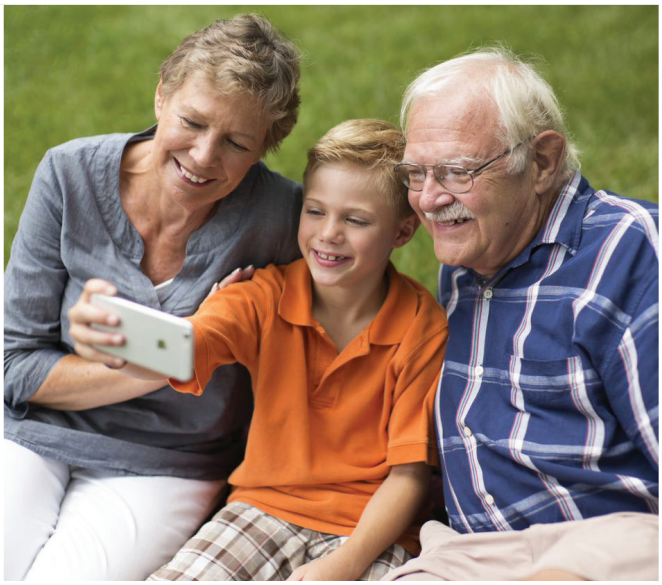
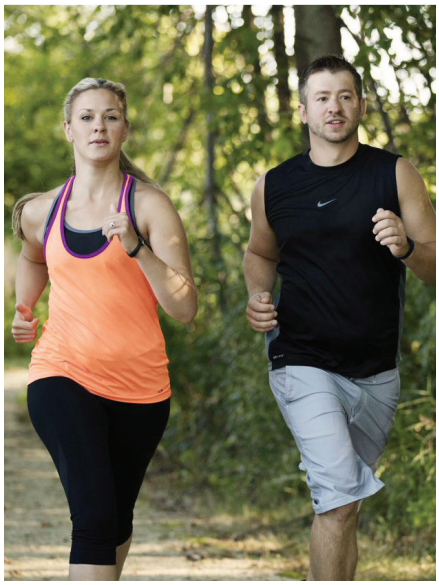
2022
Community Health Needs Assessment Report





Advocate Good Samaritan Hospital

3815 Highland Avenue

Downers Grove, IL 60515

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December 2022

Thank you for taking the time to learn more about Advocate Good Samaritan Hospital's Community Health Needs Assessment (CHNA). Every three years the hospital works with community partners and leaders to complete a comprehensive CHNA. The CHNA process is extensive and is led by our Community Health department. The process pulls data from our data platform and collects input from the community to gain an in-depth understanding of the communities' health needs. To ensure collaboration, partnership and alignment with community partners and hospitals during the CHNA process, Advocate Good Samaritan Hospital is a member of Impact DuPage, a collaborative of DuPage County hospitals and community organizations. In addition, the hospital has a Community Health Council that provides oversight of the CHNA process and selects the hospital's priority health needs.

Based upon comprehensive community data and feedback, our Community Health Council selected two health priorities for the 2022 CHNA. The priorities selected include the following:

- Health, Wellness and Nutrition
- Behavioral Health

We understand that creating and sustaining community partnerships to implement evidence-based programming is critical in addressing our communities' health and social needs. We welcome and encourage community feedback regarding the health needs of our community and the CHNA process. A link at the end of the CHNA report will provide you with an opportunity to leave any feedback, comments, or ideas. The hospital has the honor of working with community partners and leaders to improve the health and wellness of diverse communities across the hospital's service area. With a comprehensive and thorough understanding of our communities' health needs, the hospital will be well positioned to help people live well and improve the quality of life among individuals, children and families in the communities we are privileged to serve.

Allison Wyler
President
Advocate Good Samaritan Hospital

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I. Executive Summary

Advocate Good Samaritan Hospital (Advocate Good Samaritan) completed a comprehensive hospital community health needs assessment (CHNA) process in 2022. This CHNA report describes the process and includes demographic and socioeconomic data for Advocate Good Samaritan's primary service area (PSA) and key findings regarding the PSA's health status. For the purposes of this report, the "community" was defined as the hospital's PSA. The PSA consists of 21 zip codes in DuPage and three zip codes in Will County. Demographic and socioeconomic data for the hospital's PSA was collected and analyzed to obtain a thorough picture of the health and social needs for the PSA. Data collected included primary and secondary, quantitative and qualitative data.

Data shows that the hospital's PSA is 69.92 percent White, 11.8 percent Hispanic or Latino, 5.64 percent Black/African American, and 10.02 Asian or Pacific Islander. In addition, the PSA is 50.90 percent female and 40.10 percent male, with a PSA median household income of $98,444.

The hospital's Community Health Council (CHC), comprised of hospital and community representatives, was essential to completing the CHNA process. The CHC provided oversight of the 2022 CHNA process, reviewing and analyzing data with the support of the hospital's community health department. Under the leadership of the hospital's Director of Community Health, the CHC worked through a prioritization process to determine the key health needs of the PSA. The top nine health needs of Advocate Good Samaritan's PSA were determined to be:

- Access to Health Care
- Health, Wellness and Nutrition
- Substance and Alcohol Use
- Mental Health
- Cancer
- Asthma
- Diabetes
- Cardiovascular/Heart Disease
- COVID-19

The CHC began the initial stage of prioritization using a prioritization grid that rated each health need using criteria including severity of the health issue, effectiveness of possible interventions and the degree to which community partners are involved in addressing the health issue. After using the prioritization grid to narrow the health needs down from nine to four, the CHC used the tabulation method to vote on the final two health needs. The CHC selected health, wellness and nutrition and behavioral health as the priority health needs for the hospital's PSA. The CHC also recognized the importance of addressing root causes of health issues, such as social drivers of health, thus Council members decided to ensure the hospital integrated social drivers of health into each of the prioritized health need strategies.

To ensure the hospital develops an effective 2022 CHNA Implementation Strategy, the hospital's CHC and Community Health Department will collaborate with additional community partners to create strategies that address the priority health needs using a collective impact model. Metrics, goals and objectives will be created for each strategy and outcomes will be monitored to track community impact and program effectiveness.

II. Description of Advocate Health Care and Advocate Good Samaritan Hospital

Advocate Aurora Health

Advocate Aurora Health is one of the 12 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 75,000 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. To learn more about Advocate Aurora's contributions to the community and how we help people live well, visit Serving Our Community | Advocate Health Care.

Advocate Good Samaritan Hospital

Advocate Good Samaritan opened in 1976 and is a 293-bed hospital committed to providing clinically excellent and compassionate care. The hospital has more than 1,190 physicians representing 66 specialties and more than 2,200 associates, 580 volunteers and 1,130 auxilians. Through strong partnerships with outstanding physician and nursing staff, the hospital is improving the health of residents in the community and meeting the highest standard of patient care.

During its over 40-year history, Advocate Good Samaritan has evolved into a recognized national leader in health care. It has been named one of the Top 100 Community Hospitals by Becker's Hospital Review. Advocate Good Samaritan also provides the community with a certified Level I trauma center and a certified Level III neonatal intensive care unit, the highest designations in Illinois, and has twice received the American Nurses Credentialing Center Magnet recognition for nursing excellence. It is the only health care organization in Illinois to earn the prestigious Malcom Baldrige National Quality Award for performance excellence. A range of services are offered at the hospital including cardiology, oncology, neurosurgery, orthopedic surgery, general surgery, gastroenterology, stroke care, obstetrics and gynecology, low dose diagnostic imaging, and a comprehensive breast cancer program. In 2017, the hospital opened three state-of-the-art facilities, including the Bhorade Cancer Center, the Spine Care Center and the West Tower expansion. The Bhorade Cancer Center offers both radiation oncology and chemotherapy services under one roof. The Spine Care Center offers the most advanced tools for diagnostics and minimally invasive treatment for back and spine disorders, and the West Tower expansion holds 96 private rooms and the best technology for patient safety.

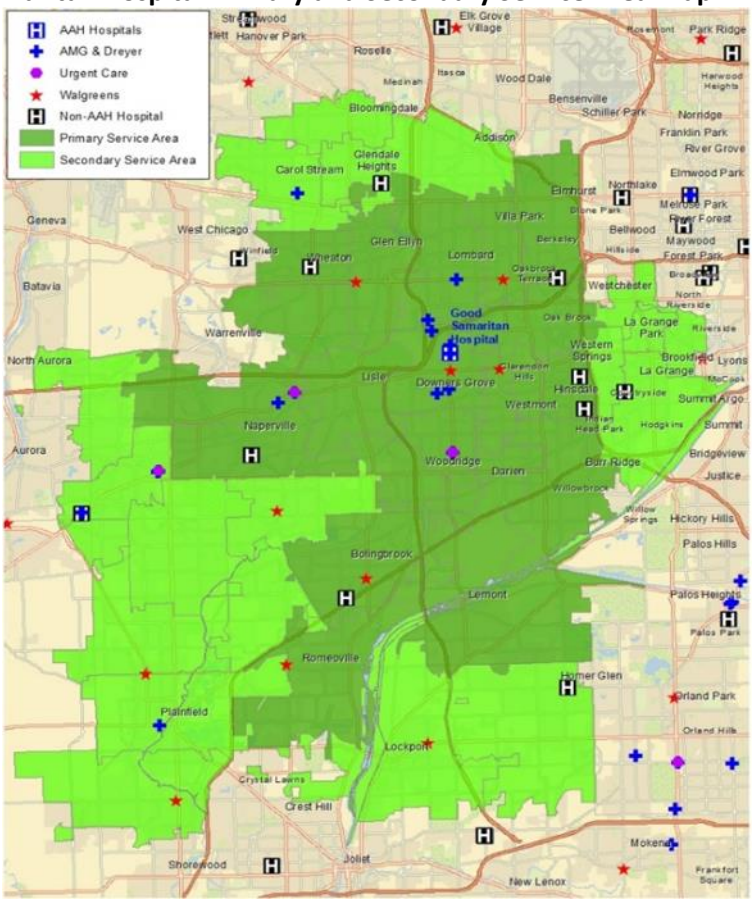
In addition to the clinical service lines, the hospital also has a Health & Wellness Center, which is a 90,000 square-foot medical-model fitness center located on the hospital's campus. The center offers several fitness and wellness programs to the community in addition to its team members.

III. 2022 Community Health Needs Assessment

Community Definition

For the purposes of the 2022 CHNA, Advocate Good Samaritan defined the community as its primary service area (PSA). The PSA for the hospital consists of 15 communities representing 21 zip codes in DuPage County and three communities representing three zip codes in Will and Cook Counties. The PSA communities include Lombard (60148), Downers Grove (60515, 60516), Westmont (60559), Woodridge (60517), Darien (60561), Glen Ellyn (60137), Lisle (60532), Villa Park (60181), Oak Brook (60523), Willowbrook (60527), Bolingbrook (60440), Lemont (60439), Wheaton (60189, 60187), Elmhurst (60126), Naperville (60563, 60540), Clarendon Hills (60514), Romeoville (60446) and Hinsdale (60521). As a general practice in Advocate Aurora, PSA is defined as the communities where 75 percent of the hospital's patients reside.

Exhibit 1: Advocate Good Samaritan Hospital Primary and Secondary Service Area Map



Source: Advocate Aurora Business Development Analytics 2022

1. Population

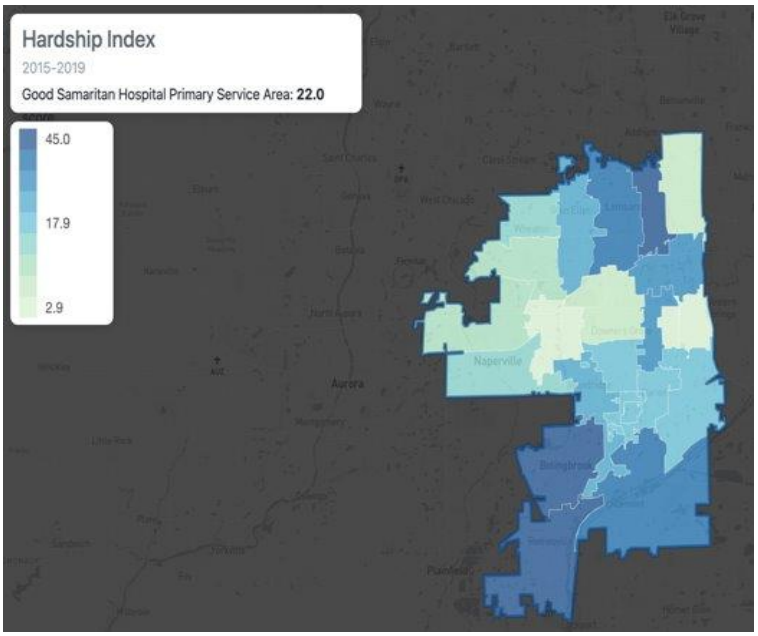
The total population for the hospital's PSA is 664,725. The largest zip codes/communities in the PSA are Lombard (60148) with a population of 52,794, Bolingbrook (60440) with a population of 52,031 and Elmhurst (60126) with a population of 48,147. The zip codes/communities with the smallest population are Hinsdale (60521) with a population of 18,199, Oak Brook (60523) with a population of 10,347 and Clarendon Hills (60514) with a population of 10,320.

2. Social of Health

The Hardship Index

The Hardship Index is a composite score reflecting hardship in the community (higher values indicate growing hardship). The index incorporates unemployment, age, dependency, education, per capita, income, crowded housing and poverty into a single score that allows for comparison between geographies (Metopio, 2022). To help identify and understand the PSA communities with the highest need, the Community Health Council reviewed hardship scores for each PSA zip code. The map below outlines the hardship communities in the PSA. The darker shaded communities are the highest need with higher hardship scores and the lighter shaded communities have the lower hardship scores. Communities with the highest hardship score and the most need include Bolingbrook (60440) with a score of 45.0, Romeoville (60446) with a score of 43.9 and Villa Park (60181) with a score of 37.1.

Exhibit 2: Advocate Good Samaritan Hardship Index Map 2022

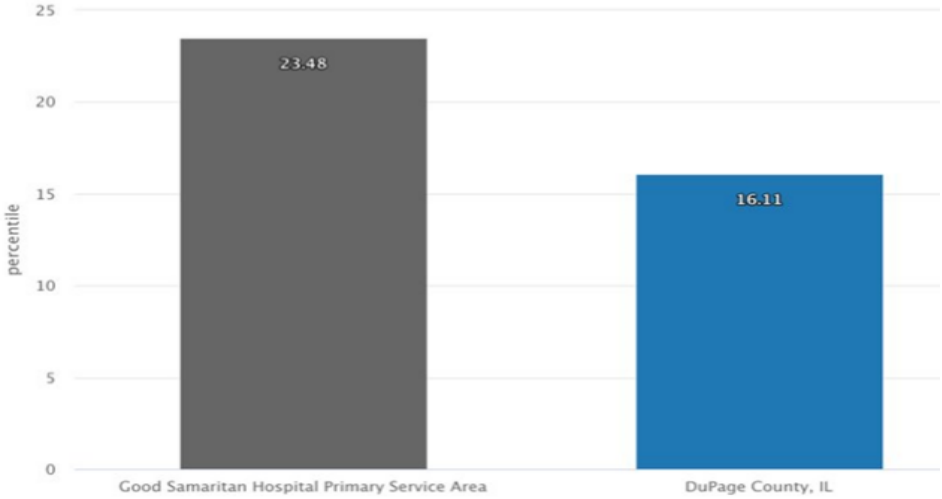


Source: Metopio, American Community Survey, 2022

Social Vulnerability Index

The Social Vulnerability Index (SVI) was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during and after a hazardous event, such as a natural disaster, disease outbreak or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status and disability and combining the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability). The Social Vulnerability Index includes more social factors in the rankings/score thus providing a more in depth look at each community. To further understand the hospital's communities with the highest need and ensure consideration of all social factors across the Hardship and Social Vulnerability Indexes, the Community Health Council reviewed the Social Vulnerability Index in comparison to the Hardship Index. The highest need communities were consistent across both indexes with Bolingbrook (60440) at 38.71, Romeoville (60446) at 35.7 and Villa Park (60181) at 35.33 for the Social Vulnerability Index. Exhibit 3 shows the overall Social Vulnerability Index for Advocate Good Samaritan is also high compared to overall DuPage County, indicating that the hospital serves more communities in need compared to DuPage County.

