



2019 Community Health Implementation Strategy

Northwestern Memorial Hospital



Contents

Introduction	3
Community served by NMH	5
Implementation strategy overview	7
Identified significant health needs	8
Significant health needs addressed by NMH	9
Significant health needs not addressed by NMH	18
Implementation Strategy adoption	19
Feedback	20

Introduction

Northwestern Memorial HealthCare (NMHC) is committed to providing quality medical care, regardless of the patient's ability to pay; transforming medical care through clinical innovation, breakthrough research and academic excellence; and improving the health of the communities we serve. NMHC is a not-for-profit, integrated academic health system (Health System) committed to serving a broad community. NMHC provides world-class care through 10 hospitals, three medical groups and more than 200 diagnostic and ambulatory locations in communities throughout Chicago and the north and west suburbs.

The Health System's mission sets forth our commitment to improve the health of the communities we serve and to advance medical research and education *one patient at a time*. The Community Benefits Plan describes the broad-reaching goals that support this commitment and address our responsibility as a tax-exempt organization. The Department of External Affairs develops and maintains a Community Benefits Plan for the Health System, which is executed at the hospital level to best meet the needs of our local communities.

Reviewed annually and revised as needed, the objectives of the Community Benefits Plan are to:

1. Provide quality medical care regardless of the patient's ability to pay.
 2. Honor Northwestern Medicine's mission and commitment to the community.
 3. Be responsive to the assessed needs of the local community served by each hospital.
 4. Forge relationships with local community organizations to help address social determinants of health.
 5. Evaluate the public health impact of Northwestern Medicine programming and replicate by geography and/or disease state with sensitivity to the individual needs of our patients, their families and the communities we serve.
 6. Leverage our strengths as a premier academic health system to train the next generation of caregivers and utilize evidence-based models for community health engagement.
 7. Leverage our bond with Northwestern University Feinberg School of Medicine to be leaders in quality, academic excellence, scientific discovery, patient safety and research-informed treatment.
-

Northwestern Memorial Hospital (NMH), part of NMHC, is an 894-bed, adult acute-care, nationally ranked academic medical center hospital in downtown Chicago that provides a complete range of adult inpatient and outpatient services in an educational and research environment. In 2019, NMH received Honor Roll ranking in *U.S. News & World Report* for the eighth consecutive year. NMH was ranked No. 10 on the list of the nation's "Best Hospitals" and is the No. 1 hospital in both the Chicago metropolitan area and in Illinois.¹

NMH has received Magnet® designation from the American Nurses Credentialing Center, the gold standard for nursing excellence and quality care.

For more than 150 years, NMH and its predecessor institutions have served the residents of Chicago. The commitment to provide quality health care, regardless of the patient's ability to pay, reaches back to the founding principles of our predecessors and continues to be integral to our mission to put patients first. NMH serves a large, complex and diverse area, with patients coming from the city of Chicago and surrounding counties. To best address the diverse needs of our patients, NMH routinely works with trusted health and social service organizations in the Chicagoland area to advance key community-based initiatives.

In alignment with our mission and Community Benefits Plan, and in accordance with the requirements of the Patient Protection and Affordable Care Act, NMH works with community and campus partners every three years to complete a comprehensive Community Health Needs Assessment (CHNA) that identifies the significant health needs of residents of the community it serves. This Implementation Strategy is a complement document to the 2019 CHNA conducted by NMH. NMH worked collaboratively with the Alliance for Health Equity to complete its 2019 CHNA. NMH's current and past CHNAs, and all CHNAs for NMHC facilities, can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment.

In this implementation plan, NMH will respond to the significant health needs identified in the 2019 CHNA. NMH will explain which significant health needs it will prioritize over the next three years as well as explain why it will not be addressing other identified significant health needs, outline the actions NMH intends to take to address those prioritized significant health needs (commonly referred to as strategies), detail the anticipated impact of those strategies, outline the resources NMH intends to commit to those strategies, and discuss any planned collaborations between NMH and other organizations.

