Northwestern Medicine®

2016 Community Health Needs Assessment Report

Northwestern Medicine Central DuPage Hospital

Contents

Introduction

Northwestern Medicine Central DuPage Hospital (NMCDH) has a rich history of caring for its community. The 333-bed, acute-care facility located in Winfield, Illinois, offers emergency care and inpatient specialty care in medical and surgical services, obstetrics, pediatrics, neurology and oncology to the residents of DuPage County and surrounding areas. It is also a regional destination for oncology, neurology, orthopaedic, pediatric and cardiology care.

NMCDH has upheld its promise to provide DuPage County residents convenient access to high-quality, advanced healthcare services. More than 1,040 physicians are on the medical staff at NMCDH, and they are trained in more than 90 medical specialties. In 2010, NMCDH achieved the prestigious Magnet® recognition from the American Nurses Credentialing Center. This recognition is considered the gold standard for nursing excellence and demonstrates an organizational commitment to quality care.

> NMCDH sponsors numerous programs to promote health and wellness, healthcare career training, youth mentoring, language assistance and a multitude of volunteer programs to enhance the quality and accessibility of health care. Our services are carefully designed and structured to meet the needs of our growing and changing communities.

NMCDH has completed a comprehensive Community Health Needs Assessment (CHNA) to identify the highest-priority health needs of residents of our community, and will use this information to guide new and enhance existing efforts to improve the health of our community. As described in detail in this report, the goal of the CHNA was to implement a structured, data-driven approach to determine the health status, behaviors and needs of all residents in the NMCDH service area.

Through this assessment, we identified health needs that are prevalent among residents across all socioeconomic groups, races and ethnicities, as well as issues that highlight health disparities or disproportionately impact the medically underserved and uninsured.

Acknowledgments

NMCDH gratefully acknowledges the participation of a dedicated group of organizations that gave generously of their time and expertise to help conduct and develop this 2016 Community Health Needs Assessment:

- DuPage County Health Department
- DuPage Federation on Human Services Reform
- DuPage Medical Group
- People's Resource Center
- WeGo Together for Kids

The Community Health Needs Assessment

Background

NMCDH, Northwestern Memorial Hospital and Northwestern Medicine Lake Forest Hospital joined forces with a coalition of other health systems within DuPage, Cook and Lake Counties to complete a comprehensive CHNA. The Metropolitan Chicago Healthcare Council (MCHC) facilitated the assessment on behalf of a coalition of member hospitals and health systems, including Alexian Brothers Health System/Amita Health, Edward-Elmhurst Healthcare, Franciscan Alliance, Ingalls Health System, Northwest Community Healthcare, Northwestern Medicine and Rush System for Health.

The goal of the coalition was to conduct a comprehensive, multifactorial assessment that would not only fulfill each organization's regulatory requirements, but also provide a consistent and standardized database that each organization could use to guide the development of its individual CHNA and Implementation Plan while promoting opportunities to work collaboratively to address the health needs of county residents.

To complete the assessment, MCHC and the coalition contracted with Professional Research Consultants (PRC), a nationally recognized healthcare consulting firm with extensive experience conducting CHNAs in hundreds of communities across the United States. MCHC provided a CHNA report specific to the service area for NMCDH.

Following completion of the CHNA, NMCDH undertook additional steps to review and interpret the findings and prioritize the identified health needs. An external steering committee was established to ensure that organizations impacting health in central DuPage County and representing the broad interests of the community were meaningfully engaged in reviewing and interpreting the findings of the CHNA. The committee's purpose was to develop priorities among the identified areas of opportunity and assist in the formation of a collaborative plan to address the highest-priority health needs.

Members include representatives of:

- DuPage County Health Department
- DuPage Federation on Human Services Reform
- DuPage Medical Group
- People's Resource Center
- WeGo Together for Kids

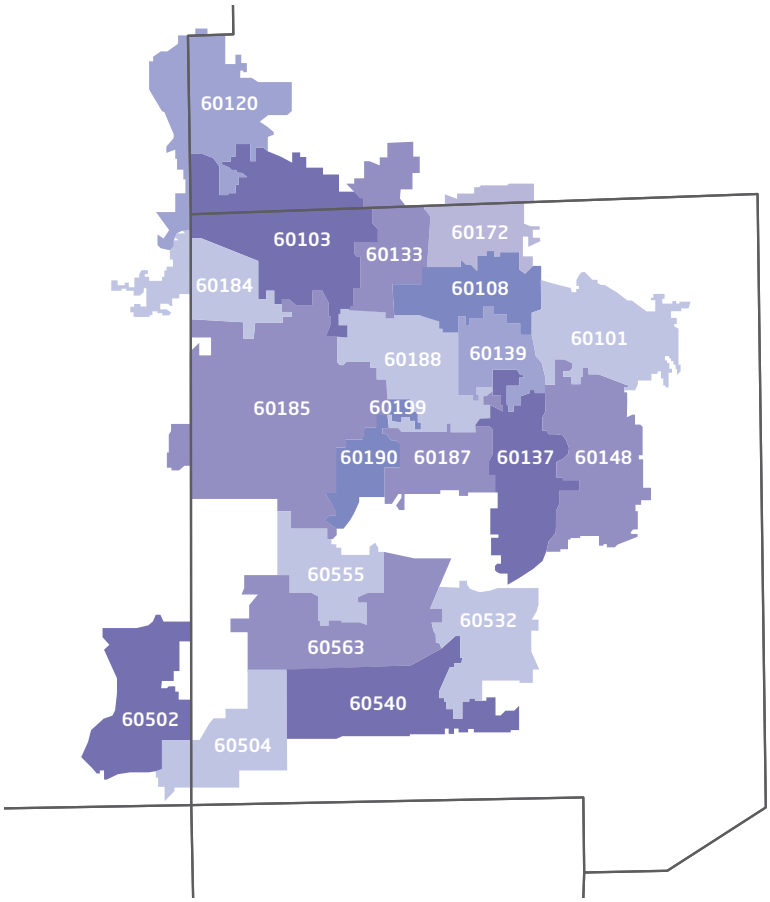
A description of the communities served by these organizations is included in Appendix A.

NMCDH service area

NMCDH primarily serves central and western DuPage County (NMCDH service area), which has approximately 922,803 residents, is defined by seven zip codes and accounts for 65.3 percent of inpatient admissions at NMCDH.[1] An additional 14 zip codes comprise the hospital's secondary service area.

NMCDH Primary Service Area by Zip Code			
60185	60555	60199	60187
60190	60188	60137	

NMCDH Secondary Service Area by Zip Code			
60563	60502	60108	60184
60540	60148	60172	60120
60532	60101	60133	
60504	60139	60103	



[1] U.S. Census Bureau, 2010

Goals and objectives

A CHNA provides information so that hospitals may identify health issues of greatest concern among all residents and decide how best to commit resources to those areas, thereby making the greatest possible impact on community health status.

The NMCDH CHNA conducted in 2016 was performed with a systematic, data-driven approach to determine the health status, behaviors and needs of residents in the NMCDH service area. This CHNA will serve as a tool toward reaching three related goals:

1. **Improve residents' health status, increase their life spans and elevate their overall quality of life.** A healthy community is one where its residents suffer little from physical and mental illness and also enjoy a high quality of life.

2. **Reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these segments may then be developed to combat some of the socioeconomic factors that have historically had a negative impact on residents' health.

3. **Increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data). These quantitative components allow for trending and comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research gathered through an online key informant survey, as well as participation in the DuPage County Mobilizing for Action through Planning and Partnerships (MAPP). In 2013, NMCDH joined other community leaders in the formation of Impact DuPage, a countywide initiative aimed at creating a common understanding of community needs, gaps and priorities. Using a six-phase planning process, Impact DuPage—along with the DuPage County Health Department (DCHD)—completed a countywide needs assessment in 2014. That assessment formed the basis for the DCHD 2015 Community Health Improvement Plan and will be discussed in more detail in this report.

Community health survey

Survey instrument

The survey instrument used for the PRC-MCHC Community Health Survey was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System, as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the MCHC and PRC, with input from participating member hospitals, and is similar to the previous survey used in the region, allowing for data trending.

Community defined for this assessment

The study area for the survey effort was defined as the NMCDH service area, analyzed at the zip code level.

Sample approach and design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC-MCHC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology—one that incorporates both landline and cell phone interviews—was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort was designed to provide meaningful results for the NMCDH service area. Interviews were administered among a random sample of households. Once interviews were completed, they were weighted in proportion to the actual population distribution at the zip code level to appropriately represent the NMCDH service area. Data consisted of a sample of 367 individuals age 18 and older in the NMCDH service area, with a 95 percent level of confidence. Administration of the surveys, data collection and data analysis were conducted by PRC.

Sample characteristics

To accurately represent the population studied and minimize bias, proven telephone methodology and random-selection techniques were applied. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to further the representation. This was accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (post-stratification) to eliminate any naturally occurring bias.

Specifically, once the raw data were gathered, respondents were examined by key demographic characteristics (namely gender, age, race, ethnicity and poverty status) and a statistical application package applied, weighting variables that produced a sample that more closely matched the population for these characteristics. While the integrity of each individual's responses was maintained, one person's responses may have contributed to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may have contributed the same weight as 0.9 respondents.

The poverty descriptions used in this report are based on administrative poverty thresholds determined by the U.S. Department of Health and Human Services. These guidelines define poverty status by household income level and number of persons in the household. (For example, the 2016 guidelines place the poverty threshold for a family of four at $24,300 annual household income or lower).