Exhibit 3: Advocate Good Samaritan PSA Social Vulnerability Index 2022



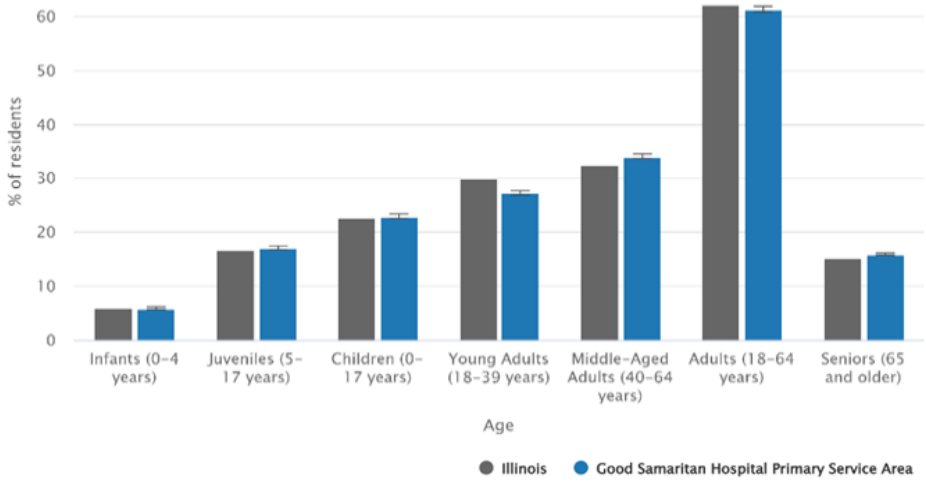
Source: Metopio, Centers for Disease Control and Prevention, 2022

3. Demographics

Gender and Age

The hospital's PSA is 50.90 percent female and 49.10 percent male (Metopio, American Community Survey, 2022). The median age for Advocate Good Samaritan's PSA is 39.9 years, which is older than DuPage County at 39.3 years and Illinois at 38.1 years (Metopio, American Community Survey, 2022). The largest age group in the PSA is the 40-64 year old age group, which makes up 34 percent of the PSA, followed by the 18-39 year old age group, which makes up 27.2 percent of the population (Metopio, American Community Survey, 2022). The third largest group in the PSA is the 5-17 year old age group, making up 17.1 percent of the population (Metopio, American Community Survey, 2022). Exhibit 4 shows the detailed breakdown of the PSA by age group.

Exhibit 4: Advocate Good Samaritan PSA Population by Age 2015-2019

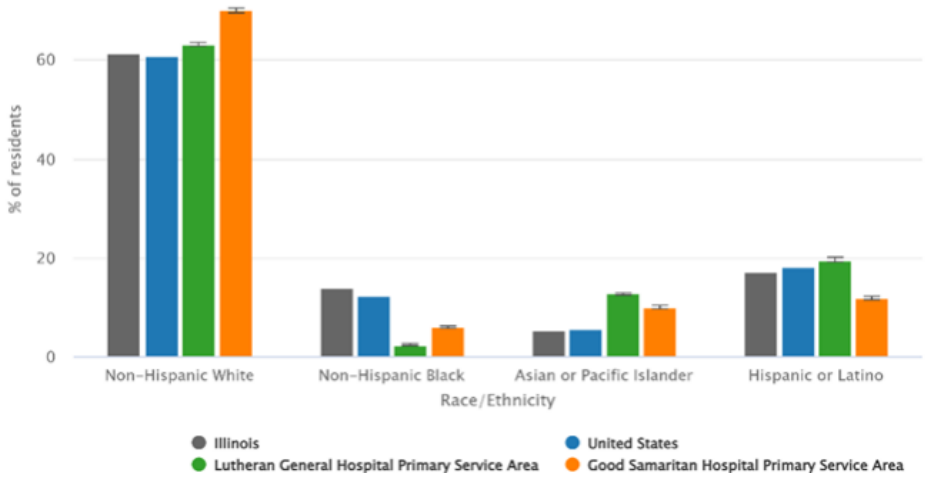


Source: Metopio, American Community Survey, 2022

Race and Ethnicity

Demographic data for the hospital's PSA shows that the largest racial/ethnic group is the White Non-Hispanic population at 69.92 percent followed by the Hispanic or Latino population at 11.8 percent (Metopio, American Community Survey, 2022). The third largest racial/ethnic group is the Asian or Pacific Islander population at 10.02 percent followed by the Non-Hispanic Black population at 5.64 percent. The two smallest racial/ethnic groups are the "Two or more races" at 2.6 percent and the Native American population at 0.6 percent. Exhibit 5 shows the PSA population by race/ethnicity.

Exhibit 5: Advocate Good Samaritan PSA Demographics by Race/Ethnicity 2015-2019

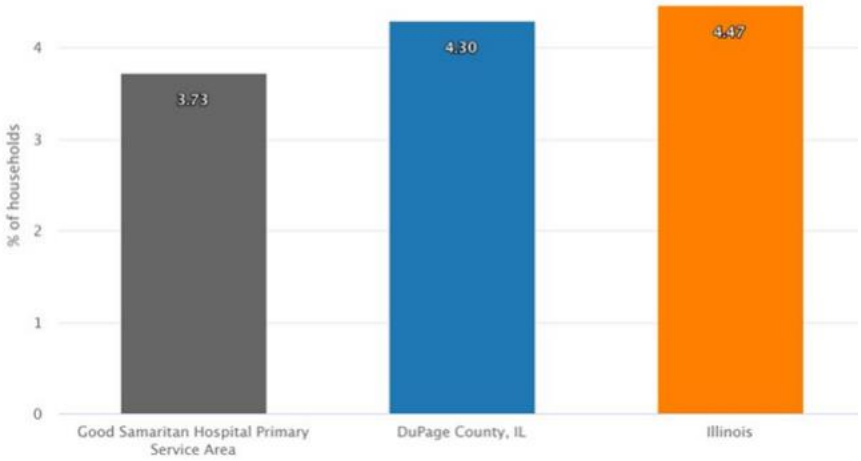


Source: Metopio, American Community Survey, 2022

Limited English Proficiency

There are several communities within the PSA that have large populations of people who are limited in English proficiency. In the hospital's PSA, 3.7 percent of the population is limited in English proficiency, which is lower than DuPage County at 4.3 percent and the state at 4.7 percent (Metopio, American Community Survey 2022). Furthermore, there are three communities in the PSA that have large Spanish primary language populations with Romeoville (60446) at 24.38 percent, Bolingbrook (60440) at 21.14 percent and Villa Park (60181) at 14.33 percent (Metopio, American Community Survey, 2022). In addition, there are several communities in the PSA that have large Asian primary language populations with Oak Brook (60523) at 10.04 percent, Westmont (60559) at 8.93 percent and Naperville (60563) at 7.89 percent (Metopio, American Community Survey, 2022). Exhibit 6 below shows the percentage of the population with limited English proficiency.

Exhibit 6: Advocate Good Samaritan PSA Limited English Proficiency Households, 2015-2019

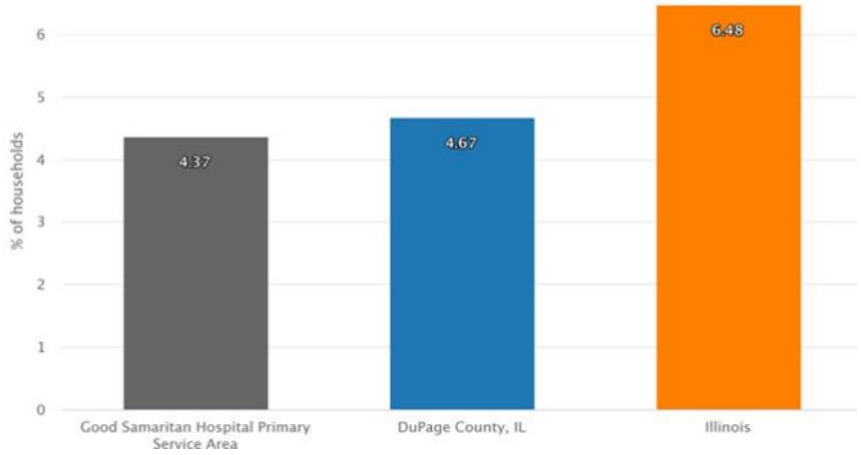


Source: Metopio, American Community Survey, 2022

Household/Family

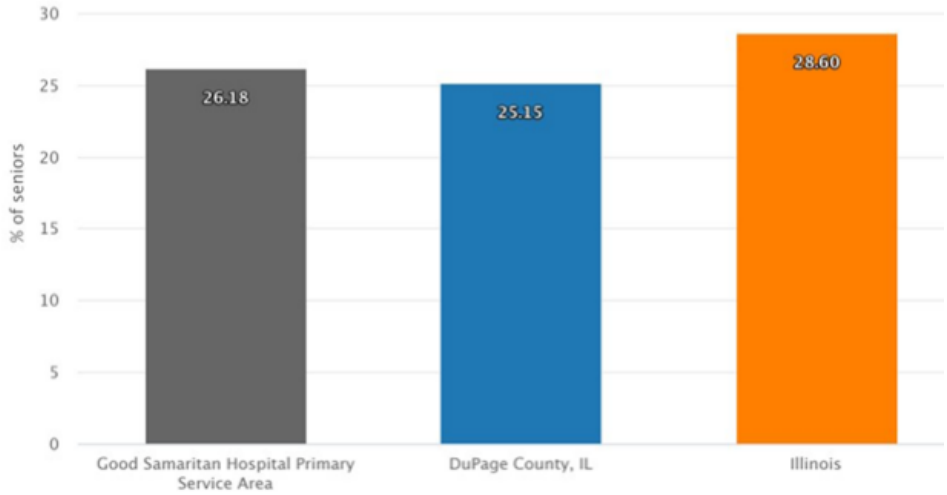
In the hospital's PSA, 4.37 percent of households are single-parent households, which is lower than DuPage County at 4.67 percent and the state at 6.48 percent (Metopio, American Community Survey, 2022). Exhibit 7 displays the percentage of single-parent households compared to the county and state. In addition, 4.21 percent of children in the PSA live with one or more grandparent or in a multigenerational household, which is higher compared to DuPage County at 4.13 percent. The percent of seniors living alone in the PSA is 26.18 percent, which is higher than DuPage County at 25.15 percent but lower than Illinois at 28.60 percent. Exhibit 8 below shows the percentage of seniors living alone compared to the county and state.

Exhibit 7: Advocate Good Samaritan PSA Single-Parent Households, 2015-2019



Source: Metopio, American Community Survey, 2022

Exhibit 8: Advocate Good Samaritan PSA Seniors Living Alone 2015-2019



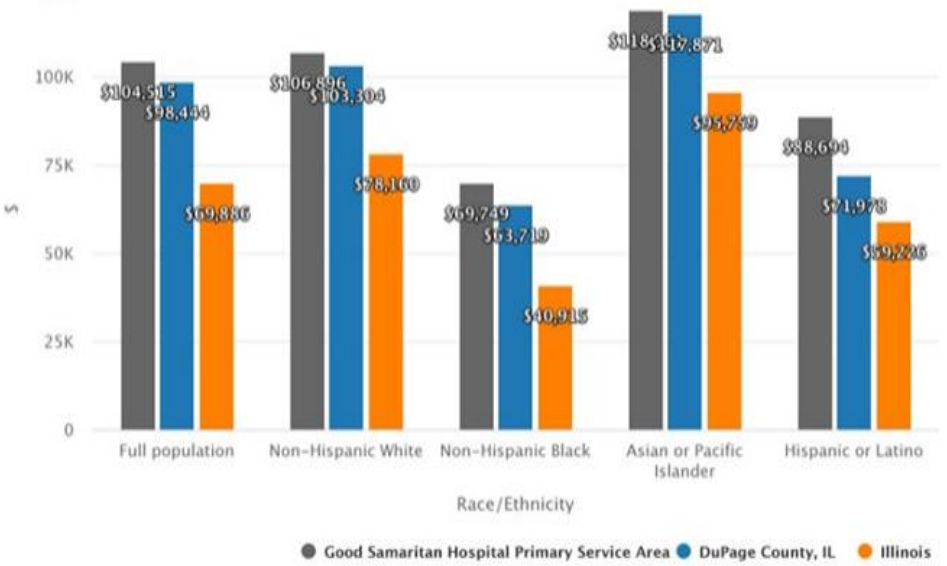
Source: Metopio, American Community Survey, 2022

4. Economics

Income

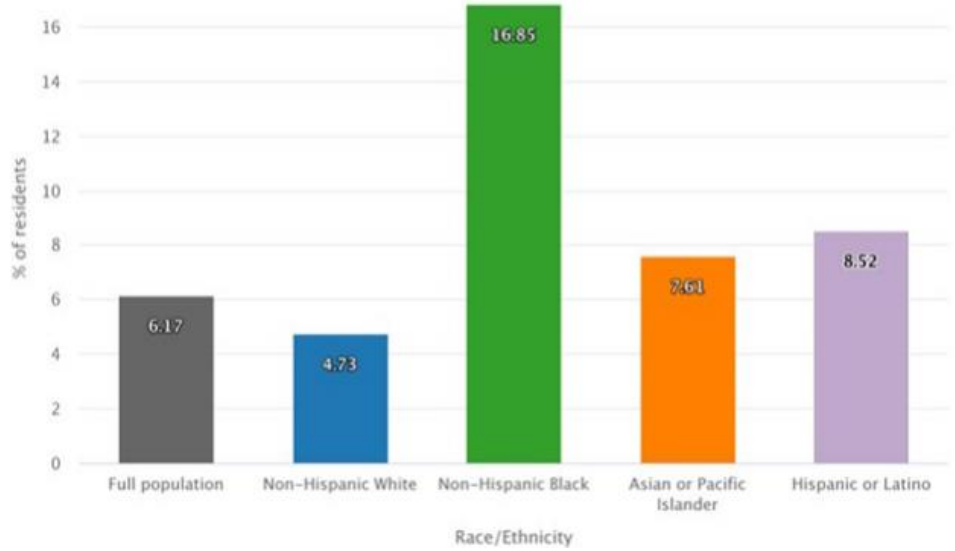
The median household income for the PSA is $104,515, which is higher than DuPage County at $98,444 and Illinois at $69,886 (Metopio, American Community Survey, 2022). There is a significant racial disparity in median household income with the Non-Hispanic Black population having a median household income of $69,749 and the Hispanic Latino population at $88,694, which is significantly lower than the Non-Hispanic White population at $106,896 and the Asian or Pacific Islander population at $118,961. Exhibit 9 depicts the median household income by race/ethnicity. The poverty rate for the PSA is 6.17 percent which is lower than DuPage County at 6.37 percent and Illinois at 12.49 percent. Similar to the median household income, there is a racial/ethnic disparity in PSA poverty rates with the Non-Hispanic Black (16.85 percent), Hispanic or Latino (8.52 percent) and the Asian or Pacific Islander (7.61 percent) populations having higher rates of poverty compared to the Non-Hispanic White population. Exhibit 10 below shows the PSA poverty rate by race/ethnicity.

Exhibit 9: Advocate Good Samaritan PSA Median Household Income by Race Ethnicity 2015-2019



Source: Metopio, American Community Survey, 2022

Exhibit 10: Advocate Good Samaritan PSA Poverty Rate by Race/Ethnicity 2015-2019

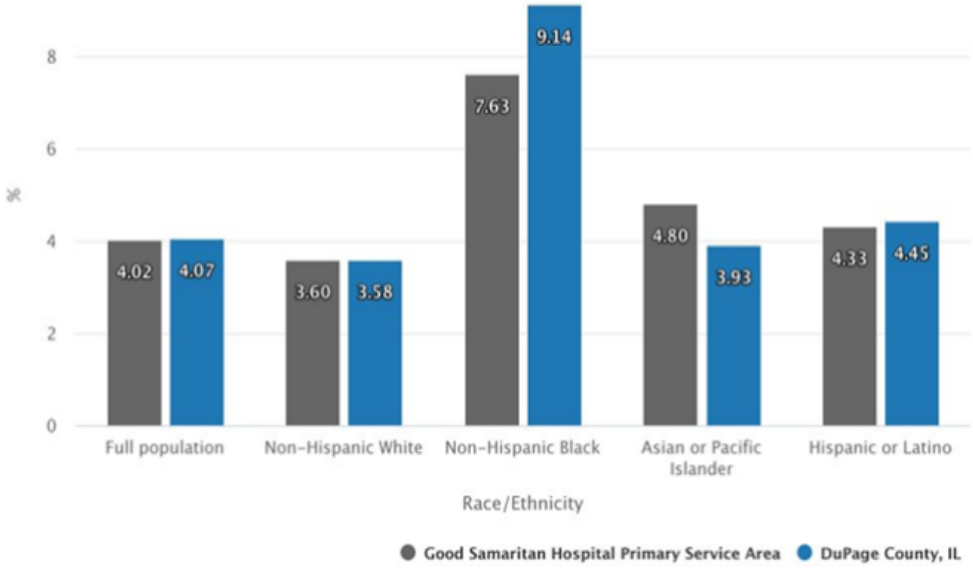


Source: Metopio, American Community Survey, 2022

Employment

The unemployment rate among residents that are of 16 years of age and older in the hospital's PSA is 4.07 percent, which is lower compared to DuPage County at 4.07 percent and Illinois at 5.94 percent (Metopio, American Community Survey, 2022). There is a racial/ethnic disparity in unemployment rates in the hospital's PSA with the Non-Hispanic Black populations having the highest rates of unemployment at 7.63 percent, followed by the Asian or Pacific Islander population at 4.8 percent and the Hispanic and Latino population at 4.33 percent. Within the hospital's PSA, the Non-Hispanic White population has the lowest rates of unemployment. The PSA racial/ethnic disparities in unemployment rates are consistent with trends seen at the county and state levels. Exhibit 11 displays the PSA unemployment rates by race/ethnicity. The labor force participation in the PSA is 67.85 percent, which is lower than DuPage County at 69.16 percent and higher than Illinois at 65.24 percent (Metopio, American Community Survey, 2022).

