



2022 Community Health Implementation Plan

Northwestern Medicine Palos Hospital



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Introduction

About Northwestern Memorial HealthCare

Northwestern Memorial HealthCare (NMHC) is committed to providing quality medical care, regardless of a 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 committed to serving a broad community. NMHC provides world-class care at 11 hospitals, two medical groups, and more than 200 diagnostic and ambulatory locations in communities throughout Chicago and the surrounding suburbs. NMHC hospitals are pillars in their respective communities and lead efforts to positively impact the health of the populations they serve. From facilitating collaborations with community organizations to serving as major economic drivers, NMHC strengthens our communities.

About Northwestern Medicine Palos Hospital

Northwestern Medicine Palos Hospital (NMPH) is a 425-bed, acute care hospital located in Palos Heights, Illinois, that serves Chicago's southwest suburbs, including southwestern Cook County and northeastern Will County. The complete range of services includes a comprehensive Emergency Department, an intensive care unit, comprehensive cardiovascular services, home health services, orthopaedics, oncology, maternity care and women's health, pediatrics, physical and occupational therapy, and psychiatry and behavioral health.

NMPH is committed to continuously reviewing and analyzing the changing needs of our community and responding quickly and effectively with services that positively impact our community. We realize that to have the greatest impact, we need to work with our neighbors and learn from them. Palos Community Hospital has a rich history of caring for its community, and NMPH will continue to uphold its promise to meaningfully improve access to high-quality health care and implement targeted programs that address the priority health needs of the community.

About the Community Health Implementation Plan

In alignment with our mission and in accordance with the requirements of the Patient Protection and Affordable Care Act, NMPH works with community organizations 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 Community Health Implementation Plan (Implementation Plan) is a companion document to the NMPH 2021 CHNA, which can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment. The Implementation Plan uses CHNA data to guide new initiatives and enhance existing efforts that improve the health of our community.

In this Implementation Plan, NMPH will respond to the significant health needs identified in its 2021 CHNA. NMPH will explain which significant health needs it will prioritize over the next year, as well as explain why it will not be addressing other identified significant health needs. For each priority health need, NMPH will outline the actions, or strategies, planned to address the need; detail the anticipated impact of those strategies; outline the resources it intends to commit to those strategies; and discuss planned collaborations between NMPH and other organizations.

This Implementation Plan is aligned and coordinated with the Community Benefits Plan and ongoing operations at NMPH and throughout NMHC. The strategies outlined in this document have been developed to specifically respond to the priority health needs identified in the NMPH 2021 CHNA, and are supplementary to NMHC's comprehensive Financial Assistance and Presumptive Eligibility policies, as well as the vast research, education and other Community Benefit activities conducted across NMHC under our Community Benefits Plan. Together, these strategies help to improve the health of the communities we serve.

Community served by NMPH

Defining the Community Service Area

To define the NMPH Community Service Area (CSA), the following factors were considered: (1) geographic area served by NMPH, (2) principal functions of NMPH, (3) areas of high hardship (socioeconomic challenges related to education, housing, income, poverty, unemployment and dependents), (4) existing NM assets (NM-supported clinics and programs), (5) CSAs of other local hospitals, and (6) existing initiatives that address community needs.

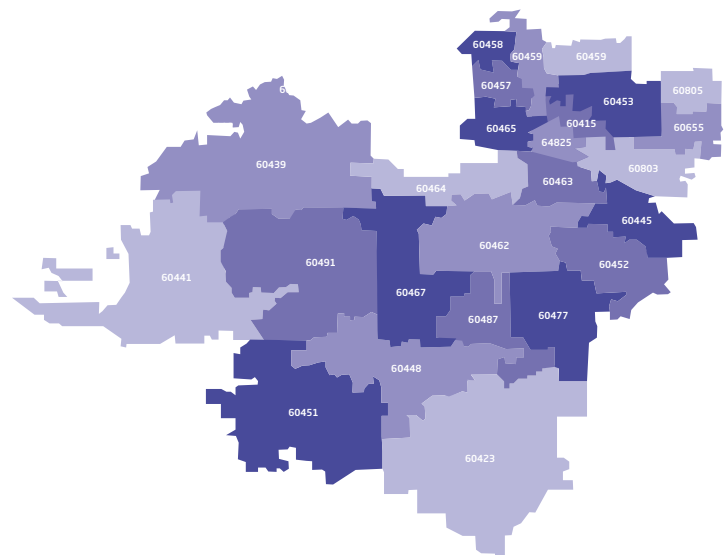
NMPH Community Service Area

The NMPH CSA covers 26 residential ZIP codes, which compose NMPH primary and secondary service areas in southwest Cook County and northwest Will County, Illinois. NMPH provides comprehensive, acute, emergent and specialty care for various people across the life span, including but not limited to adults, children, women, seniors and people with disabilities. The NMPH CSA includes medically underserved, low-income and minority populations with special consideration given to under-resourced communities. The ZIP codes and communities that define the NMPH CSA are outlined in the figures.