This Implementation Strategy is aligned and coordinated with the broad Community Benefits Plan and ongoing operations at NMH and throughout NMHC. The Implementation Strategy described in this document has been developed to specifically respond to the significant health needs identified in the NMH 2019 CHNA. The strategies outlined in this document are supplementary to NMHC's comprehensive Financial Assistance and Presumptive Eligibility policies,² as well as the vast research, education and other Community Benefits activities conducted across the Health System under our Community Benefits Plan. Together, our Community Benefits activities help to improve the health of the communities we serve.



*The Magnet Recognition Program®, ANCC Magnet Recognition®, Magnet® names and logos are registered trademarks of the American Nurses Credentialing Center. Journey to Magnet Excellence™ and National Magnet Conference® are trademarks of the American Nurses Credentialing Center. All rights reserved.

1 2019-2020 Best Hospitals Honor Roll and Medical Specialties Rankings. *U.S. News & World Report*, <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

2 For more information about financial assistance at Northwestern Medicine, visit nm.org/patients-and-visitors/billing-and-insurance/financial-assistance.

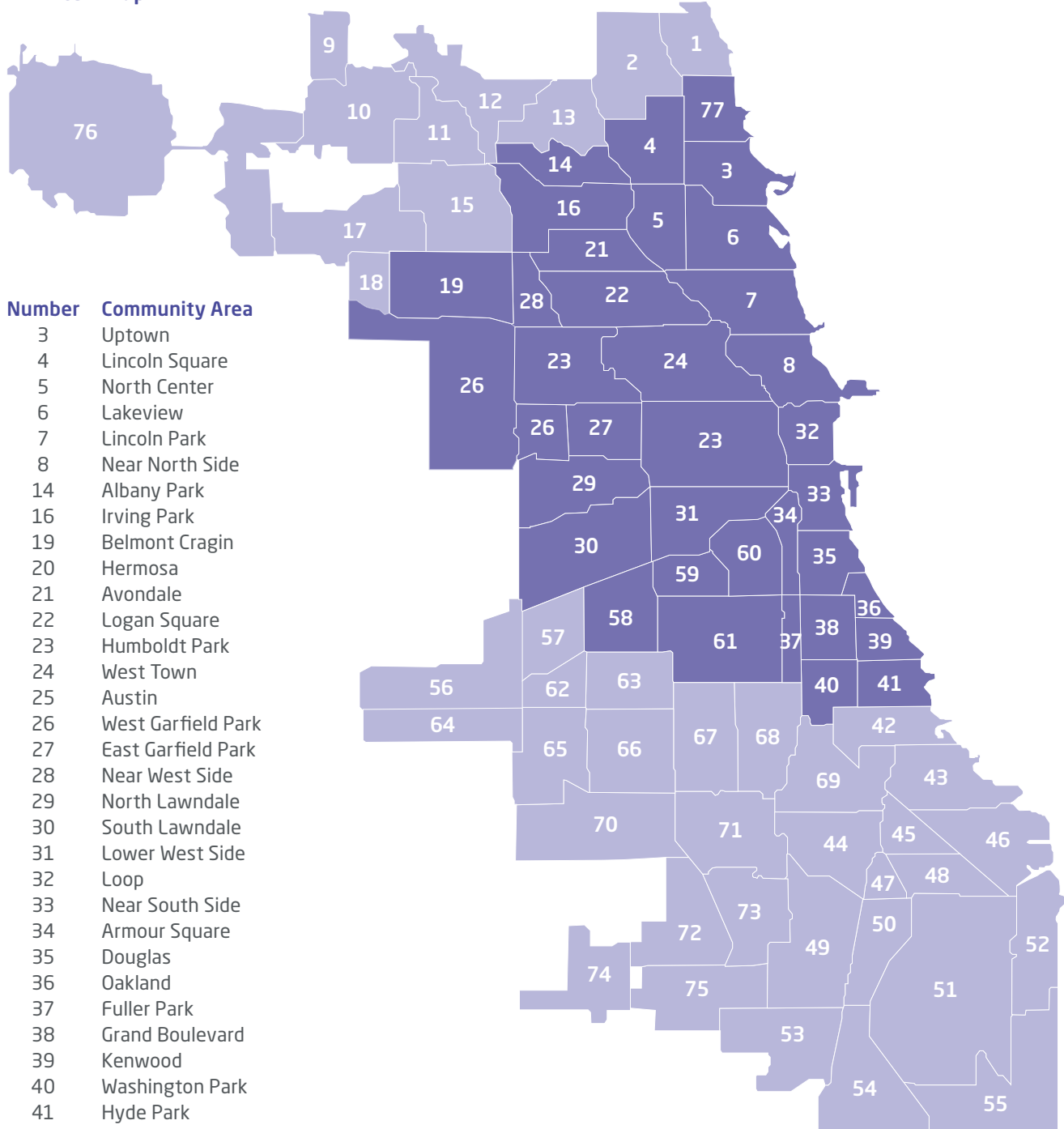
Community served by NMH

The community served by NMH is defined as a 7-mile radius around NMH, which includes 34 ZIP codes (Community Service Area [CSA]). To define the NMH CSA for the 2019 CHNA, the following factors were considered: 1) geographic area served by NMH; 2) principal functions of NMH; 3) areas of high hardship (e.g., socioeconomic challenges across Chicago neighborhoods related to education, housing, income, poverty, unemployment and dependents); 4) location of existing NM assets (e.g., NM-supported clinics and programs) that serve Chicago communities; 5) hospital service areas of other academic medical centers in Chicago; and 6) existing initiatives addressing community needs in Chicago. The NMH CSA does not exclude the medically underserved, low-income or minority populations that live in its geographic area.

NMH CSA ZIP Codes

60601	60606	60611	60616	60625	60642	60654
60602	60607	60612	60618	60632	60644	60657
60603	60608	60613	60622	60639	60647	60660
60604	60609	60614	60623	60640	60651	60661
60605	60610	60615	60624	60641	60653	

NMH CSA Map



Number	Community Area
3	Uptown
4	Lincoln Square
5	North Center
6	Lakeview
7	Lincoln Park
8	Near North Side
14	Albany Park
16	Irving Park
19	Belmont Cragin
20	Hermosa
21	Avondale
