Review assessment data and assist with developing findings and identifying priority strategic issues; and

- Designate a steering committee representative to provide strategic guidance to The Alliance and IPHI staff.

Exhibit 21: Nonprofit/Public Hospitals/Health Depts Participating in The Alliance 2019

Nonprofit Hospital 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 La Grange	Palos Community Hospital
AMITA Alexian Brothers Medical Center, Elk Grove Village	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

Collaborations with other Key Stakeholders

As mentioned above, through The Alliance, additional stakeholders include the Cook County Department of Public Health, the National Alliance for Mental Health (NAMI), and community-based organizations. Detailed information related to other collaborations may be found in the accompanying report—Community Health Needs Assessment for Chicago and Suburban Cook

County, 2019—which is posted beside Advocate South Suburban's 2017-2019 CHNA Report on the Advocate CHNA webpage at: https://www.advocatehealth.com/hospital-chna-reports-implementation-plans-progress-reports/

Methodology

Timeline

The CHNA was conducted using a mixed methods approach which included the collection and review of secondary data from existing sources and primary data from both qualitative (survey) and quantitative methods (focus groups). The methodology involved three components: 1) use of primary data collected through The Alliance (February 2018-March 2019); 2) use of the Conduent Healthy Communities Institute's platform to review PSA, county, state and zip code data (March 2016-August 2019); and 3) use of other national and local data (January 2019–August 2019).

Collaborative Assessment Model and Process

The Alliance completed a collaborative CHNA between March 2018 and March 2019. Primary and secondary data from a diverse range of sources were utilized for data analysis and to identify community health needs in Chicago and Suburban Cook County. IPHI worked with the CHNA committee and steering committee of The Alliance to design and facilitate a collaborative, community-engaged assessment. As with the previous collaborative 2016 CHNA, the 2019 CHNA process is adapted from the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-engaged strategic planning framework that was developed by the National Association for County and City Health Officials (NACCHO) and the CDC. Both the Chicago and Cook County Departments of Public Health use the MAPP framework for community health assessment and planning. 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. The Alliance chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity.

Primary Data Collection

Multiple data collection strategies were employed to collect data for The Alliance's 2017–2019 CHNA. Primary data collection for the CHNA was conducted by The Alliance and collaborative partners utilizing four methods:

1. Community input surveys
2. Community resident focus groups and learning map sessions
3. Health care and social service provider focus groups
4. Two stakeholder assessments led by partner health departments—Forces of Change Assessment and Health Equity Capacity Assessment

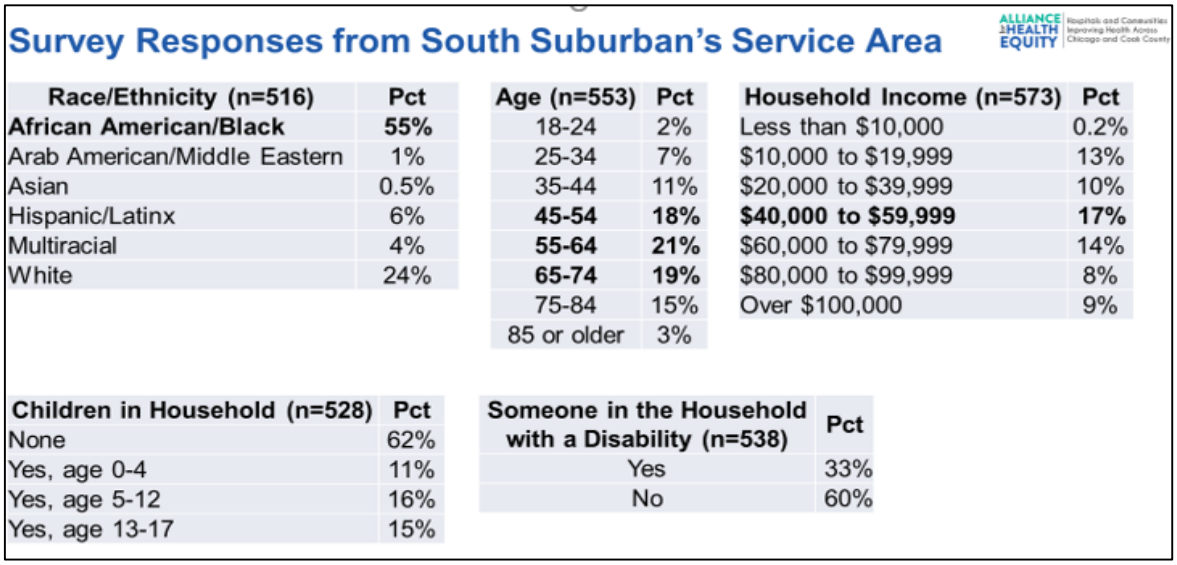
Community Input Surveys

Advocate South Suburban partnered with The Alliance to conduct community input surveys in the PSA. Between October 2018 and February 2019, The Alliance distributed and collected 5,934 community-wide input surveys from individuals aged 18 years or older living in Chicago and Suburban Cook County. There were 574 survey responses collected from Advocate South Suburban's PSA (Exhibit 22). The surveys were available on paper and electronically, and were disseminated in English, Spanish, Chinese, and Polish. The surveys included questions regarding the health status of communities, community strengths, opportunities for improvement, and priority health needs. Hospitals (including Advocate South Suburban), 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 included 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 Alliance's 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 from hospitals 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.

Exhibit 22: Advocate South Suburban PSA Demographics of Survey Responses 2019



Survey Responses from South Suburban's Service Area

ALLIANCE FOR HEALTH EQUITY

Race/Ethnicity (n=516)	Pct
African American/Black	**55%**
Arab American/Middle Eastern	1%
Asian	0.5%
Hispanic/Latinx	6%
Multiracial	4%
White	24%

Age (n=553)	Pct
18-24	2%
25-34	7%
35-44	11%
45-54	**18%**
55-64	**21%**
65-74	**19%**
75-84	15%
85 or older	3%

Household Income (n=573)	Pct
Less than $10,000	0.2%
$10,000 to $19,999	13%
$20,000 to $39,999	10%
$40,000 to $59,999	**17%**
$60,000 to $79,999	14%
$80,000 to $99,999	8%
Over $100,000	9%

Children in Household (n=528)	Pct
None	62%
Yes, age 0-4	11%
Yes, age 5-12	16%
Yes, age 13-17	15%

Someone in the Household with a Disability (n=538)	Pct
Yes	33%
No	60%

Source: The Alliance for Health Equity, 2019

Focus Groups and Learning Map Host Organizations

Between August 2018 and February 2019, IPHI worked with The Alliance partners, including Advocate South Suburban to hold a total of 52 community input sessions (focus groups and learning map sessions) with priority populations, such as veterans, individuals living with mental illness, communities of color, older adults, caregivers, teens and young adults, LGBTQ+ community members, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma. 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.

Exhibits 23 and 23.1 that follow list all the focus group and learning map session host organizations.

Exhibit 23: List of Focus Group and Learning Map Session Host Organizations

ABJ Services	Greater Galilee Baptist Church
Affinity Community Services	Habilitative Systems
After School Matters (2 groups)	Hanul Family Alliance
Alivio Medical Center	Housing Forward-Tenant's Club Meeting
AMITA Saints Mary and Elizabeth Medical Center	Kedvale New Mount Zion M.B. Church
Asian Human Services Family Health Center	Maine Community Youth Assistance Foundation
Breakthrough	NAMI Chicago family members
BUILD, Inc.	NAMI Chicago individuals with lived experience
By the Hand	New Moms (2 groups)

Chicago Public Library-Austin-Irving Park	New Morning Star MB Church (2 groups)
Chicago Public Library-Edgebrook Branch	Northwest Side Housing Center
Chicago Public Library-Jefferson Park Branch	Oak Park River Forest Food Pantry
Chicago Public Library-Oriole Park Branch	Oakley Square Apartments (3 groups)
Chicago Youth Programs	PLOWS Council on Aging
CJE SeniorLife	Restoration Ministries
Coalition of Hope	Rich Township VFW Post 311
Cristo Rey Jesuit High School	Saint Stephen AME
Deborah's Place	Solutions for Care
El Valor	Southwest Organizing Project (2 groups)
Enlace Chicago	Teen Living Program
Evanston General Assistance (2 groups)	Temple of Faith MB Church
Friedman Place	Theace Goldsberry Community House (2 groups, parents and youth)
Frisbie Senior Center	TCA Health, Inc.
Garfield Park Community Council	Timothy Community Corporation
Gary Comer Youth Center	UCAN (2 groups)

Exhibit 23.1 Community Leader and Provider Focus Groups

Faith Leaders, countywide
Immigrant service providers
South Shore Hospital community service providers
Swedish Covenant Hospital community service providers
MacNeal Hospital health care providers

Source: The Alliance for Health Equity, 2019

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 Alliance's CHNA committee and colleagues at partner health departments. Each focus group was hosted by a community-based organization or hospital, and participation ranged from three to forty people. Most focus groups were 90 minutes long with an average of 10 participants. Community input from all 52 community input sessions (focus groups and learning map sessions) was combined and included in The Alliance's assessment, along with input from five provider focus groups.

Secondary Data Collection

As indicated in the section above, Advocate South Suburban collaborated with many partners to collect PSA, county and state data. Secondary data collection was conducted through the use of several platforms including the Conduent Healthy Communities Institute. Details regarding Advocate South Suburban's 2017-2019 CHNA secondary data sources are as follow.

Conduent Healthy Communities Institute (HCI)

In early 2017, Advocate Health Care signed a second three-year contract with Conduent HCI to continue to provide an internet-based data resource for their eleven hospitals during the 2017-2019 CHNA cycle. This robust platform offered the hospitals 198 health and demographic indicators, including 38 hospitalization and ED visit indicators at the service area and zip code levels. Utilizing the Illinois Hospital Association COMPdata, Conduent HCI was able to summarize 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, 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 hospital's PSA health needs as the data base was the only source that provided such an extensive amount of data specific to the 2017-2019 CHNA 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 hospital's PSA in comparison to other counties and communities in Illinois.

Conduent HCI 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.

Additional National and Local Data

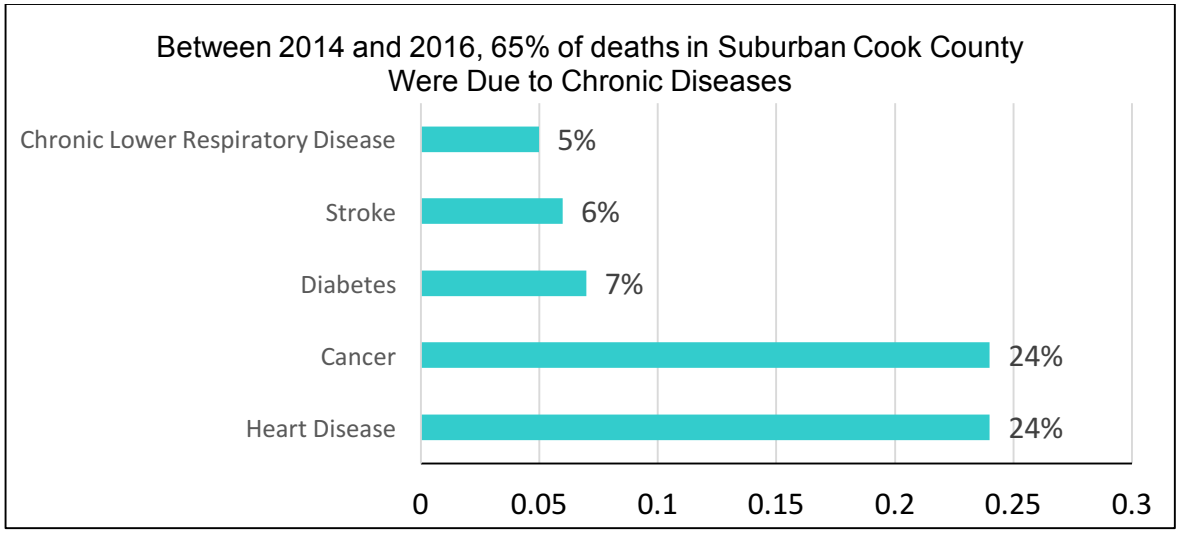
Between June 2018 and June 2019, Advocate South Suburban staff collected pertinent community health data for the hospital's PSA. Other data sources reviewed included the Cook County Department of Public Health, Illinois Department of Public Health, Advocate South Suburban patient utilization data, Healthy People 2020, and the CDC (state and county health data). A comprehensive list of data resources is provided in Appendix 1.

Health Status

Leading Causes of Death

In the U.S., 60 percent of adults have a chronic disease and 40 percent of adults have two or more chronic diseases. Chronic diseases, such as heart disease, cancer and diabetes, are the leading causes of death and disability in the U.S. and are a leading driver of healthcare costs (Centers for Disease Control and Prevention, 2019). According to the Illinois Department of Public Health, heart disease, cancer, stroke, accidents and lower respiratory disease are the top five causes of death in the state. Likewise, from 2014 to 2016, the same trends in the leading causes of death were observed in Suburban Cook County with 65 percent of all deaths being attributed to chronic disease (The Alliance for Health Equity, 2019). See Exhibit 24.