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Public health, vital statistics and other data

A variety of existing (secondary) data sources was consulted to complement the research quality of the CHNA. Secondary data for the NMCDH service area was obtained from the following sources with specific citations included throughout the PRC report:

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control and Prevention
- Community Commons
- ESRI ArcGIS Map Gallery
- Illinois Department of Public Health
- Illinois State Police
- National Cancer Institute, State Cancer Profiles
- National Center for Health Statistics
- U.S. Census Bureau
- U.S. Department of Health and Human Services
- U.S. Department of Justice, Federal Bureau of Investigation
- U.S. Department of Labor, Bureau of Labor Statistics

Community stakeholder input

Online key informant survey

To solicit input from key informants—individuals who have a broad interest in the health of the community—an online key informant survey was implemented. A list of recommended participants was provided by NMCDH and MCHC, which included names and contact information of physicians, public health representatives, other health professionals, social service providers and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work as well as the overall community.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the online survey. Reminder emails were sent as needed to increase participation. In all, 10 community stakeholders took part in the online key informant survey—including representatives of the following organizations:

- DuPage County Health Department
- DuPage Federation on Human Services Reform
- Elmhurst CUSD 205
- Metropolitan Chicago Healthcare Council
- Naperville School District 203
- People's Resource Center
- Village of Addison

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations and other medically underserved populations. Key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked for a description of how these issues may be better addressed.

Information gaps

While this CHNA is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups—such as the homeless, institutionalized persons or those who only speak a language other than English or Spanish—are not represented in the survey data. Other population groups—for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups—might not be identifiable or might not be represented in numbers sufficient for independent analysis.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Public dissemination

This NMCDH CHNA is available to the public. A hard copy of the CNHA is available at the NMCDH facility and may be viewed upon request.

Findings and opportunities

Community description

DuPage County encompasses 327.41 square miles and is home to a total population of 922,803 residents, according to latest census estimates. Between the 2000 and 2010 U.S. Censuses, the population of DuPage County increased by 13,014 persons or 1.4 percent. The county's population density is reported at 2,818.47 per square mile. DuPage County is predominately urban, with nearly all of the population living in areas designated as urban.

Demographics

It is important to understand the age distribution of the population, as different age groups have unique health needs that must be considered in planning to meet the needs of county residents. In DuPage County, 23.4 percent of the population are infants, children or adolescents (age 0 to 17). Another 64.4 percent are age 18 to 64, while only 12.2 percent are 65 and older. The median age in DuPage County is 38.4 years, compared to 36.8 statewide and 37.3 nationally.

Race and ethnicity

In looking at race independent of ethnicity, 80.3 percent of residents in DuPage County are White and 4.6 percent are Black. When considering ethnicity, 13.5 percent of DuPage County residents are Hispanic or Latino. The county has a higher proportion of White residents and a lower proportion of Black residents than the region, state and U.S. The percentage of Hispanic and Latino residents is also lower than found in the region, state and U.S. However, the Hispanic population in DuPage County increased by 40,167 (49.4 percent) between 2000 and 2010. Additionally, a total of 5 percent of the DuPage County population age 5 and over live in a home in which no person (age 14 or older) is proficient in English.

Social determinants of health

Health starts in our homes, schools, workplaces, neighborhoods and communities. We know that taking care of ourselves (including eating well, staying active, not smoking and making regular visits to the doctor) influences our health.

Our health is also determined in part by access to social and economic opportunities, community resources, quality education, workplace safety, environmental factors and our relationships. The conditions in which we live explain, in part, why some Americans are healthier than others.

Poverty

The U.S. Census Bureau American Community Survey 5-Year Estimates (2009 to 2013) show 6.9 percent of the DuPage County population living below the Federal Poverty Level (100 percent).

A total estimated 8.6 percent of residents (168,845 individuals) live below 200 percent of the Federal Poverty Level.

A total estimated 23.5 percent of DuPage County children age 0 to 17 (52,639 children) live below 200 percent of the Federal Poverty Level.

Education and employment

Among the DuPage County population age 25 and older, an estimated 7.9 percent (more than 48,000 people) do not have a high school education, which is a more favorable number than state and national findings.

According to data derived from the U.S. Department of Labor, the unemployment rate in DuPage County was 4.8 percent in May 2015, trending more favorably than both state and national unemployment rates.

General health status

- A total of 60.2 percent of NMCDH service area adults rated their overall health as “excellent” or “very good.”
- Another 8.9 percent described their overall health status as “fair” to “poor.”
- The remaining 30.9 percent rated their health as “good.”
- When queried regarding activity limitations, 20.6 percent of respondents reported limitations due to a physical, mental or emotional problem.

Mental health status

- Seventy-three percent of residents reported their mental health as "excellent" or "very good," with another 17.7 percent reporting "good" and 9.4 percent reporting "fair" or "poor."
- Seventeen percent of adults reported being diagnosed with a depressive disorder, and 27.0 percent of these same respondents reported symptoms of chronic depression lasting two or more years.
- Sixty percent of adult respondents reported "moderate to extreme" daily stress on a regular basis.
- Inadequate sleep was reported by 62.3 percent of respondents.
- Between 2011 and 2013, the annual average age-adjusted suicide rate was 8.8 deaths per 100,000 population in DuPage County—higher than regional rates, but lower than state and national rates.

Morbidity and mortality

Cardiovascular disease

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than half of all deaths in DuPage County in 2014.

Nearly all respondents (98.8 percent) reported having had their blood pressure tested within the past two years, exceeding the Healthy People 2020 (HP2020) target of 92.6 percent.

A total of 31.8 percent of adults reported being told at some point that their blood pressure was high, exceeding the HP2020 target of 26.9 percent.

Ninety-six percent of respondents reported having a blood cholesterol screening within the past five years; 30.9 percent reported elevated cholesterol levels.

Regarding risk of cardiovascular disease, 76.1 percent of respondents reported one or more risk factors including overweight, smoking cigarettes, physical inactivity, high blood pressure or high cholesterol levels.

Fifty percent of survey respondents rated heart disease and stroke as a major problem in the community.

Cancer

Between 2011 and 2013, the annual average age-adjusted cancer mortality rate was 149.3 deaths per 100,000 residents in DuPage County; the rate was notably higher among non-Hispanic Blacks and Whites.

Lung cancer was by far the leading cause of cancer death in DuPage County, followed by female breast cancer, prostate cancer and colorectal cancer.

When queried regarding screenings:

- Among men age 50 years and older, 71.3 percent reported having been screened for prostate cancer.

- Among women age 50 to 74 years, 84.6 percent reported receiving a mammogram within the past two years.
- Among women age 21 to 65 years, 87.3 percent reported having had a Pap smear within the past three years.
- Among adults age 50 to 75 years, 67.9 percent reported having a colorectal cancer screening within the past 10 years.

Thirty-three percent of key informants rated cancer as a major problem in DuPage County.

Pulmonary disease

Asthma and chronic obstructive pulmonary disease (COPD) were also significant public health burdens.

- Between 2011 and 2013, the annual average age-adjusted COPD mortality rate was 29.8 deaths per 100,000 residents in DuPage County.
- Additionally, the pneumonia/influenza age-adjusted mortality rate was 16.4.
- Currently, 7.4 percent of adult survey respondents suffer from asthma.
- Additionally, 7.8 percent of children within the NMCDH service area were reported to have asthma.
- Fifty percent of key informants rated respiratory disease as a major problem in DuPage County.

Diabetes

Diabetes is another disease that continues to increase in both incidence and prevalence in the U.S. Increasing numbers coupled with earlier onset of the disease pose a growing concern about the potential to overwhelm the existing healthcare system.[2]

- Between 2011 and 2013, the annual average age-adjusted diabetes mortality rate was 11.3 deaths per 100,000 residents in DuPage County, well below regional, state and national rates; age-adjusted mortality by race was highest among the Hispanic population.
- A total of 10.4 percent of respondents reported having been diagnosed with diabetes, and an additional 10.6 percent reported having "pre-diabetes."
- Among individuals not having been diagnosed with diabetes, only 57 percent reported having had their blood sugar level tested within the past three years.
- Fifty-seven percent of respondents identified diabetes as a major problem in DuPage County.

[2] Healthy People 2020

Injury and violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages.[3] Poisoning (including accidental drug overdose), falls, motor vehicle accidents and suffocation accounted for the majority of accidental deaths in the hospital's service area in 2013.

- Between 2011 and 2013, the average annual age-adjusted motor vehicle crash mortality rate was 4.0 per 100,000 residents in DuPage County—notably below state and national rates and significantly below the HP2020 target of 12.4 or lower.
- Among survey respondents, 92.7 percent reported "always" wearing a seat belt when driving or riding in a vehicle and 99.5 percent of parents reported their child "always" wearing a seat belt.
- More than 25 percent of NMCDH service area children were reported to "always" wear a helmet when riding a bicycle.
- Half of key informants rated unintentional injury as a minor problem in DuPage County.
- Between 2011 and 2013, the annual average age-adjusted homicide rate was 1.8 deaths per 100,000 residents in DuPage County, notably below state and national rates.
- Violent crimes were reported at a rate of 82.9 crimes per 100,000 residents, also well below the regional, state and U.S. rates of 507.9, 403.2, and 380.9 respectively.
- Additionally, 96.2 percent of respondents considered their neighborhoods to be "extremely" or "quite" safe.
- While 62.5 percent of respondents rated community violence as a minor problem, 57.1 percent perceived family violence as a moderate problem in the community.

Infectious Disease

Respiratory illnesses

Acute respiratory infections, including pneumonia and influenza, are the eighth-leading cause of death in the United States, accounting for 56,000 deaths annually.[4]

- Among NMCDH service area senior citizens, 59.3 percent received a flu shot within the past year.
- Among adults age 65 and older, 71 percent have received a pneumonia vaccination at some point in their lives.
- These trends are consistent with regional, state and national rates.
- The age-adjusted mortality rate in DuPage County for pneumonia/influenza exceeded the national rate as reported by the Centers for Disease Control and Prevention.[5]

[3] Healthy People 2020
[4] Healthy People 2020
[5] Centers for Disease Control and Prevention, 2015

Human immunodeficiency virus (HIV)

Human immunodeficiency virus (HIV) continues to be a major public health crisis with an estimated 1.1 million Americans affected. One in five people with HIV is unaware that he or she has the virus. HIV continues to spread, leading to about 56,000 new cases annually in the U.S.[6]

- In 2010, there were 80.2 HIV cases per 100,000 residents in DuPage County, with a particularly high prevalence rate among non-Hispanic Black residents.
- Only 24.5 percent of survey respondents reported that they had been tested for HIV in the past year.
- Sixty-six percent of survey respondents report HIV/AIDS as a moderate problem in the community.