22	Logan Square
23	Humboldt Park
24	West Town
25	Austin
26	West Garfield Park
27	East Garfield Park
28	Near West Side
29	North Lawndale
30	South Lawndale
31	Lower West Side
32	Loop
33	Near South Side
34	Armour Square
35	Douglas
36	Oakland
37	Fuller Park
38	Grand Boulevard
39	Kenwood
40	Washington Park
41	Hyde Park
58	Brighton Park
59	McKinley Park
60	Bridgeport
61	New City
77	Edgewater

Key
 Entire Map: City of Chicago
 Dark purple: NMH CSA

Implementation Strategy overview

The NMH 2019 CHNA was developed in collaboration with the Alliance for Health Equity. Together, we completed a comprehensive analysis of the data collected as part of the 2019 CHNA process, including input solicited from the community representing target populations such as the medically underserved, low income and minority populations, and governmental agencies. Primary data for the CHNA was collected through four methods, including: 1) community input surveys; 2) community resident focus groups and learning map sessions; 3) healthcare and social service provider focus groups; and 4) stakeholder assessments led by partner health departments.

Once the data analysis was complete, community organizations representative of the assessed community area (including those that serve medically underserved, low-income and minority populations) were formally engaged to participate in the NMH prioritization process. Key stakeholders were selected based on strong collaborative efforts to improve the health of the community, and their varied backgrounds provided diverse insight into prioritizing the identified health needs. A structured process was used to inform prioritization, which required stakeholders to review guiding principles, examine CHNA findings, complete a pairwise survey to rank health needs, and participate in robust conversations regarding potential priority health needs for the NMH CSA.

Following the prioritization of significant health needs, NMH applied a systematic approach to develop strategies to address certain significant health needs, identified resources it intends to commit to these strategies, and utilized collaborations with community organizations where the collaborations can positively impact the health of the communities we serve. In developing these strategies, NMH was mindful of its own strengths and those of other organizations in our community, areas of need in our community and ways in which NMH could have the greatest possible impact. These strategies supplement, and work in tandem with, existing strategies and operations under the Community Benefits Plan at NMH and NMHC.