Exhibit 24: Leading Causes of Death in Suburban Cook County 2014-2016

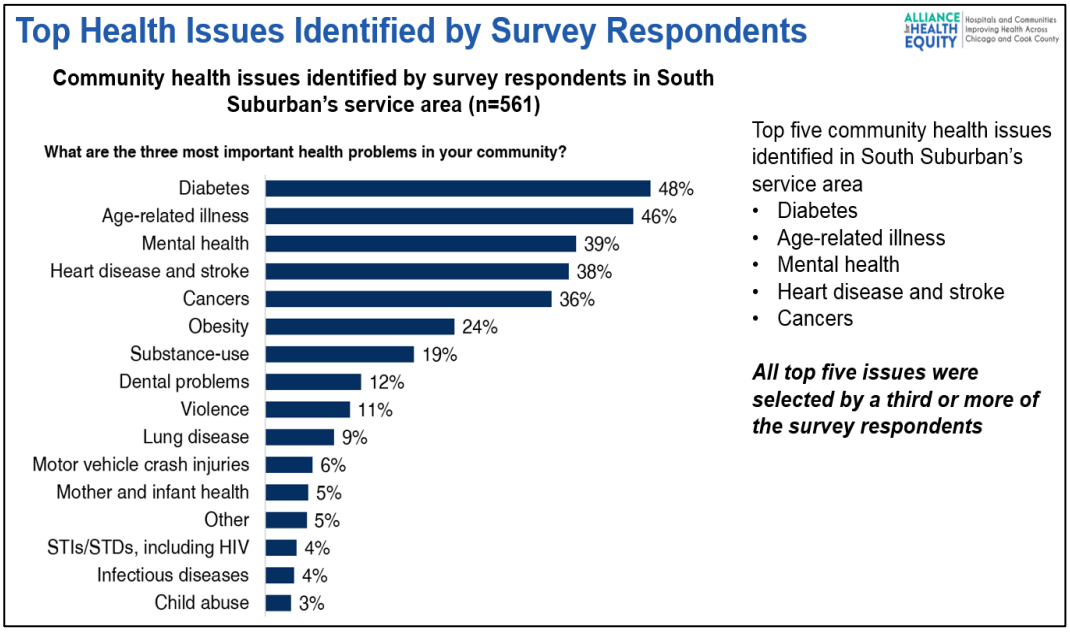


Source: The Alliance for Health Equity, Illinois Department of Public Health, 2019

Top Health Concerns in Advocate South Suburban PSA

Top health concerns were identified from the Alliance survey respondents in Advocate South Suburban's PSA. Respondents indicated that diabetes (48 percent), age-related illness (46 percent), mental health (39 percent), heart disease and stroke (38 percent) and cancers (36 percent) are top health concerns. Exhibit 25 shows the top health concerns identified in Advocate South Suburban's service area.

Exhibit 25: The Alliance Top Health Issues in Advocate So. Suburban Service Area 2018



Source: The Alliance for Health Equity, 2019

Life Expectancy

According to the World Health Report, life expectancy is defined as the average number of years that a new born is expected to live if current mortality rates continue to apply. Life expectancy at birth reflects the overall mortality level of a population. It summarizes the mortality pattern that prevails across all groups—children and adolescents, adults and the elderly. From 2010-2015, the average life expectancy at birth was 77.1 years of age in the hospital's PSA as compared to Cook County at 78.5 years (Conduent Healthy Communities Institute, 2019). Data indicate that individuals residing in more affluent communities have a longer life expectancy when compared to individuals that reside in lower socio-economic communities. For example, the life expectancy for someone living in Flossmoor, a neighborhood in the service area, is 82.6 years compared to the life expectancy of someone living in Harvey at 73.7 years—nearly a 9-year difference. Exhibit 26 shows life expectancy at birth by zip code for the Advocate South Suburban PSA.

Exhibit 26: Advocate South Suburban PSA Life Expectancy at Birth 2010-2015

Neighborhood	Zip Code	Life Expectancy
Chicago Heights	60411	75.9
Harvey	60426	73.7
Markham	60428	73.8
Richton Park	60471	74.7
Park Forest	60466	75.3
Dolton	60419	75.4
Hazel Crest	60429	75.5
Glenwood	60425	76.6
Matteson	60443	76.7
Midlothian	60445	77.4
Oak Forest	60452	77.6
South Holland	60473	77.6
Country Club Hills	60478	77.8
Thornton	60476	78
Lansing	60438	78.5
Homewood	60430	78.6
Tinley Park	60477	79
Tinley Park	60487	79.2
Olympia Fields	60461	79.9
Frankfort	60423	79.9
Flossmoor	60422	82.6

Source: Metopio, National Center for Health Statistics, USALEEP, 2019

Key Findings: Health Status

- Between 2014 and 2016, the five leading causes of death in Advocate South Suburban's PSA were heart disease, cancer, diabetes, stroke and chronic lower respiratory disease.
- Sixty-five percent of all deaths in Cook County are due to chronic disease, while heart disease and cancer account for almost 50 percent of deaths due to chronic disease.
- The average life expectancy for the hospital's PSA is 77.1 years of age compared to that of Cook County which is 78.5 years and the state of Illinois at 78.7 years.
- Individuals residing in more affluent communities have a longer life expectancy when compared to individuals that reside in lower socio-economic communities.
- The top health issues in the PSA as identified by The Alliance survey respondents are diabetes, age-related illness, mental health, heart disease and stroke, and cancers.
- Communities with the lowest life expectancy in the hospital's PSA include Markham, Harvey and Richton Park.

Access to Care and Health Care Coverage

Health Care Coverage

Medical costs in the U.S. are extremely high, so individuals without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill, they may not seek treatment until the condition is more advanced and therefore more difficult and costlier to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums (Conduent Healthy Communities Institute, American Community Survey, 2019). In this section, analysis was conducted using county level data due to lack of availability of PSA data for adult and children with health insurance, and persons with private and public insurance. The indicator “Health Insurance Coverage by Households” was analyzed using PSA level data.

Adults with Health Insurance

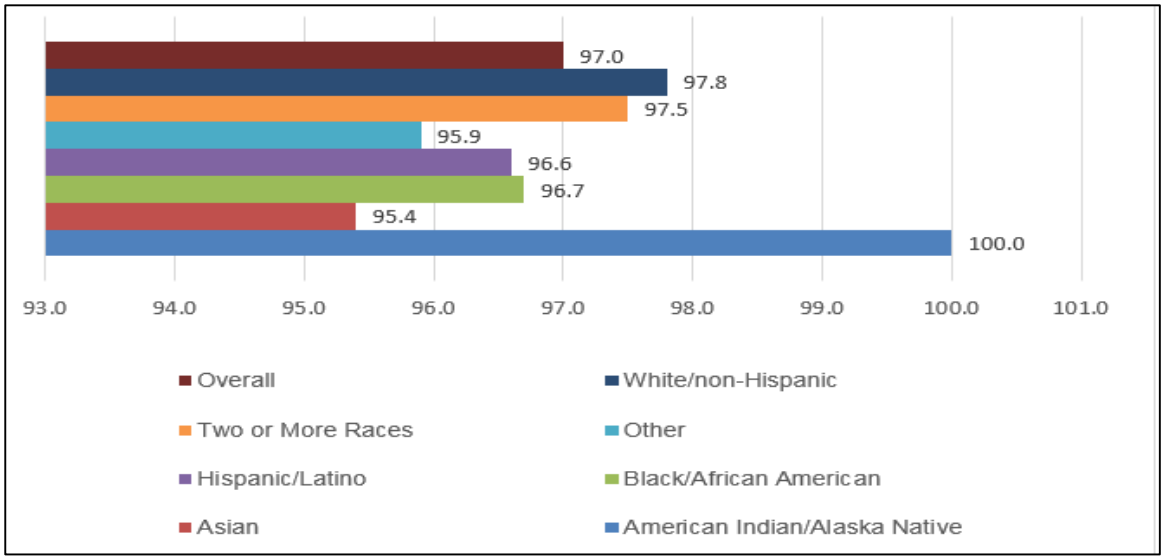
In Cook County, 87.4 percent of adults age 19 and over are identified as having health insurance. This value is slightly lower than the state and U.S. values of 90.2 percent and 87.7 percent, respectively. More females (89.0 percent) have health insurance when compared to males (85.7 percent) in the county. This value is the lowest when compared to the six counties surrounding Cook County (Conduent Healthy Communities Institute, American Community Survey, 2019).

Children with Health Insurance

Health insurance for children is particularly important. To stay healthy, children require regular checkups, dental and vision care, and medical attention for illness and injury. Children with health insurance are more likely to have better health throughout their childhood and adolescence. They are more likely to receive required immunizations, fall ill less frequently, obtain necessary treatment when they do get sick, and perform better at school. Having health insurance lowers barriers to accessing care, which is likely to prevent the development of more serious illnesses. This is not only of benefit to the child but also helps lower overall family health costs. Due to the implementation of the Affordable Care Act, changes were made to the definition of a "qualifying child." Under the ACA, a qualifying child is under age 19 at the close of the calendar year. Therefore, age categories used to measure health insurance now define those aged 18 and under as children (Conduent Healthy Communities Institute, American Community Survey, 2019).

In Cook County, 97.0 percent of children had health insurance. This value is comparable to the state of Illinois value of 97.1 percent and higher that the U.S. value of 95.0 percent. Data indicate that in all race and ethnicity categories, more than 95 percent of children under age 19 had health insurance. Surprisingly, 100 percent of children surveyed in the American Indian/Alaska Native population had health insurance. Exhibit 27 defines the level of children with health insurance among ethnicities (Conduent Healthy Communities Institute, American Community Survey, 2019).

Exhibit 27: Cook County Children with Health Insurance by Ethnicity 2017

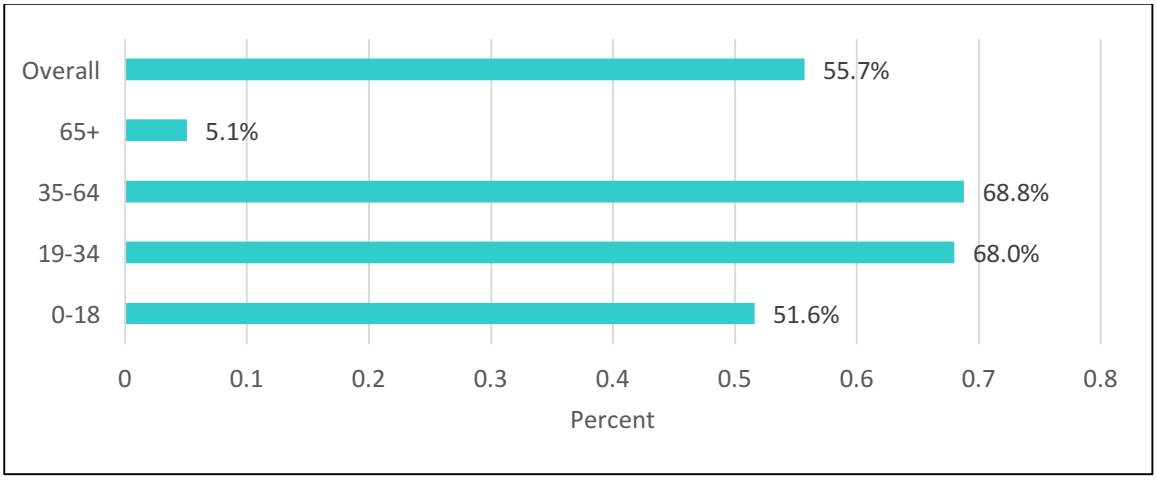


Source: Conduent Healthy Communities Institute, American Community Survey, 2019

Persons with Private Health Insurance Only

Private health insurance is the most common type of health insurance in the U.S. In 2017, 55.7 percent of people who reside in Cook County had private health insurance. This value is lower than the Illinois value of 59 percent and the U.S. value of 55.8 percent. Most covered individuals are from 19-64 years old (see Exhibit 28).

Exhibit 28: Cook County Persons with Private Health Insurance Only by Age 2017

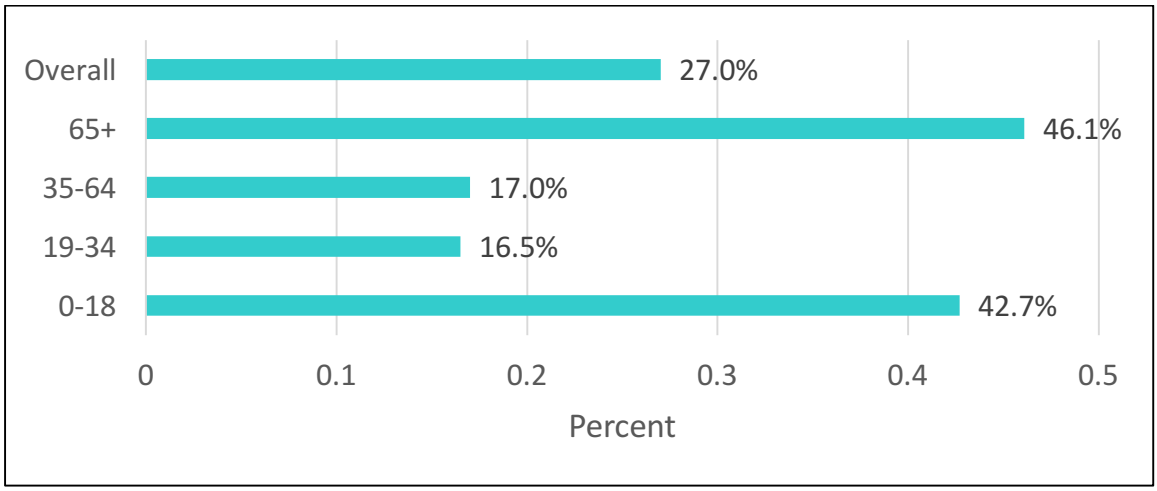


Source: Conduent Healthy Communities Institute, American Community Survey, 2019

Persons with Public Health Insurance Only

This indicator identifies the percentage of persons who have public health insurance only. Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children's Health Insurance Program (CHIP); and individual state health plans. In Cook County, 27.0 percent of the population had public health insurance, which is higher than the state rate of 23.3 percent and the U.S. rate of 23.6. The age groups of 65 and over (46.1 percent) and 0-18 years of age (42.7 percent) had the highest levels of public health insurance. Exhibit 29 shows persons with public health insurance by age in Cook County.