Exhibit 11: Advocate Good Samaritan PSA Unemployment Rate by Race/Ethnicity 2015-2019



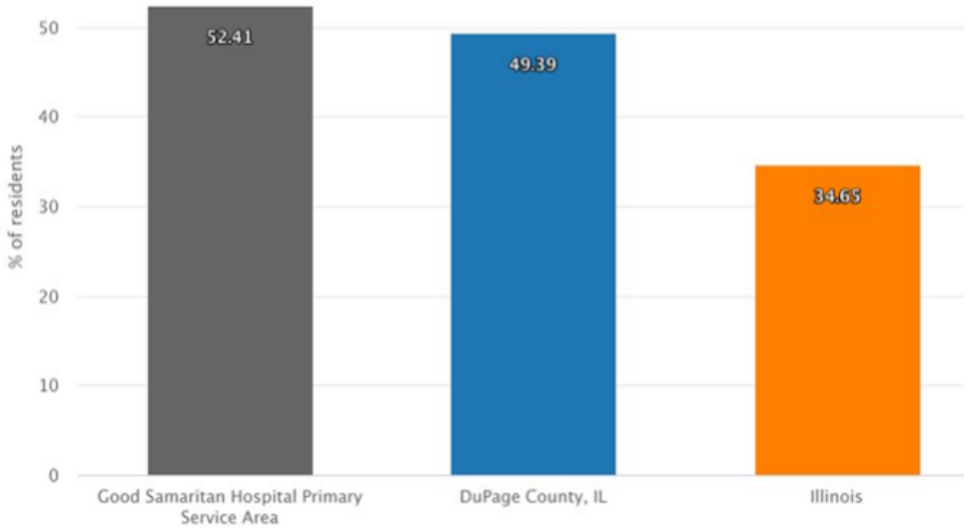
Source: Metopio, American Community Survey, 2022

5. Education

Educational Level

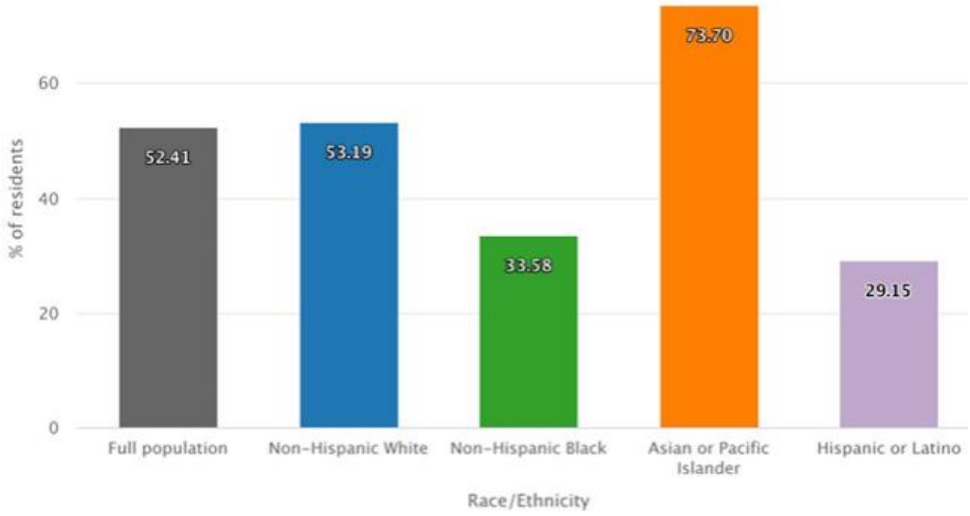
Advocate Good Samaritan's PSA educational attainment data was reviewed and analyzed to gain an in-depth understanding of educational levels across the PSA. Educational attainment is one of the most significant influencers of health. Higher levels of education correlate with better health outcomes. The high school graduation rate for the PSA is 94.61 percent, which is higher than DuPage County (93 percent) and Illinois (89.21 percent) (Metopio, American Community Survey, 2022). The college graduation rate for the PSA is also higher (52.41 percent) compared to DuPage County (49.39 percent) and significantly higher compared to Illinois (34.65 percent) (Metopio, American Community Survey, 2022). Additionally, there is a racial/ethnic disparity in college graduation rates with the Hispanic or Latino population having the lowest college graduation rate at 29.15 percent followed by the Non-Hispanic Black population at 33.58 percent (Metopio, American Community Survey, 2022). Exhibit 12 displays the PSA college graduation rate for the PSA, DuPage County and Illinois, followed by Exhibit 13 which displays the PSA college graduation rate by race/ethnicity.

Exhibit 12: Advocate Good Samaritan PSA College Graduation Rate 2015-2019



Source: Metopio, American Community Survey, 2022

Exhibit 13: Advocate Good Samaritan PSA College Graduation Rate by Race/Ethnicity 2015-2019



Source: Metopio, American Community Survey, 2022

6. Health Care Resources in the Defined Community

Advocate Good Samaritan's community health team mapped all health center resources within the hospital's PSA. The health center resources within the PSA are outlined below.

Name of Facility	Type of Facility	Location
Access Addison Health Center	Federally Qualified Health Center	Addison
Access Army Trail Road Family Health Center	Federally Qualified Health Center	Addison
Access Gateway Center Family Health Center	Federally Qualified Health Center	West Chicago
AMITA Health Adventist Medical Center Glen Oaks	Hospital	Glendale Heights
AMITA Health Adventist Medical Center Hinsdale	Hospital	Hinsdale
Edward Hospital	Hospital	Naperville
Elmhurst Hospital	Hospital	Elmhurst
Advocate Good Samaritan Hospital	Hospital	Downers Grove
Hamdard- Addison	Federally Qualified Health Center	Addison
Marianjoy Rehabilitation Hospital	Hospital	Wheaton
Martin R Russo Family Health Center	Federally Qualified Health Center	Bloomingdale
Northwestern Medicine Central DuPage Hospital	Hospital	Winfield
VNA Health Center Bensenville	Federally Qualified Health Center	Bensenville
VNA Healthcare at DuPage County Health Department	Federally Qualified Health Center	Wheaton
VNA Healthcare of Fox Valley Carol Stream	Federally Qualified Health Center	Carol Stream

How the CHNA was Conducted

Community Health Council

The Advocate Good Samaritan Community Health Council (CHC) was formed in 2016 and serves in an advisory capacity for the hospital's community health programming, Implementation Plan and CHNA. The CHC is led by the hospital's regional director of community health and is a multi-sectorial council comprised of hospital leaders and community representatives from community-based organizations. There are a total of 14 CHC members of which 10 are community organization representatives and four are hospital representatives. Under the direction of the director of community health, the CHC supported the CHNA through data collection, data review and prioritizing identified health needs. The CHC also works with the hospital's Community Health Department to identify community partners for the Community Implementation Strategies.

The CHC convened for five, two-hour virtual meetings throughout 2021 and 2022 to contribute to the completion of the Advocate Good Samaritan CHNA. In addition to the virtual meetings, CHC members were able to send recommendations and feedback electronically. Community representatives provided critical feedback around the health needs of the overall community, specifically those related to vulnerable and under-served populations. Hospital representatives provided critical feedback around top patient health issues, hospital resources and confirmation of the hospital health needs alignment with the PSA health needs. Community representatives were also able to provide perspectives from various disciplines and represented the health and social need issues of many vulnerable and marginalized populations

within the hospital's PSA. Both community and hospital representatives engaged in a robust discussion regarding the health needs of the PSA. CHC members were also able to share knowledge regarding social drivers of health and zip codes that had the most health disparities and social barriers.

After thorough data analysis, discussion and expert presentations, the Community Health Council selected the hospital's final health need priorities. The CHC will continue to convene to ensure the development of comprehensive and collaborative Community Implementation Strategies. The affiliation and titles of the Advocate Good Samaritan CHC members are listed below. The CHC member affiliations representing at-risk/disparate populations are indicated with an asterisk.

2022 CHC Members

- DuPage County Health Department, Director, Business Operations *
- DuPage County Health Department, Director, Community Initiatives*
- DuPage PADS, President, Chief Executive Officer*
- DuPage Health Coalition, President*
- People's Resource Center, Senior Director, Programs and Services*
- SamaraCare, Executive Director
- Benedictine University, Instructor, Coordinator, Advisor
- Advocate Good Samaritan Hospital, Coordinator, Behavioral Health
- Advocate Good Samaritan Hospital, Vice President, Mission and Spiritual Care
- Advocate Good Samaritan Hospital, Director, Transition Support Program
- Advocate Good Samaritan Hospital, Governing Council Member, Emergency Room Physician
- Advocate Good Samaritan Hospital, Governing Council Members, Senior Pastor
- Visiting Nurses Association (VNA), Director Community Support*
- Health Equity Advisors Network, INC, President, Chief Executive Officer

1. Purpose and Process

In 2020, Advocate Health Care began organizing resources to implement the 2020- 2022 CHNA process—a process developed and completed to better understand and address the health and social needs of the hospital's PSA. The system had a contract with Metopio to provide an internet-based data resource for all Advocate hospitals during the 2020-2022 CHNA cycle. The robust data platform offers extensive health and demographic indicators including hospitalization and emergency department visit indicators. Hospital and system leadership also provided access to aggregated and de-identified hospital utilization data through the Illinois Hospital Association's COMPdata for the Community Health Needs Assessment.

In July of 2021, the hospital's community health team presented the details of the 2022 CHNA process to the hospital's Community Health Council. In August of 2021, the hospital's community health team organized and conducted a Forces of Change Assessment (FOCA)—a process that convenes community leaders and organizers to provide primary qualitative data regarding the health and social needs of the PSA. The FOCA was conducted with the hospital's Community Health Council and additional representatives and leaders from community organizations across various sectors. Following the FOCA with the hospital's CHC and community organizations, the hospital's director and coordinator of community health compiled and presented key themes and data points collected from the FOCA to the Community Health Council.

In January of 2022, following the FOCA, the hospital's community health team compiled and presented demographic, socioeconomic data followed by a presentation of the PSA's top nine health needs to the hospital's Community Health Council. After careful review and analysis of the data, the Community Health Council completed a health need prioritization grid that allowed members to rate each health need using five criteria. The hospital's community health

team analyzed and aggregated the prioritization grid scores to determine the top four health needs. After careful review and calculation, the community health team identified substance use, mental health, healthy lifestyles and access to care as the top four health needs.

Following the identification of the top four health needs per the prioritization grid, the community health team identified organizations with expertise in each one of the following four health needs. Four experts presented local data including qualitative data on the respective health issue to the Community Health Council. After thorough discussion and analysis, the Community Health Council voted on behavioral health (substance use and mental health) and healthy lifestyles (access to care, chronic disease prevention and management, food access and physical activity) as the two prioritized health needs.

2. Partnerships

In addition to community representatives on the hospital's Community Health Council, the community health department engaged several community organizations in the 2020-2022 CHNA process. Community partners and organizations engaged in the process represented various sectors across the PSA and provided input and feedback regarding the health and social needs of the PSA to ensure thorough completion of the FOCA. The community organizations and partners (outside of the Community Health Council) engaged in the FOCA are listed below.

- ICNA Relief
- National Alliance on Mental Illness- DuPage (NAMI DuPage)
- Gateway Foundation

3. Data Collection and Analysis

Multiple data collection strategies were employed to collect data for the CHNA. In early 2020, Advocate Aurora Health Care signed an annual contract with Metopio to provide an internet-based data resource for their eleven hospitals during the 2020-2022 CHNA cycle. This robust platform offered the hospitals 198 health and demographic indicators, including 38 hospitalization and emergency department (ED) visit indicators at the service area and zip code levels. Utilizing the Illinois Hospital Association's COMPdata , Metopio was able to summarize, age adjust and average the hospitalization and ED utilization data for several time periods. The Metopio database also provided a wealth of county and zip code data comparisons, and a Hardship Index, which helped to visualize vulnerable populations within service areas and counties.

As indicated, Metopio was a key source of secondary data for the 2022 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 2022 CHNA's defined community. All data collected through Metopio was quantitative and included data comparisons between PSA communities, counties and the state.

Primary data was also collected through the previously outlined FOCA. Community representatives and leaders representing various sectors across the PSA provided qualitative data around the health and social needs of the communities. The data collected from the FOCA provided supplemental information to the quantitative data collected through Metopio and was used to compare and identify health and social needs of the PSA. Data collected through the FOCA was consistent with the quantitative data from Metopio and indicated similar community health needs.

4. Data Sources

Multiple data collection strategies were employed to collect data for the CHNA. As indicated in the section above, Advocate Good Samaritan collaborated with many partners to collect PSA data. Details regarding the hospital's CHNA secondary data sources are listed below.

- DuPage County Health Department
- Impact DuPage

- Metopio

In addition to collecting and analyzing secondary data, the hospital's director of community health worked with the Community Health Council to gather and analyze primary data. Primary sources of data included the FOCA and Advocate Good Samaritan's COMP data.

Summary of CHNA Findings

1. Overall Health Status

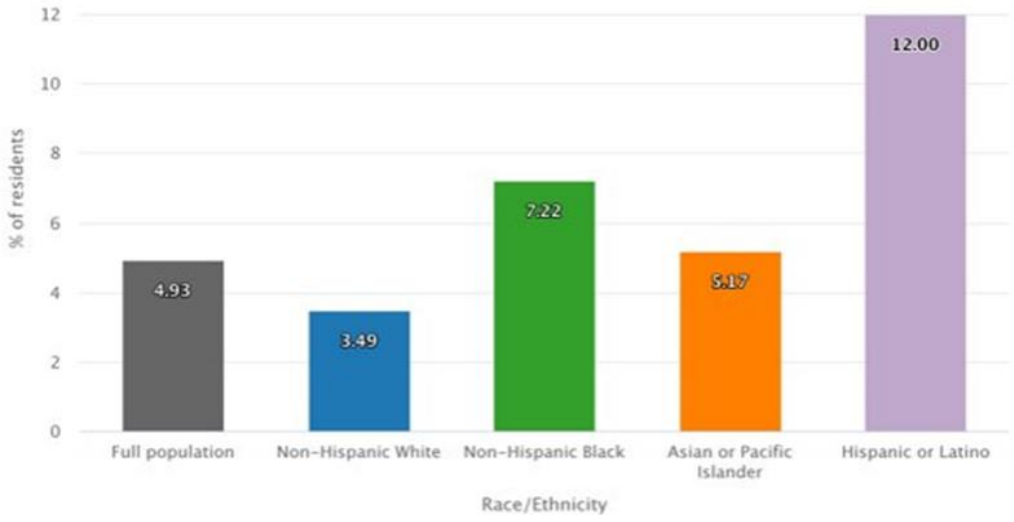
The life expectancy for the hospital's PSA is 81.2 years, which is slightly lower than DuPage County at 81.3 years but higher than Illinois at 78.7 years. The top eight health needs for the hospital's PSA were access to care, healthy lifestyles, asthma, substance use, mental health, cardiovascular/heart disease, cancer and COVID-19. As noted in the sections above, there were also many socioeconomic and health disparities that were present in the hospital's PSA with the Non-Hispanic Black and Latino populations being the most disproportionately impacted populations in the PSA.

2. Access to Care and Health Care Coverage

One of the main barriers to achieving positive health outcomes is an individual's access to primary care. Screening and preventative visits decrease significantly if individuals are uninsured or underinsured resulting in poor chronic disease management and late-stage diagnosis. Transportation and proximity to care are also factors that influence the ability to access primary care. Interventions to increase access to health care professionals and improve communication – in person or remotely – can help more people access primary care.

Health Care Coverage
Healthcare coverage is one of the most significant factors in access to health care. The uninsured rate in the PSA is 4.93 percent, which is lower than DuPage County at 5.28 percent and Illinois at 6.83 percent. There are several communities within the PSA that have higher uninsured rates compared to DuPage County and Illinois. Bolingbrook (60440) has an uninsured rate of 9.9 percent, followed by Westmont at 8.71 percent and Villa Park at 6.82 percent. There is also a racial/ethnic disparity with the Hispanic or Latino populations having the highest uninsured rate at 12 percent followed by the Non-Hispanic Black populations at 7.22 percent (Metopio, American Community Survey, 2022). The graph depicted in Exhibited 14 shows the uninsured rate of the PSA by race/ethnicity.