Sexually transmitted diseases

- In 2012, the chlamydia incidence rate in DuPage County was 201.6 cases per 100,000 residents, and the gonorrhea incidence rate was 25.9 cases per 100,000 residents, both notably lower than regional, state and national rates.

Despite the low incidences reported above, 25 percent of respondents rated infectious disease and immunizations as a major problem, and 37.5 percent rated it as a moderate problem, citing factors such as incomplete immunizations, families deciding not to immunize and unprotected sex.

Births

- Between 2007 and 2010, 4.7 percent of all DuPage County births occurred without prenatal care, consistent with both regional and state rates and far below the national rate.
- A total of 7.1 percent of all births between 2011 and 2013 were low-weight.
- The average infant death rate during that same period was 4.4 infant deaths per 1,000 live births, which is lower than regional, state and national rates.
- Low birth weights were twice as high among Black infants compared to White infants in DuPage County.
- Infant mortality was notably higher among births to Black mothers.
- Infant and child health was noted to be a major problem by 25 percent of survey respondents, while 37.5 percent reported it to be a moderate problem.
- Between 2011 and 2013, 3.4 percent of live births in DuPage County were to mothers under the age of 20.
- By race and ethnicity, Black mothers accounted for the largest proportion of teen births in DuPage County.
- Family planning challenges in the community were noted by 42.9 percent of respondents, many of whom cited a lack of full choice and access to affordable services.

[6] Healthy People 2020

Factors contributing to premature death

The most prominent contributors to mortality in the U.S. in 2000 were tobacco, diet, activity patterns, alcohol, microbial agents, toxic agents, motor vehicles, firearms, sexual behavior and illicit use of drugs. Smoking remains the leading cause of mortality, although many researchers believe that poor diet and physical inactivity may soon overtake tobacco as the leading cause of death.

These findings, coupled with escalating healthcare costs and an aging population, indicate an urgent need to establish a more preventive orientation in today's U.S. healthcare model.

At NMCDH, we believe that this is a shared responsibility between public health systems and the hospitals and medical centers that provide care to populations within their respective service areas. Utilizing a collaborative, evidence-based approach to prevention, screening and chronic disease management will allow for an optimum impact in the reduction/elimination of many of the prominent contributors to mortality in U.S. healthcare systems.

Diet and nutrition

A total of 48.8 percent of survey respondents reported eating five or more servings of fruits and/or vegetables per day; however, older adults were less likely to get the recommended servings.

While most respondents reported little or no difficulty accessing fresh produce, 15.1 percent reported that it was "somewhat" or "very" difficult to access affordable fresh fruits and vegetables.

U.S. Department of Agriculture data show that 26.7 percent of DuPage County residents have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store. These findings were less favorable than regional, state or national findings.

When queried regarding the receipt of health advice about diet and nutrition, 51.4 percent of respondents acknowledged that a physician counseled them about diet and nutrition in the past year.

Among overweight/obese respondents, only 58.1 percent reported receiving diet/nutrition advice.

When queried about health advice related to physical activity and exercise, 54.6 percent of respondents reported that their physician had asked about or provided advice about physical activity in the past year.

However, only 62.5 percent of overweight/obese respondents acknowledged having talked to their physician about physical activity/exercise in the past year.

Physical activity

A total of 13.7 percent of respondents reported no leisure-time physical activity in the past month; this trend was better and more favorable than regional, state and national findings.

Additionally, a total of 59.5 percent of respondents participate in regular, sustained, moderate or vigorous physical activity. However, residents age 40 and older were less likely to meet physical activity recommendations.

Accessing safe and affordable places for exercise was not a problem for the majority of respondents, but 12.5 percent indicated that it was "somewhat difficult" or "very difficult."

Between 2008 and 2012, there were 14.5 recreation/fitness facilities for every 100,000 residents in DuPage County; this is in addition to more than 25,000 acres of open area in the DuPage County Forest Preserve District.

Among service area children age 2 to 17 years, 46.4 percent were reported to have had 60 minutes of physical activity on each of the seven days preceding the interview; these results are similar to both regional and national findings.

Girls were reported to engage in physical activity more often than boys (52.2 vs. 40.1 percent, respectively), and activity time decreased with age.

Overweight/obesity

Based on self-reported heights and weights, 34.8 percent of adult respondents within the hospital's service area were within a healthy weight range; however, 62.4 percent were overweight, including 28.9 percent who were obese.

Based on heights and weights reported by surveyed parents, 34.1 percent of children age 5 to 17 years were overweight or obese (> 85th percentile).

Further, 23.9 percent of these children were obese (> 95th percentile); this trend was significantly higher than 2009 PRC Survey results and was highest among children age 5 to 12 and girls age 5 to 17 years.

Nutrition, physical activity and weight were perceived as major problems by 62.5 percent of survey respondents.

Substance abuse

Age-adjusted deaths from cirrhosis/liver disease and age-adjusted drug-induced deaths remained lower than regional, state and national rates.

A total of 18.5 percent of service area respondents acknowledged binge drinking, and 8.6 percent of adult respondents acknowledged using an illicit drug in the past month.

Seventy-five percent of respondents characterized substance abuse as a "major" problem in the community, citing self-imposed barriers, cost/insurance and access to care as barriers to treatment.

Key informants who rated substance abuse as a "major" problem most often identified alcohol, heroin/opioids and marijuana as the most problematic substances in the community.

Tobacco use

A total of 15.5 percent of NMCDH service area adults currently smoke cigarettes.

Among households with children, 4.7 percent have someone who smokes cigarettes in the home.

Additionally, a total of 2.4 percent of service area adults use some type of smokeless tobacco.

Fifty percent of survey respondents identified tobacco use as a "moderate problem," while an additional 25 percent identified it as a "major" problem, citing concerns such as the number of new teen smokers and proliferation of e-cigarettes and vapor smoking.

Access to care

Access to health services has a profound effect on every aspect of a person's health, yet almost one in four Americans does not have a primary care provider (PCP) or health center where he or she can receive regular medical services.

Increasing access to both routine medical care and medical insurance is vital for improving the health of all Americans.[7] Regular and reliable access to health services can:

- Prevent disease and disability
- Detect and treat illnesses or other health conditions
- Increase quality of life
- Reduce the likelihood of premature (early) death
- Increase life expectancy[8]

[7] Healthy People 2020
[8] Healthy People 2020, Leading Health Indicators

Insurance

Approximately one in five Americans (children and adults under age 65) does not have medical insurance. People without medical insurance are more likely to lack a usual source of medical care, such as a PCP, and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses.

- A total of 72.5 percent of NMCDH service area adults age 18 to 64 reported having healthcare coverage through private insurance.
- Another 19.5 percent reported coverage through a government-sponsored program, such as Medicaid, Medicare and military benefits.
- The remaining 8 percent of respondents reported having no insurance coverage for healthcare expenses, with women and young adults being the most likely to be without coverage.

Barriers to access

A total of 36.2 percent of service area respondents reported some type of difficulty or delay in obtaining services in the past year. These findings were similar to both regional and national findings. Adults under the age of 65 more often reported difficulties accessing healthcare services. Notable barriers to healthcare access included:

Inconvenient office hours	Cost of prescriptions
Difficulty obtaining a provider appointment	Difficulty finding a doctor
Cost of a doctor visit	Lack of transportation

A total of 14.1 percent of survey respondents reported that the cost of a physician visit prevented them from seeking medical care in the past year and an additional 11.8 percent reported going without a prescription in the past year because of prohibitive cost.

- Additionally, 11.6 percent skipped or reduced medication dosages in the past year in order to stretch a prescription and save money.
- Fifty percent of survey respondents noted access to healthcare services as a moderate to major problem in the community. Reasons cited included undocumented status, system issues such as Medicare/Medicaid managed care plans and high deductibles, social determinants such as housing, education/literacy levels and language/cultural barriers.
- Key informants identified access to mental health care and specialty care as the most difficult to access in the community.

In 2012, DuPage County was served by 1,244 PCPs, translating to a rate of 134.1 per 100,000 residents. This rate was well above the regional, state and national rates, but only 80.5 percent of service area adults reported a specific source of ongoing medical care. Additionally, 80.9 percent of survey respondents reported visiting a dentist within the past year, and 53.6 percent reported having had a dilated eye examination within the past two years.

Areas of opportunity for community health improvement

The following areas of opportunity were identified through this CHNA and represent potential areas to consider for intervention.