This Implementation Strategy will be reviewed annually during the three-year lifespan of the 2019 CHNA and updated as needed to ensure viability and impact. NMH's impact will be communicated regularly to reporting agencies and our community.

Identified significant health needs

The following significant health needs were identified through the NMH 2019 CHNA and represented potential areas to consider for prioritization and action.

Identified Significant Health Need	Identified Need/Concern	
Social and Structural Determinants of Health	Workforce Development and Economic Vitality Education and Youth Development Food Security and Food Access Affordable Housing Structural Racism and Structural Inequities Violence, Crime and Community Safety	
Access to Health Care and Community Resources	Increased timely linkages to appropriate care, including behavioral health and social services Resources, referrals, coordination and connection to community-based services Immigrant Health and Culturally Competent Care	
Health Conditions	Age-Related Illness Asthma Cancer Chronic Disease <ul style="list-style-type: none"> • Diabetes • Heart Disease • Obesity 	Maternal and Child Health Mental Health Sexually Transmitted Infections Substance Use Disorders

Significant health needs addressed by NMH

Through a systematic, data-driven approach, NMH has prioritized the following identified significant health needs to address over the next three years. These needs will be referred to as the priority health needs throughout the remainder of the implementation plan.

NMH worked collaboratively with community partners to develop strategies, and to identify resources and areas for collaboration, where applicable, to impact each priority health need.

- | | |
|--|--|
| 1. Access to Health Care and Community Resources | 3. Violence and Community Safety |
| 2. Structural Inequities | 4. Workforce Development and Economic Vitality |
-

Priority health need: Access to Health Care and Community Resources

Introduction to priority health need

Access to comprehensive, quality healthcare services is important for the achievement of optimal health and increasing quality of life. It impacts overall physical, social and mental health status, including prevention of disease and disability; detection and treatment of health conditions; preventable death; and life expectancy. Improving access to healthcare services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and lower overall healthcare costs.

Health is also impacted by access to and use of evidence-based preventive services and community resources. Clinical preventive services are services that prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention) or detect a disease at an earlier and often more treatable stage (secondary prevention). In addition, identifying social determinants of health (including economic stability, housing, violence and food insecurity) is a critical first step in connecting individuals to resources in their communities that can address those needs, and as a result, improve health outcomes.

Healthcare access and quality can vary greatly between communities. Within the NMH CSA, 15% of adults age 18 to 64 are uninsured, compared to 9% citywide. NMH aims to improve access to quality health care and community resources to help ensure vulnerable populations in the NMH CSA have the services and support needed to live healthy lives.

Benchmarks

National: Healthy People 2020 Objectives

Access to Health Services (AHS)

- AHS-3: Increase the proportion of persons with a usual primary care provider
- AHS-5: Increase the proportion of persons who have a specific source of ongoing care

Mental Health and Mental Disorders

- MHMD-4: Reduce the proportion of persons who experience major depressive episodes

Local: Healthy Chicago 2025 Objectives

- Goal 3: Improve systems of care for populations most affected by inequities
- Goal 4: Further the health and vibrancy of neighborhoods most affected by inequities

Goal

Improve access to quality health care and community resources to help ensure vulnerable populations in the NMH CSA have the services and support needed to live healthy lives.

Action	Anticipated Impact	Resources	Collaboration
<p>Behavioral Health Resources</p> <p>Improve access to mental and behavioral health resources through the expansion of community-based programs such as Calm Classroom and Mental Health First Aid trainings.</p>	<p>Increase the number of mental health education and training programs in the NMH CSA</p> <p>Increase awareness of mental health and use of coping skills in the NMH CSA</p> <p>Promote behavioral health partnerships between NMH and high quality community-based organizations and providers</p>	<p>NMH will provide staff members to lead training and health education</p> <p>NMH will provide health education tools and materials for programs</p> <p>NMH will provide operating and grant funding</p>	<p>Community-based organizations</p> <p>Faith-based organizations</p> <p>Chicago-area schools (K-12)</p> <p>Chicago Public Libraries</p>