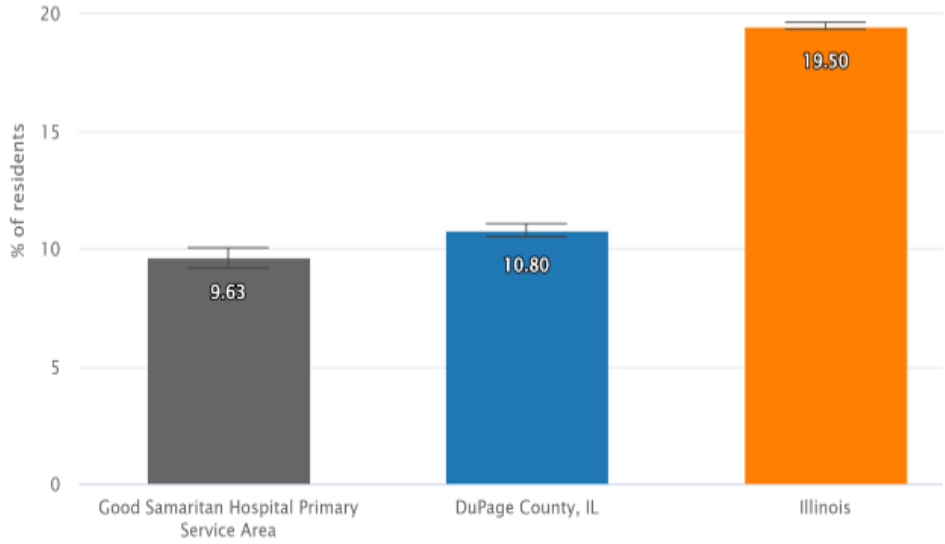
Exhibit 14: Advocate Good Samaritan PSA Uninsured Rate by Race/Ethnicity 2015-2019



Source: Metopio, American Community Survey, 2022

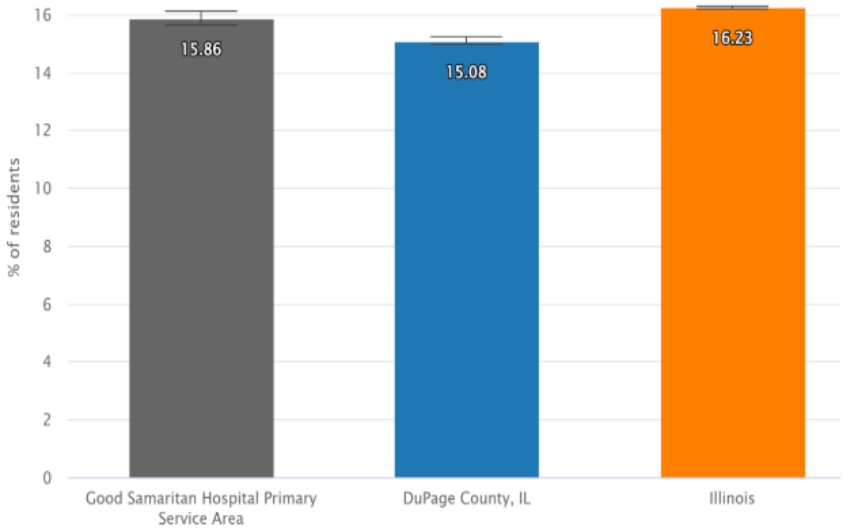
Medicaid provides health insurance to low-income individuals and families in the United States. In the PSA, 9.63 percent of residents are covered by Medicaid which is lower than DuPage County at 10.8 percent and Illinois at 19.5 percent. Medicare is federal health insurance and provides coverage to seniors and some people with disabilities in the United States. In the PSA, 15.86 percent of residents are covered by Medicare, which is slightly higher than DuPage County (15.08 percent) and slightly lower than Illinois (16.23 percent) (Metopio, American Community Survey, 2022). Exhibits 15 and 16 show Medicaid and Medicare coverage for the PSA, DuPage County and Illinois.

Exhibit 15: Advocate Good Samaritan PSA Medicaid Coverage 2015-2019



Source: Metopio, American Community Survey, 2022

Exhibit 16: Advocate Good Samaritan PSA Medicare Coverage 2015-2019



Source: Metopio, American Community Survey, 2022

Many immigrant and undocumented populations are ineligible for federal health care coverage, including Medicare and Medicaid, due to their citizenship status. In the PSA, 11,188 non-citizen residents are uninsured (Metopio, American Community Survey, 2022). The communities with the highest rates of non-citizen residents that are uninsured are Bolingbrook (60440) with 2,955 residents, Romeoville (60446) with 1,011 residents and Villa Park with 833 residents (Metopio, American Community Survey, 2022). The top three communities with the highest rates of uninsured non-

citizen residents are also communities in the PSA that have the largest population of Hispanic or Latino and Non-Hispanic Black populations.

3. Health Risk Behaviors

Health, Wellness and Nutrition

The overall quality of life at the individual and community level is dependent on various factors such as access to healthy affordable food, the ability to be physically active in the community and nutrition. These factors are not only essential in overall quality of life but also important in maximizing positive health outcomes thus increasing life expectancy across communities. Social drivers of health also have a strong influence on quality of life and the factors listed above. For example, if an individual is unemployed or low-income, they are less likely to have access to healthy affordable foods and more likely to feel unsafe or uncomfortable being physically active in the community where they reside. Addressing issues like access to affordable health foods, physical activity and nutrition are also critical in increasing proper chronic disease management and chronic disease prevention.

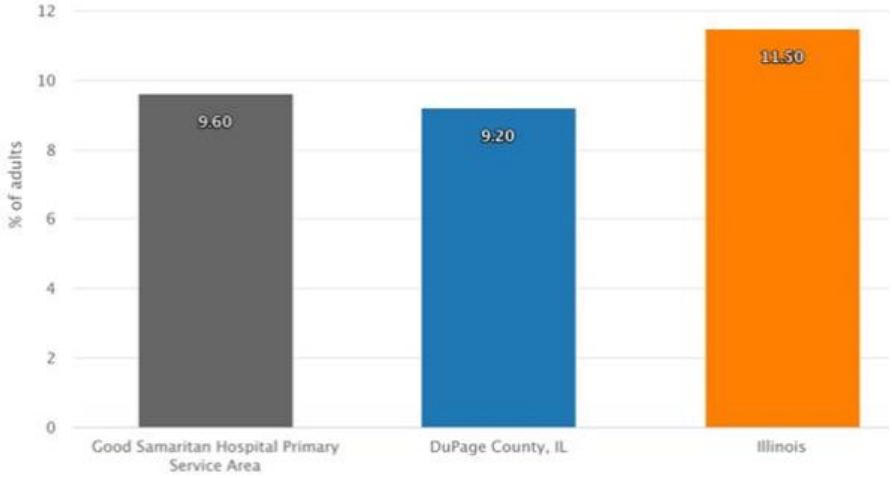
Obesity

The obesity rate for the PSA is 27.2 percent, which is slightly higher than DuPage County at 26.8 percent and lower than Illinois at 32.2 percent (Metopio, BRFSS, 2022). There are three communities in the PSA with obesity rates that are higher compared to DuPage County and/or Illinois. Bolingbrook (60440) has an obesity rate of 34.1 percent, which is higher than the county and state, Romeoville (60446) has an obesity rate of 33.3 percent, which is higher than the county and state and Villa Park (60181) has an obesity rate of 32.2 percent, which is higher compared to the county.

The rate of "no exercise" reported for the PSA is 21.7 percent of adults over the age of 18 years, which is lower than DuPage County (22.7 percent) and Illinois (25.9 percent) however, there are three communities that reported higher rates of "no exercise" compared to DuPage County and/or Illinois (Metopio, BRFSS, 2022). The communities in the PSA with the highest rates of adults reporting "no exercise" include Bolingbrook at 27.5 percent, Romeoville at 27.5 percent and Villa Park at 25 percent. As indicated, these three communities also have the highest rates of obesity in the PSA (Metopio, BRFSS, 2022).

The PSA had a higher rate of poor self-reported physical activity with 9.6 percent of adults reporting no physical activity in the past month compared to DuPage County at 9.2 percent (Metopio, PLACES, 2022). Similar to the trends in obesity and "no exercise" Bolingbrook (10.8 percent), Villa Park (10.8 percent) and Romeoville (10.7 percent) all had higher rates of poor self-reported physical activity compared to the PSA and DuPage County (Metopio, PLACES, 2022). Exhibit 17 shows the rate of poor self-reported physical activity for the PSA, DuPage County and Illinois.

Exhibit 17: Advocate Good Samaritan PSA Poor-Self-Reported Physical Health 2019

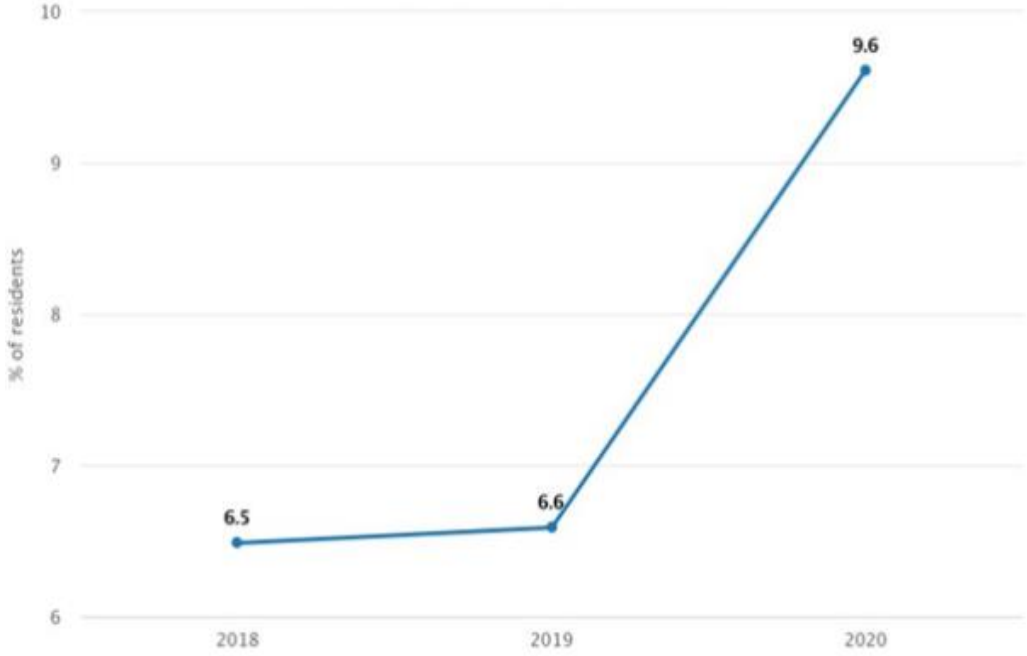


Source: Metopio, PLACES, 2022

Food insecurity is correlated with nutrition and can decrease access to healthy foods. The rate of food insecurity for the hospital's PSA is 9.6 percent, which is lower than DuPage County at 10.6 percent and Illinois at 15.1 percent. Although the rate of food insecurity within the PSA is lower than the county and state, rates have significantly increased over time going from 6.6 percent in 2019 to 9.6 percent in 2020; an increase of 3 percent. Exhibit 18 shows the increased rates of food insecurity in the PSA. In addition, there are three communities in the PSA that have higher rates of food insecurity compared to DuPage County. Communities in the PSA with higher food insecurity rates include Westmont at 13.5 percent, followed by Willowbrook (60527) at 11.3 percent and Lisle at 10.9 percent.

In addition, the percentage of residents living in a food desert in the PSA is 3.46 percent, which is higher than DuPage County at 3.21 percent but lower than Illinois at 4.38 percent (Metopio, Food Access Research Atlas, 2022). The PSA communities with the largest percentage of residents living in a food desert are Romeoville at 13.94 percent, Lombard at 6.57 percent and Oak Brook at 5.71 percent (Metopio, Food Access Research Atlas, 2022).

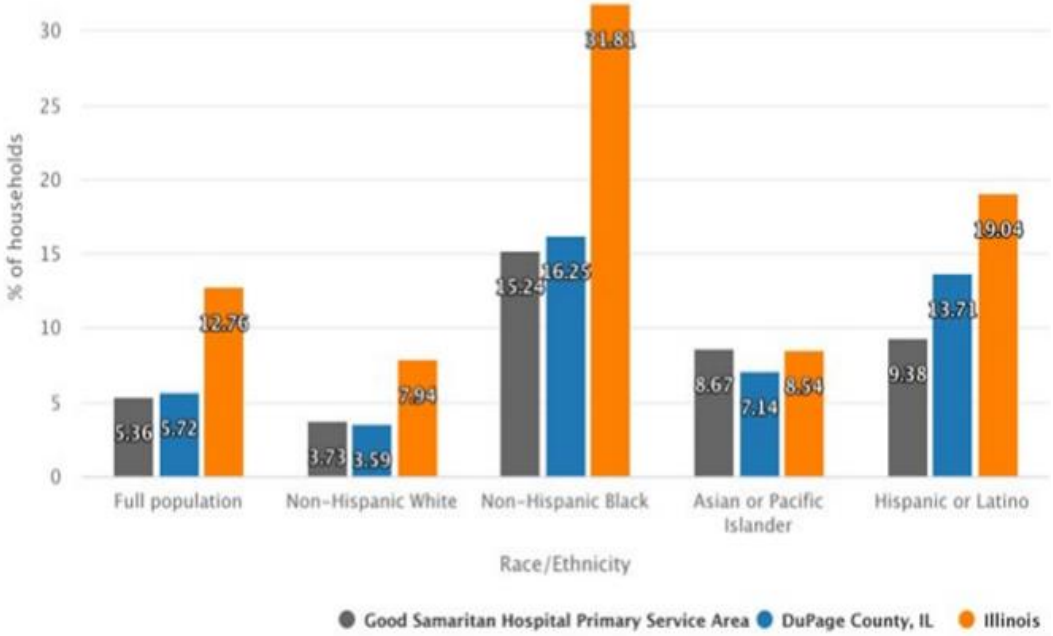
Exhibit 18: Advocate Good Samaritan PSA Food Insecurity 2018-2020



Source: Metopio, American Community Survey, 2022

Supplemental Nutrition Assistance (SNAP) is a federal program that provides low-income individuals and families with food stamps/vouchers to increase access to food and decrease food insecurity. In the hospital's PSA, 5.36 percent of households receive SNAP/food stamps, which is lower compared to DuPage County at 5.72 percent and Illinois at 12.76 percent (Metopio, American Community Survey, 2022). Communities in the PSA with the largest percentages of households receiving SNAP/food vouchers include Bolingbrook (6044) at 11.49 percent, Romeoville (60446) at 11.28 percent and Villa Park (60181) at 10.54 percent. Furthermore, within the PSA, the Non-Hispanic Black (15.24 percent) and Hispanic or Latino (9.38 percent) populations have the highest rates of households receiving SNAP/food vouchers (Metopio, American Community Survey, 2022). Exhibit 19 shows the percentage of households receiving SNAP/food vouchers by race/ethnicity.

Exhibit 19: Advocate Good Samaritan PSA Food Stamps (SNAP) by Race/Ethnicity 2015-2019



Source: Metopio, American Community Survey, 2022

Substance and Alcohol Use

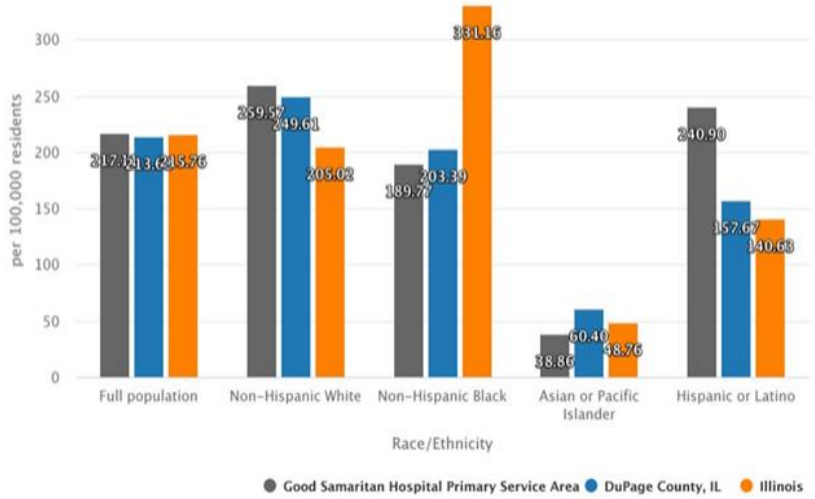
In the United States, fifty percent of people 12 and older have used illicit drugs at least once (National Center for Drug Abuse Statistics, 2022). More than 932,000 people in the US have died since 1999 from drug overdose (National Center for Drug Abuse, 2022). Over 85 percent of people 18 years and older have reported that they drank alcohol at some point in their lifetime (National Institute on Alcohol Abuse and Alcoholism, 2022). In 2019, over 25 percent of people ages 18 and older reported that they engaged in binge drinking in the past month (National Institute on Alcohol Abuse and Alcoholism, 2022). Furthermore, in 2020, the number one cause of death among those aged 20-24 was unintentional injury of which most were caused by poisonings related to certain drugs, including narcotics and hallucinogens (Very Well Health, 2022).