Topic	Identified Need/Concern
Access to healthcare services	Barriers to access medical care: Finding a physician Inconvenient office hours Difficulty obtaining an appointment Cost of physician visit Cost of prescriptions Lack of transportation Bi-annual dilated eye examinations Annual dental examinations Access to health care ranked as a top concern in the online key informant survey
Chronic disease	**Cancer** Leading cause of death (DuPage County) Cancer deaths (including lung and female breast cancer) Cancer incidence (including female breast cancer incidence) Skin cancer prevalence Colorectal cancer screening (including blood stool exams) Cancer rate higher among non-Hispanic Black residents Access to cancer screenings **Diabetes** Prevalence of borderline/pre-diabetes Access to blood glucose screening Diabetes ranked as a top concern in the online key informant survey **Heart disease and stroke** Second leading cause of death (DuPage County) High blood pressure prevalence High blood pressure management A majority (76 percent) of respondents had one or more risk factors for heart disease Heart disease and stroke ranked as a top concern in the online key informant survey **Respiratory disease** Asthma Chronic obstructive pulmonary disease
Immunization and infectious diseases	Pneumonia/influenza deaths Forty percent of seniors do not receive an annual flu shot Fewer than 30 percent of seniors have ever received pneumonia vaccine
Infant health and family planning	Low birth weight rates among Black teens Higher incidence of teen births among Black teens Family planning ranked as a top concern in the online key informant survey

Topic	Identified Need/Concern
Injury and violence	Ongoing bicycle helmet education (children) Ongoing car seat safety education/injury prevention Family violence
Mental health	Diagnosed depression Moderate to extreme daily stress Inadequate sleep Suicide Three-fourths of key informants ranked mental health as a top concern in the online key informant survey
Nutrition, physical activity and weight	Older adults less likely to get recommended servings of fruits and/or vegetables daily Low food access/reside in a food desert Overweight and obesity in children and adults Access to nutrition and exercise counseling Physical activity, nutrition and weight were rated as major problems in the online key informant survey
Sexually transmitted diseases	Multiple sexual partners Chlamydia incidence rate
Substance abuse	Overall alcohol use and binge drinking Drug-induced deaths Liver disease Illicit drug use Substance abuse ranked as a top concern in the online key informant survey
Tobacco use	Environmental tobacco smoke exposure at home Teen smoking E-cigarette and vapor smoking

Additional sources of input

DuPage County Health Department

Concurrent with the development of the NMCDH CHNA, the DuPage County Health Department conducted a comprehensive needs assessment of residents in DuPage County. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Utilizing the Assessment Protocol for Excellence in Public Health (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards.

In August 2013, a group of community leaders formed Impact DuPage, a countywide initiative aimed at creating a common understanding of community needs, gaps and priorities that will advance the well-being of the DuPage County community. Utilizing the MAPP process, Impact DuPage completed four countywide assessments between June 2014 and December 2014. Partners are currently developing an action plan to address the priorities identified in these assessments. The assessments included:

Landscape review

Conducted in fall 2014, this assessment collected community voices to learn perceptions about quality of life in DuPage County. This countywide survey received more than 2,000 responses.

Local system assessment

This assessment gathered partners in a day-long event that assessed the strengths and weaknesses of local systems that support the well-being of DuPage County residents. It provided valuable feedback regarding system performance and opportunities for improvement.

Forces of change assessment

During the forces of change assessment, community leaders brainstormed trends, factors and events that affected the quality of life and the associated threats and opportunities.

Community profile

The community profile provided a snapshot of the well-being of DuPage County residents by displaying quantitative information on health status, quality of life and risk factors.

Additional information regarding the Impact DuPage Community Assessment may be accessed here.

Impact DuPage priorities

Data from the assessments described above formed the basis for the top five priorities identified by DuPage County:

Affordable housing	Access to health services	Healthy lifestyles
Mental health	Substance abuse	

Interpreting and prioritizing health needs

External Steering Committee

Following completion of the CHNA, NMCDH leadership convened the External Steering Committee (ESC) to review the findings. This multidisciplinary committee was made up of key stakeholders who were selected based on strong collaborative efforts to improve the health of the community, including the medically underserved, minority and low-income populations. The varied backgrounds of the committee members provided diverse insight into prioritizing identified health indicators.

Prioritization process

A planned and structured process was used to facilitate prioritization of the identified health needs. Tools and data utilized in the process included the CHNA data, IPLAN data, ESC feedback, an organizational asset inventory and alignment with guiding principles for response to community need. Organizational guiding principles included:

Importance of the problem to the community

- Is there a demonstrated community need?
- Will action impact vulnerable populations?
- Does the identified health need impact other community issues?

Availability of tested approaches or existing resources to address the issues

- Can actionable goals be defined to address the health need?
- Does the defined solution have specific and measurable goals that are achievable in a reasonable timeframe?

Opportunity for collective impact

- Can the need be addressed in collaboration with community or campus partners to achieve significant, long-term outcomes?
- Are organizations already addressing the health issue?

Applicability of NMCDH as a change agent (such as acting as a partner, researcher, educator or in a position to share knowledge or funding)

- Does NMCDH have the research or education expertise/resources that address the identified health need?
- Does NMCDH have clinical services or other expertise/resources that address the identified health need?

Estimated resources, timeframe and size of impacted population

NMCDH developed a survey tool to formally solicit input from ESC members and identify their organizations' priority health needs (defined as health needs that could be impacted the most by the work of NMCDH and partner organizations participating on the ESC). NMCDH leaders and ESC members were asked to identify top priorities from among the areas of opportunity identified by PRC using the following prioritization criteria:

Magnitude: How many people in the community are/will be impacted?

Seriousness and impact: How does the identified need impact health and quality of life?

Feasibility: What capacity/assets currently exist to address the need?

Consequences of inaction: What impact would inaction have on the population health of the community?

Trend: How has the need been changing over time?

The survey results were compiled and shared with the ESC. Together with the committee, the highest-priority health needs were determined, taking into account the findings of the CHNA, the survey findings, and discussion around the guiding principles and prioritization criteria.

Attention was also focused on assessment of internal and external capabilities. An asset analysis included a review of current initiatives and exploration of ways to better coordinate efforts. The potential for duplicative efforts and existing gaps were identified.

An identified need is not addressed if NMCDH is not best positioned to help due to the following situations:

NMCDH has limited expertise, services or resources in the identified area of need

Public health or other organizations typically address the need

Other organizations have infrastructure and plans already in place to better meet the need

Broader initiatives in the Implementation Plan will address or significantly impact the need

Prioritization timeline

An email invitation to join the ESC was extended to prospective members. The focus of the initial email was to provide committee members with an introduction to the 2016 CHNA and request members to consider the following issues in anticipation of an upcoming conference call:

- Does the CHNA accurately reflect issues in the community?
- Are there community health needs missing from the assessment that should be considered in the prioritization process?
- Do the issues identified seem modifiable (are there ways these needs can be addressed)?
- Any other additional thoughts or feedback?

Two telephone conferences were conducted as follow-up to the email. The goal of the first facilitated call was to gather external input around the CHNA findings. Content covered in the first teleconference included:

- CHNA background (goals and requirements)
- Reporting process, timelines, goals and deliverables
- Community partner's role
- Introduction to the 2016 CHNA findings
- Solicitation of committee feedback

The goal of the second facilitated call was to discuss the areas of opportunity identified through the CHNA and prioritize the health needs. Content covered in the second teleconference included:

- Introduction to the NMCDH prioritization process
- Discussion to reach consensus on priority health needs of the NMCDH service area
- Status report on what NMCDH and partners have accomplished in the last three years
- Visioning for the next three years

Priority health needs

Americans are living longer, but they are sicker. While we are experiencing consistent increases in life expectancy, our longer lives are burdened with increasing chronic illnesses. Sedentary behavior and preventable chronic disease are compromising our community's health. More than one-quarter of the population is obese, and diabetes is at epidemic levels.

Hand-in-hand with a decreasing quality of life is an astounding increase in the economic impact of managing these diseases. The Robert Wood Johnson Foundation estimates that by the year 2030, annual medical costs associated with treating preventable obesity-related diseases are estimated to increase to $66 billion, with a resultant loss in economic productivity of between $390 and $580 billion annually.

A 2012 CNN documentary entitled *Escape Fire* drives home the stark reality that we can no longer afford to focus on acute care as the center of health care, but must also focus on prevention, education, chronic disease management and case coordination to maximize the health of our nation's most valuable asset—our people. As healthcare providers, we must continue to challenge ourselves to provide high-quality, state-of-the-art health care to our community. As experts and leaders in the healthcare industry, we must also look outside our doors and reach out to the communities we serve, striving to enhance the quality of life by engaging in evidence-based activities that will promote health across the lifespan.

To that end, NMCDH has identified three priority health needs that will enable us and our community partners to maximize the health benefits generated by our collective resources over the next few years. In selecting these priorities, we considered the degree of community health need, capacity and available resources of other agencies to meet the need, and the suitability of our own expertise and resources to address the need. In particular, we identified health needs that would be addressed through a coordinated response from a range of healthcare and community resources. We believe these health needs will be impacted through the integrated efforts of our organization and our community partners.

Through this process, the 2016 NMCDH priority health needs were identified as follows:

1. Access to healthcare services
2. Chronic disease
3. Mental health/substance abuse

Development of Implementation Plan

NMCDH will continue to work with the ESC to develop a comprehensive Implementation Plan that addresses each priority health need. NMCDH and its community health partners share a vision of a healthy community and are committed to working together to address significant health needs.

Through its affiliation with Northwestern Memorial HealthCare, NMCDH and its sister organizations within Northwestern Medicine can support efforts to positively change the health status of our community by taking on any of a number of roles:

- A direct clinical service provider, through application of our research and education expertise
- An educator, by sharing our knowledge of health literacy, quality improvement or information technology
- A supporter, by providing indirect support to organizations that can impact health
- A funder, by funding initiatives undertaken by others

The Implementation Plan will specify resources NMCDH and its community partner organizations will direct toward each priority health need. A general listing of the collective assets that could potentially be directed toward impacting priority health issues includes:

- Clinical care resources and facilities of NMCDH and its community partner organizations
- Established, replicable, community-based clinical and health promotion programs addressing both highly prevalent and targeted chronic health conditions
- Research and education expertise among Northwestern University Feinberg School of Medicine physicians
- Financial assistance programs at NMCDH
- Policies and procedures that broaden and simplify access to health care for the uninsured or underinsured
- Advocacy resources at NMCDH and its community partner organizations
- Planning and oversight resources
- Management expertise in quality improvement and information technology

Existing healthcare facilities and resources

NMCDH also recognizes that a large number of healthcare facilities and organizations within DuPage County respond to health needs and support health improvement efforts. A list of those that were found through publicly available information sources as of August 2015 is included in Appendix B.

Actions taken to address the 2013 CHNA priority health needs

Introduction

An aging population, coupled with a rise in the incidence of chronic disease, challenges all U.S. healthcare providers to think outside of the box when it comes to the future of health care. Maintaining awareness of a community's health needs is imperative in an environment as dynamic and diverse as Chicago's western suburbs—especially when it involves planning and responding to the needs of demographically diverse populations.