NMPH CSA ZIP Codes

60415 Chicago Ridge	60462 Orland Park
60418 Crestwood	60463 Palos Heights
60423 Frankfort	60464 Palos Park
60439 Lemont	60465 Palos Hills
60441 Lockport	60467 Orland Park SW
60445 Midlothian/ Crestwood	60477 Tinley Park/ Country Club Hills
60448 Mokena	60482 Worth
60451 New Lenox	60487 Orland Hills/ Tinley Park
60452 Oak Forest	60491 Homer Glen
60453 Oak Lawn	60655 Mt. Greenwood
60455 Bridgeview	60803 Alsip
60457 Hickory Hills	60805 Evergreen Park
60458 Justice	
60459 Burbank	

NMPH Community Service Area Map



Implementation Plan overview

The NMPH 2021 CHNA was conducted in collaboration with Professional Research Consultants, Inc. (PRC). Together, we completed a comprehensive analysis of the collected data. This included soliciting input from target populations such as medically underserved, low-income and minority populations. Once the data analysis was complete, community representatives were formally engaged to participate in the NMPH 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. These stakeholders used a structured process to inform prioritization, which included a review of guiding principles and CHNA data findings, as well as participation in robust conversations regarding community health needs for the NMPH CSA.

Following the prioritization process, NMPH applied a systematic approach to develop strategies to address the priority health needs. Working with the NMPH Community Health Council, a multidisciplinary committee of internal stakeholders, the team identified actions, resources, anticipated impacts and planned collaborations to have the greatest possible effect. In developing these strategies, NMPH was mindful of its own strengths and those of other organizations in our CSA. Identified strategies supplement and work in tandem with existing Community Benefit strategies and operations at NMPH and NMHC.

This Implementation Plan will be reviewed and updated as needed during the year-long span of the NMPH 2021 CHNA to ensure viability and impact. The next NMPH CHNA will be conducted in 2022, at which time a three year CHIP will be adopted. NMPH efforts will be communicated regularly to reporting agencies and our community.

Identified significant health needs

The following significant needs were identified through the NMPH 2021 CHNA and represented areas to consider for prioritization and action.

Access to healthcare services

- Routine medical care

Cancer

- Leading cause of death

Heart disease and stroke

- Leading cause of death

Mental health

- Fair or poor mental health
- Diagnosed depression

Nutrition, physical activity and weight

- Overweight and obesity
- Difficulty accessing fruits and vegetables

Potentially disabling conditions

- Dementia and Alzheimer's disease

Oral health

- Regular dental care

Respiratory disease

- Chronic obstructive pulmonary disease
- COVID-19

Substance use disorders

- Binge drinking

Tobacco use

- Cigarette smoking
 - Use of vaping products
-

Significant health needs addressed by NMPH

Through a systematic, data-driven approach, NMPH has prioritized the following identified significant health needs to address over the next year. These needs will be referred to as priority health needs throughout the remainder of this Implementation Plan.

1. Access to Healthcare Services
 2. Heart Disease and Stroke
 3. Mental Health and Substance Use Disorders
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NMPH worked collaboratively to develop strategies and identify resources, collaborations, and anticipated impact of these efforts.

NMPH priority health needs

Priority health need: Access to Healthcare Services

Introduction

Access to comprehensive, quality healthcare services is important for achieving optimal health and increasing quality of life. It affects 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 regular source of care have better health outcomes and lower overall healthcare costs.

Health is also affected 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 that detect a disease at an earlier and often more treatable stage (secondary prevention). Healthcare access and quality can vary greatly between communities. The NMPH CHNA found that within the NMPH CSA, 4.6% of adults aged 18 to 64 years are uninsured.

Goal

Improve access to quality healthcare and community resources to help ensure that under-resourced populations in the NMPH CSA have the services and support needed to live healthy lives.

Action	Anticipated Impact	Resources	Collaboration
<p>Community Engagement</p> <p>Identify and develop relationships with community organizations.</p> <p>Pilot a community engagement council.</p> <p>Assess SDOH resources in the electronic system to best address patients' social needs.</p>	<p>Increase collaboration and knowledge sharing focused on promoting access to care, especially with low-income and under-resourced communities.</p> <p>Increase the number of patients receiving referrals to appropriate social resources.</p>	<p>NMPH will provide staff to cultivate collaboration with community organizations.</p>	<p>Community-based organizations that address SDOH</p> <p>Local non-profits, libraries, local governments and park districts</p> <p>Faith-based organizations</p>
<p>Federally Qualified Health Center (FQHC) and Clinical Community Collaboration</p> <p>Align with the system-level approach to better serve the uninsured and underinsured populations through clinical community relationships.</p>	<p>Increase clinical community collaborations.</p> <p>Establish a plan to increase access to healthcare services.</p>	<p>NMPH will provide staff to conduct research and meet with potential FQHC collaborators.</p>	<p>FQHCs</p>
<p>Enhance Healthcare Services Available in the Community</p> <p>Improve access to specialty care to address the health needs of the community where they live.</p>	<p>Develop a neurosciences program to increase access to related services for patients and local community.</p> <p>Produce a feasibility analysis of becoming a Primary Stroke Center.</p>	<p>NMPH will provide physicians and support staff.</p>	<p>Clinical groups</p>

SDOH indicates social determinants of health.