Action	Anticipated Impact	Resources	Collaboration
<p>Clinical Community Relationships</p> <p>Develop a Health System-level approach to better serve uninsured and underinsured patients through clinical community relationships.</p> <p>Utilize the identified approach to pilot new opportunities and enhance current relationships in the NMH CSA.</p>	<p>Increase the number of NMH patients with medical homes</p> <p>Increase capacity among existing community partnerships</p> <p>Increase number of community partnerships</p>	<p>NMH will provide staff members to implement programming</p> <p>NMH will provide operating and grant funding</p>	<p>Erie Family Health Centers</p> <p>Near North Health Service Corporation</p> <p>CommunityHealth</p> <p>Robert H. Lurie Comprehensive Cancer Center of Northwestern University</p>
<p>Education-Centered Medical Home (ECMH): Community Engagement Project</p> <p>Establish a Community Engagement Program together with Northwestern University Feinberg School of Medicine that aligns ECMH community health projects with priority health needs identified through the NMH CHNA</p>	<p>Increase knowledge of social determinants of health (SDOH) among ECMH medical students</p> <p>Improve and align ECMH strategies and programs to address SDOH needs</p>	<p>NMH will provide staff members to develop the infrastructure of the program</p>	<p>Northwestern University Feinberg School of Medicine staff members and medical students</p> <p>ECMH sites</p> <p>Community-based organizations</p> <p>Ann & Robert H. Lurie Children’s Hospital of Chicago</p> <p>Federally Qualified Health Centers (FQHCs) and other community care sites</p>
<p>Social Determinants of Health Plan</p> <p>Implement an electronic tool that is integrated with NMH’s electronic medical record (Epic) to capture SDOH for patients, train staff members/advocates to screen and utilize SDOH data, and refer patients to appropriate services in order to address SDOH</p>	<p>Increase accurate and complete capture of SDOH in the electronic medical record</p> <p>Increase the number of patients receiving referrals to social service resources</p> <p>Increase the number of collaborations with community-based organizations that have capacity to address SDOH for NMH patients</p>	<p>NMH will implement an electronic SDOH screening tool</p> <p>NMH will provide staff members to assess patients and make appropriate referrals</p> <p>NMH will provide operating and grant funding to implement an electronic screening and referral tool</p>	<p>Northwestern Medicine Transitional Care Clinic</p> <p>Epic</p> <p>NowPow</p> <p>Community-based organizations</p> <p>Greater Chicago Food Depository</p>

Priority health need: Structural Inequities

Introduction to priority health need

The National Academy of Medicine defines structural inequities as “the systemic disadvantage of one social group compared to other groups with whom they coexist, and the term encompasses policy, law, governance, and culture and refers to race, ethnicity, gender or gender identity, class, sexual orientation, and other domains.”

In our analysis, poverty, low educational attainment, violence and poor health outcomes were most often concentrated in largely minority communities on the south and west sides of NMH’s CSA. These data highlight structural inequities that shape the health outcomes reported in these areas. In addition to addressing structural inequities associated with social determinants of health, NMH aims to reduce structural inequities in collaboration with community partners, patients and employees by focusing on disparities in clinical processes and outcomes, variations in care delivery, quality improvement strategies, providing a welcoming environment, and advocacy.

Benchmarks

National: Healthy People 2020 Objectives

Disability and Health

- DH-4: Reduce the proportion of adults with disabilities aged 18 years and older who experience delays in receiving primary and periodic preventive care due to specific barriers

Lesbian, Gay, Bisexual and Transgender Health

- LGBT-1: Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, bisexual and transgender populations

Local: Healthy Chicago 2025 Objectives

- Goal 1: Transform policies and processes to foster anti-racist systems
- Goal 3: Improve systems of care for populations most affected by inequities
- Goal 4: Further the health and vibrancy of neighborhoods most affected by inequities

Goal

Reduce structural inequities in collaboration with community, patients and employees by focusing on disparities in clinical processes and outcomes, variations in care delivery, quality improvement strategies, providing a welcoming environment and advocacy