The successful implementation of any community benefit strategy requires a comprehensive assessment of need coupled with knowledge of key community stakeholders and existing health collaboratives. No single institution can comprehensively address all of the health needs of a community, nor can it work independently of other key community stakeholders and existing outside initiatives.

> A quality CHNA and its ensuing Implementation Plan must consider the strengths and expertise of its organization in addition to its ability to mobilize effective partnerships, which will result in the maximized use of every dollar expended to address unmet community need.

In 2013, NMCDH identified four priority health needs in response to the CHNA. In selecting priorities, NMCDH considered the degree of community need for additional resources, the capacity of other agencies to meet the need, and the suitability of its own expertise and resources to address the health need.

The priority health needs identified for targeted efforts were:	
1. Access to health services	3. Mental health
2. Obesity	4. Chronic disease

NMCDH, members of the ESC and key community partners collaborated to address the above priority health needs. This status report summarizes the impact of the strategies outlined in NMCDH's 2013 Implementation Plan. For a more comprehensive discussion of the strategies and related outcomes/impact, please refer to NMCDH's 2014 Community Benefit Implementation Plan Report.

Goal 1: Access to Care

NMCDH will continue to support national and local efforts to increase access to care by providing leadership, investing resources and working collaboratively with other community organizations throughout the county.

In conjunction with DuPage Health Coalition's Access DuPage Community Clinic, Access Community Health Network's three area federally qualified health centers (FQHCs) and independent medical providers, NMCDH will support the maintenance and expansion of an efficient and effective continuum of care offering medical homes (including primary and specialty care), pharmaceuticals and inpatient, outpatient and emergent care to uninsured adult residents of DuPage County.

Additionally, NMCDH will offer a comprehensive financial assistance program to patients who are unable to afford the cost of necessary medical care. NMCDH will also seek to engage and maintain a multicultural workforce of primary care providers, specialists, mid-level practitioners, registered professional nurses and other specialties committed to working in an evidence-based practice setting.

Strategy 1

NMCDH will offer financial assistance policies that are easily accessible, user-friendly and respectful, and that meet all regulatory requirements.

Strategy 1 outcome

An audit of financial assistance policies, procedures, signage and material was completed annually to ensure that website policies, forms and signage were easily accessible, user-friendly, current and compliant with all regulatory requirements.

Financial assistance brochures, folders with financial assistance application materials, and financial assistance website information were reviewed and updated, including updating information with current poverty guidelines.

Strategy 2

NMCDH will continue to provide medically necessary inpatient and outpatient hospital services to uninsured and underinsured patients in accordance with the hospital's financial assistance policies.

Strategy 2 outcome

NMCDH received 13,442 applications for financial assistance between fiscal year 2013 (FY13) and fiscal year 2015 (FY15). Of the applications received, 98 percent of the patients received financial assistance.

A total of $46,361,880 was provided in the form of financial assistance (based on cost).

Strategy 3

NMCDH will continue to address the needs of individuals identified as potentially eligible for public health insurance and provide support for identified patients in applying for government-sponsored healthcare coverage.

Strategy 3 outcome

NMCDH utilized a vendor to provide support to patients in applying for Medicaid coverage. Costs for this service from FY13 to FY15 were $557,590.

Strategy 4

NMCDH staff and leadership will provide in-kind leadership and support to DuPage Health Coalition (Access DuPage) and related coalitions and task forces. This leadership, support and collaboration will help efficiently and effectively deploy available resources to meet community access needs.

Strategy 4 outcome

Kevin Most, MD, vice president and chief medical officer of NMCDH, and Michael Vivoda, president of West Region of Northwestern Memorial HealthCare, continue their ongoing commitment to the work of Access DuPage as evidenced through their membership and leadership roles on the organization's board of directors. Mr. Vivoda is also a member of the College of DuPage Foundation Board and serves on the advisory board of Family Shelter Services.

Dr. Most is currently chairman of the board for Access DuPage/DuPage Health Coalition and sits on the board of directors for the Evans Scholars Foundation. He is a member of the American Hospital Association (AHA) physician leadership committee, as well as the IHA Medical Executive Forum.

Tammy Pressley, director of Community, Government and Public Affairs at Northwestern Medicine, has actively participated in the DuPage County Health Department (DCHD) IPLAN process (Illinois Planning for Local Assessment of Need).

Ms. Pressley serves on the DuPage Federation on Human Services Reform and the DuPage County Behavioral Health Collaborative Mental Health Board of the DuPage County Health Department. She also serves as a liaison to the Access Community Health Center and DuPage Community Clinic.

Ms. Pressley actively participated in the planning of Engage DuPage, a pilot program in which NMCDH has committed to collaborate with community stakeholders, including Access DuPage, the DuPage County Health Department and the DuPage Federation on Human Services, to establish the presence of patient counselors who will actively engage Emergency Department (ED) patients who do not have primary care providers and link them to medical homes.

Strategy 5

NMCDH will provide an operational grant in the amount of $987,000 to the DuPage Health Coalition in support of their coordination of the DuPage County health safety net system provided through Access DuPage, Access Community Health Network, DuPage Community Clinic and independent medical providers. These resources will enable low-income county residents to afford and receive needed care.

Access DuPage is a partnership of hospitals, physicians, local government agencies, human service agencies and community groups organized to address and respond to the problem of limited access to care for the uninsured in DuPage County. NMCDH has been an active and strong supporter of the Access DuPage model, recognizing that comprehensive and effective health care enhances health outcomes and promotes an optimum state of wellness for low-income and vulnerable residents of the DuPage community.

Primary communities of residence include: West Chicago, Addison, Glendale Heights, Carol Stream and Wheaton.

Strategy 5 outcome

Between FY13 and FY15, 29,732 individuals were enrolled in Access DuPage. The average weekly enrollment during this time was 9,076. The re-enrollment rate was 51 percent. There were 29,732 Access DuPage members assigned to medical homes, including 18,304 assigned to Access FQHCs, 7,717 assigned to DuPage Community Clinic and 3,710 assigned to private physician offices.

Utilization rates (encounters) were reported as follows:	
Office-based primary care	35,736
Convenient care	3,512
Offsite specialist referrals	5,589
Onsite specialty visits	1,136
Inpatient hospitalizations	646
Day surgeries	704
Hospital outpatient visits	23,228
Hospital series visits	2,757
ED visits	6,411
Total	**104,539**

A total of 203,391 prescriptions were filled.

Strategy 6

NMCDH will continue to provide free inpatient and outpatient care to all Access DuPage clients in accordance with presumptive eligibility and existing NMCDH financial assistance policies. This will enable low-income residents to receive needed services in a timely, coordinated and efficient manner.

Strategy 6 outcome

Care was provided to Access DuPage clients at NMCDH facilities during FY13 to FY15 at the following costs:

Account Classification	Amount*
Inpatient	$5,732,934
Outpatient	$4,519,487
Ambulatory surgery	$1,324,219
Bariatrics	$201
Convenient care	$363,457
Emergency	$1,959,594
Hospice	$2,259
Infusion services	$646,887
Lab series	$20,809
Nuclear medicine	$101,379
Observation	$820,166
Oncology infusion	$778,991
Radiation oncology	$226,712
Specimen	$102,292
Therapy	$446,926
Wound series	$10,303
Total	**$17,199,886**

*Reported as cost

Strategy 7

NMCDH will support care rendered to the underserved by Tri-City Health Partnership (TCHP), a free clinic located in St. Charles.

Strategy 7 outcome

Care was provided to Tri-City Health Partnership clients at NMCDH facilities during FY13 to FY15 at the following costs:

Location	Amount*
Inpatient	$5,330
Cancer center	$30,033
Convenient care	$348
Pharmacy	$705
Breast health	$2,857
Treatment center	$1,472
Occupational therapy/ physical therapy	$2,460
Outpatient lab	$9,372
Radiology	$4680
Total	**$41,131**

*Reported as cost

Strategy 8

NMCDH will provide resources for people who do not have health insurance or cannot afford cancer screenings through the Why Wait? Program.

Strategy 8 outcome

Breast health services were provided to 3,255 community members as part of the Why Wait? Program between FY13 and FY15 at a cost of $2,651,255.

Strategy 9

NMCDH will provide operational support to the Engage DuPage program—a program designed to connect under-served patients to medical coverage and appropriate resources. Community Access Specialists staff the ED during high-usage times.

Strategy 9 outcome

Benefits were provided to 1,775 patients during FY14 and FY15. Each patient was connected with a medical home.

Strategy 10

NMCDH will serve as a training center for nursing and other allied health professions.

Strategy 10 outcome

NMCDH implemented a patient simulation training lab to enhance the skills of staff and internship students. The hospital hosted internship rotations for students, thus committing 217,580 staff hours to education, mentoring and training in evidence-based patient care. Internships included:

Nursing	Physical therapy	Speech pathology	Imaging
Social work	Respiratory therapy	Phlebotomy	

Strategy 11

NMCDH will provide trained professional healthcare interpreters and offer facilitated language assistance programs.

Strategy 11 outcome

FY13

Total interpretation expenses for phone line and face-to-face interpretation services: $454,844.

Total translation expenses: $383,530.

FY14

Costs related to phone line services: $245,660

Costs related to face-to-face interpretation services: $752,273

Total individuals served: 21,375

FY15

Costs related to phone line services: $220,697

Costs related to face-to-face interpretation services: $693,845

Total individuals served: 44,978

Strategy 12

NMCDH will offer small community benefit grants targeted to enhance/promote access to care.

Strategy 12 outcome

NMCDH provided funding to the American Lung Association (ALA) to implement a comprehensive outreach, health education and strategic campaign to raise awareness around lung cancer, specifically providing awareness about lung cancer early intervention for residents and at-risk adults in Kane and DuPage Counties.

The National Lung Screening Trial/ALA provided community-level health education regarding lung cancer early intervention and provided 50 vouchers for CT screening at the NMCDH Radiology Department.