Exhibit 29: Cook County Persons with Public Health Insurance Only by Age 2017

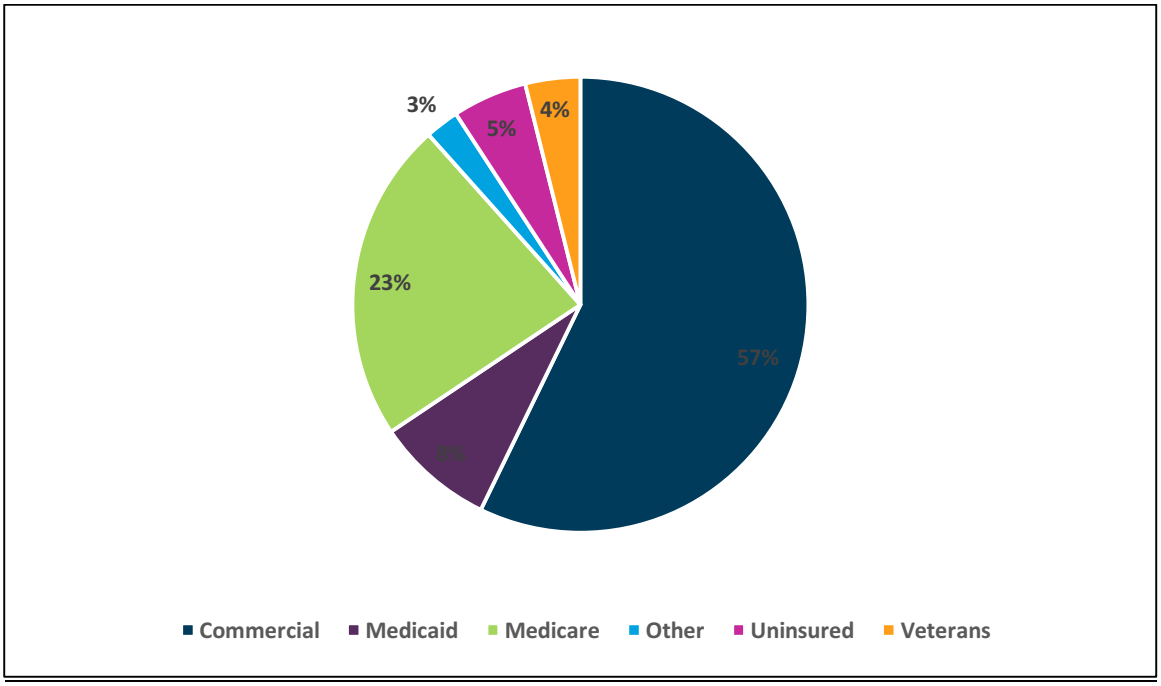


Source: Conduent Healthy Communities Institute, American Community Survey, 2019

Health Insurance Coverage by Households

In the Advocate South Suburban PSA, there are 57 percent of households with commercial insurance, 23 percent of households with Medicare, 8 percent with Medicaid and 5 percent of households who are uninsured. A total of 182,309 households have health insurance coverage in the PSA. Exhibit 30 depicts insurance coverage by households in the PSA.

Exhibit 30: Advocate South Suburban PSA Health Insurance Coverage by Household 2019



Source: Advocate Aurora Business Development Analytics, Sg2, 2019

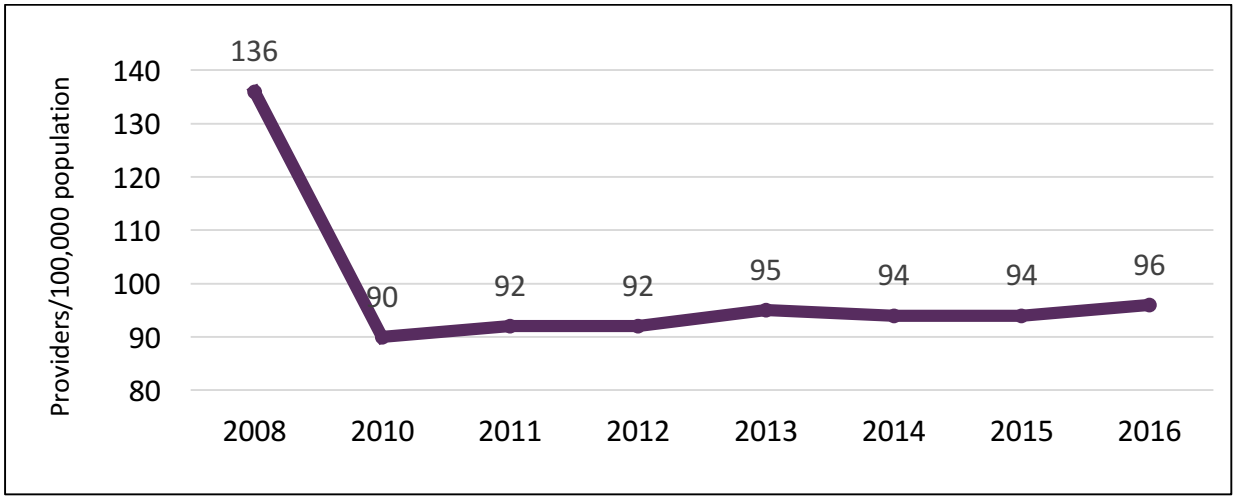
Access to Care

Primary Care Provider Rate

Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine and pediatrics. Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. Communities that lack enough primary care providers typically have members who delay necessary care when sick and conditions can become more severe and complicated (Conduent Healthy Communities Institute, 2019). Due to the lack of PSA level data, county level data was used to analyze the indicators for primary care providers and non-physician primary care providers.

Compared to Illinois Counties, Cook County has 96 providers per 100,000 population, which is in the top 50 percent of counties. Counties in the top 50 percent have a value higher than 43 providers per 100,000 population while counties in the bottom 25 percent have a value lower than 31 providers per 100,000 population. Exhibit 31 shows the primary care provider rate in Cook County.

Exhibit 31: Cook County Primary Care Provider Rate 2008-2016

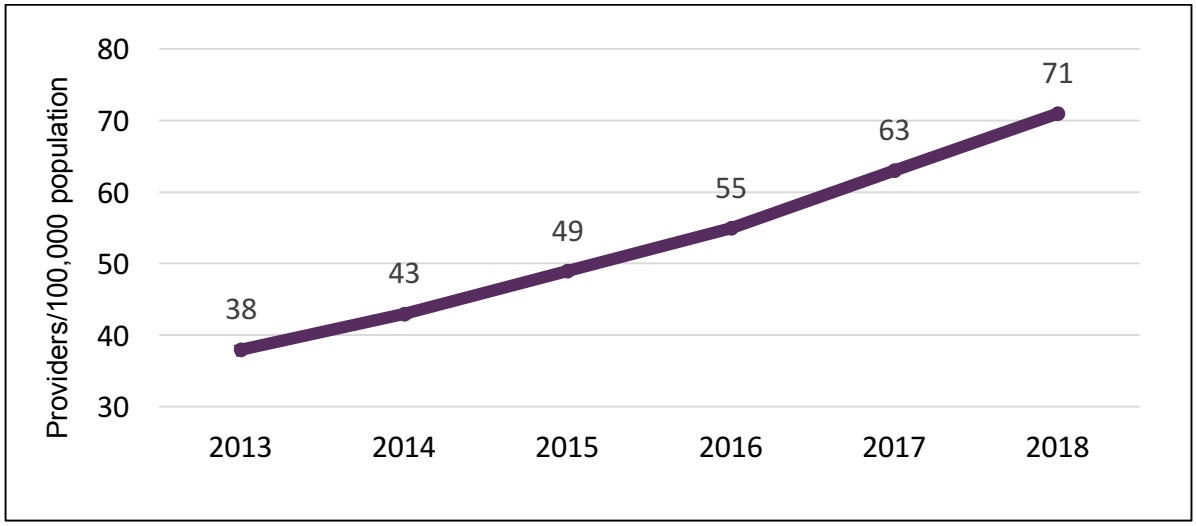


Note: Due to a change in the source's calculation methodology, comparison of 2010 data with earlier data is not recommended.
Source: Conduent Healthy Communities Institute, County Health Rankings, 2019

Non-physician Primary Care Provider Rate

The number of non-physician clinicians has been increasing and is projected to continue to rise, partially making up for the shortfall of physicians. Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs) and clinical nurse specialists. Compared to Illinois counties, Cook County has 71 providers per 100,000 population, which is in the top 50 percent of counties. Counties in the top 50 percent have more than 56 providers per 100,000 population, while counties in the bottom 25 percent have less than 38 providers per 100,000 population. Since 2013, the number of non-physician clinicians has nearly doubled in Cook County rising from 38 providers per 100,000 population to 71 providers per 100,000 population over a six-year span. Exhibit 32 shows the non-physician primary care provider rate in Cook County.

Exhibit 32: Cook County Non-Physician Primary Care Provider Rate 2013-2018



Source: Conduent Healthy Communities Institute, County Health Rankings, 2019

Key Findings: Health Care Coverage and Access to Care

- There were 87.4 percent of adults age 19 and over that were identified as having health insurance in Cook County.
- Ninety-seven percent of children had health insurance in Cook County.
- In Cook County, more than 95 percent of children under age 18 had health insurance; 100 percent of children in the American Indian/Alaska Native had health insurance.
- There were 55.7 percent of people who reside in Cook County who have private health insurance; the majority are individuals in the 19-64 years of age range.
- In Cook County, 27 percent of the population had public health insurance compared to the state of Illinois at 23.3.
- Since 2012, there has been a consistent decline in Medicare reimbursement rates.
- Cook County is ranked in the best 50 percent of counties for primary care provider and non-physician provider primary care rates.

Modifiable Health Behaviors

Tobacco Use

Tobacco is the agent most responsible for avoidable illness and death in America today. The World Health Organization states that approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, such as cancer, respiratory infections, and asthma (Conduent Healthy Communities Institute, 2019). Due to the lack of PSA data, county data was analyzed for this indicator to understand the significance of the indicator for adults who smoke and teens who smoke.

Adults who Smoke

Fourteen percent of adults in Cook County smoke, a slight improvement from the previous measurement period of 14.6 percent. This value is better than the State of Illinois (15.8 percent) and other U.S. counties (17.1 percent). According to the CDC, tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others (Conduent Healthy Communities Institute, County Health Rankings, 2019).

Teens who Smoke

Health behavior patterns formed in adolescence play a crucial role in health throughout life. Individuals who start smoking young are more likely to have a long-term addiction to nicotine than people who start smoking later in life, putting them at greater risk for smoking-related illness and death. According to the CDC, tobacco use is responsible for nearly half a million deaths per year among adults in the U.S. If smoking prevalence among adolescents persists, it is estimated that 5 million persons under the age of 18 will die prematurely from smoking-related diseases. Since 2010, there has been a consistent decline in the percentage of teens who smoke in Cook County—declining from 16 percent in 2010 to five percent in 2018. This percentage is lower than the state of Illinois, which is at nine percent (Conduent Healthy Communities Institute, Center for Prevention Research and Development, Illinois Youth Survey, 2018).

Alcohol Use

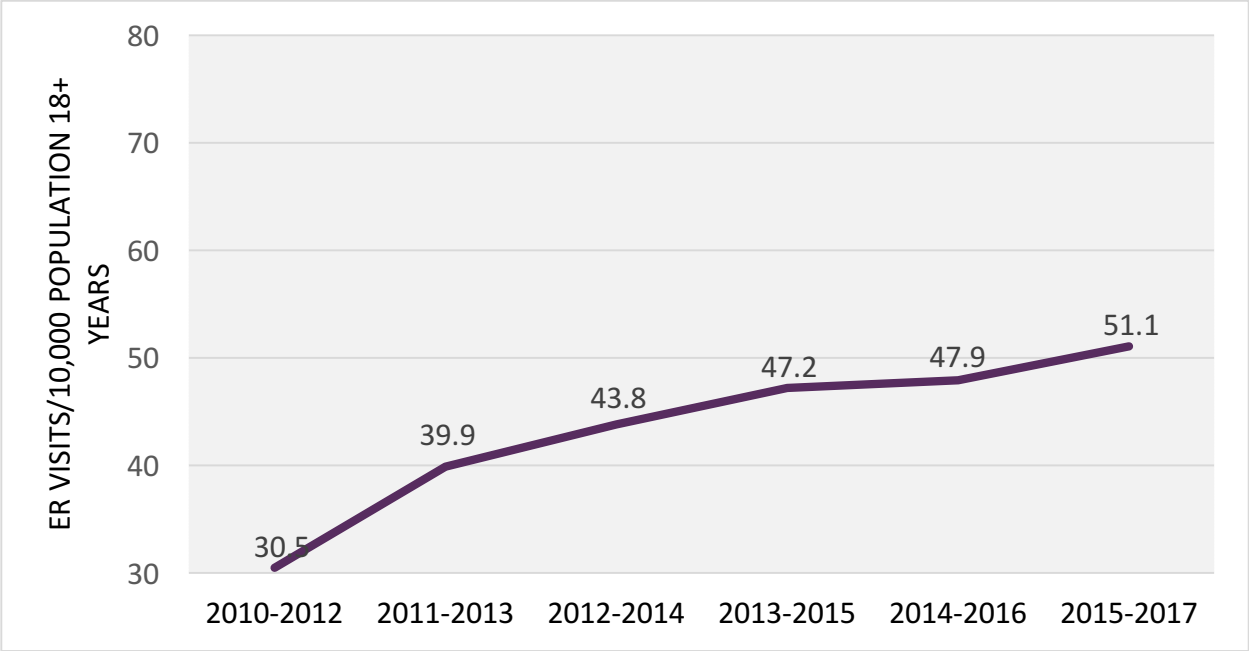
According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking at a young age are more likely to develop alcohol dependence than those who begin drinking at age 21. Alcohol use also impairs judgment and can lead to other high-risk behaviors, such as drunk driving and unprotected sexual activity (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019).

Age-Adjusted ER Rate due to Alcohol Use

Alcohol abuse includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol and excessive blood level of alcohol. According to the CDC, excessive alcohol use, either in the form of heavy drinking or binge drinking, can lead to increased risk of health problems including liver disease or unintentional injuries (Conduent Healthy Communities Institute, 2019).

The rate of alcohol use continues to increase in the hospital's PSA. The age-adjusted ER rate due to alcohol use for adults 18 years and older is 51.1 per 10,000 population, which is lower than the Cook County rate of 69.2 and the state rate of 55.0 per 10,000 population. The hospital's PSA communities with the highest age-adjusted ER visit rates due to alcohol abuse include Park Forest (72.0), Oak Forest (76.4), Markham (78.4), Chicago Heights (92.3) and Harvey (121.9). See Exhibit 33.