Action	Anticipated Impact	Resources	Collaboration
<p>Quality Equity</p> <p>Analyze patient care and clinical service quality measures to identify disparities and implement improvement strategies</p>	<p>Improve clinical processes to reduce outcome disparities</p> <p>Demonstrate improved health and clinical outcomes across vulnerable populations</p> <p>Share findings and improvement strategies internally and with partners such as FQHCs and community organizations</p> <p>Publish successful strategies in the academic literature</p>	<p>NMH will provide staff members and clinical teams</p> <p>NMH will provide analytic and data resources (i.e., Electronic Data Warehouse, national benchmarks)</p>	<p>Northwestern Medicine Quality Department</p> <p>Clinicians across NMH</p> <p>Community, patient and employee focus groups</p>
<p>Diversity and Inclusion (D&I)</p> <p>Embed D&I values and tactics into employee practices and behaviors</p> <p>Establish a D&I infrastructure with partnership across the organization to promote, support and activate inclusive strategy, culture and behavior that differentiates NM as an inclusive values-driven organization</p> <p>Implement implicit bias and cultural competence training to increase awareness and decrease impact of implicit bias</p>	<p>Increase sense of belonging from employees</p> <p>Improve employee engagement</p> <p>Increase strategies to address leadership engagement in diversity and inclusion</p> <p>Increase staff knowledge of implicit bias and cultural competence</p> <p>Increase utilization of tactics to decrease bias</p>	<p>NMH will provide staff members to lead training and education</p> <p>NMH will provide analytic and data resources</p> <p>NMH will provide training materials for classes</p> <p>NMH will provide operating and grant funding to support interventions</p>	<p>Northwestern University Institute for Sexual and Gender Minority Health and Wellbeing</p> <p>Community-based organizations</p> <p>Advocacy groups</p> <p>Community, patient and employee focus groups</p>
<p>Community Engagement Plan</p> <p>Increase engagement with vulnerable populations regarding their experience with structural inequities at NMH.</p> <p>Utilize feedback and input in the strategic planning process.</p>	<p>Focus Northwestern Medicine equity, quality and patient engagement interventions in areas identified by the community as opportunities</p> <p>Improve defined outcomes (i.e., patient experience, quality, processes and equitable experience) as appropriate to each intervention</p>	<p>NMH will provide staff members to engage community members</p>	<p>Community-based organizations</p> <p>Faith-based organizations</p> <p>Chicago-area schools</p> <p>Chicago Public Libraries</p> <p>FQHCs and other community care sites</p>

Priority health need: Violence and Community Safety

Introduction to priority health need

The root causes of community violence are multifaceted and include issues such as the concentration of poverty, education inequities, inadequate access to health services, mass incarceration, differential policing strategies and generational trauma.

The epidemic of injury and violence in Chicago is widely recognized, given widespread coverage in local, national and international media. Our analysis of data from the NMH CSA reveals a similar story about the concentration of violence and injury in low-income communities of color. For example, firearm-related death rates in communities of color were more than five times greater than that observed in more affluent communities with higher proportions of white residents (i.e., Near North Side and Lincoln Park). Patterns of injury and accidental death followed a similar geographic distribution.

Results from focus groups and surveys conducted as part of the NMH CHNA consistently demonstrated that violence is a top concern, and improving community safety represents a great opportunity for improving health and well-being. NMH aims to implement best practices for addressing violence prevention and develop a trauma-informed response infrastructure in collaboration with community-based organizations.

Benchmarks

National: Healthy People 2020 Objectives

Adolescent Health

- AH-11.1: Reduce the rate of minors and young adult perpetration of violent crimes

Mental Health Status Improvement

- MHMD-4: Reduce the proportion of persons who experience major depressive episodes

Local: Live Well Lake County Health Plan

- Goal 2: Strengthen community capacity and youth leadership
- Goal 3: Improve systems of care for populations most affected by inequities
- Goal 4: Further the health and vibrancy of neighborhoods most affected by inequities

Goal

Implement best practices for addressing violence prevention and develop a trauma-informed response infrastructure in collaboration with community-based organizations