Grant amount: $25,000

Strategy 13

NMCDH will offer an In Case of Emergency (ICE) app at no charge. ICE will assist first responders and ED personnel to locate a person's updated medical information, emergency and medical contacts, medical insurance information, blood type, name, address and a photo verification of the individual.

Strategy 13 outcome

Upgrades and implementation costs totaled $1,450. There were a total of 1,833 downloads of the application.

Strategy 14

Northwestern Medicine staff will provide support and office space for grant-funded Senior Health Insurance Program (SHIP).

Strategy 14 outcome

The Senior Health Insurance Program (SHIP) provides Medicare counseling and support to members of the community at no charge. A total of 1,615 individuals received services through the program.

Strategy 15

NMCDH will offer Healthy Moms2b and Parent Review Weekly. Both are electronic communication resources designed to guide mothers-to-be through their pregnancies and their babies' early childhood. This free service includes customized information, news and resources as well as announcements from our staff and access to support information.

Strategy 15 outcome

The program cost was $28,000 and 413 individuals subscribed to the service.

Goal 2: Obesity

NMCDH will support efforts to achieve national and local objectives for addressing factors leading to obesity, reducing obesity and reducing the burden of obesity-related disease.

NMCDH will provide leadership, invest resources and work collaboratively with community partners in the countywide obesity coalition, FORWARD, in support of its four goals: (1) understand the prevalence of obesity, (2) understand the factors contributing to obesity, (3) identify evidence-based strategies to reduce obesity, and (4) promote effective and sustainable policy, system and environmental changes that may affect obesity rates. NMCDH will also invest resources and work collaboratively with other related initiatives to promote the increased distribution of nutritionally dense foods to food-insecure individuals and families in DuPage County.

Strategy 1

NMCDH will provide in-kind leadership and support to the FORWARD Project and provide in-kind leadership and support to other county obesity and healthy eating collaborations.

Strategy 1 outcome

Tammy Pressley, director of Community, Government and Public Affairs at Northwestern Medicine, continues to serve on the advisory board of FORWARD.

She also serves as a member of the DuPage Community Hunger Network and a liaison to the Northern Illinois Food Bank. She interfaces with individual local food pantries and the FORWARD Project and the Northwestern Medicine Regional Medical Group. Additionally, Ms. Pressley serves on the Neighborhood Food Pantries Board, which is a collection of six food pantries in DuPage County.

Northwestern Medicine has also funded the Healthy West Chicago communitywide "deep dive" into West Chicago. Seven Generations Ahead is conducting a one-year strategic planning process to arrive at a 10-year

implementation plan that prioritizes how the community can make the healthy choice the easy choice. The process was launched in response to the increase in chronic disease and obesity in West Chicago.

Along with her work in West Chicago, Ms. Pressley has started a new campaign for employees of Northwestern Medicine called Upgrade Your Health. The program seeks to improve the food and beverage environment at Northwestern Medicine's west suburban facilities.

Strategy 2

Northwestern Medicine will offer small community benefit grants targeted to respond to the problem of obesity and poor nutrition.

Strategy 2 outcome

FORWARD
Northwestern Medicine provided funding to FORWARD to support the following activities/programs:

Healthcare Summit: 198 healthcare providers attended

Healthy Kids Day: 250 children and their families attended

Grant amount: $50,000

Northwestern Medicine also provided funding to FORWARD's Get in the Action mini grant program. This program provides funds to schools, community groups, after-school and childcare organizations that promote obesity and nutrition awareness and education. FORWARD distributed the grant money between eight different organizations that integrate the 5-4-3-2-1 Go! message.

Grant amount: $25,000

ProActive Kids (PAK)
Northwestern Medicine provided funding to the ProActive Kids (PAK) Foundation. PAK was developed to reverse the obesity crisis by introducing, over an eight-week period, healthy fitness, nutrition and lifestyle choices for kids and families, helping to create sustainable habits for life. PAK focused on measuring body composition (children's weight, BMI, body fat, fat mass, fat free mass, hip/waist ratio) and attendance. Throughout all three sessions, children demonstrated improvement in each of the body composition measurements that were tracked. The average attendance rate was 86 percent.

Grant amount: $28,840

Northern Illinois Food Bank
Northwestern Medicine provided funding to the Northern Illinois Food Bank to provide additional nutritionally dense food items for purchase by local community food banks at a reduced/affordable cost. Half of the grant was allocated to Kane County and the remaining half was allocated to DuPage County.

A total of 71 network partners benefited from the grant, enabling the pantries to purchase more nutritionally dense food items than they would otherwise be able to afford. More than 50,000 pounds of nutritionally dense food items were made available to pantry guests with a 50 percent discount on shared maintenance fees.

Grant amount: $30,000

West Chicago Library
Funding was awarded to the West Chicago Library to provide a series of Healthy Eating Workshops. A total of 145 community members attended the workshops, taking home healthy recipes and cooking suggestions. Attendance exceeded the original target by 21 percent. The grant also funded a Tottercise exercise program.

Grant amount: $6,261

Midwest Shelter for Homeless Veterans
Northwestern Medicine provided funding to Midwest Shelter for Homeless Veterans to help veterans improve their overall wellness, help them manage chronic conditions and aid in preventing future health problems. A total of 11 veterans from nine transitional housing programs and two from an affordable housing program were served.

Forty percent of the residents reported a decrease in sodium and coffee intake. Forty percent of the participants also reported an increase in fruit and vegetable intake, and 40 percent reported an increase in water intake.

Grant amount: $4,600

Strategy 3

NMCDH will commit to provide funds to regional park districts/non-profit athletic agencies to support scholarship programs. These grants will help promote access to physical activities for individuals and families unable to afford the cost of participating in park district/recreational activities in the following nine agencies in DuPage County:

Bartlett Park District

Carol Stream Park District

Glen Ellyn Park District

Warrenville Park District

West Chicago Park District

Western DuPage Special Recreation Association (WDSRA)

Wheaton Park District

Winfield in Action (WIA) Recreation Program

Winfield Park District

Strategy 3 outcome

Agency	Amount	No. Served
Bartlett Park District	$15,000	139
Carol Stream Park District	$15,000	231
Glen Ellyn Park District	$15,000	147
Warrenville Park District	$15,000	220
West Chicago Park District	$30,000	265
Western DuPage Special Recreation Association (WDSRA)	$15,000	100
Wheaton Park District	$27,000	266
Winfield in Action (WIA) Recreation Program	$15,000	103
Winfield Park District	$15,000	62
Total	**$162,000**	**1,533**

Strategy 4

NMCDH will provide a $10,000 matching grant in FY14 to the People's Resource Center (PRC) Dine Away Hunger program, a campaign involving local restaurants that agree to donate 10 percent of a day's sales to the PRC, with NMCDH matching restaurant donations. The proceeds will be used to make nutritionally dense foods more available to low-income residents through the county's largest food pantry.

On average, People's Resource Center serves 3,615 families each month. Although more than half of the food is donated to the pantry by the local community, some foods must be purchased.

Strategy 4 outcome

People's Resource Center's food pantries distributed 107,620 grocery cartloads of free food, which provided vital nourishment for 26,943 individuals in DuPage County. Thirty-seven percent of these individuals were children; 9 percent were elderly.

Once a month, families selected a five- to seven-day supply of groceries from PRC's wide food assortment, which included fresh produce and dairy, frozen meats, nutritious non-perishables and culturally appropriate foods. The FULL CHOICE system respects people's dignity, improves families' access to healthy food options and minimizes waste. A total of 93 percent of respondents to our annual client survey in July 2012 reported satisfaction with the items they received from PRC.

Participating local restaurants donate 10 percent of their total food sales on a specified date. Since the program's inception in 2003, Dine Away Hunger restaurants have donated more than $160,000 to support PRC's food acquisition costs. Specifically to increase PRC's ability to purchase nutrient-dense foods, Northwestern Medicine matches up to $10,000 annually of donations by restaurants in the Wheaton/Winfield/Carol Stream area.

Strategy 5

NMCDH Community Health and Outreach staff will work with Community Consolidated School District (CCSD) 93 to implement the nationally recognized CATCH (Coordinated Approach To Child Health) program. Emphasis will be on children attending the four-year-old preschool program as well as their parents and all preschool program teachers.

Strategy 5 outcome

CCSD93 Grant
NMCDH provided funding to CCSD93 to implement CATCH. Children ages 3 to 6 had an increase in their percentages of recognizing GO-WHOA foods. Seventy-four percent of parents of children ages 3 to 6 saw their children express interest in making healthier choices.

Fifty percent of the teachers reported an increase in healthy snacks provided, and 50 percent reported an increase in moderate to vigorous physical activity throughout the school day. A total of 95 percent of parents of children ages 3 to 6 experienced their child express interest in being physically active.

Grant amount: $14,216

Carol Stream Park District
NMCDH provided funding to CCSD93 to implement a CATCH after-school program. The ActiveKids Before and After School program provides a safe and structured environment that encourages personal growth and development while having fun.

Fifty-two percent of teachers reported hearing the students talk about foods/nutrition and the food choices they make. A total of 94 percent of students agreed that it is important to get at least 60 minutes of physical activity every day.

Thirty-three percent of parents were pleased with the addition of the CATCH program. Every teacher who attended the training sessions reported feeling more confident in presenting the nutrition material.

Grant award: $9,216

Strategy 6

The Kits for Kids resource program will be provided to parents, teachers, scout leaders and others to help children learn about healthy habits such as hand washing, bicycle safety and nutrition.

Each kit provides an "educational program in a box," with a lesson including script, worksheets, interactive demonstrations and general information.

Strategy 6 outcome

Kit	No. of Kits Provided
Hand washing	316
Helmet	238
Nutrition	141
Total	**695**

Goal 3: Mental Health

In support of national and local mental health service objectives, NMCDH will provide leadership, invest resources and work collaboratively with community partners in a countywide mental health/substance abuse coalition.