The Substance use hospitalization rate for the hospital's PSA is 217.11 per 100,000 residents, which is higher than DuPage County at 213.62 per 100,000 residents and the state at 215.76 per 100,000 residents. There is a racial/ethnic disparity in substance use hospitalization rates with the Non-Hispanic White and Hispanic or Latino populations having the highest rates at 259.57 and 240.90 per 100,000 residents respectively. Exhibit 20 shows the substance use hospitalization rate by race/ethnicity for the PSA, county and state.

The opioid hospitalization rate for the PSA is 153.27 per 100,000 residents, which is higher than DuPage County 145.93 per 100,000 residents but significantly lower than the state at 224.20 per 100,000 residents. There is a racial/ethnic disparity with the Non-Hispanic Black population having the highest rates at the PSA, county and state level. Exhibit 21 shows the opioid hospitalization rate by race/ethnicity at the PSA, county and state level.

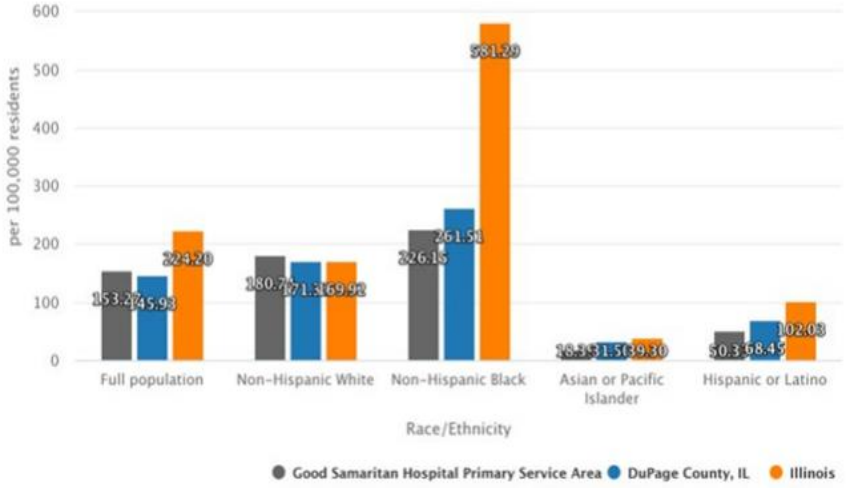
The alcohol use hospitalization rate for the PSA is 170.18 per 100,000 residents, which is higher than the county at 165.55 per 100,000 residents and the state at 137.09 per 100,000 residents (Metopio, IHA COMPdata Informatics, 2022). There is a racial/ethnic disparity with the Non-Hispanic White population having the highest rates at the PSA, county and state level. Exhibit 22 shows the alcohol hospitalization rate by race/ethnicity for the PSA, county and state.

Exhibit 20: Advocate Good Samaritan PSA Substance Use Hospitalization Rate by Race/Ethnicity 2020



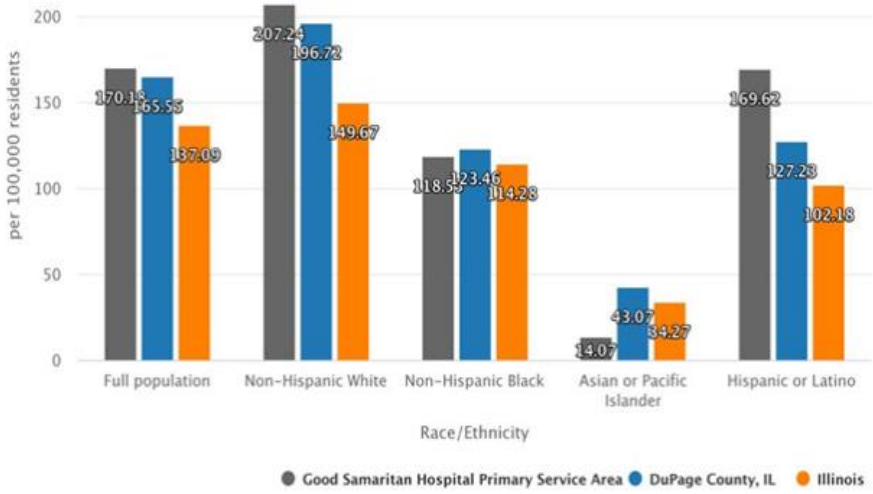
Source: Metopio, COMPdata Informatics, 2022

Exhibit 21: Advocate Good Samaritan PSA Opioid Hospitalization Rate by Race/Ethnicity 2020



Source: Metopio, IHA COMPdata Informatics, 2022

Exhibit 22: Advocate Good Samaritan PSA Alcohol Use Hospitalization Rate by Race/Ethnicity 2020



Source: Metopio, IHA COMPdata Informatics, 2022

4. Disease and Chronic Conditions

Mental Health

According to the National Alliance on Mental Illness (NAMI) one in five adults experience mental illness each year (NAMI, 2022). One in 20 adults in the U.S. experience serious mental illness each year (NAMI, 2022). In addition, 50 percent of all lifetime mental illness begins by age 14 and 75 percent by age 24 (NAMI, 2022). In the U.S., suicide is the second leading cause of death among people aged 10-34.

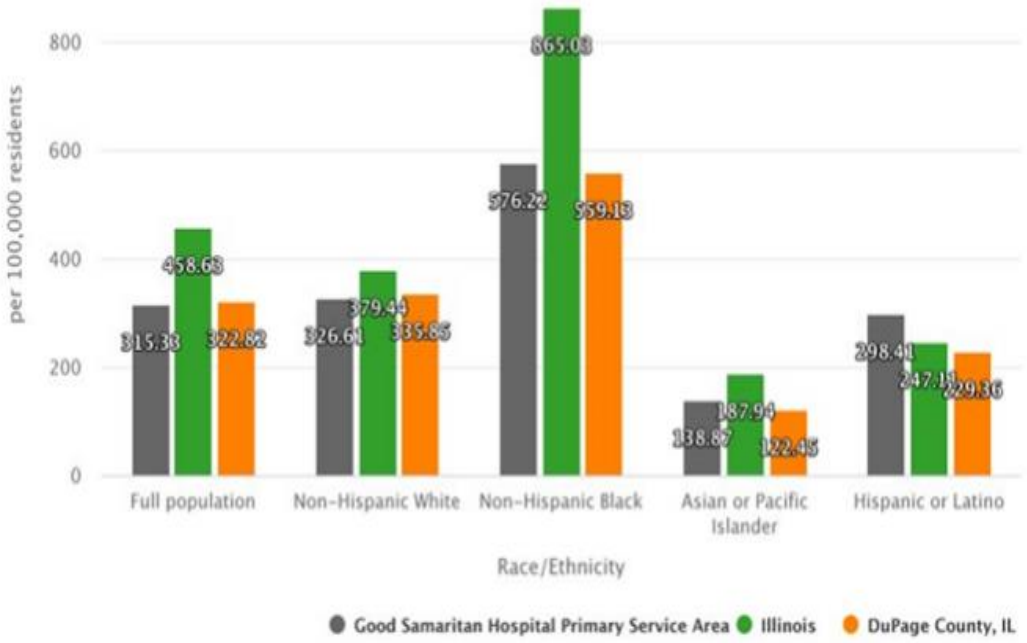
In the hospital's PSA, the mental health hospitalization rate is 315.33 admissions per 100,000 residents, which is slightly lower than DuPage County at 322.82 per 100,000 residents and significantly lower than the state at 458.63 per 100,000 residents (IHA COMPdata Informatics, 2022). There is a racial/ethnic disparity in mental health hospitalization rates with the Non-Hispanic Black population having the highest rates at the PSA, county and state levels. Additional details regarding the racial/ethnic disparities in mental health hospitalization rates can be found in Exhibit 23.

The suicide and self-injury hospitalization rate for the PSA is 13.72 per 100,000 residents, which is higher than DuPage County at 10.69 per 100,000 residents and the state at 12.71 per 100,000 residents (Metopio, IHA COMPdata Informatics, 2022). Exhibit 24 shows the suicide and self-injury hospitalization rate for the PSA, county and state. Additionally, it is important to note that the rate of suicide and self-injury hospitalization has increased from 2019 (12.56 per 100,000 residents) to 2020 (13.72 per 100,000 residents).

Poor self-reported mental health rates are higher in the PSA at 11.47 per 100,000 residents compared to DuPage County at 11.2 per 100,000 residents but lower compared to the state at 13.36 per 100,000 residents. The rates of poor self-reported mental health have increased at the PSA, county and state level. Exhibit 25 shows the increase in poor self-reported mental health from 2016 to 2019 for the PSA, county and state.

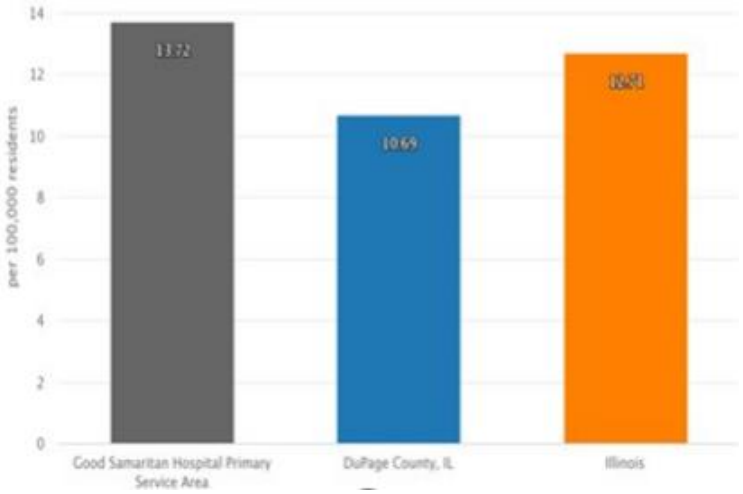
The rate of depression is higher in the PSA with prevalence at 17.88 percent of adults compared to DuPage County at 16.6 percent of adults but lower than the state at 18.82 percent of adults (Metopio, PLACES, 2022). The prevalence rate of adult depression is shown in Exhibit 26 graph.

Exhibit 23: Advocate Good Samaritan PSA Mental Health Hospitalization Rate by Race/Ethnicity 2020



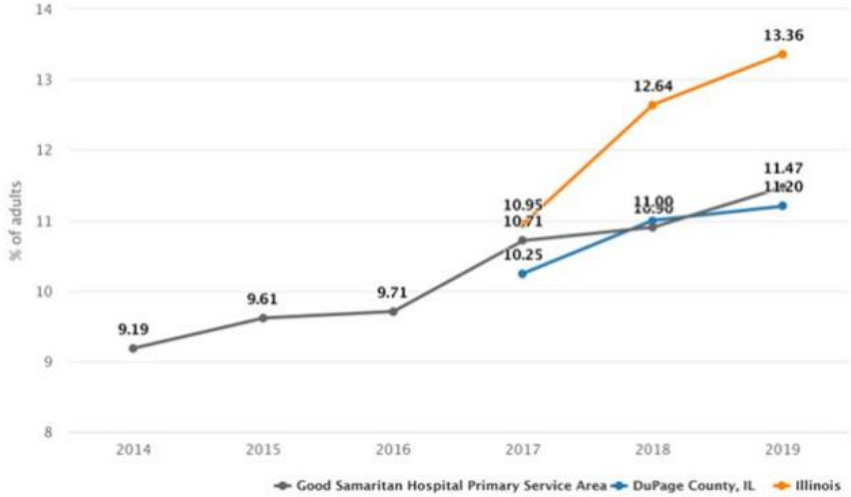
Source: Metopio, IHA COMPdata Informatics, 2022

Exhibit 24: Advocate Good Samaritan PSA Suicide and Self-Injury Hospitalization Rate 2020



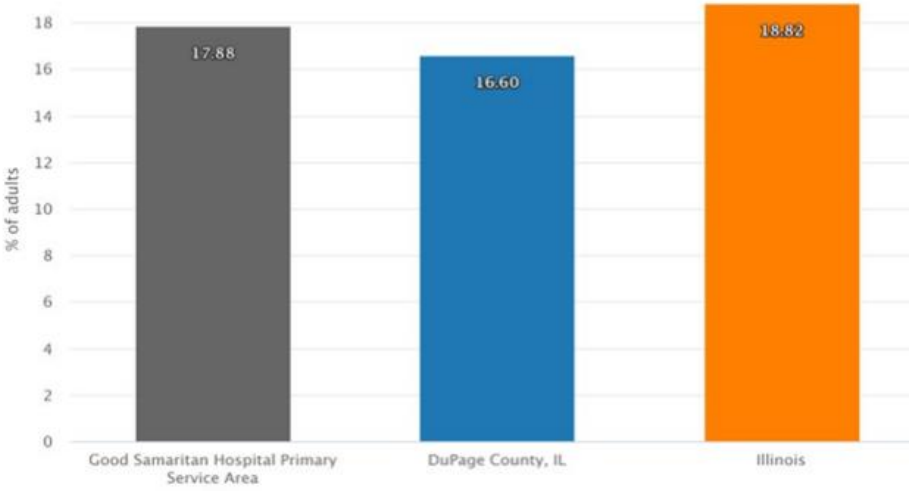
Source: Metopio, IHA COMPdata Informatics, 2022

Exhibit 25: Advocate Good Samaritan PSA Poor Self-Reported Mental Health 2019



Source: Metopio, PLACES, 2022

Exhibit 26: Advocate Good Samaritan PSA Depression 2019



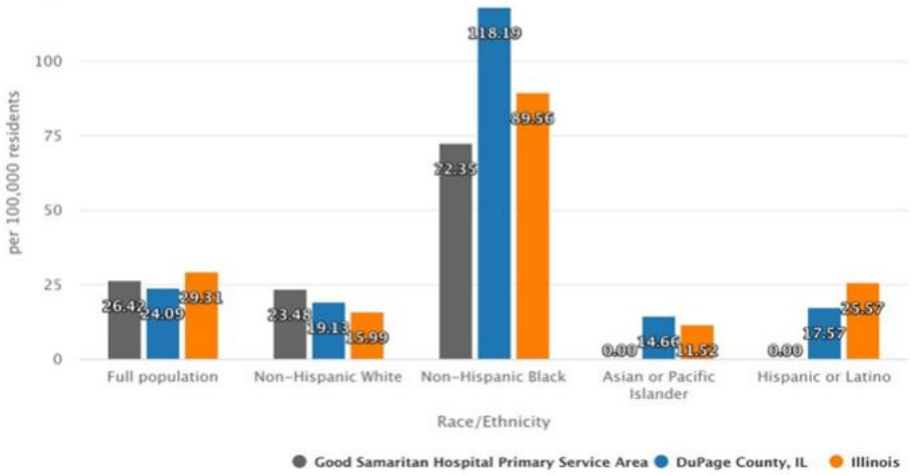
Source: Metopio, PLACES, 2022

Asthma

Asthma is one of the most common long-term diseases of children and is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages make it difficult to breathe (DuPage County Health Department, 2019). The percentage of PSA residents that have been diagnosed with asthma is 7.97 percent which is slightly higher than DuPage County at 7.5% and lower than the state at 8.73 percent (Metopio, COMPdata Information, 2022).