Exhibit 33: Advocate South Suburban PSA Age-Adjusted ER Rate due to Alcohol Use 2010-2017

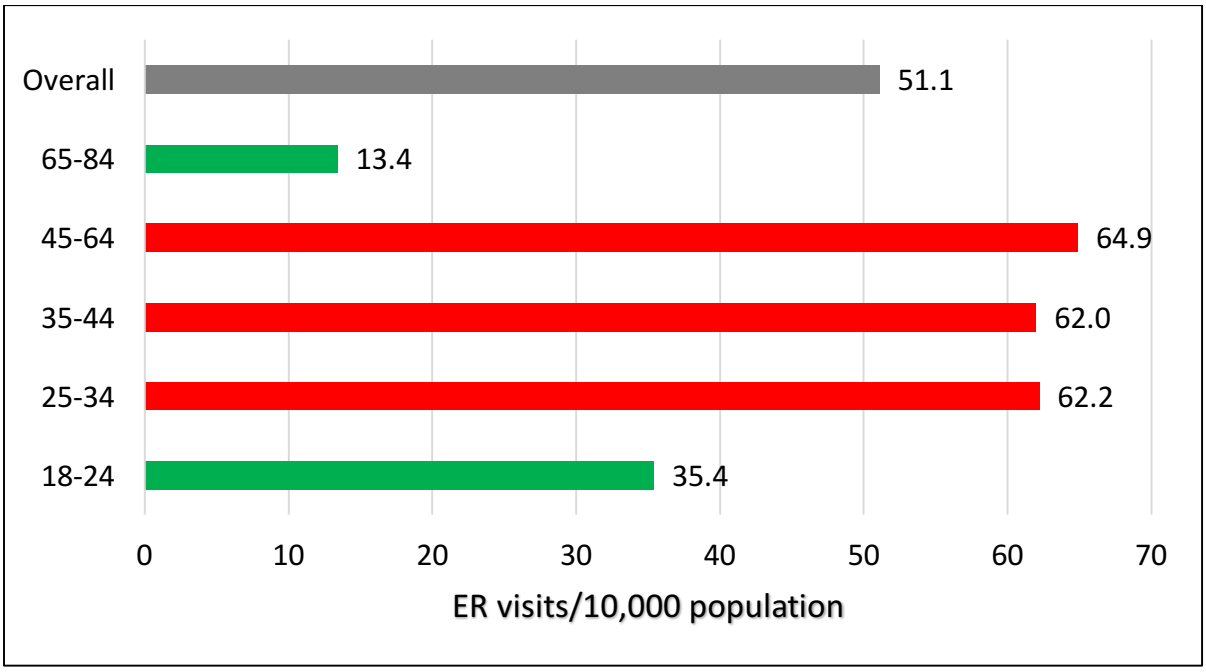


*Note: Due to changes in methodology in 2013, data should not be compared to previous time periods.
Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Age-Adjusted ER Rate due to Alcohol Abuse by Age

In 2015-2017, the age-adjusted ER rate due to alcohol abuse by age in the hospital's PSA was 35.4 per 10,000 population in the 18-24 age group, 62.2 in the 25-34 age group, 62.0 in the 35-44 age group and 64.9 in the 45-64 age group. When compared to the overall rate, data indicates that individuals between the ages of 25-64 years had a significantly worse rate of alcohol use than the overall rate for all age groups combined (Exhibit 34).

Exhibit 34: Advocate South Suburban PSA Age-Adjusted ER Rate due to Alcohol Abuse by Age 2015-2017

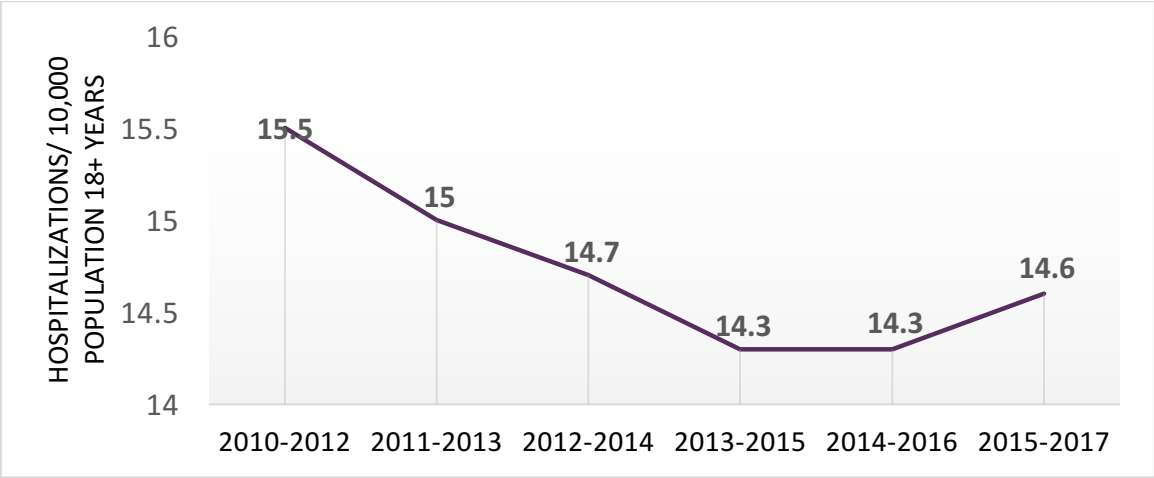


Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Age-Adjusted Hospitalization Rate due to Alcohol Use

From 2010 to 2017, the age-adjusted hospitalization rate due to alcohol use for adults age 18 and older has fluctuated over time, partially due to different methods of ICD coding. In 2010-2012, the age adjusted hospitalization rate due to alcohol use was at 15.5 per 10,000 population to a low of 14.3 per 10,000 population in 2014-2016. The hospitalization rate was at 14.6 per 10,000 population in 2015-2017 as compared to a state rate of 18.1 per 10,000 population (Exhibit 35).

Exhibit 35: Advocate South Suburban PSA Age-Adjusted Hospitalization Rate due to Adult Alcohol Use 2010-2017



Note: Due to the introduction of ICD-10 in October 2015, 2013-2017 data should not be compared to previous time periods.
Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

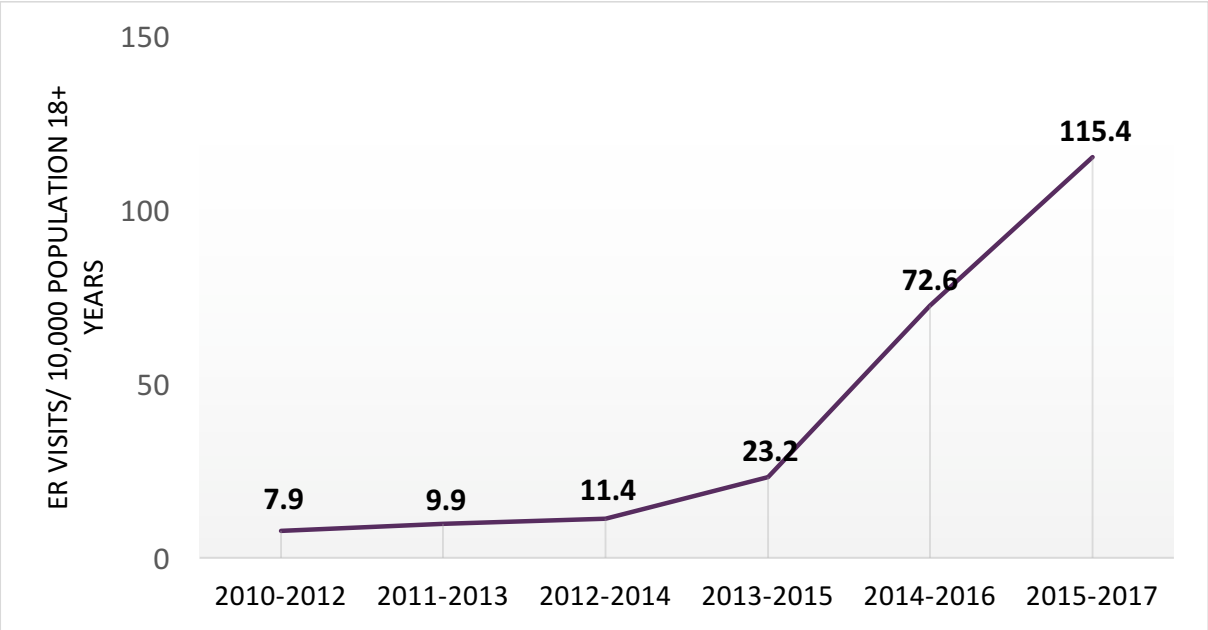
Substance Use

Substance abuse is a major public health issue that has a strong impact on individuals, families and communities. The use of illicit drugs, abuse of alcohol and addiction to pharmaceuticals is linked to serious health conditions, such as heart disease, cancer, and liver disease. Substance use also contributes to a wide range of social, physical, mental and public health problems (Conduent Healthy Communities Institute, 2019).

Age-Adjusted ER Rate due to Substance Use

In Cook County, the age-adjusted ER rate due to substance abuse is 40.2 ER visits per 10,000 population,18 years and over. This number is high when compared to the state of Illinois at 28.9 per 10,000 population. However, the hospital's PSA value is nearly triple the county rate at 115.4 per 10,000 population in 2015-2017. The PSA communities with highest age-adjusted ER visit rates due to substance abuse are Thornton (131.6), Dolton (226.6), Markham (238.2) and Harvey (531.8). It should be noted that during this survey cycle, there was a change in methodology due to the introduction of ICD-10 in 2015 (Exhibit 36).

Exhibit 36: Advocate South Suburban PSA Age-Adjusted ER Rate due to Substance Use 2010-2017

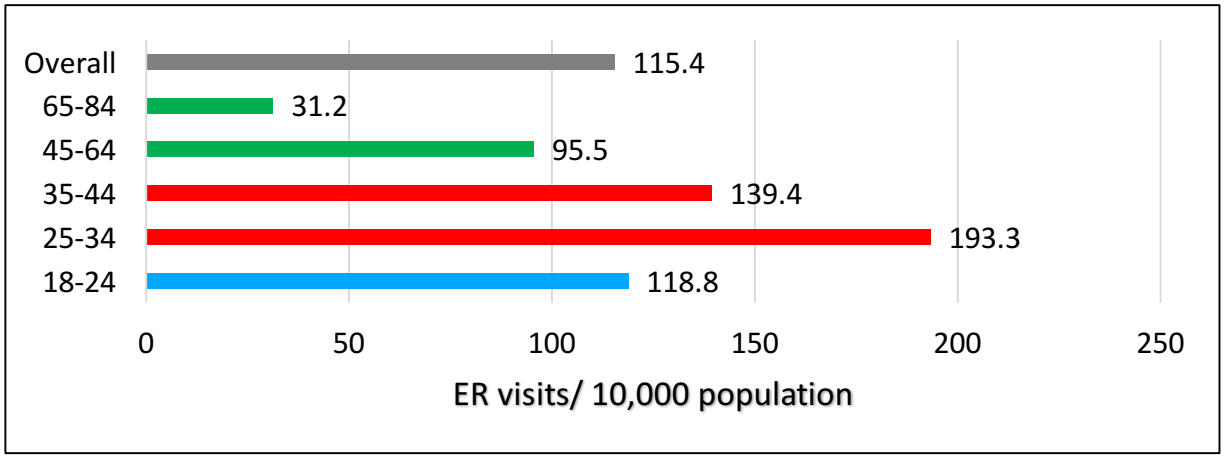


Note: Due to the introduction of ICD-10 in October 2015, 2013-2017 data should not be compared to previous time periods.
Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Age-Adjusted ER Rate due to Substance Use by Age/Gender/Race and Ethnicity

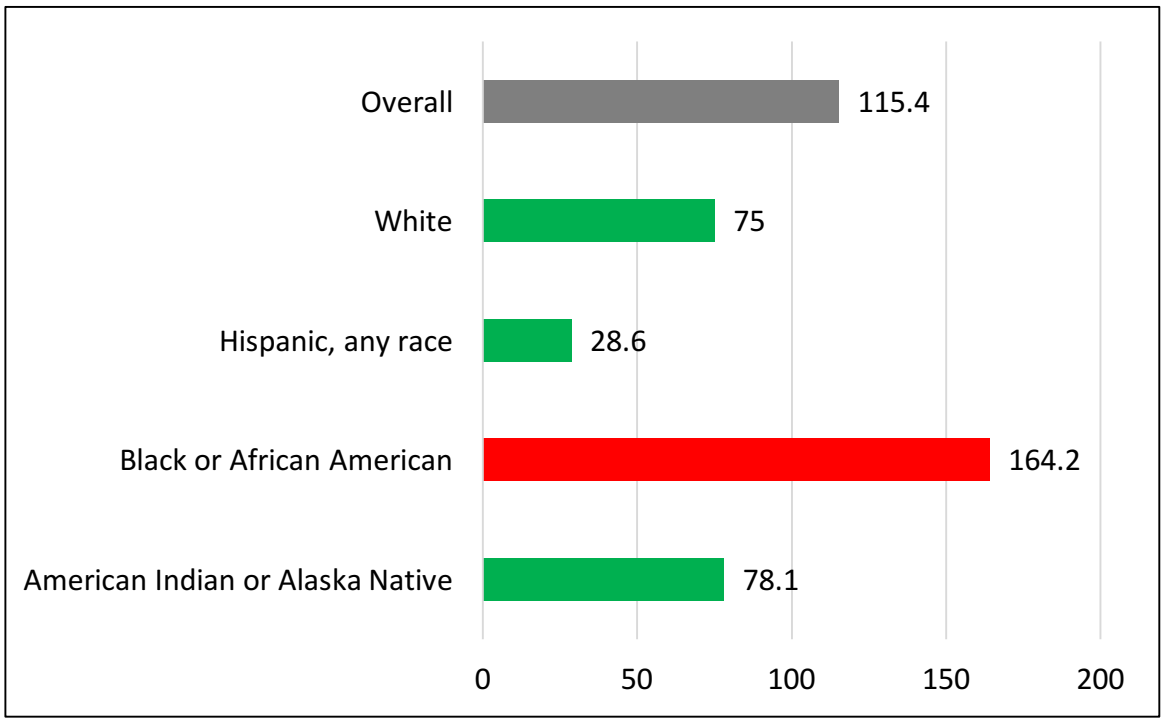
In 2015-2017, the ER rate due to substance use by age in the hospital's PSA is 118.8 per 10,000 population in the 18-24 age group, 193.3 in the 25-34 age group, 139.4 in the 35-44 age group, and 95.5 in the 45-64 age group. When compared to the overall rate, data indicate that individuals between the ages of 25-44 years of age had a significantly worse rate of substance abuse than the overall rate for all age groups combined (Exhibit 37). In the hospital's PSA, males (127.7) have a higher rate of substance abuse as compared to females (120.2). A comparison of ER visits rates due to substance use by race/ethnicity shows that African Americans have higher rates of ER visits due to substance abuse at 164.2 per 10,000 population among all other races (Exhibit 38).

Exhibit 37: Advocate South Suburban PSA Age-Adjusted ER Rate due to Substance Abuse by Age 2015-2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Exhibit 38: Advocate South Suburban PSA Age-Adjusted ER Rate due to Substance Abuse by Race/Ethnicity 2015-2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Key Findings: Modifiable Health Behaviors

- There is a consistent reduction in smoking rates in Cook County for both adults and adolescents. The number of teens in Cook County who smoke declined from 16 percent in 2010 to five percent in 2017.
- Alcohol abuse increased in the Advocate South Suburban's PSA and in Cook County.
- The hospital's PSA communities with highest age-adjusted ER visit rates due to alcohol abuse include Park Forest, Oak Forest, Markham, Chicago Heights and Harvey.
- There is a significant increase in substance abuse rates in the hospital's PSA which is triple the Cook County rate and four times higher than the state of Illinois rate.
- The hospital's PSA communities with highest age-adjusted ER visit rates due to substance abuse include Thornton, Dolton, Markham and Harvey.
- African American males have a higher substance abuse rate than any other race.