Action	Anticipated Impact	Resources	Collaboration
<p>Community Violence Prevention</p> <p>Continue to support Bright Star Community Outreach (BSCO) and The Urban Resilience Network (TURN) model and establish a broader trauma-response referral network for NMH patients to receive ongoing trauma support</p> <p>Collaborate with community partners to launch additional violence prevention strategies, and explore opportunities to expand and increase coordination of existing trauma and violence prevention initiatives</p>	<p>Increase access to trauma-informed counseling for victims of trauma in the NMH CSA</p> <p>Increase youth-related programming in the NMH CSA to increase protective factors and decrease risk factors of violence</p> <p>Improve community coordination of violence reduction strategies within the NMH CSA</p> <p>Increase referrals to trauma-informed care resources for those who have experienced trauma</p>	<p>NMH will provide staff members to oversee program development of the trauma network</p> <p>NMH will provide operating and grant funding to support interventions</p>	<p>Northwestern Medicine Chaplain Program</p> <p>Advocacy organizations (i.e., Acclivus, Chicago CRED)</p> <p>Community-based organizations (i.e., Kelly Hall YMCA)</p> <p>Faith-based organizations (i.e., BSCO and Mission of Our Lady of the Angels)</p> <p>Chicago-area schools</p> <p>Chicago Public Libraries</p> <p>FQHCs and other community care sites</p>
<p>Trauma-Informed Care</p> <p>Conduct a current state analysis of practices, gaps and opportunities to address and integrate trauma-informed care into practice, including employee resources for coping with trauma or vicarious trauma</p>	<p>Increase understanding of the impact of trauma and potential ways to incorporate trauma-informed care within NMH</p> <p>Identify existing assets and gaps in support resources for employees coping with trauma or vicarious trauma</p> <p>Increase provider and staff member awareness and education on methods to provide trauma-informed care</p> <p>Collaborate with external partners who are working to make Chicago a trauma-informed city</p>	<p>NMH will provide staff members to assess current practices</p> <p>NMH will provide analytic and data resources</p> <p>NMH will provide wellness and coping resources</p>	<p>Northwestern Medicine Department of Obstetrics and Gynecology</p> <p>Government agencies (i.e., U.S. Senator Durbin’s Chicago HEAL Initiative, Chicago Department of Public Health’s Trauma Initiative)</p> <p>Alliance for Health Equity</p> <p>Health & Medicine Policy Research Group (Trauma-Informed Hospital Collaborative)</p>

Priority health need: Workforce Development and Economic Vitality

Introduction to priority health need

Financial security makes it easier to obtain resources associated with healthy living and predicts most health outcomes³ such as life expectancy, infant mortality, and chronic conditions such as asthma, cardiovascular disease and obesity.⁴

As reported in the NMH 2019 CHNA, the NMH CSA had 75,523 unemployed individuals, which accounted for 8.6% of the population over 16 years old in the civilian labor force. High levels of unemployment are geographically concentrated in the south and west sides of the NMH CSA.

As one of the largest employers in Chicago, NMH aims to improve economic vitality through increased hiring within the NMH CSA, workforce development and pipeline programs, and the procurement of supplies and services from companies based in vulnerable and under-resourced neighborhoods within the NMH CSA.

Benchmarks

National: Healthy People 2020 Objectives

Social Determinants of Health (SDOH)

- SDOH-1: Proportion of children aged 0-17 years living with at least one parent employed year round, full time
- SDOH-2: Proportion of high school completers who were enrolled in college the October immediately after completing high school
- SDOH-3: Reduce the proportion of persons living in poverty

Adolescent Health (AH)

- AH-4: Increase educational achievement of adolescents and young adults

Local: Healthy Chicago 2025 Objectives

- Goal 1: Transform policies and processes to foster anti-racist systems
- Goal 2: Strengthen community capacity and youth leadership
- Goal 4: Further the health and vibrancy of neighborhoods most affected by inequities

Goal

Improve economic vitality through increased hiring within the NMH CSA, workforce development and pipeline programs, and the procurement of supplies and services from companies based in vulnerable and under-resourced neighborhoods within the NMH CSA

³ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2020 Social Determinants of Health Topic Area: employment. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/employment#8>.