The coalition will study the issues and needs, and develop planned responses that will ultimately improve the quantity, quality and continuity of mental health services available in the county.

Strategy 1

NMCDH will provide in-kind leadership and support for the development of a countywide Behavioral Health Collaborative.

Strategy 1 outcome

Northwestern Medicine employees Tammy Pressley, director of Government and Public Affairs, and Karin Podolski, director of Community Health Services, participated in the Behavioral Health Collaborative. The collaborative includes both a prevention team and a treatment team. Efforts focused on heroin addiction, the Illinois Youth Survey program and other behavioral health opportunities.

Ms. Pressley is working with DuPage PADS on their Respite and Recovery program, a transitional program that is funded by NMCDH. Temporary transitional support will be provided for homeless people who are discharged from the hospital but not well enough to move from shelter to shelter each day for housing.

Jill Chandor, NMCDH vice president and chief marketing executive, served on the board of the Metropolitan Family Services. Metropolitan Family Services provides a wide variety of programs and services designed to strengthen families and help them realize their full potential.

Strategy 2

The NMCDH Health Strategy Team and Board of Directors will conduct a comprehensive assessment to determine need for a systemwide expansion of both inpatient and outpatient mental health resources in Kane and DuPage Counties as they relate to unmet needs.

Strategy 2 outcome

NMCDH engaged in a strategic planning process for its behavioral health program, which currently encompasses a full continuum of services to treat patients with mental health and addictions diagnoses. The project was undertaken as a result of significant growth in demand for services, a lack of available capacity at NMCDH to meet those growing needs, a need for facility improvements and a desire to further our mission with continued investment in services that have such significant economic and social community impact.

More than 50 stakeholder interviews were conducted and included physicians and staff, members of NMCDH leadership and external community partners. Based on stakeholder's opinions and other analyses performed, a decision was made to invest in a substantial expansion of both inpatient and outpatient behavioral health services at NMCDH. Specific needs to be addressed include the development of more subspecialty services by patient age and condition, expansion of programming for adolescents, increased access to care, and additional resources to strengthen and expand relationships with other community providers.

Important local trends noted by stakeholders included an increase in patients with multiple behavioral health issues, an increase in patients with combined medical and behavioral health issues, a continuing trend of high-risk behaviors among teens and elevated alcohol abuse as noted in DuPage County's CHNA.

Strategic leadership identified the need to focus on specialized populations: adolescents, complex adults and acute adults. In response to that need, the NMCDH Inpatient Psychiatric Crisis Unit was expanded from 18 to 46 beds and split into three different units. One unit opened in March 2014 and the other two units opened in June 2015.

A behavioral health facility for mental health outpatient programs was opened in St. Charles. The facility started serving patients in the adult PHP/IOP unit in March 2014, and the adolescent PHP/IOP unit was opened in November 2014. Each of the units is designed to serve up to 12 patients.

In spring 2015, NMCDH started construction and expansion of the behavioral health facility in St. Charles to accommodate growth from the expanded IP units and to also accommodate demand for addiction services.

Strategy 3

Northwestern Medicine will offer small community-benefit grants targeted to address mental health topics in the NMCDH service area.

Strategy 3 outcome

NAMI DuPage
NAMI DuPage, an organization committed to providing support, advocacy and education to improve the quality of life of individuals with mental illnesses and their families, received funding to support its program. The organization provided 23,278 units of service during the grant period. Of those, 4,588 were provided to unduplicated individuals. Services included support groups, weekly presentations at partner hospitals, two drop-in centers, direct financial assistance to individuals and a resource help line.

Eighty-eight percent of participants reported a lessening of the social stigma attached to mental illness. Ninety-three percent of participants reported increased awareness of resources and knowledge to help themselves and their loved ones through the recovery process. Another 86 percent reported increased knowledge of mental illness and hope for recovery.

Grant amount: $45,000

Samaritan Interfaith Counseling
This program provided mental health counseling and psychotherapy to individuals who were low-income, unemployed or uninsured. Services included counseling and psychotherapy for adults, senior citizens, adolescents and children, as well as psychological testing and assessments. The program served a total of 1,521 clients, with 695 new intakes over the past year, providing 14,254 clinical hours.

Forty percent (601 clients) received fee-subsidized services. A total of $512,264 of subsidized services was provided overall. A total of 67.8 percent of clients increased their GAF scores (Global Assessment of Functioning). Eight-six percent of surveyed clients indicated "my counselor's interventions and interactions were helpful." Another eighty-two percent of clients reported, "I am better able to handle conflict and stress."

Grant amount: $30,000

CASA DuPage
NMCDH provided funding to the CASA DuPage County Child Advocacy Program, which is a non-profit organization that recruits, trains and supports volunteer citizen advocates to effectively speak to the best interests of abused, neglected and dependent children in DuPage County's juvenile court system. The program helps ensure that these children will remain in a safe environment, receive medical and mental health services, stay in school, and receive the care, support and confidence they need to maintain their mental health. The funding allowed CASA to see 100 percent of the neglect/abuse cases that were given to them. Thirty-five new advocate volunteers were sworn in, and CASA was able to provide continuing education for their staff and for other advocacy programs.

Grant amount: $15,000

World Relief
NMCDH provided funding to World Relief to support their Refugee Psychosocial Adjustment Project. The program facilitated early identification of mental illness, thereby hastening the time to treatment, reducing the severity of mental illness and promoting recovery. The program consisted of 12 groups that met for five sessions each. The groups impacted 112 people who spoke five different primary languages.

Participants reported a 65 percent increase in awareness of the symptoms of anxiety, depression and PTSD. Another 78 percent expressed a stronger connectedness to their social network and reduced social isolation, and 64 percent were able to identify at least three helpful mainstream community resources.

Grant amount: $15,000

Strategy 4

Northwestern Medicine will host/offer evidence-based community health and wellness programming in the areas of mental health and substance abuse.

Programmatic venues will include the Dinner With the Doc series, clinician-led educational offerings, self-help groups, rehabilitation service programs and support groups.

Strategy 4 outcome

A professional development program on pediatric depression for school-based nursing staff was held with 130 participants.

Sixty individuals attended the Substance Abuse Among Family and Friends educational program.

All educational offerings articulated a program goal, measurable objectives and desired learner outcomes. Staff evaluated participant feedback as a guide for future programming. Additionally, all clinical staff participating in the program presentation received a copy of the program evaluation.

Strategy 5

NMCDH will continue to offer evidence-based wellness programming in the areas of mental health and substance abuse including, but not limited to, the topics of alcohol, cocaine and narcotics abuse, overeating, attention deficit hyperactivity disorders, depression, suicide and bipolar disorders. Programmatic venues will include community educational offerings, self-help groups and support groups.

Strategy 5 outcome

Eighteen individuals attended the Women's Wellbeing: PMS, Perimenopause and Mood Swings educational program.

Support Groups	No. of Attendees
Alanon/Alateen	265
Alcoholics Anonymous	585
Cocaine Anonymous	40
Families Anonymous	40
Narcotics Anonymous	210
Overeaters Anonymous	32
Sexaholics Anonymous	35
Young Adult Recovery	45
NAMI Connections	30
Share Pregnancy & Loss	4
Mended Hearts	108
Parkinson's Support Group	505
FYI Moms	520
Postpartum Connection	624
Total	**3,043**

Goal 4: Chronic Disease

In support of national objectives to reduce the prevalence and burden of chronic disease, NMCDH will continue to provide community education related to chronic disease in the areas of evidence-based primary interventions (disease prevention, health promotion), evidence-based secondary interventions (screening) and evidence-based tertiary interventions (education for individuals affected with a chronic disease in an effort to promote an optimum state of individual wellness).

NMCDH will also continue to bring advanced acute chronic disease care to all individuals regardless of ability to pay as per the NMCDH Financial Assistance Policy.

Strategy 1

NMCDH will host/offer evidence-based community health and wellness programming in the areas of cardiovascular and peripheral vascular disease including, but not limited to, the topics of chronic venous insufficiency, peripheral arterial disease, stroke prevention and treatment, cardiac and vascular stenting, carotid artery disease and cardiopulmonary resuscitation.

Programmatic venues will include the Dinner with the Doc series, clinician-led educational offerings, self-help groups, rehabilitation service programs and support groups.

Strategy 1 outcome

Educational Programs	No. of Classes	No. of Attendees
Smoking Cessation	10	150
Stroke Prevention	1	158
The Beat Goes On	1	137
Varicose Veins	1	110
Stroke Prevention and Treatment Options	1	133
The Silent Killer—High Blood Pressure	1	173
Heart Failure Overview	1	129
Aortic Valve Stenosis	1	100
Coronary Artery Disease	1	51
Heart Failure Overview	1	170
Total	**19**	**1,311**

Multiple hypertension risk assessments were offered throughout the year to assist members of the community in determining their risk of hypertension.

All educational offerings articulated a program goal, measurable objectives and desired learner outcomes. Staff evaluated participant feedback as a guide for future programming. Additionally, all clinical staff participating in the program presentation received a copy of the program evaluation.

Strategy 2

NMCDH will host/offer evidence-based community health and wellness programming in the area of cancer including, but not limited to, the topics of breast and colon cancer, brain tumors, proton therapy, yoga classes for cancer patients, palliative care and hospice.

Programmatic venues will include the Dinner With the Doc series, clinician-led educational offerings, self-help groups, rehabilitation service programs and support groups.

Strategy 2 outcome

Educational Programs	No. of Classes	No. of Attendees
Primary and Metastatic Tumors	1	54
Colorectal Cancer	1	141
Proton Therapy	1	39
Head and Neck Cancers	1	38
Breast Cancer	1	89
Cancer and Women	1	112
Contemporary Approaches to Brain Tumor Management	2	141
Individualizing Treatment for Breast Cancer Patients	1	68
Advances in Diagnosing and Treating Esophageal Cancer	1	95
Skin Cancer	1	194
Lung Cancer: Most Deadly, Most Neglected	1	112
Updates in Colon Cancer Diagnosis and Management	1	111
Supportive Therapies in Prostate Cancer	1	93
Update on Breast Cancer and Screening	1	72
Prostate Cancer Update	1	136
Total	**16**	**1,495**

All educational offerings articulated a program goal, measurable objectives and desired learner outcomes. Staff evaluated participant feedback as a guide for future programming. Additionally, all clinical staff participating in the program presentation received a copy of the program evaluation.