Disease and Chronic Conditions

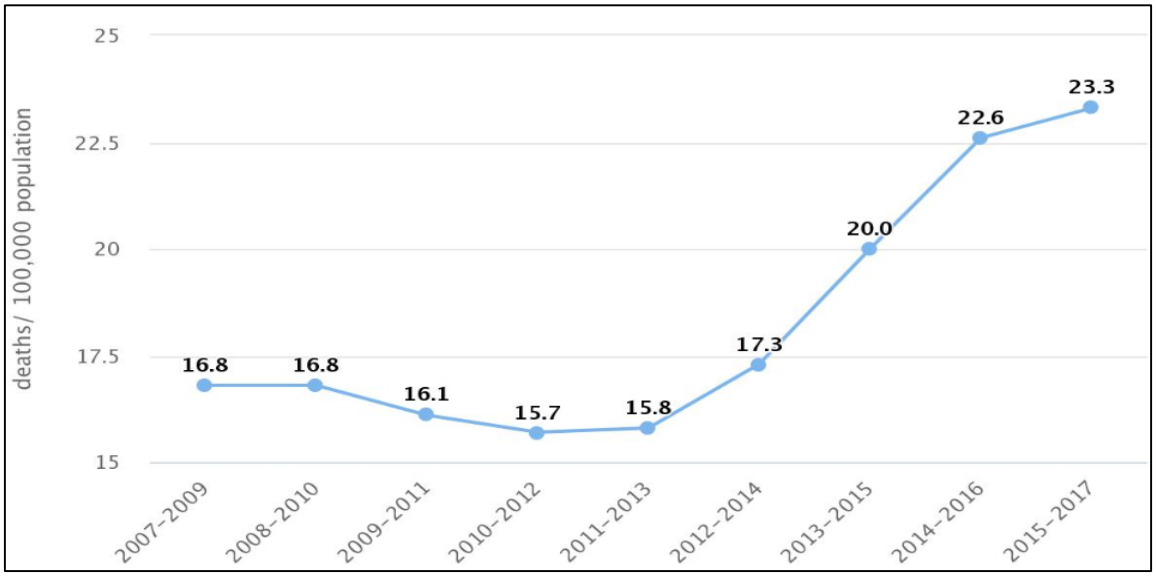
Alzheimer's Disease and Dementia

According to the CDC, Alzheimer's disease is the fifth leading cause of death among adults aged 65 and older. The Alzheimer's Association notes that the number of people ages 65 and older with Alzheimer's disease is estimated to reach 7.1 million by 2025—a 40 percent increase from the estimated 5 million within this age range currently affected by the disease in the U.S. Medicare costs for those with Alzheimer's and other dementias are estimated to be $107 billion dollars in 2013. Females have a higher incidence of Alzheimer's disease than males within Cook County (Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services, 2019). Due to the lack of PSA level data, county level data was used to analyze rates of Alzheimer's Disease.

Age-adjusted Death Rate due to Alzheimer's Disease

In Cook County, the age-adjusted death rate due to Alzheimer's Disease is 23.3 deaths per 100,000 population. Although the rate has increased from 15.8 per 100,000 population in 2013 to 23.3 deaths per 100,000 population in 2017, the rate is lower than the Illinois value of 25.2 and the U.S. value of 30.3 per 100,000 population, respectively. When compared to Illinois counties, Cook County's rate is in the top 50 percent quartile (green indicator) (Conduent Healthy Communities Institute, CDC, 2019). See Exhibit 39.

Exhibit 39: Cook County Age Adjusted Death Rate due to Alzheimer's Disease 2007-2017



Source: Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services, 2019

Cancer

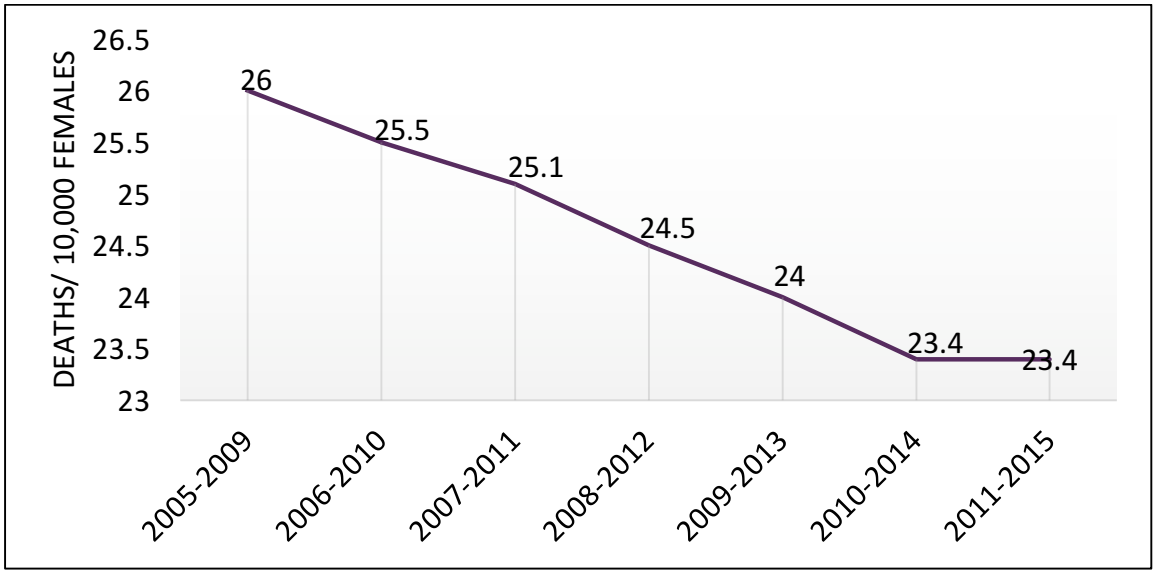
Breast Cancer

Breast cancer is a leading cause of cancer death among women in the U.S. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Breast cancer is associated with increased age, hereditary factors, obesity and alcohol use. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection. Due to the lack of PSA level data, county level data was analyzed for breast cancer death and incidence rates (Conduent Healthy Communities Institute, National Cancer Institute, 2019).

Age-Adjusted Death Rate due to Breast Cancer

The age-adjusted death rate due to breast cancer in Cook County is 23.4 deaths per 100,000 females as compared to the Illinois rate of 22.4 deaths per 100,000 females. Although the rates are declining, the rates are high compared to the U.S. at 20.9 deaths per 100,000 females (Exhibit 40).

Exhibit 40: Cook County Age-Adjusted Death Rate due to Breast Cancer 2009-2015

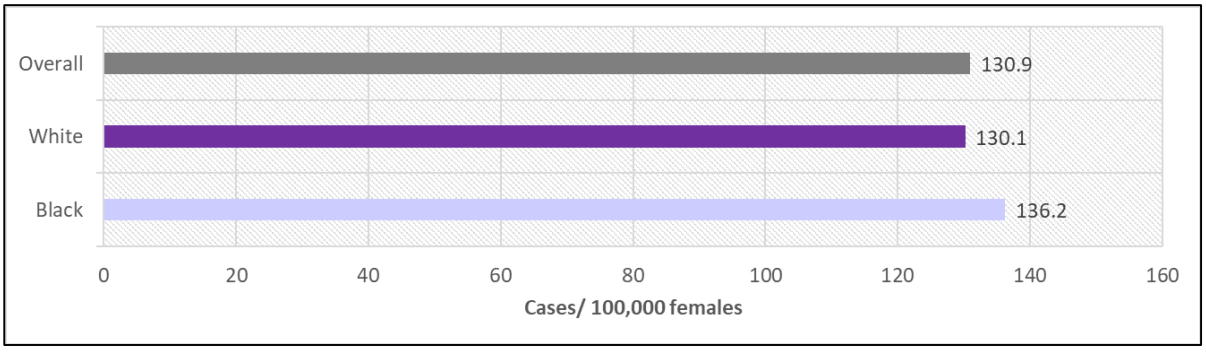


Source: Conduent Healthy Communities Institute, National Cancer Institute, 2019

Breast Cancer Incidence Rate

The incidence rate for breast cancer in Cook County is 130.9 cases per 100,000 females, which is in the second worst quartile of counties in Illinois. Counties in the best 50 percent have a value lower than 125.9 cases per 100,000 females, while counties in the worst 25 percent have a value higher than 134.5. The county value is slightly lower in comparison to the state value of 131.7 per 100,000 population. Data indicate that when comparing the breast cancer incidence rate between Black and White women, Black women have a higher incidence rate of breast cancer at 136.2 incidents per 100,000 population compared to White Women with a rate of 130.1 incidents per 100,000. (Exhibit 41).

Exhibit 41: Cook County Breast Cancer Incidence Rate 2011-2015



Source: Conduent Healthy Communities Institute, National Cancer Institute, 2019

Colorectal Cancer

According to the CDC, colorectal cancer—cancer of the colon or rectum—is one of the most commonly diagnosed cancers in the U.S. and is the second leading cancer killer nationally. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented (Conduent Healthy Communities Institute, National Cancer Institute, 2019). Due to lack of PSA level data, county level data was used to analyze the indicators for colorectal cancer.

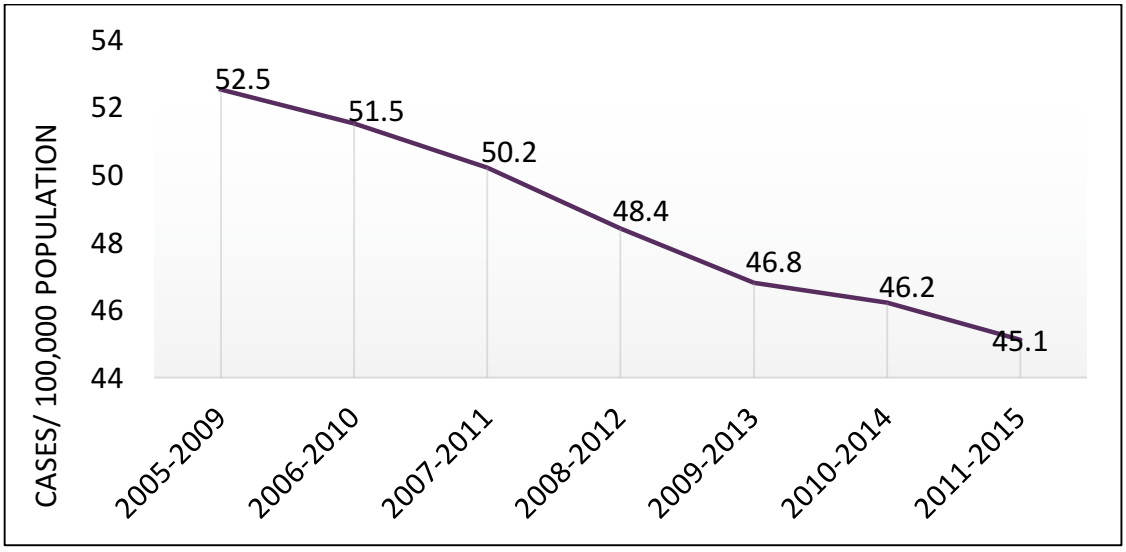
Age-Adjusted Death Rate due to Colorectal Cancer

The age-adjusted death rate due to colorectal cancer in Cook County is 16.5 deaths per 100,000 population, trending downward from the previous value of 19.4. Although the death rate has continued to decline since 2005 at 19.4 deaths per 100,000 population, the rate for males remains high at 20.4 per 100,000 population, and even higher in the African American population at 24.4 deaths per 100,000 population (Conduent Healthy Communities Institute, National Cancer Institute, 2019).

Colorectal Cancer Incidence Rate

The incidence rate of colorectal cancer in Cook County is decreasing over time (Exhibit 42). The incidence rate of colorectal cancer in the African American population is 54.9 cases per 100,000 population, significantly worse than the overall rate of 45.1 cases per 100,000 population in Cook County. The incidence rate for the White population is 41.9 cases per 100,000 population—better than the overall value in Cook County. The Cook County rate is higher than both the state of Illinois rate of 43.9 cases per 100,000 population and the U.S. rate of 39.2 cases per 100,000 population. Males and African Americans have the greatest rate per 100,000 population in the gender and race/ethnicity categories (Conduent Healthy Communities Institute, National Cancer Institute, 2019).

Exhibit 42: Cook County Colorectal Cancer Incidence Rate 2005-2015



Source: Conduent Healthy Communities Institute, National Cancer Institute, 2019

Cervical Cancer

Cervical cancer that is detected early is one of the most successfully treatable cancers and can be cured by removing or destroying the pre-cancerous or cancerous tissue. Cervical cancer is detected by Pap test screenings and is most often caused by human papillomavirus (HPV), which is a type of infection transmitted through sexual contact and can lead to cervical cancer (Conduent Healthy Communities Institute, National Cancer Institute, 2018). Due to lack of
PSA level data, county level data was used to analyze the indicators for cervical cancer.

Cervical Cancer Incidence Rate

In suburban Cook County, 68.5 percent of women 18 and over had a Pap smear in the past year. Although this is good news when compared to the Illinois value of 65.6 percent, the value has decreased from a prior value of 74.9 percent. Since 2005, the incidence rate for cervical cancer has demonstrated continued improvement, decreasing from 10.3 cases per 100,000 to 8.4 cases per 100,000 females. However, the value for African Americans remains higher at 11.1 cases per 100,000 population when compared to the overall value. Whites fared better than the overall value with a rate of 7.6 cases per 100,000 population (Conduent Healthy Communities Institute, National Cancer Institute, 2018).

Lung Cancer

According to the American Lung Association, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking. While the mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer among women continues to increase. African Americans have the highest risk of developing lung cancer (Conduent Healthy Communities Institute, National Cancer Institute, 2018). Due to lack of PSA level data, county level data was used to analyze the indicators for lung cancer.

Age-Adjusted Death Rate due to Lung Cancer

The age-adjusted death rate due to lung cancer in Cook County is 42.7 deaths per 100,000 population. Over time, the rate has significantly decreased. The rate is lower than Illinois at 46.3, the U.S. at 43.4 and the prior value of 44.0 per 100,000. When compared to Illinois and U.S. counties, Cook County has a value in the best 50 percent of counties. In the county the age-adjusted death rate for males is high with a rate of 53.4 deaths per 100,000 population; the disparity is even greater by race/ethnicity with a value of 56.2 deaths per 100,000 population among African Americans (Conduent Healthy Communities Institute, National Cancer Institute, 2018).