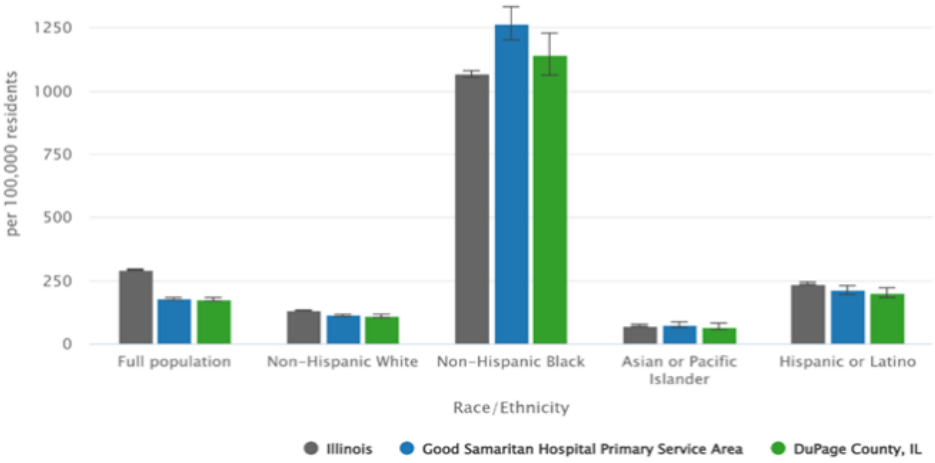
The asthma hospitalization rate for the hospital's PSA is 26.42 which is higher than DuPage County at 24.09 but lower than the state of Illinois at 29.31. There is a racial/ethnic disparity with the PSA's Non-Hispanic Black population having a significantly higher rate at 72.35 percent compared to the Non-Hispanic White population at 23.48 percent and the overall PSA (26.42 percent) (Metopio, BRFSS, 2022). Exhibit 27 shows the asthma hospitalization rate by race/ethnicity. In addition, the asthma ED visit rate for the PSA is 177.92 per 100,000 residents, which is higher than DuPage County at 175.88 per 100,000 residents but lower than the state at 292.71 per 100,000 residents. Similar to the asthma hospitalization rate, there is a racial/ethnic disparity with the Non-Hispanic Black populations having significantly higher rates in asthma ED visits at 1,266.4 per 100,000 residents compared to the Non-Hispanic White population at 112.91 per 100,000 residents, the Asian population at 75.17 per 100,000 residents and the Hispanic or Latino population at 211.66 per 100,000 residents (Metopio, COMPdata Informatics, 2022). Exhibit 28 shows the asthma ED visit rate by race/ethnicity.

Exhibit 27: Advocate Good Samaritan PSA Asthma Hospitalization Rate by Race/Ethnicity 2020



Source: Metopio, IHA COMPdata Informatics, 2022

Exhibit 28: Advocate Good Samaritan PSA Asthma Emergency Department Visit Rate by Race/Ethnicity 2016-2020



Source: Metopio, IHA COMPdata Informatics, 2022

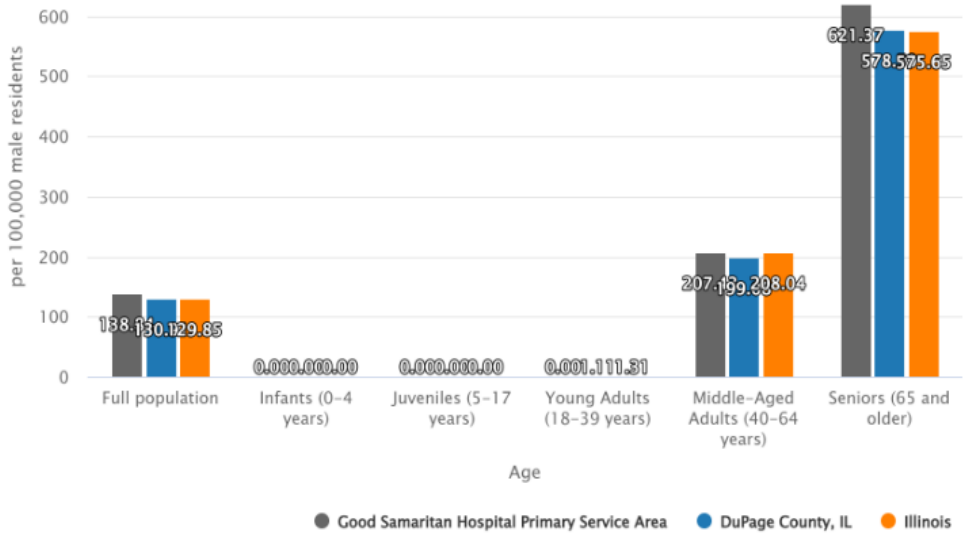
Cancer

Cancer is one of the leading causes of death worldwide, accounting for nearly 10 million deaths in 2020 or nearly one in six deaths (World Health Organization, 2022). The most common cancers are breast, lung, colon and rectum and prostate cancers (World Health Organization, 2022). Around one-third of deaths from cancer are due to tobacco use, high body mass index, alcohol consumption, low fruit and vegetable intake and lack of physical activity (World Health Organization, 2022).

In the hospital's PSA, the cervical cancer diagnosis rate is 9.27 percent which is higher than DuPage County at 7.84 percent but lower than Illinois at 10.45 percent (Illinois Department of Public Health, 2022). The non-invasive breast cancer diagnosis rate for the hospital's PSA is 70.25, which is higher than DuPage County at 65.52 and the state at 48.11 (Metopio, Illinois Department of Public Health, 2022). The oral cancer diagnosis rate for the PSA is 18.27, which is also higher than the county at 17.73 but slightly lower than the state at 18.67 (Metopio, Illinois State Cancer Registry, 2022). PSA oral cancer diagnosis rates are nearly twice as high in men at 27.57 compared to females at 10.27 (Metopio, Illinois State Cancer Registry, 2022).

Lung cancer diagnosis rates in the PSA are also higher at 77.65 compared to DuPage County at 76.51 (Metopio, Illinois Department of Public Health, 2022). The prostate cancer diagnosis rate is also higher in the PSA at 181.90 compared to DuPage County at 171.44 and the state at 174.03 (Metopio, Illinois Public Health Association, 2022). In the PSA, prostate cancer diagnosis rates are more prevalent in the senior population (aged 65 and older) (Metopio, Illinois Public Health Association, 2022). Exhibit 29 shows prostate cancer diagnosis rates by age.

Exhibit 29: Advocate Good Samaritan PSA Prostate Cancer Diagnosis Rate by Age 2014-2018



Source: Metopio, Illinois Department of Public Health, 2022

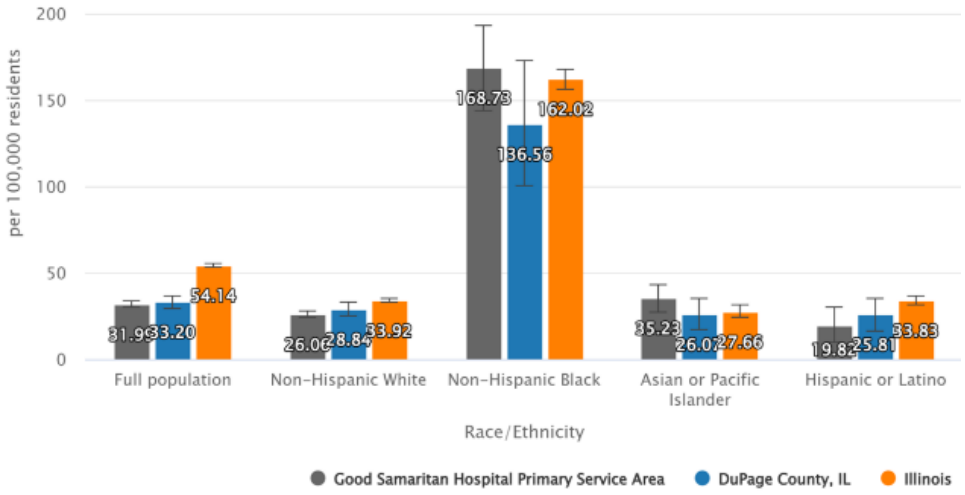
Cardiovascular Disease

Cardiovascular disease is another leading cause of death globally, taking an estimated 17.9 million lives each year (World Health Organization, 2022). Cardiovascular diseases are a group of disorders of the heart and blood vessels and include coronary heart disease, cerebrovascular disease, rheumatic heart disease and other conditions. More than four out of five cardiovascular disease deaths are due to heart attacks and strokes and one third of these deaths occur prematurely in people under 70 years of age (World Health Organization, 2022).

In the hospital's PSA, 4.63 percent of the population has coronary heart disease, which is more than DuPage County and at 4.4 percent and less than the state at 5.16 percent (Metopio, BRFSS, 2022). Hypertension hospitalization rates are also higher in the PSA at 29.29 per 100,000 population compared to DuPage County with a rate of 28.36 per 100,000 residents (Metopio, COMPdata Informatics, 2022). There is a racial/ethnic disparity with the Non-Hispanic Black

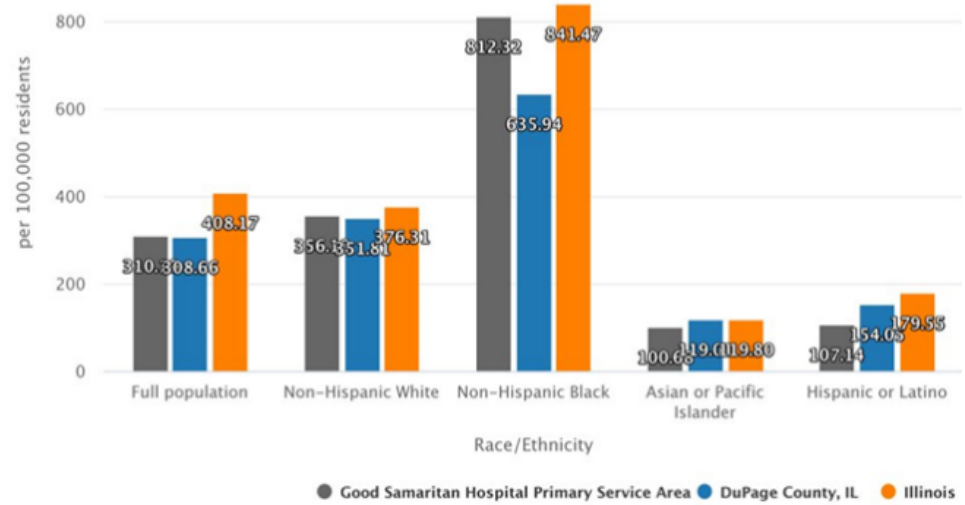
population having the highest rates of hypertension hospitalization at 168.73 per 100,000 residents compared to the Non-Hispanic White population at 26, the Hispanic or Latino population at 35.23 and the Asian or Pacific Islander population at 19.82 per 100,000 residents. Exhibit 30 shows the hypertension hospitalization rate for the PSA by race/ethnicity. The heart failure hospitalization rate in the PSA is 310.10 per 100,000 residents, which is higher than DuPage County at 308.66 per 100,000 population (Metopio, COMPdata Informatics, 2022). Similar to the hypertension hospitalization rates, there is a racial/ethnic disparity with the Non-Hispanic Black population having the highest rate at 812.32 per 100,000 residents compared to the Non-Hispanic White (356.1 per 100,000 residents), Asian or Pacific Islander (100.68 per 100,000 residents) and Hispanic or Latino (107.14 per 100,000 residents) populations (Metopio, COMPdata Informatics, 2022). Exhibit 31 shows the heart failure hospitalization rate by race/ethnicity. There are racial/ethnic disparities in the PSA stroke hospitalization rate with African Americans having the highest rates in the PSA at 305 per 100,000 residents compared to the Hispanic or Latino population at 60.41 per 100,000 residents, the Asian or Pacific Islander population at 71.76 per 100,000 residents and the Non-Hispanic White population at 214.2 per 100,000 residents. Exhibit 32 shows the stroke hospitalization rate by race/ethnicity.

Exhibit 30: Advocate Good Samaritan PSA Hypertension Hospitalization Rate by Race/Ethnicity 2016-2020



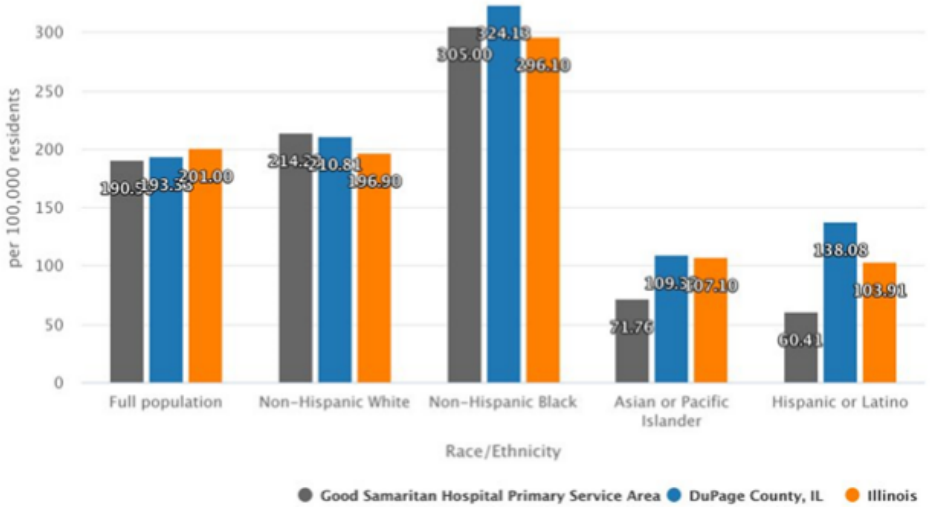
Source: Metopio, COMPdata Informatics, 2022

Exhibit 31: Advocate Good Samaritan PSA Heart Failure Hospitalization Rate by Race/Ethnicity 2020



Source: Metopio, IHA COMPdata Informatics, 2022

Exhibit 32: Advocate Good Samaritan PSA Stroke Hospitalization Rate by Race/Ethnicity 2020

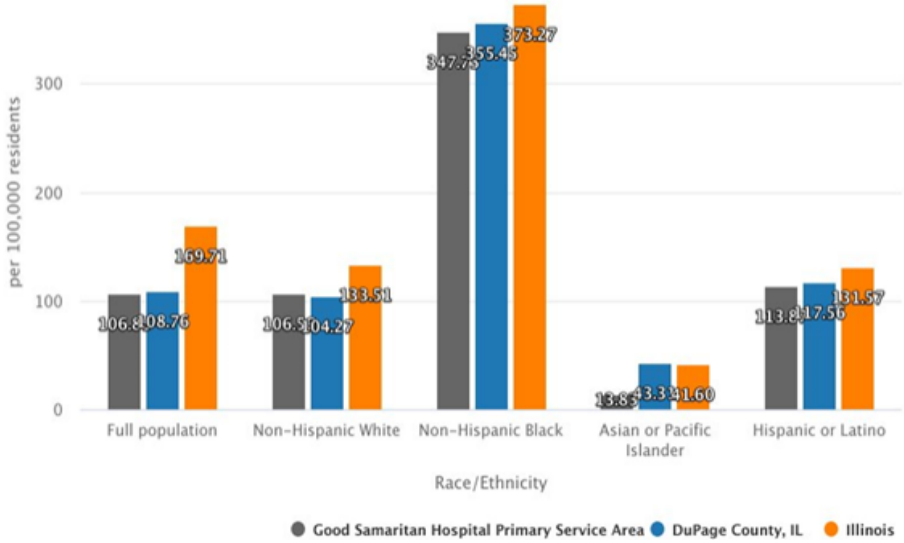


Source: Metopio, COMPdata Informatics, 2022

Diabetes

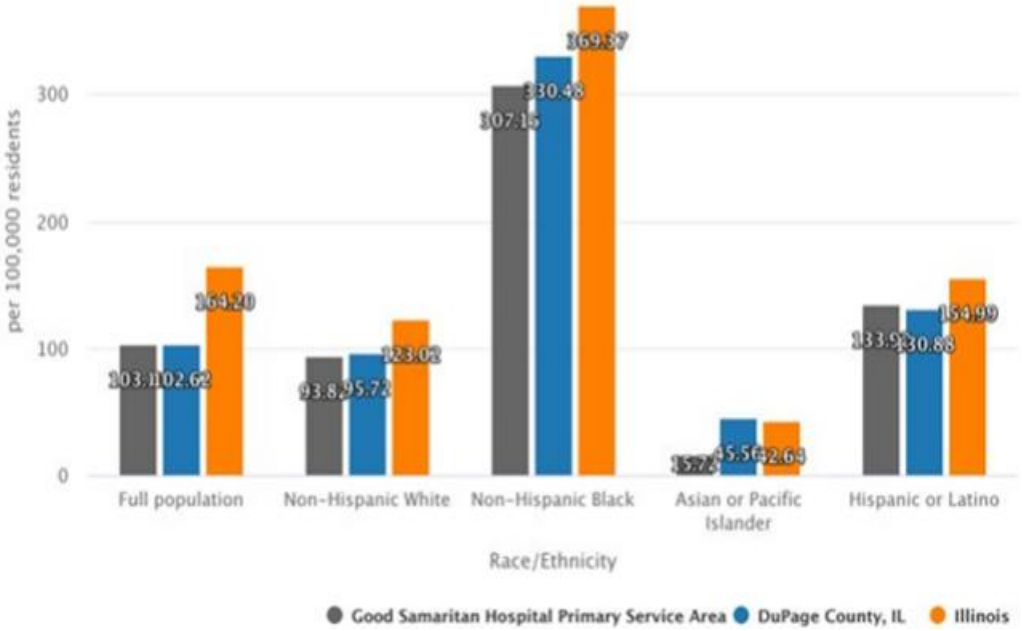
Diabetes is a chronic health condition that affects how the body turns food into energy. Diabetes is the 7th leading cause of death in the Unites States (CDC, 2022). More than 37 million people in the Unites States have diabetes and one in five of them don't know they have it (CDC, 2022). Ninety-six million adults in the United States have pre-diabetes and one in eight do not know they have it (CDC, 2022). In the hospital's PSA, the diabetes hospitalization rate is 106.85 per 100,000 residents, which is lower than DuPage County at 108.76 per 100,000 residents and significantly lower than the state at 169.71 per 100,000 residents. Although the PSA diabetes hospitalization rate is lower than the county and state, there is a racial/ethnic disparity with the Non-Hispanic Black (347.75 per 100,000 residents) and Hispanic or Latino (113.8 per 100,000 residents) populations having significantly higher rates compared to the Non-Hispanic White (106.5 per 100,000 residents) and Asian or Pacific Islander (13.83 per 100,000 residents) populations. Exhibit 33 shows the diabetes hospitalization rate by race/ethnicity. In addition, there is a racial/ethnic disparity in the diabetes type two hospitalization rate with the Non-Hispanic Black (307.15 per 100,000 residents) and Hispanic or Latino (133.9 per 100,000 residents) populations having higher rates compared to the Non-Hispanic White (93.82 per 100,000 residents) and Asian or Pacific Islander (15.72 per 100,000 residents) populations. Exhibit 34 displays the type two diabetes hospitalization rate by race/ethnicity.