⁴ Prachand N. Overview of Chicago's community health status assessment. Chicago, IL: Chicago Department of Public Health, 2019.

Action	Anticipated Impact	Resources	Collaboration
<p>Hiring and Workforce Development</p> <p>Develop and execute a strategic hiring plan to increase hiring of NMH employees from hardship communities within the NMH CSA</p> <p>Increase youth summer employment, workforce development, and pipeline programs to promote careers in health care and related fields to individuals in underserved communities</p>	<p>Increase hiring from high economic hardship communities within the NMH CSA</p> <p>Increase the number of youth from the NMH CSA exposed to careers in the healthcare field</p> <p>Increase the number of youth from the NMH CSA who receive internships</p> <p>Increase the number of youth from the NMH CSA participating in career mentorship programs</p> <p>Increase community pipeline partnerships</p> <p>Expand strategies to address recruitment, retention and promotion of diverse talent</p>	<p>NMH will provide staff members to oversee programming</p> <p>NMH will provide operating and grant funding to support interventions</p> <p>Hiring policies</p>	<p>Chicago Anchors for a Strong Economy (CASE)</p> <p>U.S. Senator Durbin’s Chicago HEAL Initiative</p> <p>City Colleges of Chicago</p> <p>Bright Star Community Outreach</p> <p>Chicago Public Schools</p> <p>FQHCs and other community care sites</p> <p>Community-based organizations</p>
<p>Procurement</p> <p>Establish a procurement plan to increase purchasing of supplies and services from suppliers in the NMH CSA</p>	<p>Increase annual spend with vendors in low-income neighborhoods of the NMH CSA</p> <p>Increase the number of vendors within the NMH CSA doing business with NMH</p> <p>Increase annual spend with minority and women-owned businesses in the NMH CSA</p>	<p>NMH will provide staff members to oversee programming</p> <p>NMH will provide funding to support actions</p>	<p>Chicago Anchors for a Strong Economy (CASE)</p> <p>U.S. Senator Durbin’s Chicago HEAL Initiative</p> <p>Community-based organizations</p>

Significant health needs not addressed by NMH

NMH has determined that it will not create programs to specifically address the significant health needs below over the next three years. Nonetheless, many of these needs are being addressed through the comprehensive services and Community Benefits operations offered at NMH and throughout NMHC. Specific reasons are outlined below.

Topic	Identified Needs	Rationale for Not Addressing
Social and Structural Determinants of Health	Education and Youth Development Food Security and Food Access Affordable Housing	Addressed within our Workforce Development and Economic Vitality strategies Addressed within our Access to Health Care and Community Resources strategies Relatively low priority as measured through NMH’s community input prioritization tool
Health Conditions	Age-Related Illness Asthma Cancer Chronic Disease <ul style="list-style-type: none"> • Diabetes • Heart Disease • Obesity Maternal and Child Health Mental Health Sexually Transmitted Infections Substance Use Disorders	Addressed through the NMH care delivery system Relatively low priority as measured through NMH’s community input prioritization tool

Implementation Strategy adoption

This Implementation Strategy adoption was authorized through a Board Resolution at the July 24, 2019, meeting of the Northwestern Memorial Hospital Board of Directors.

The Northwestern Memorial Hospital 2019 Implementation Strategy was reviewed and adopted by the president of Northwestern Memorial Hospital on January 15, 2020.

Feedback

The community is encouraged to provide feedback on this Implementation Strategy and all NMHC Community Benefits documents, by calling 312.926.2301 or submitting comments to communityhealth@nm.org. Please include your name, organization (if applicable) and any feedback you have regarding the report process or findings.

Public availability

This Implementation Strategy and all NMHC CHNAs are public information and can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment.

Please contact the Community Affairs Department at NMH with any questions by calling 312.926.2301 or emailing communityhealth@nm.org.



Northwestern Memorial Hospital

251 East Huron Street
Chicago, Illinois 60611

312.926.2000
TTY for the hearing impaired 312.926.6363

nm.org