Lung Cancer Incidence Rate

Over a ten-year period, the incidence rate for lung cancer has reduced, declining from 68.1 100,000 population to 61.3 per 100,000 cases per population. However as indicated above, males and African Americans continue to have the highest rate per 100,000 population (Conduent Healthy Communities Institute, National Cancer Institute, 2018).

Prostate Cancer

Prostate cancer is a leading cause of cancer death among men in the U.S. According to the American Cancer Society, about one in seven men will be diagnosed with prostate cancer, with one in 36 predicted to die from prostate cancer. The two greatest risk factors for prostate cancer are age and race, with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S. (Conduent Healthy Communities Institute, National Cancer Institute, 2018). Due to lack of PSA level data, county level data was used to analyze the indicators for prostate cancer.

Age-Adjusted Death Rate due to Prostate Cancer

Over a ten-year period, Cook County has seen a consistent decrease in the age-adjusted death rate due to prostate cancer. Compared to a rate of 29.4 in 2005, the current rate of 23.7 deaths per 100,000 males, shows marked improvement within the county. However, the county rate remains higher than the Illinois rate of 20.5 deaths per 100,000 males and the U.S. rate of 19.5 deaths per 100,000 males (Conduent Healthy Communities Institute, National Cancer Institute, 2018).

Prostate Cancer Incidence Rate

In Cook County, the incidence rate for those impacted by prostate cancer is 118.7 per 100,000 males. This rate is higher than Illinois at 114.9 per 100,000 males and the U.S. rate at 109.0 per 100,000 males. Compared to Illinois Counties, Cook County has a rate which is in the second worst quartile of counties. The incidence rate of prostate cancer cases has seen a significant decline in the same ten-year period. However, as stated above, African Americans continue to have the highest rates with 175.7 cases per 100,000 males (Conduent Healthy Communities Institute, National Cancer Institute, 2018).

Cardiovascular Disease

Heart Failure

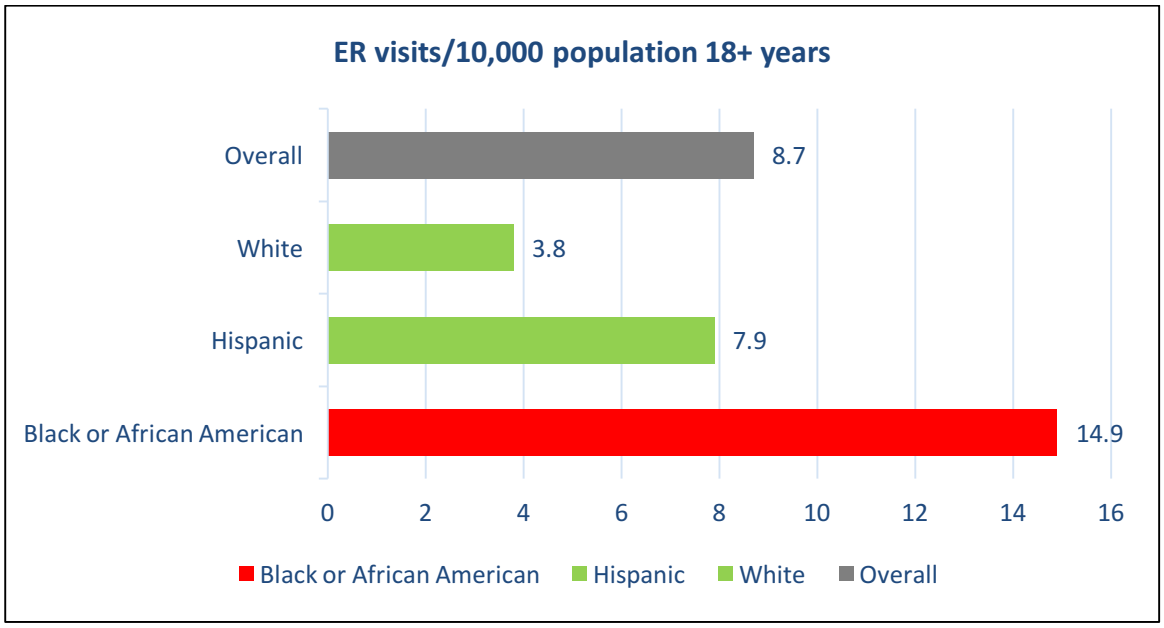
Heart failure is a condition in which the heart can't pump enough blood to the body's other organs. This can result from a variety of conditions including coronary artery disease, diabetes, past heart attack, hypertension, heart infections, diseases of the heart valves or muscle, and congenital heart defects. According to the CDC, approximately 5.7 million people in the U.S. have heart failure, and about half of people who develop heart failure will die within five years of diagnosis (Conduent Healthy Communities Institute, Illinois Hospital Association, 2018).

Age-Adjusted ER Rate due to Heart Failure

In Advocate South Suburban's PSA, the age-adjusted ER rate due to heart failure is 8.7 ER visits/ 10,000 population for those 18 years and older. This rate is equal to the state's rate and higher than the Cook County rate of 7.1 per 10,000 population. Those age 65 and older experience higher rates of heart failure compared to other age groups. Males have a higher rate of heart failure at 10.3 per 10,000

population compared to females at 7.5 per 10,000 population. African Americans have almost triple the rate of heart failure for Whites (Exhibit 43).

Exhibit 43: Advocate South Suburban PSA Age-Adjusted ER Rate due to Heart Failure Age 18+ 2018

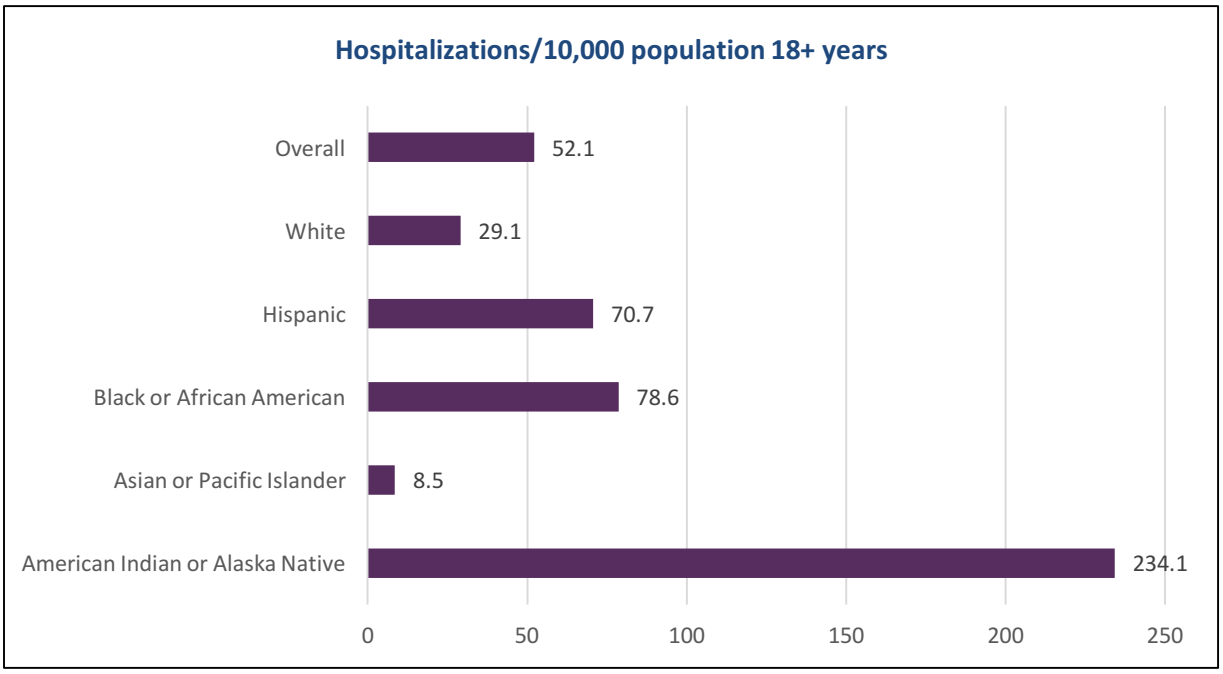


Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018

Age-Adjusted Hospitalization Rate due to Heart Failure

The age-adjusted hospitalization rate due to heart failure in the hospital's PSA is 52.1 hospitalizations per 10,000 population aged 18 years and older which is higher than the Cook County rate of 42.5 per 10,000 population. The PSA rate is higher than the state rate of 36.3 hospitalizations per 10,000 population and high when compared to Illinois counties. Populations most affected by hospitalization due to heart failure are populations age 65 and older. American Indian or Alaska Natives have the highest rate of hospitalizations due to heart failure, which is five times higher than the overall rate for all races (Exhibit 44).

Exhibit 44: Advocate South Suburban PSA Age-Adjusted Hospitalization Rate due to Heart Failure by Race/Ethnicity Age 18+ 2015-2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

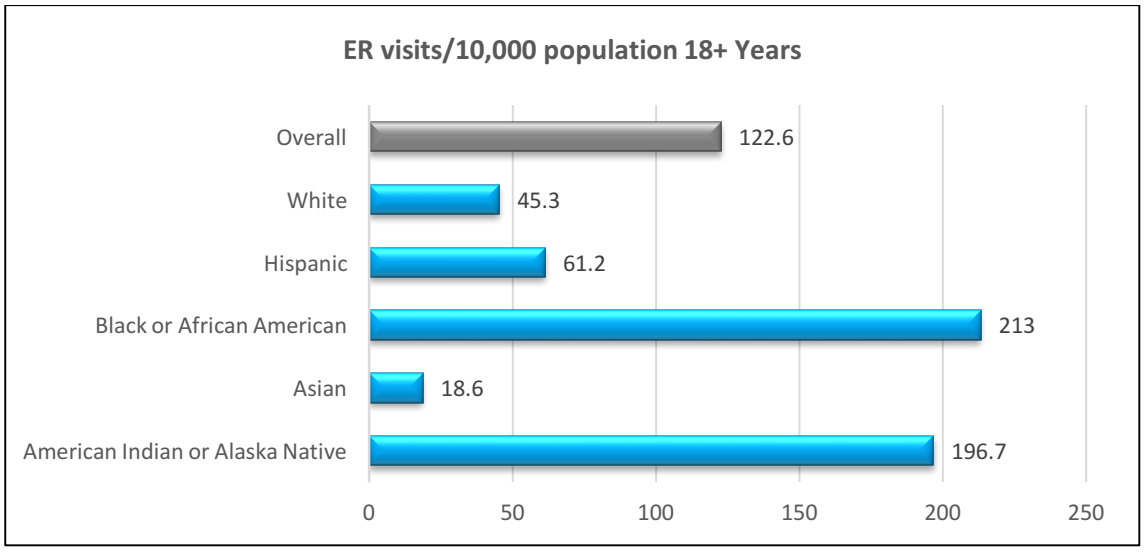
Hypertension

Hypertension, also known as high blood pressure, is a significant increase in blood pressure in the arteries. Hypertension is the leading cause of stroke and a major cause of heart attack, and if left untreated, can lead to blood vessel damage, kidney disease, vision loss and angina. Many factors affect blood pressure, including salt intake, kidney health and hormone levels. The risk for high blood pressure increases with obesity, diabetes, high salt intake, high stress levels, high alcohol intake and tobacco use. According to the CDC, nearly 1 in 3 adults have hypertension with only half of these individuals having their condition under control (Conduent Healthy Communities Institute, Illinois Hospital Association, 2018).

Age-Adjusted ER Rate due to Hypertension

The overall age-adjusted ER rate due to hypertension in the hospital's PSA is 122.6 ER visits per 10,000 population—nearly four times the state of Illinois rate of 36.4 per 10,000 population and three times the Cook County rate of 44.2 per 10,000 population. Females have a higher age-adjusted ER rate at 142.3 per 10,000 population compared to males at 98.3 per 10,000 population. African American and American Indian or Alaska Natives have significantly higher ER rates compared to all other races (Exhibit 45).

Exhibit 45: Advocate South Suburban PSA Age-Adjusted ER Rate due to Hypertension Age 18+ 2015-2017



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

Age-Adjusted Hospitalization Rate due to Hypertension

Since 2010, the age adjusted hospitalization rate due to hypertension in the hospital's PSA demonstrated slight improvements during a four-year period. From 2014 to 2017, the number of hospitalizations remained relatively stable from 5.6 hospitalizations per 10,000 population to 5.8 hospitalizations per 10,000 population. However, women are hospitalized at a higher rate for hypertension at 6.1 hospitalizations per 10,000 population compared to males at a rate of 5.3 per 10,000 population. African Americans have a higher rate of hospitalization due to hypertension when compared to other races (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019).

Cerebrovascular Disease (Stroke)

Cerebrovascular disease refers to conditions, including stroke, caused by problems with the blood vessels supplying the brain with blood. Cerebrovascular disease is a leading cause of death in the U.S., and although it is more common in older adults, it can occur at any age. The most important modifiable risk factor for cerebrovascular disease and stroke is high blood pressure. Other risk factors include high cholesterol, heart disease, diabetes mellitus, physical inactivity, obesity, excessive alcohol use and tobacco use. Cerebrovascular (stroke) and coronary heart disease rates were analyzed using county level data due to lack of availability of PSA level data (Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2019).

Age-Adjusted Death Rate due to Stroke

The age-adjusted death rate due to stroke for Cook County is 40.2 deaths per 100,000 population. The age-adjusted death rate from stroke is higher in Cook County compared to Illinois (38.4) and the U.S. (37.5) per 100,000 population. The rate for African Americans is 58.0 deaths per 100,000 population,

which is significantly higher than all other races (Conduent Healthy Communities Institute, CDC and Prevention, 2019).

Age-Adjusted Death Rate due to Coronary Heart Disease

In Cook County, there has been a decrease in mortality rates for coronary heart disease. Over the past decade, Cook County's heart disease death rate has dropped from 132.9 to 88.9 deaths per 100,000 population. The rate is below the Healthy People 2020 target of 103.4 per 100,000 population (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019).