Exhibit 33: Advocate Good Samaritan PSA Diabetes Hospitalization Rate by Race/Ethnicity 2020



Source: Metopio, IHA COMPdata Informatics, 2022

Exhibit 34: Advocate Good Samaritan PSA Type 2 Diabetes Hospitalization Rate by Race/Ethnicity 2020



Source: Metopio, IHA COMPdata Informatics, 2022

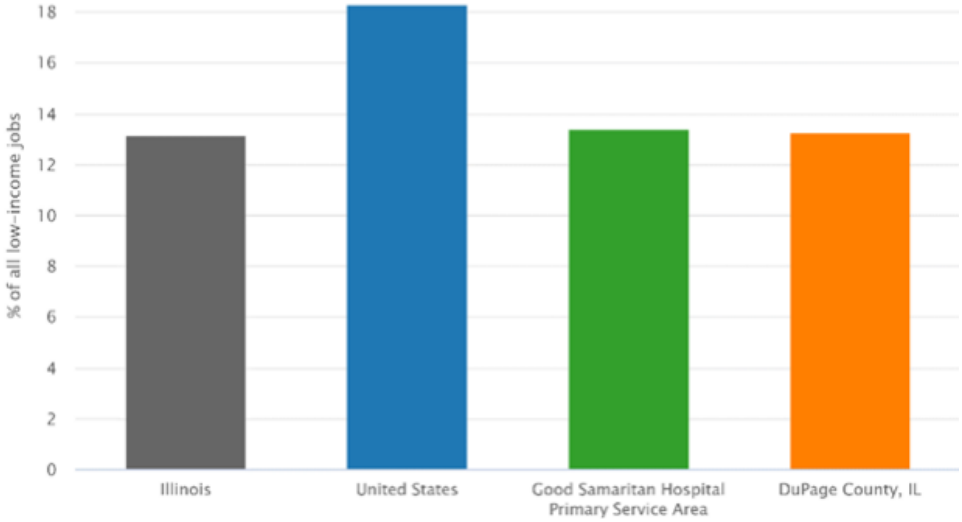
Impact of COVID-19

The Covid-19 pandemic brought profound changes to the way people work, communicate, learn, play, eat, socialize and receive health care. COVID-19 raced across the American landscape bringing illness, suffering, economic struggle and death to people across all racial, ethnic and socioeconomic groups. COVID-19 shined an even brighter light on the health inequities experienced by low-income communities and communities of color. Notably, communities of color were disproportionately affected by the disease, its many difficult side effects and higher death rates. Covid-19 continues to be a priority and as a health care system, we are proactively working with public health professionals and clinical experts to educate and improve health outcomes in our communities.

The COVID-19 risk factor score predicts risk of all fatalities from COVID-19, built using data on chronic disease prevalence, hospitalization and mortality as well as demographic characteristics. Higher scores indicate a greater predicted risk. There are five communities that have a risk factor score higher than the overall PSA. The PSA communities with the highest COVID-19 risk factor score include Romeoville (60446),Bolingbrook (60440), Lombard (60148), Villa Park (60181) and Lemont (60439) (Metopio, UIC School of Public Health, 2022). After analyzing additional data, the Community Health team identified a correlation between the number of COVID-19 cases and vaccination rates. Many of the PSA communities with lower vaccination rates had the highest number of COVID-19 cases, while the communities with higher vaccination rates had the lowest number of COVID-19 cases.

COVID-19 also had a major impact on employment rates with many low-wage employees and ”non-essential” individuals losing employment during an extended period of time. The low-income jobs lost to COVID-19 indicator provided the percentage of all low-income (less than $40,000 per year) jobs lost to COVID-19. In the hospital’s PSA, 13.41 percent of low-income jobs were lost due to COVID-19, which is slightly higher than DuPage County at 13.27 percent and the state at 13.17 percent (Metopio, Urban Institute, 2022). The graph below in exhibit 35 shows the percentage of low-income job loss due to COVID-19 at the PSA, county, state and national level

Exhibit 35: Low-income Jobs Lost to COVID-19 (2020)



Source: Metopio, Urban Institute, 2022

IV. Prioritization of Health-Related Issues

Priority Setting Process

Advocate Good Samaritan's Community Health Department presented data to the hospital's CHC for the top nine health needs in the hospital's PSA. The data was reviewed and discussed by the CHC to ensure thorough understanding of all data indicators and reports. The hospital's top health needs were identified through using several criteria including rates increased/decreased over time; the health issue had high rates compared to the county and/or state and significant health disparities exist within the respective health issue rates. The top health needs presented to the Council are listed below.

- Mental Health
- Health, Wellness and Nutrition
- Substance and Alcohol Use
- Access to Health Care
- Cancer
- Asthma
- Diabetes
- Cardiovascular/Heart Disease
- COVID-19

Council members were able to ask questions and engage in a robust discussion around the top nine health needs, which led to the first prioritization phase of the CHNA. The CHC members were asked to complete a prioritization grid (Appendix 2), which required each member to rate the nine health needs based on the following criteria:

- Size of the health need—This was determined through ED, hospitalization, prevalence and incidence data.
- Seriousness of the health issue—Several questions were taken into consideration to rate the seriousness of the health issue including:
    1) What is the importance of health issue to the community?
    - Does health issue impact the quality of life?
    2) What are the hospitalization and mortality rates caused by the health issue?

- Effectiveness of available interventions—The CHC considered several questions to determine the effectiveness of the health need interventions including:
    1) Are prevention programs effective in preventing the health issue?
        - Do interventions for the health issue have the ability to improve/impact other health issues?
    2) Do treatment programs effectively address the health issue?
- Resources available to address the health issue
- Existing community partners working on the problem
- Meets a defined community need as identified through data
- Potential for health issue to impact other health issues
- Ability to impact the health issue through demonstrable outcomes and collaboration

The hospital's Community Health Department collected the prioritization grids to conduct analysis and to aggregate the health need scores (listed below). The aggregated scores for each health need were presented to the CHC and the four health needs with the highest scores were selected for community expert presentations to assist the CHC in selecting the final two health need priorities. COVID-19 was not included in the prioritization grid due to Advocate Aurora Health's significant and continuing commitment to address the health issue. The Council recognized the significant impact and resources the health care system already had in place and felt this health issue was already prioritized and would continue to be prioritized as long as the disease was a health issue/need in the hospital's service area.

Prioritization Grid Results

- Access to Health Care: 249
- Mental Health: 249
- Substance and Alcohol Use: 244
- Health, Wellness and Nutrition: 234
- Cardiovascular/Heart Disease: 232
- Asthma: 220
- Cancer: 231
- Diabetes: 228

After careful review of data and extensive discussion about the top four health needs (access to health care, mental health, substance and alcohol use and health, wellness and nutrition), the Community Health Department had experts from the community present on each of the top four health issues. Community experts/organizations that presented included the National Alliance on Mental Illness (NAMI DuPage), DuPage Health Coalition, Gateway Foundation and Benedictine University. Each presentation consisted of health disparities, root causes, community resources, gaps in resources, and most affected communities/populations. Following presentations, the Council engaged in an in-depth discussion and the hospital's Community Health Department called for a second vote to narrow the health needs from the top four to the final two 2022 CHNA health priorities. The Council votes for: 1) Health, Wellness and Nutrition; and 2) Behavioral Health as the hospital's final two health need priorities. Additionally, the Council decided to include access to health care in the Health, Wellness and Nutrition priority because of the significant impact access to primary care has on an individual's overall health, wellness and nutrition. The Council also decided to combine substance and alcohol use with mental health to form Behavioral Health as a final priority.

Health Need Selected

Health, Wellness and Nutrition

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

the PSA. The Council also recognized the impact lack of access to health care has on disease prevention and management thus access to health care is included in the health and nutrition priority.

Behavioral Health
The behavioral health priority includes mental health and substance/alcohol use. Although mental health received a higher compared to substance/alcohol use, the hospital's CHC considered the strong correlation between substance use and mental health, making it essential for the hospital to address both health issues in tandem. The rate of mental health issues and substance use have continued to increase in the PSA over time and the COVID-19 pandemic has exacerbated the health issue(s). Data and hospitalization rates also indicate that there is a great need for expansion of behavioral health services such as mental health services, substance use disorder treatment, housing and preventative programming

Health Need Not Selected

Cardiovascular/Heart Disease
Although cardiovascular disease was not selected as a priority, the hospital is committed to decreasing the rate of cardiovascular disease through addressing and prioritizing health and nutrition. National data maps from the CDC indicate that higher heart disease and stroke death rates occur in states that also have higher obesity rates. The CHC decided it was more beneficial to prioritize health and nutrition because of its impact on reducing the risk for cardiovascular disease, including hospitalizations and ER visits due to various cardiovascular diseases and related health issues. Advocate Lutheran General also addresses cardiovascular disease through the hospital's many Advocate Heart Institute programs.

Diabetes
While the CHC acknowledges diabetes is a health issue, the CHC decided to address diabetes prevention and management through the health and nutrition priority, which will include interventions and partnerships to address nutrition and physical inactivity—key elements of diabetes prevention and management.

Cancer
Cancer was identified as a health need for the hospital's PSA but was not selected as a priority due to the many cancer services and programs offered by the hospital's Cancer Center. In addition, the hospital's Community Health Department partners with the hospital's Cancer Center to support community-focused cancer prevention programs, including health and nutrition centered interventions. The hospital also works closely with the American Cancer Society to provide other cancer related services and support, such as wigs, support groups and other services.

Asthma
Asthma was identified as a health need but not selected as the recommended health priority by the CHC due to the lack of community partners and the ineffectiveness/availability of asthma prevention programs in the PSA. Advocate Children's has two Ronald McDonald Care Mobiles (RMCM) which provide care to low-income children in the hospital's PSA who experience barriers to receiving primary health care. The staff of the mobile units also provide asthma education to pediatric patients served by the RMCM.

COVID-19
As a part of the Advocate Aurora Health system, Advocate Lutheran General has and will continue to dedicate a substantial number of resources, including but not limited to medical supply, PPE, COVID-19 testing, medical services and treatment for those with COVID-19 and community-focused interventions to address the ongoing COVID-19 pandemic. In the event of a pandemic and/or major health crisis the CHC recognized that hospitals are called to be the backbone of emergency health outbreaks and also provide crucial and critical care to the community. AAH including

Advocate Lutheran General will continue to make COVID-19 a priority through its commitment to improve access to testing and provide quality care for those diagnosed with the disease.

V. Approval of Community Health Needs Assessment

The director of community health provided a copy of the CHNA to each hospital Governing Council member in advance of the November 2022 Council meeting. Governing Council members were able to review the CHNA document in its entirety before the meeting. The hospital's director and coordinator of community health presented the CHNA document including the assessment process and selected health need priorities to the Council. Following the presentation, Council members were able to discuss findings, ask questions and comment. On November 17, 2022, the Advocate Good Samaritan Governing Council fully approved the 2022 Advocate Good Samaritan Hospital CHNA Report.

VI. Vehicle for Community Feedback

Community Feedback

SCAN ME

Advocate Good Samaritan welcomes all feedback regarding the 2022 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.
Feedback Link: Advocate Aurora Health CHNA Feedback

If you experience any issues with the link to our feedback form or have any other questions, please email Elvis Munoz at Elvis.munoz@aah.org

This report can be viewed online at Advocate Health Care's Community Health Needs Assessment Report webpage via the following link: Hospital CHNA Reports Implementation Plans Progress Reports | Advocate Health Care

A paper copy of this report may also be requested by contacting the hospital's Community Health Department.

VII. Evaluation of Impact from Previous CHNA

Behavioral Health
In 2021, Advocate Good Samaritan implemented multiple behavioral health strategies in efforts to decrease substance use disorder, and increase mental health awareness and access to behavioral health services. Due to COVID-19, many of the hospital's behavioral health programs that required partnerships outside the organization were paused due to COVID-19 regulations and visitor restrictions.

- The Teen Recovery Support Group aims to provide coping mechanisms, mental health discussions and reduce mental health crises. In 2021, 12 sessions were held virtually and engaged over 25 DuPage County high school students.

- In 2021, virtual Mental Health First Aid, a training that aims to help individuals identify and address mental health crises, was provided to 68 EMS students and DuPage Pads professional staff.

- Advocate Good Samaritan also continued to partner with NAMI DuPage to provide Ending the Silence to DuPage County schools. The program aims to reduce mental health stigma among adolescents. In 2021, 203 middle and high school students completed the class.

- In partnership with the DuPage County Health Department, Narcan (an opioid overdose reversal drug) kits were distributed to 29 Good Samaritan Hospital Emergency Department (ED) patients with substance use disorder.

Chronic Disease Prevention and Management

Due to significantly high obesity, food insecurity and chronic disease rates, Advocate Good Samaritan prioritized chronic disease prevention and management for two of its PSA zip codes that were outside of DuPage County. The communities of Bolingbrook (60440) and Romeoville (60446) have the highest hardship scores thus the hospital's CHC wanted to ensure there were community health strategies specific to each of these communities.

- Advocate Good Samaritan partnered with West Suburban Community Pantry to provide nutrition education to over 100 individuals and their families.

- The hospital also worked closely with West Suburban Community Pantry to implement a school-based pantry for food insecure students and families. In 2021, the pantry served over 150 families and distributed over 7,500 pounds of food.

Health Status Improvement

Advocate Good Samaritan Hospital prioritized health status improvement in the 2019 CHNA due to high rates of obesity, food insecurity and chronic disease in the hospital's DuPage County PSA communities. Health status improvement includes access to healthy affordable food, obesity prevention, nutrition and chronic disease prevention and management. The 2021 outcomes for strategies implemented to address this priority are listed below.

- In partnership with People's Resource Center, West Suburban Community Pantry, Northern Illinois Food Bank and University of Illinois Extension, Advocate Good Samaritan implemented 16 virtual healthy lifestyle workshops. Workshops provided nutrition education and increased access to healthy foods for over 30 low-income residents in DuPage County.

- Advocate Good Samaritan partnered with Schafer and North Elementary Schools to provide physical activity classes and nutrition education. In 2021, the hospital provided 100 water bottles for students to increase water consumption. The hospital implemented Yoga in the Park for over 25 families and distributed 45 fresh produce boxes.

- Ride with D45, collaborative initiative for students and families to engage in physical activity together was a district wide bike initiative. The hospital provided 120 helmets and bike safety education to students, families and community residents.
- Advocate Good Samaritan partnered with Access DuPage to provide a community COVID-19 vaccine clinic and distribute nutrition education and fresh produce boxes to over 30 low-income individuals and families.

- To address the increasing need for access to food, Advocate Good Samaritan launched a hospital-based food pantry pilot in December 2020 to serve food insecure oncology patients. In 2021, the pantry served 15 patients and is aiming to expand to new service lines and departments in 2022.

- The Transition Support Program (TSP) aims to increase access to primary care, specifically for uninsured and low-income patients. In 2021, the program doubled patient volume with 150-180 patients on the daily census. Patients were provided with navigation services to primary care physicians and social services.

VIII. Appendices

Appendix 1: 2022 Community Health Needs Assessment Data Sources

Advocate Aurora Business Development Analytics, 2022
Advocate Aurora Health – EpicHB 2021

Centers for Disease Control and Prevention, July 15, 2022. Retrieved from cdc.gov; July 7, 2022. Retrieved from cdc.gov

National Alliance on Mental Illness, January 1, 2022. Retrieved from https://www.nami.org/Home; July 1, 2022.

Illinois Department of Public Health, Heart Disease and Stroke, 2022. Retrieved from dph.illinois.gov).