Strategy 3

NMCDH will host/offer evidence-based community health and wellness programming in various areas related to chronic disease including, but not limited to, obesity, injury prevention, arthritis, maternal and child health, joint replacement, fall prevention, chronic lung disease, epilepsy and Parkinson's disease.

Programmatic venues will include the Dinner with the Doc series, clinician-led educational offerings, self-help groups, rehabilitation service programs and support groups.

Strategy 3 outcome

Educational Programs	No. of Classes	No. of Attendees
Understanding COPD	1	13
Babysitting 101	1	84
Girl Talk	1	32
Dermatology A-Z	1	179
Insomnia	1	109
Hearing Deficits	1	47
Hysterectomy	1	48
Cataracts and Dry Eyes	1	183
Heartburn	1	140
Menstrual Disorders	1	49
Arthritis	1	135
Low Back Pain	1	178
Whiplash	1	79
Back Pain	1	158
Concussions	1	64
Heel Pain	1	146
Kidney Stones	1	124
Diabetes	8	163
Diabetes—A Comprehensive Overview	1	166
Do I Have a Thyroid Problem?	1	170
Take Care of Your Colon	1	69
Solving Insomnia	1	173
Age-Related Eye Diseases (Cataracts and Glaucoma)	1	203

Educational Programs	No. of Classes	No. of Attendees
Voice Problems: How to Treat Them	1	122
Understanding the Symptoms of Parkinson's Disease	1	186
Current Standard of Care for Seizure Disorders	1	100
Dizziness and Balance	1	186
Common Chest Wall Deformities	1	15
Recurrent Viral Illnesses	1	20
Minimally Invasive Options for Treating Rotator Cuff Arthritis	1	136
Oh, My Aching Back	1	150
Chronic Pain and Why I Hurt	1	165
More Than Just Joint Pain	1	159
Treatment Options for Total Hip and Knee Arthroplasty	1	165
What's That Rash?	1	83
Hearing Loss: A Discussion on Hearing Health for Adults	1	170
Common Hand Injuries	1	131
Neuromuscular Disease	1	150
Stroke Prevention and Treatment	1	144
The Science and Art of Parkinson's Disease Treatment	1	195
Alzheimer's Disease Overview	1	171
Navigating Menopause	1	73
Rheumatoid Arthritis	1	11
MiraLax to Mucinex: A Closer Look at Over-the-Counter Medication	1	134
Planning for the End of Life	1	131
Eyelid Rejuvenation	1	119
Understanding and Treating Headaches	1	90
Solving Insomnia	1	174
Old World Treatment for New Age Maladies	1	177
Robotic Surgery	1	78
Shoulder Pain	1	177
Chondral Defects of the Knee	1	107

Educational Programs	No. of Classes	No. of Attendees
Understanding Back Pain	1	134
What Is My Shoulder Trying to Tell Me?	1	132
Options for Low Back Pain	1	183
Orthopedics Spinal Stenosis	1	158
Total	**63**	**7,038**

Community Health Services participated in multiple health fairs, reaching approximately 12,000 individuals with health-related messaging.

All educational offerings articulated a program goal, measurable objectives and desired learner outcomes. Staff evaluated participant feedback as a guide for future programming. Additionally, all clinical staff participating in the program presentation received a copy of the program evaluation.

Strategy 4

NMCDH staff will explore the feasibility of developing a systemwide heart failure (HF) follow-up program based on the model implemented at Northwestern Medicine Delnor Hospital.

The goal of the HF program is to empower patients with HF through a comprehensive and educational care management program designed to promote effective self-care behaviors aimed at decreasing both all-cause and HF readmission while enhancing client perceived quality of life.

Strategy 4 outcome

NMCDH/Delnor Hospital Community Health staff members have begun the process of implementing the program for use at NMCDH. A systemwide Managing Your Heart Failure and a Personal Health Tracker Toolkit have been designed for use at both hospitals.

HF educational materials and the Personal Health Tracker were evaluated and updated by a multidisciplinary committee. The materials are now distributed to all patients with heart failure that enter the health system.

At NMCDH, the community-based heart failure staff noted an average of 53 percent enrollment of eligible patients; 100 percent of those patients received a home visit.

All-cause readmission rate for FY15 was 15 percent.

Readmission rate for congestive HF was 4 percent.

Strategy 5

Northwestern Medicine will offer small community benefit grants targeted to enhance/promote health and minimize chronic disease.

Strategy 5 outcome

VNA Health Care

The purpose of this funding was to support the VNA's Diabetes Prevention and Management Education Program for At-Risk Patients in Kane and DuPage Counties. The program provides preventive care and chronic disease management for low-income adults who are pre-diabetic or newly diagnosed, who have uncontrolled diabetes or who have been newly prescribed insulin.

All participants received educational materials relating to diabetes and complications associated with diagnosis of diabetes.

Ninety-three percent of participants received the recommended HbA1c screenings.

Sixty-eight percent of participants with diabetes had an HbA1c below 9.

Eighty-seven percent of participants received a foot exam, eye exam and waist circumference measurement.

Each participant demonstrated success in at least one area: weight loss, reduction in blood pressure, increased physical activity or smoking cessation.

Grant amount: $50,500

Appendix A

Organization	Description of medically underserved, low-income, or minority populations represented (from publicly available sources, August 2015)
DuPage County Health Department	The mission of the DuPage County Health Department is to promote physical and emotional health; prevent illness, injury and disability; protect health from environmental risk factors; and strive to ensure the provision of accessible, quality service. The department provides active programming in the areas of behavioral health, dental health, disease control, emergency preparedness, environmental health, family health, food safety, obesity and nutrition, health promotion, population health and women's health.
DuPage Federation on Human Services Reform	The DuPage Federation on Human Services Reform is a collaboration of government and key community organizations working together to identify ways a local community can address its human needs using its own resources and resourcefulness. The federation serves as an organizer and catalyst, bringing together responsible organizations and advocating for development of real solutions. Their work involves expanding resources for cross-cutting issues that are the foundations of self-sufficiency. The federation is a unique convergence of people, place and opportunity, accomplishing its mission through a strong and unusually dedicated board that includes community leaders, state and county public officials, clergy, representatives of community groups, business leaders, consumers and providers of human services.
DuPage Medical Group (DMG)	The DuPage Medical Group is one of the largest independent multi-specialty physician groups in Illinois. DMG is led by experienced physicians who continually seek innovations through a model of QEA: Quality, Efficiency and Access. DMG provides quality care in advanced facilities and implements the latest technology. Through secure access of an electronic health record and patient portal, MyChart, physicians and patients stay closely connected.
WeGo Together for Kids	The mission of WeGo Together for Kids is to address the health, safety and well-being of students and families through a collaborative, coordinated and comprehensive approach with West Chicago schools and community.
People's Resource Center (PRC)	People's Resource Center provides food, clothing, job skills programs and much more to help neighbors in need in DuPage County. PRC serves more than 9,000 DuPage families each year. They are a grassroots, community-supported organization, bringing neighbors together to create a future of hope and opportunity for all. Programs include food pantry, emergency rent/mortgage assistance, clothes closet, social services, job assistance and literacy programs.

Appendix B

The following are healthcare facilities and organizations in DuPage County, Illinois, found through publicly available information sources as of August 2015:

Acute-Care Hospitals/Emergency Rooms

Alexian Brothers Medical Center

Adventist GlenOaks Hospital

Advocate Good Samaritan Hospital

Edward-Elmhurst Health Center

Edward Hospital

Marianjoy Rehabilitation Hospital, now part of Northwestern Medicine

Northwestern Medicine Central DuPage Hospital

Presence Mercy Medical Center

Rush-Copley Medical Center

Emergency Medical Services (EMS)

Superior Ambulance Service Elmhurst

Federally Qualified Health Centers and Other Safety Net Providers

Access Community Health Network

Access DuPage

DuPage Federation on Health Services Reform

DuPage Health Coalition

VNA Health Care

Home Health Care

Addus HomeCare

Advocate Home Health Services

ALC Home Health Care

Always Best Care

Amedisys Home Health Care

Assisting Hands Naperville

BrightStar Care Central DuPage—Wheaton

Elite Care Management

Family Home Health Services

Home Instead Senior Care

Lexington Healthcare Center of Lombard

LMR Home Health Care

ManorCare Health Services—Westmont

Metro Home Health Care

Pearl Health Care Services

Hospice Care

Compassionate Care Hospice

CovenantCare Hospice—St. Charles

First Hospice Care

Northwestern Medicine Home Health & Hospice

Seasons Hospice & Palliative Care

Mental Health Services/Facilities

Advanced Behavioral Centers of DuPage

Aunt Martha's Aurora Community Health Center

Crisis Intervention Unit

DuPage County Health Department

DuPage Mental Health Services

Good Samaritan Hospital Outpatient Behavioral Health

Interfaith Mental Health Coalition

Linden Oaks Outpatient Center

Meier Clinics

NAMI

Northwestern Medicine Behavioral Health Services

Skilled Nursing Facilities

Abbington Rehab & Nursing Center

Brighton Gardens of St. Charles

Brookdale Lisle

Cordia Senior Residence

DuPage County Convalescent

Franciscan Village

Friendship Village of Schaumburg

Lemont Nursing and Rehabilitation Center

Lombard Place Assisted Living & Memory Care

ManorCare Health Services—Naperville

Meadowbrook Manor—Naperville

Oak Trace

Park Place of Elmhurst

Presence Pine View Care Center

Rehab Care Group

Rosewood Care Center

The Holmstad

Wynscape Health and Rehabilitation

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