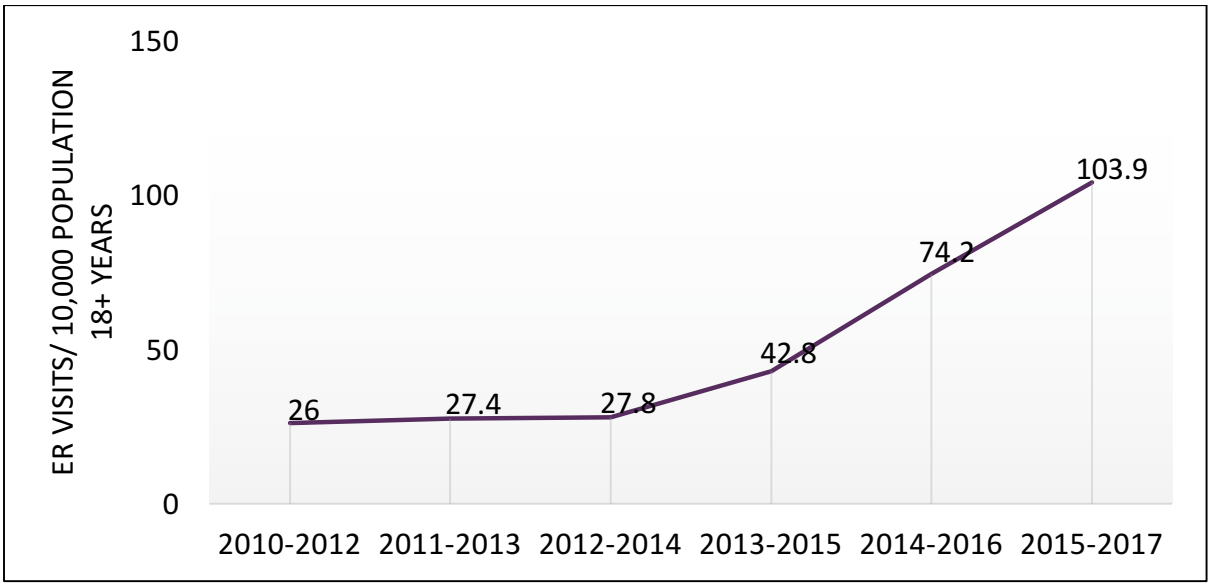
Diabetes

According to National Diabetes Education Program, "diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both." Diabetes can have a harmful effect on most organ systems in the human body; it is a frequent cause of renal disease and lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy and stroke. The prevalence of diagnosed Type-2 diabetes increased six-fold in the latter half of the last century according to the CDC. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race and ethnicity are also important risk factors. The CDC estimates the direct economic cost of diabetes in the U.S. to be about $100 billion per year. This figure does not consider the indirect economic costs attributable to potential work time lost to diabetes-related illness or premature death (Conduent Healthy Communities Institute, Illinois Hospital Association, 2018).

Age-Adjusted ER Rate due to Diabetes

The age-adjusted ER rates due to diabetes for Advocate South Suburban's PSA is 103.9 ER visits per 10,000 population compared to an Illinois rate of 27.7 ER visits per 10,000 population. The rate is almost four times higher than the Illinois rate and three times higher than the Cook County rate of 33.2 per 10,000 population. The communities with the highest rates of diabetes include Calumet City (142.1), South Holland (186.0) Markham (195.6), Dolton (232.6) and Harvey (389.8). Exhibit 46 shows the trend over time of the age-adjusted ER rates due to diabetes in Advocate South Suburban's PSA.

Exhibit 46: Advocate South Suburban PSA Age-Adjusted ER Rate due to Diabetes 2010-2017



Note: Due to the introduction of ICD-10 coding in 2015, Data from 2013 to should be compared to previous data.
Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Age-Adjusted Hospitalization Rate due to Diabetes

The hospital's PSA age-adjusted hospitalization rate due to diabetes is 24.3 per 10,000 population, higher than the state of Illinois at 17.6 per 10,000 population and Cook County at 21.4 per 10,000 population. When compared to Illinois counties, the hospital's PSA has a rate that is higher than 65 percent of the other counties. Counties in the top 50 percent with the lowest rates have a value lower than 11.8 per 10,000 population. The age-adjusted hospitalization rates are highest for the communities of Markham (42.0), Hazel Crest (43.6), Country Club Hills (44.4) and Harvey (51.0) (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019).

Mental Health

According to the CDC, mental health is an important part of overall health and well- being. Mental health includes an individual's emotional, psychological and social well-being. It affects how one thinks, feels and acts. It also helps determine how individuals handle stress, relate to others and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental disorders are one of the leading causes of disability in the U.S. In any given year, approximately 13 million American adults have a seriously debilitating mental illness. Furthermore, unstable mental health can lead to suicide, which accounts for the death of approximately 30,000 Americans every year (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019).

Age-Adjusted ER Rate due to Mental Health

In Advocate South Suburban's PSA, the age-adjusted ER rate due to adult mental health is 113.4 visits per 10,000 population. The rate is higher than the state of Illinois at 95.3 ER visits per 10,000 population and Cook County at 93.1 ER visits per 10,000 population. The age-adjusted ER rate due to pediatric mental health is 69.6 ER visits per 10,000 population under 18 years of age, which is higher than the state of Illinois at 64.5 and Cook County at 54.5 visits per 10,000 population (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019).

The age-adjusted ER rate due to suicide and intentional self-inflicted injury is 30.4 ER visits per 10,000 population in the hospital's PSA. The rate is lower than the state of Illinois rate of 34.3 ER visits per 10,000 population and lower than the Cook County rate at 32.3 ER visits per 10,000 population (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019).

There are 10 zip codes in the hospital's PSA that are high when compared to the overall PSA rate of 113.4 visits per 10,000 for age-adjusted ER rates due to mental health. The communities are listed in Exhibit 47.

Exhibit 47: Communities in Advocate South Suburban PSA that Exceed the Total PSA Value due to Mental Health

Zip Code	Community	Age-Adjusted ER Rate due to Mental Health
60443	Matteson	117.0
60473	South Holland	117.1
60478	Country Club Hills	117.3
60422	Flossmoor	121.4
60419	Dolton	145.0
60428	Markham	148.4
60411	Chicago Heights	159.5
60466	Park Forest	159.9
60429	Hazel Crest	200.3
60426	Harvey	226.9

Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Respiratory Disease

Asthma

Asthma is a disease that affects the lungs, 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 it also affects millions of adults nationwide. Asthma in children is a serious public health problem in the U.S. and it is one of the most common long-term diseases in children. The National Health Interview Survey has found that persons under age 18 have higher rates of asthma than any other age group. Asthma in children results in missed days of school, limitations on daily activities, emergency department visits, and hospitalizations. Moreover, asthma disproportionately affects low-income and minority children (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019).

Age-Adjusted ER Rates Due to Asthma

The age-adjusted ER rate due to asthma for South Suburban's PSA is 60.5 ER visits per 10,000 population, which is higher than the state of Illinois rate of 41.9 ER visits and the Cook County rate of 54.6 ER visits per 10,000 population. The adult asthma rate is 50.1 ER visits per 10,000 population, higher than the Illinois rate of 34.7 and the Cook County rate of 44.9 ER visits per 10,000 population. The ER rate due to pediatric asthma for the PSA is 90.5 ER visits per 10,000 population, higher than the Illinois rate of 62.6 and the Cook County rate of 82.6 ER visits per 10,000 population (Exhibit 48).

Age-Adjusted Hospitalization Rates Due to Asthma

The age-adjusted hospitalization rate due to asthma is higher in the hospital's PSA at 8.8 hospitalizations per 10,000 population compared to the state of Illinois at 7.0 hospitalizations per 10,000 population but lower than the Cook County rate at 9.9 hospitalizations per 10,000 population. The rate of hospitalizations due to asthma for adults is 8.3 hospitalizations per 10,000 population, which is higher than Illinois at 7.0 and lower than the Cook County at 9.9 hospitalizations per 10,000 population. The rate of hospitalizations due to pediatric asthma is 10.1 hospitalizations per 10,000 population, which is lower than Illinois at 12.0 and higher than the Cook County rate of 8.5 hospitalizations per 10,000 population. (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019). See Exhibit 48.

Exhibit 48: Age-Adjusted ER and Hospitalization Rates Due to Asthma, Advocate South Suburban PSA 2015-2017

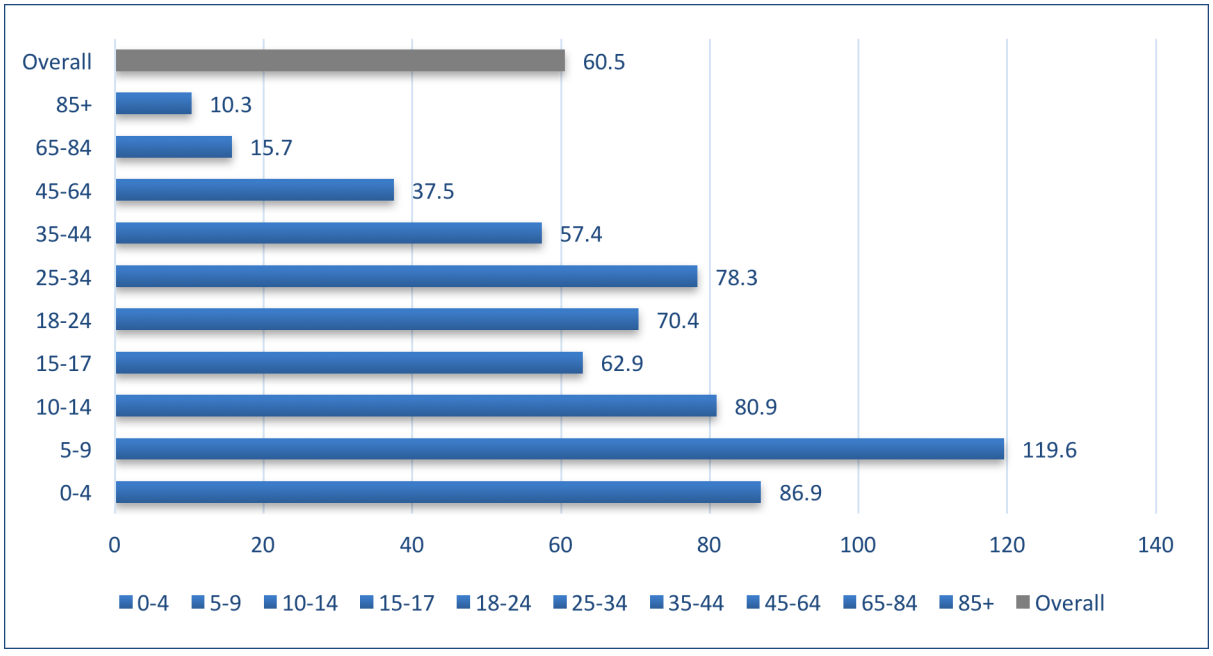
Indicator per 10,000 population	Advocate South Suburban PSA	Cook County	Illinois
Age-Adjusted ER Rate Due to Asthma	60.5	54.6	41.9
Age-Adjusted ER Rate Due to Adult Asthma	50.1	44.9	34.7
Age-Adjusted ER Rate Due to Pediatric Asthma	90.5	82.6	62.6
Age-Adjusted Hospitalization Rate Due to Asthma	8.8	9.9	7.0
Age-Adjusted Hospitalization Rate Due to Adult Asthma	8.3	9.2	6.5
Age-Adjusted Hospitalization Rate Due to Pediatric Asthma	10.1	12.0	8.5

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Age-Adjusted ER Rates due to Asthma by Age

The age groups 0-14 and 18-34 have the highest rates of age-adjusted ER visits due to asthma compared to the overall rate among all age groups. When comparing age groups among the pediatric age groups, the age group of 5-9 has a significantly higher rate of visits (119.6 per 10,000 population) compared to any other age group (Conduent Healthy Communities Institute, Illinois Hospital Association, 2019). Exhibit 49 depicts the age-adjusted ER visit rate by age.

Exhibit 49: Advocate South Suburban PSA Age-Adjusted ER Rates due to Asthma by Age 2015-2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2019

Key Findings: Disease and Chronic Conditions

- Breast cancer continues to be the leading cause of death among women in the U.S., however, cancer death rates are declining overall in breast, colorectal, cervical, lung and prostate cancer.
- Cardiovascular disease is increasing in the hospital's PSA with the highest rates among African Americans.
- American Indian or Alaska Natives have the highest rate of hospitalization due to heart failure which is five times higher than the overall value for all races.
- The overall age-adjusted ER rate due to hypertension in the hospital PSA is nearly four times the state value and three times the Cook County value.
- The age-adjusted ER rates due to diabetes in the hospital's PSA is almost four times as high as the state value and three times as high as the Cook County value.
- Mental health indicators show an increase in both the hospital's PSA and Cook County. There are ten zip codes in the hospital PSA that exceed the total PSA value for age-adjusted ER rates due to mental health.
- Asthma rates continue to improve in the PSA and Cook County.

Environment

Homeownership

Homeownership has many benefits for both individuals and communities. Homeowners are more likely to improve their homes and to be involved in civic affairs, both of which benefit the individual and the community. In addition, homeownership provides tax benefits. Of the total housing units in the PSA, 64.1 percent are occupied by homeowners. This value is higher (better) than both the Illinois and U.S. values. In Cook County, 50.9 percent of all housing units are occupied by homeowners. The Cook County value is lower or worse than the State of Illinois value of 59.7 percent and the U.S. value of 56.0 percent (Conduent Healthy Communities Institute, American Community Survey, 2019).

Renters Spending 30% or More of Household Income on Rent

Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month. In the hospital PSA, 58.6 percent of renters spend 30 percent or more of their household income on rent, while in Cook County, 50.8 percent of renters spend 30 percent or more of their income on rent (Conduent Healthy Communities Institute, American Community Survey, 2019).

Transportation

Lengthy commutes cut into workers' free time and can contribute to health problems, such as headaches, anxiety and increased blood pressure. Longer commutes require workers to consume more fuel, which is both expensive for workers and damaging to the environment. Public transportation offers

mobility to U.S. residents, particularly people without cars. Public transportation is also beneficial because it reduces fuel consumption, minimizes air pollution and relieves traffic. Driving alone to work consumes more fuel and resources than other modes of transportation, such as carpooling, public transportation, biking and walking. Driving alone also increases traffic congestion, especially in areas of greater population density (Conduent Healthy Communities Institute, American Community Survey, 2019).