The Alliance for Health Equity, Community Health Needs Assessment for Chicago and Suburban Cook, 2022; The Alliance for Health Equity, Focus Groups, 2022; and

The Alliance for Health Equity, Community Input Survey, 2022. All three documents accessible at https://allhealthequity.org/projects/2019-chna-reports/

Mental Health America, The State of Menta Health in America 2022

Metopio. Accessed via a contract with Advocate Aurora Health. Website is unavailable to the public. The following data sources were accessed through the portal:
American Community Survey, 2015-2019, 2016-2020
Behavioral Risk Factor Surveillance System, 2019
- Centers for Disease Control and Prevention, 2018
- Centers for Disease Control and Prevention WONDER, 2015-2019, 2016-2020

Centers for Medicare and Medicaid Services, National Provider Identifier, 2021
Chicago Department of Public Health, 2016-2020
Diabetes Atlas, 2019
Feeding America, 2020
FBI Crime Data Explorer, 2016-2020
- Health Resources and Services Administration, 2018
- Illinois Department of Public Health, 2014-2018, 2021
- IHA COMPdata Informatics, 2016-2020
- Illinois State Cancer Registry, 2014-2018
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018
- National Vital Statistics System-Mortality, 2016-2020
- PLACES, 2015-2019
- UIC School of Public Health, 2020, 2021
- United Way ALICE Data, 2018
- USDA, 2019

Trust for America's Health, The State of Obesity: Better Policies for a Healthier America, 2021

Appendix 2: Health Need Prioritization Form

2022 CHNA Prioritization Grid

Please review the following health issues and rate the health issue for each category.

Section 1

Council Information

Please respond to the question below

1. What Community Health Council do you serve on?

Enter your answer

Section 2

Access to Health Care

Please rate "Access to Health Care" for each of the criteria.

2. **Size/Seriousness of the problem**
1=Health issue is not significant; 2= Health issue is not so important; 3=Health issue is somewhat important; 4=Health issue is important; 5=Health issue is significant

1 2 3 4 5

3. **Effectiveness of available interventions**
1=No effective interventions/programs; 2=Minimal effective interventions/programs; 3=Some effective interventions/program; 4=Many effective interventions/program; 5= Many effective interventions, programs and best practices

1 2 3 4 5

4. **Amount of resources to address the health issue**
   1=No resources to address the health issue; 2=Very few resources to address the health issue; 3=Some resources to address the health issue; 4=There are a variety of resources to address health issue; 4= Resources to address health issue are plentiful and abundant

   1 2 3 4 5

5. **Health care system adequately addresses the health issue**
   1=Health care system addresses and has a strong impact on the health issue; 2=Health care system addresses health issue adequately; 3=Health care system somewhat addresses the health issue; 4= Health care system minimally addresses the health issue; 5=Health care system does not address the health issue

   1 2 3 4 5

6. **Meets a defined community need as identified through data**
   1=Data shows there is no health issue; 2=Data shows there may be a potential community need; 3=Data shows a minor need in the community; 4=Data shows issues related to health disparities and health equity; 5=Data shows a large community need with disparities and equity issues

   1 2 3 4 5

7. **Potential for issue to impact other health and social issues**
   1=No potential to impact other health issues; 2=Minimal potential to impact other health issues; 3=Potential to impact other health issues; 4=Strong potential to impact other health issues; 5=Addressing health issue has significant impact on other health/social issues/needs

   1 2 3 4 5

8. **Ability to effectively address or impact health issue through collaboration**
   1=No ability to address health issue through collaboration; 2=Potential ability to address health issue through collaboration; 3=Ability to address/impact health issue through collaboration; 4=Strong impact through collaboration; 5=Significant and effective impact through collaboration

   1 2 3 4 5

Section 3

Mental Health

9. **Size/Seriousness of the problem**
   1=Health issue is not significant; 2= Health issue is not so important; 3=Health issue is somewhat important; 4=Health issue is important; 5=Health issue is significant

   1 2 3 4 5

10. **Effectiveness of available interventions**
    1=No effective interventions/programs; 2=Minimal effective interventions/programs; 3=Some effective interventions/program; 4=Many effective interventions/program; 5= Many effective interventions, programs and best practices

    1 2 3 4 5

11. **Amount of resources to address the health issue**
    1=No resources to address the health issue; 2=Very few resources to address the health issue; 3=Some resources to address the health issue; 4=There are a variety of resources to address health issue; 4= Resources to address health issue are plentiful and abundant

    1 2 3 4 5

12. **Health care system adequately addresses the health issue**
    1=Health care system addresses and has a strong impact on the health issue; 2=Health care system addresses health issue adequately; 3=Health care system somewhat addresses the health issue; 4= Health care system minimally addresses the health issue; 5=Health care system does not address the health issue

    1 2 3 4 5

13. **Meets a defined community need as identified through data**
    1=Data shows there is no health issue; 2=Data shows there may be a potential community need; 3=Data shows a minor need in the community; 4=Data shows issues related to health disparities and health equity; 5=Data shows a large community need with disparities and equity issues

    1 2 3 4 5

14. **Potential for issue to impact other health and social issues**
    1=No potential to impact other health issues; 2=Minimal potential to impact other health issues; 3=Potential to impact other health issues; 4=Strong potential to impact other health issues; 5=Addressing health issue has significant impact on other health/social issues/needs

    1 2 3 4 5

15. **Ability to effectively address or impact health issue through collaboration**
1=No ability to address health issue through collaboration; 2=Potential ability to address health issue through collaboration; 3=Ability to address/impact health issue through collaboration; 4=Strong impact through collaboration; 5=Significant and effective impact through collaboration

1 2 3 4 5

Section 4

Substance Use

16. **Size/Seriousness of the problem**
1=Health issue is not significant; 2= Health issue is not so important; 3=Health issue is somewhat important; 4=Health issue is important; 5=Health issue is significant

1 2 3 4 5

17. **Effectiveness of available interventions**
1=No effective interventions/programs; 2=Minimal effective interventions/programs; 3=Some effective interventions/program; 4=Many effective interventions/program; 5= Many effective interventions, programs and best practices

1 2 3 4 5

18. **Amount of resources to address the health issue**
1=No resources to address the health issue; 2=Very few resources to address the health issue; 3=Some resources to address the health issue; 4=There are a variety of resources to address health issue; 4= Resources to address health issue are plentiful and abundant

1 2 3 4 5

19. **Health care system adequately addresses the health issue**
1=Health care system addresses and has a strong impact on the health issue; 2=Health care system addresses health issue adequately; 3=Health care system somewhat addresses the health issue; 4= Health care system minimally addresses the health issue; 5=Health care system does not address the health issue

1 2 3 4 5

20. **Meets a defined community need as identified through data**
1=Data shows there is no health issue; 2=Data shows there may be a potential community need; 3=Data shows a minor need in the community; 4=Data shows issues related to health disparities and health equity; 5=Data shows a large community need with disparities and equity issues

1 2 3 4 5

21. **Potential for issue to impact other health and social issues**
1=No potential to impact other health issues; 2=Minimal potential to impact other health issues; 3=Potential to impact other health issues; 4=Strong potential to impact other health issues; 5=Addressing health issue has significant impact on other health/social issues/needs

1 2 3 4 5

22. **Ability to effectively address or impact health issue through collaboration**
1=No ability to address health issue through collaboration; 2=Potential ability to address health issue through collaboration; 3=Ability to address/impact health issue through collaboration; 4=Strong impact through collaboration; 5=Significant and effective impact through collaboration

1 2 3 4 5

Section 5

Health, Wellness and Nutrition

23. **Size/Seriousness of the problem**
1=Health issue is not significant; 2= Health issue is not so important; 3=Health issue is somewhat important; 4=Health issue is important; 5=Health issue is significant

1 2 3 4 5

24. **Effectiveness of available interventions**
1=No effective interventions/programs; 2=Minimal effective interventions/programs; 3=Some effective interventions/program; 4=Many effective interventions/program; 5= Many effective interventions, programs and best practices

1 2 3 4 5

25. **Amount of resources to address the health issue**
1=No resources to address the health issue; 2=Very few resources to address the health issue; 3=Some resources to address the health issue; 4=There are a variety of resources to address health issue; 4= Resources to address health issue are plentiful and abundant

1 2 3 4 5

26. **Health care system adequately addresses the health issue**
1=Health care system addresses and has a strong impact on the health issue; 2=Health care system addresses health issue adequately; 3=Health care system somewhat addresses the health issue; 4= Health care system minimally addresses the health issue; 5=Health care system does not address the health issue

1 2 3 4 5

27. **Meets a defined community need as identified through data**
1=Data shows there is no health issue; 2=Data shows there may be a potential community need; 3=Data shows a minor need in the community; 4=Data shows issues related to health disparities and health equity; 5=Data shows a large community need with disparities and equity issues

1 2 3 4 5

28. **Potential for issue to impact other health and social issues**
1=No potential to impact other health issues; 2=Minimal potential to impact other health issues; 3=Potential to impact other health issues; 4=Strong potential to impact other health issues; 5=Addressing health issue has significant impact on other health/social issues/needs

1 2 3 4 5

29. **Ability to effectively address or impact health issue through collaboration**
1=No ability to address health issue through collaboration; 2=Potential ability to address health issue through collaboration; 3=Ability to address/impact health issue through collaboration; 4=Strong impact through collaboration; 5=Significant and effective impact through collaboration

1 2 3 4 5

Section 6 ...

Cardiovascular/Heart Disease

30. **Size/Seriousness of the problem**
1=Health issue is not significant; 2= Health issue is not so important; 3=Health issue is somewhat important; 4=Health issue is important; 5=Health issue is significant

1 2 3 4 5

31. **Effectiveness of available interventions**
1=No effective interventions/programs; 2=Minimal effective interventions/programs; 3=Some effective interventions/program; 4=Many effective interventions/program; 5= Many effective interventions, programs and best practices

1 2 3 4 5

32. **Amount of resources to address the health issue**
1=No resources to address the health issue; 2=Very few resources to address the health issue; 3=Some resources to address the health issue; 4=There are a variety of resources to address health issue; 4= Resources to address health issue are plentiful and abundant

1 2 3 4 5

33. **Health care system adequately addresses the health issue**
1=Health care system addresses and has a strong impact on the health issue; 2=Health care system addresses health issue adequately; 3=Health care system somewhat addresses the health issue; 4= Health care system minimally addresses the health issue; 5=Health care system does not address the health issue

1 2 3 4 5

34. **Meets a defined community need as identified through data**
1=Data shows there is no health issue; 2=Data shows there may be a potential community need; 3=Data shows a minor need in the community; 4=Data shows issues related to health disparities and health equity; 5=Data shows a large community need with disparities and equity issues

1 2 3 4 5

35. **Potential for issue to impact other health and social issues**
1=No potential to impact other health issues; 2=Minimal potential to impact other health issues; 3=Potential to impact other health issues; 4=Strong potential to impact other health issues; 5=Addressing health issue has significant impact on other health/social issues/needs

1 2 3 4 5

36. **Ability to effectively address or impact health issue through collaboration**
1=No ability to address health issue through collaboration; 2=Potential ability to address health issue through collaboration; 3=Ability to address/impact health issue through collaboration; 4=Strong impact through collaboration; 5=Significant and effective impact through collaboration

1 2 3 4 5

Section 7

Respiratory Health/Disease

37. **Size/Seriousness of the problem**
1=Health issue is not significant; 2= Health issue is not so important; 3=Health issue is somewhat important; 4=Health issue is important; 5=Health issue is significant

1 2 3 4 5

38. **Effectiveness of available interventions**
1=No effective interventions/programs; 2=Minimal effective interventions/programs; 3=Some effective interventions/program; 4=Many effective interventions/program; 5= Many effective interventions, programs and best practices

1 2 3 4 5

39. **Amount of resources to address the health issue**
1=No resources to address the health issue; 2=Very few resources to address the health issue; 3=Some resources to address the health issue; 4=There are a variety of resources to address health issue; 4= Resources to address health issue are plentiful and abundant

1 2 3 4 5

40. **Health care system adequately addresses the health issue**
1=Health care system addresses and has a strong impact on the health issue; 2=Health care system addresses health issue adequately; 3=Health care system somewhat addresses the health issue; 4= Health care system minimally addresses the health issue; 5=Health care system does not address the health issue

1 2 3 4 5

41. **Meets a defined community need as identified through data**
1=Data shows there is no health issue; 2=Data shows there may be a potential community need; 3=Data shows a minor need in the community; 4=Data shows issues related to health disparities and health equity; 5=Data shows a large community need with disparities and equity issues

1 2 3 4 5

42. **Potential for issue to impact other health and social issues**
1=No potential to impact other health issues; 2=Minimal potential to impact other health issues; 3=Potential to impact other health issues; 4=Strong potential to impact other health issues; 5=Addressing health issue has significant impact on other health/social issues/needs

1 2 3 4 5

43. **Ability to effectively address or impact health issue through collaboration**
1=No ability to address health issue through collaboration; 2=Potential ability to address health issue through collaboration; 3=Ability to address/impact health issue through collaboration; 4=Strong impact through collaboration; 5=Significant and effective impact through collaboration

1 2 3 4 5

Section 8

Cancer

44. **Size/Seriousness of the problem**
1=Health issue is not significant; 2= Health issue is not so important; 3=Health issue is somewhat important; 4=Health issue is important; 5=Health issue is significant

1 2 3 4 5

45. **Effectiveness of available interventions**
1=No effective interventions/programs; 2=Minimal effective interventions/programs; 3=Some effective interventions/program; 4=Many effective interventions/program; 5= Many effective interventions, programs and best practices

1 2 3 4 5

46. **Amount of resources to address the health issue**
1=No resources to address the health issue; 2=Very few resources to address the health issue; 3=Some resources to address the health issue; 4=There are a variety of resources to address health issue; 4= Resources to address health issue are plentiful and abundant

1 2 3 4 5

47. **Health care system adequately addresses the health issue**
1=Health care system addresses and has a strong impact on the health issue; 2=Health care system addresses health issue adequately; 3=Health care system somewhat addresses the health issue; 4= Health care system minimally addresses the health issue; 5=Health care system does not address the health issue

1 2 3 4 5

48. **Meets a defined community need as identified through data**
1=Data shows there is no health issue; 2=Data shows there may be a potential community need; 3=Data shows a minor need in the community; 4=Data shows issues related to health disparities and health equity; 5=Data shows a large community need with disparities and equity issues

1 2 3 4 5

49. **Potential for issue to impact other health and social issues**
1=No potential to impact other health issues; 2=Minimal potential to impact other health issues; 3=Potential to impact other health issues; 4=Strong potential to impact other health issues; 5=Addressing health issue has significant impact on other health/social issues/needs

1 2 3 4 5

50. **Ability to effectively address or impact health issue through collaboration**
1=No ability to address health issue through collaboration; 2=Potential ability to address health issue through collaboration; 3=Ability to address/impact health issue through collaboration; 4=Strong impact through collaboration; 5=Significant and effective impact through collaboration

1 2 3 4 5

Section 9

Diabetes

51. **Size/Seriousness of the problem**
1=Health issue is not significant; 2= Health issue is not so important; 3=Health issue is somewhat important; 4=Health issue is important; 5=Health issue is significant

1 2 3 4 5

52. **Effectiveness of available interventions**
1=No effective interventions/programs; 2=Minimal effective interventions/programs; 3=Some effective interventions/program; 4=Many effective interventions/program; 5= Many effective interventions, programs and best practices

1 2 3 4 5

53. **Amount of resources to address the health issue**
1=No resources to address the health issue; 2=Very few resources to address the health issue; 3=Some resources to address the health issue; 4=There are a variety of resources to address health issue; 4= Resources to address health issue are plentiful and abundant

1 2 3 4 5

54. **Health care system adequately addresses the health issue**
1=Health care system addresses and has a strong impact on the health issue; 2=Health care system addresses health issue adequately; 3=Health care system somewhat addresses the health issue; 4= Health care system minimally addresses the health issue; 5=Health care system does not address the health issue

1 2 3 4 5

55. **Meets a defined community need as identified through data**
1=Data shows there is no health issue; 2=Data shows there may be a potential community need; 3=Data shows a minor need in the community; 4=Data shows issues related to health disparities and health equity; 5=Data shows a large community need with disparities and equity issues

1 2 3 4 5

56. **Potential for issue to impact other health and social issues**
1=No potential to impact other health issues; 2=Minimal potential to impact other health issues; 3=Potential to impact other health issues; 4=Strong potential to impact other health issues; 5=Addressing health issue has significant impact on other health/social issues/needs

1 2 3 4 5

57. **Ability to effectively address or impact health issue through collaboration**
1=No ability to address health issue through collaboration; 2=Potential ability to address health issue through collaboration; 3=Ability to address/impact health issue through collaboration; 4=Strong impact through collaboration; 5=Significant and effective impact through collaboration

1 2 3 4 5