Mean Travel Time to Work and Commute by Public Transportation

Eight percent of households in the hospital PSA do not have a vehicle. Vehicle ownership is directly related to the ability to travel. Generally, people living in a household without a car make fewer than half the number of journeys compared to those with a car. This limits their access to essential local services, such as supermarkets, post offices, doctors' offices and hospitals. The average time for workers in the hospital's PSA to travel to work is 32.6 minutes. This is higher than the Illinois and U.S. values of 28.7 and 26.4, respectively. The percentage of workers in the hospital's PSA who commute by public transportation is 8.8 percent. This value is lower than the state of Illinois value of 9.4 percent, and higher than the U.S. value of 5.1 percent. In the hospital's PSA, 78.7 percent of workers drive alone to work—higher than both the state and U.S. values of 73.3 percent and 76.4 percent, respectively (Conduent Healthy Communities Institute, American Community Survey, 2019).

Food Security and Access to Healthy Foods

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the U.S. Food insecurity is associated with chronic health problems in adults, including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity and mental health issues, including major depression. The availability and affordability of healthy food options in the community increases the likelihood that residents will have a balanced and nutritious diet. Low income and underserved areas often have limited numbers of stores that sell healthy foods. People who live far away from grocery stores are less likely to access healthy food options on a regular basis and more likely to consume less healthy foods which are readily available at convenience stores and fast food outlets (Conduent Healthy Communities Institute, Feeding America, 2019). Due to lack of PSA level data, county level data was used to analyze the indicator for food insecurity.

Food Insecurity Rate

Cook County has a higher percentage of the population that experience food insecurity at a rate of 12 percent compared to the state of Illinois with a rate of 10.9 percent, but is better than the U.S. rate of 12.5 percent. Since 2011, the percent of food insecure individuals has declined from 16.6 percent to 12.0 percent. The rate of low-income individuals that have low access to a grocery store in Cook County remained relatively the same from 1.8 percent to 1.7 percent. The rates of low access to grocery stores are the same when evaluating children living in low-income households in the hospital's PSA. The rate for people 65 and older with low access to a grocery store are stable from 1.1 in 2010 to 1.0 percent in 2015 (Conduent Healthy Communities Institute, Feeding America, 2019).

Social Environment

Violent Crime Rate

A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. Violent crimes include homicide, forcible rape, robbery and aggravated assault. Violence negatively impacts communities by reducing productivity, decreasing property value, and disrupting social services. Due to lack of PSA level data, county level data was used to analyze the indicators for violent crime. In Cook County, the violent crime rate is 619.8 crimes per 100,000 population. This rate is significantly greater than the state of Illinois and the U.S. at 403.1 and 386.5 crimes, respectively, per 100,000 population (Conduent Healthy Communities Institute, County Health Rankings, 2019).

Key Findings: Environment

- Homeownership is down in the PSA and Cook County since 2014.
- Nearly half of the PSA and county population spend 30 percent or more on rent.
- Of all PSA households, 92 percent have vehicles.
- The average commute to work in the hospital PSA is 32 minutes.
- Food insecurity rates in Cook County are declining since 2011.
- Violent crimes are remarkably high in Cook County.

V. Prioritization of Health-Related Issues

Priority Setting Process

Advocate South Suburban's community health department reviewed additional data from primary and secondary sources. The data highlighted the prevalent health issues within the hospital's PSA. After review of hospital data, The Alliance data and Conduent Healthy Communities Institute data, the overarching health issues were summarized and presented to the hospital's Community Health Council for prioritization on July 11, 2019. Data presented to the council targeted the following health conditions identified as important within Advocate South Suburban's PSA: heart disease, cancer, diabetes, mental health, substance abuse and asthma.

The following criteria were also considered in the prioritization process:

- Hospital and community resources available to address the health issue
- Hospital's capacity to address the health issues
- Importance of the health problem to the community

After discussion and review of the significant data findings, the CHC members were instructed to rank the six health conditions by voting on those that they perceived to be the most important to address for the communities within the hospital's PSA. A consensus model of prioritizations was utilized. Members were each provided five sticky dots and instructed to vote by placing the dots onto flip charts representing the greatest health need in the community. During the prioritization session, CHC

members were asked to place their votes in any distribution, weighting any health condition with more than one vote or all votes based on the selection criteria mention earlier. At the end of the voting session, the numbers were tallied and the health issues with the highest number of votes were chosen as the priority areas to focus on for the 2017-2019 CHNA. The council members selected two chronic diseases—diabetes and mental health—as priority areas to focus on for the 2020-2022 implementation strategy cycle. In addition, workforce development was selected as the social determinant of health issue the hospital will address for the next three years in efforts to align with The Alliance.

Health Needs Selected as Priorities

As mentioned above, the Community Health Council members selected mental health and diabetes as the top priorities. In addition, workforce development was identified as the social determinant of health which aligns with The Alliance's social determinant priorities for collective impact. Therefore, as a result of the 2017-2019 CHNA process, Advocate South Suburban selected three priorities for implementation planning:

- Diabetes
- Mental Health
- Workforce Development (social, economic and structural determinants of health)

Diabetes

Uncontrolled diabetes continues to be a significant factor in both the hospital's PSA and in the county. Advocate South Suburban has implemented the CDC's National Diabetes Prevention Program in community areas and in partnership with community-based organizations and faith communities. Since 2017, the program has proven successful for participants who have completed the year-long classes. To establish the hospital as a designated diabetes prevention program, the hospital will continue to offer pre-diabetes education classes and data will be submitted in accordance to the program guidelines. Diabetes affects people of different backgrounds, ages and ethnicities. Continuing this program empowers individuals to take control of their health.

Mental Health

The CHC identified mental health as a growing issue in the hospital's PSA, therefore, it was selected as the second priority health need. Data trends indicate that mental health issues are increasing and the need for mental health services and programming is continuing to grow. This is a health need that is also related to substance abuse as many substance users/abusers also experience mental health issues and many individuals with mental health disorders experience co-occurring substance abuse issues. The high rates of ED visits and hospitalizations due to mental health issues are preventable through employing coping mechanisms and resilience training. The hospital will adopt strategies that improve the rates of mental health emergencies and decrease ED visits and hospitalizations due to mental health issues. These strategies include partnering with community-based organizations, faith institutions and education institutions to educate community members about mental health illness; conducting asset mapping for the hospital's PSA to determine gaps in services; and coordinating with

community partners to conduct Mental Health First Aid trainings focused on understanding and responding to mental health illness.

Workforce Development

In an effort to continue its commitment to the community, Advocate Aurora will enter into Phase 3 of the workforce development project. Advocate South Suburban will collaborate with community organizations to recruit and train community members for entry and mid-level skill jobs within health care. The Advocate Workforce Initiative focuses on four to five middle-skill healthcare occupations that include both in-patient and out-patient jobs. The program provides graduates with employment opportunities, and lays the foundation for longer-term career growth and economic stability for the individual and their family.

Health Needs Not Selected as Priorities

Cancer

Cancer was not selected as a priority to address within the Advocate South Suburban PSA. The hospital is already very engaged in providing an array of cancer services and community programs for cancer. Advocate South Suburban's oncology services offer an array of services, including radiation therapy, brachytherapy, image guided radiation therapy, intensity modulated radiation therapy and minimally invasive approaches to cancer treatment. The Breast Health Center offers early detection services as well as advanced procedures, including Sentinel lymph node biopsy for breast cancer treatment for cancer diagnosis and staging. Additionally, Advocate South Suburban has an active Cancer Committee and Cancer Care Team that are dedicated to developing a comprehensive, multidisciplinary approach to treatment and prevention services. A number of community education and screening programs are also held in the community and at the hospital focusing on breast, lung and prostate cancers. Some services include genetic counseling, patient navigation, clinical trials and research—all of which are designed to improve quality of life for patients and their families.

Heart Disease/Stroke

One of the key health issues identified but not specifically targeted in Advocate South Suburban's Community Health Improvement Plan was heart disease. Advocate South Suburban is addressing the heart disease needs of the community through the Advocate Heart Institute. Advocate Heart Institute services are comprehensive and range from cardiovascular diagnostics and detection to treatment and surgery, using the most advanced diagnostic and therapeutic tools available. The institute also offers CPR training, a free heart risk assessment and an affordable heart CT scan. Advocate South Suburban also offers a cardiac catheterization lab, which provides procedures used to diagnose cardiovascular conditions.

The hospital offers a number of community education programs both at the hospital and throughout the community. These educational programs include lectures, seminars and support group meetings for

congestive heart failure, diabetes education, heart risk assessments and lectures covering a range of topics pertinent to heart health. In addition to these services, Advocate South Suburban's communities have access to health education, and cholesterol, glucose and blood pressure screenings.

Asthma

Asthma was also not selected as a priority health need to address as the hospital already provides many services and programs to address asthma. Advocate South Suburban offers comprehensive, multi-disciplinary services for lung and respiratory care, including the treatment of asthma. The lung and respiratory care center provide inpatient and outpatient respiratory care services to help patients achieve a better quality of life. With board certified pulmonologists who collaborate with related specialists, airway diseases are treated from prevention and diagnostics to advanced treatment and support services. In addition, Advocate South Suburban partners with the American Lung Association and local schools to offer the Kickin' Asthma Program that addresses the needs of children who have asthma. The goal of the Kickin' Asthma program is to empower kids to take control of their asthma, so they develop the skills necessary to manage their symptoms and live a full and active life. Advocate Children's allergy and asthma specialists work with children and their families to manage asthma and provide education regarding how to prevent asthma attacks. Respiratory care specialists provide family consultation, treatment to eliminate chronic problems from allergy and asthma triggers, and education regarding asthma management. Lastly, Advocate Children's offers a variety of educational resources for children, teens and parents through the Asthma Center.

Substance Abuse

Advocate South Suburban is a community hospital that does not have a psychiatric unit and does not provide ongoing treatment for substance abuse. However, in order to meet the immediate needs of its ED patients and hospital inpatients, and provide for continuity of care, the hospital provides treatment options through Advocate Behavioral Health Services and the Family Care Network located at Advocate Christ Medical Center. Advocate Behavioral Health Services and Family Care Network provide an adult inpatient psychiatric program, older adult inpatient program to help older adults regain psychological stability, adolescent partial hospitalizations and substance abuse-partial hospitalization for short-term intensive treatment of chemical dependence. Upon treatment and prior to discharge, patients are connected to behavioral health programs and provided resources to organizations that assist the patient based on needs (i.e., substance abuse facility or detox center).

VI. Approval of 2017-2019 Community Health Needs Assessment

Advocate South Suburban's Governing Council fully approved the 2017-2019 CHNA Report, including identified priorities for future action, on November 21, 2019. The Advocate Health Care Network Board approved Advocate South Suburban's 2017-2019 CHNA Report at the system level on December 16, 2019.

VII. Overview of 2020-2022 Implementation Strategy Goals and Community Resources

While the full implementation plan for addressing Advocate South Suburban's three priorities will be posted in 2020 in compliance with the Affordable Care Act, this section reviews the goals, potential strategies and potential partners for each of the priority health needs selected, as well as a plan for disseminating results of the CHNA to the community.

Priority Area: Social Determinant of Health—Workforce Development

Goal

Increase access to healthcare workforce opportunities in the Advocate South Suburban PSA.

Potential Strategies

- Serve as a site for the Advocate Workforce Initiative in clinical rotation and non-clinical education for entry level/mid-level health care positions.
- Serve as the internship site for entry level health care positions for local community partnerships and educational institutions.
- Collaborate and partner with other hospitals, federally qualified health centers and community organizations to develop interventions that will impact healthcare's workforce.

Community Resources

- Community universities and colleges
- Advocate's workforce initiative in the human resources department
- The Alliance for Health Equity members and partners
- Community Health Council members

Priority Area: Diabetes

Goal

Reduce the incidence of Type-2 diabetes in the Advocate South Suburban PSA.

Potential Strategies

- Expand the National Diabetes Prevention Program (DPP) to community-based organizations, federally qualified health centers and faith communities.
- Collaborate with Advocate South Suburban marketing and public affairs to increase awareness and provide information about established Diabetes Prevention Programs and success stories.
- Collaborate with Advocate South Suburban's clinical diabetes education team to offer diabetes education for individuals diagnosed with Type-2 diabetes.

Community Resources

- PSA community partners, including community-based organizations, faith communities and federally qualified health centers
- Advocate South Suburban's clinical diabetes educators
- Advocate South Suburban's Community Health Council members

Priority Area: Mental Health

Goal

Increase access and availability of mental health resources in the Advocate South Suburban PSA.

Potential Strategies

- Collaborate and partner with community-based organizations who screen and treat for mental health illness.
- Plan and implement Mental Health First Aid trainings in the PSA.
- Conduct mental health asset mapping in the PSA.
- Plan and implement consistent meetings with community partners focused around addressing mental health needs in the PSA.

Community Resources

- Cook County Health Department
- Community-based organizations and faith communities
- Other hospitals and federally qualified health centers

- Advocate South Suburban's Community Health Council members
- Advocate Aurora's mental health professionals

VIII. Vehicle for Community Feedback

Community Feedback

Advocate South Suburban 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 the hospital's Community Health Department.

Sharing Results

Dissemination of results and activities with internal and external stakeholders is an instrumental part of the hospital's community health activities. Results will be shared through several mechanisms, including social media, hospital intranet, during CHC meetings, at local events related to community health priorities and during internal hospital staff meetings. Advocate South Suburban will also consider presenting at local conferences and events regarding programmatic outcomes. Some tools that will be used to deliver this information include presentations, fact sheets, short reports and posters.

IX. Appendix

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

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

Advocate Health Care Strategic Planning Department, 2016 and 2017
Advocate Aurora Business Development Analytics, Sg2, 2019

The Alliance for Health Equity, Community Healthy Needs Assessment, 2019
Community Health Needs Assessment for Chicago and Suburban Cook, 2019
https://allhealthequity.org/projects/2019-chna-reports/

Centers for Disease Control and Prevention, Leading Causes of Death, 2019
https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

Conduent Healthy Communities Institute, 2018. Conduent Healthy Communities Institute (HCI), a Xerox Company, 2019, accessed via a contract with Advocate Health Care (2017. Website unavailable to public. The following data sources were accessed through the HCI portal:

American Community Survey, 2019

Claritas, 2019

Cook County Department of Public Health, 2019

County Health Rankings, 2019

Centers for Medicare and Medicaid Services, 2019

Illinois Hospital Association, 2018

National Cancer Institute, 2018-2019

Illinois Department of Public Health, Infant Mortality Statistics, 2018
http://www.dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics

Metopio National Center for Health Statistics, USALEEP, Life Expectancy, 2019
https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html

NAMI Chicago, Roadmap to Wellness, 2019
https://namichicago.org/en/roadmap/

WePLAN 2020, Community Health Assessment, 2016
https://www.cookcountypublichealth.org/health-equity/weplan-2020/