Priority health need: Heart Disease and Stroke

Introduction

Heart disease is the leading cause of death in the U.S., and stroke is the fifth leading cause. Heart disease and stroke can result in poor quality of life, disability and death. Through both diseases are common, they can often be prevented by controlling such risk factors as high blood pressure and high cholesterol. In addition, making sure people who experience a cardiovascular emergency – such as stroke, heart attack or cardiac arrest – get timely recommended treatment can reduce the risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need (according to Healthy People 2030).

Goal

Improve access to quality health education and community resources to improve knowledge of heart disease and stroke prevention activities.

Action	Anticipated Impact	Resources	Collaboration
<p>Virtual Cooking Classes</p> <p>Host virtual cooking classes targeted at a broader audience or specific community organization or group such as employees, volunteers or the general public.</p> <p>Provide trusted health education materials along with the class.</p>	<p>Increase access to trusted health information.</p> <p>Increase knowledge of healthy eating habits and cooking techniques.</p> <p>Track the number of classes, participants, change in knowledge, intent to make changes, confidence in ability, and other specific objectives based on class content.</p>	<p>NMPH will provide staff, health education tools and materials for program education.</p>	<p>Community-based organizations (to be determined)</p> <p>Faith-based organizations</p> <p>Local libraries</p>
<p>Health Screenings</p> <p>Support efforts to increase access to health screenings by investing resources and collaborating with community-based organizations.</p>	<p>Establish a process for community blood pressure screenings (how, when, where).</p> <p>Establish safe screening practices during COVID-19.</p> <p>Provide trusted health education materials to participants (such as AHA resources).</p>	<p>NMPH will provide staff to perform screenings and provide education.</p>	<p>Community-based organizations</p>

AHA indicates American Heart Association.

Priority health need: Mental Health and Substance Use Disorders

Introduction

About half of all people in the U.S. will be diagnosed with a mental health disorder at some point in their lifetime. Mental health disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. Estimates suggest that only half of all people with mental health disorders get the treatment they need. In addition, mental health and physical health are closely connected. Mental health disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental health disorders. Increasing screening for mental health disorders can help people get the treatment they need (according to Healthy People 2030).

Self-reported mental health status for the NMPH CSA was assessed by asking respondents to think about their own mental health, including stress, depression and problems with emotion. Results were that 23.4% reported experiencing fair or poor mental health, and 28.3% reported receiving a diagnosis of a depressive disorder, including depression, major depression, dysthymia or minor depression.

Goal

Provide educational opportunities to improve mental health resources by providing community-based programs.

Action	Anticipated Impact	Resources	Collaboration
<p>Mental Health Training and Education</p> <p>Improve access to mental and behavioral health resources through the expansion of community-based programs such as Mental Health First Aid trainings.</p>	<p>Increase the number of mental health collaborations with high-quality community-based organizations.</p> <p>Increase the number of mental health education and training programs.</p> <p>Increase awareness of mental health and coping skills.</p>	<p>NMPH will provide staff to lead trainings, health education tools and materials and funding for operations.</p>	<p>Community-based organizations</p> <p>Faith-based organizations</p>
<p>Youth Mental Health Support</p> <p>Collaborate with local schools and organizations to evaluate assets and needs for youth mental health support.</p> <p>Conduct a readiness assessment for a school-based mindfulness and mental health promotion curriculum.</p>	<p>Evaluate local school needs for a mindfulness-based curriculum.</p> <p>Establish a plan to increase mindfulness education and trainings if needed.</p> <p>Increase knowledge of mental health and related resources among teachers and youth.</p>	<p>NMPH will provide staff to connect with local schools and conduct assessments.</p>	<p>Local schools</p>

Significant health needs not addressed by NMPH

NMPH has determined that it will not create programs to specifically address certain significant health needs over the next 12 months. Although these needs were not identified as priority health needs, many are being addressed through the comprehensive services and Community Benefit operations offered at NMPH and throughout NMHC. Specific reasons for not addressing these needs are outlined below.

Identified Health Need	Rationale for not addressing them
Cancer	This need is addressed through the NMPH care delivery system.
Respiratory disease	This need is addressed through the NMPH care delivery system.
Nutrition, physical activity and weight	These needs are better addressed through external community agencies who provide services to address them.
Tobacco use	Although not individually called out as a priority, this need is being addressed through the Heart Disease and Stroke strategy.
Potentially disabling conditions	This need was assessed by the community as a relatively low priority as measured by NMPH prioritization tool.
Oral health	This need is better addressed through external community agencies who provide services to address it.

Implementation Plan adoption

The adoption of the Implementation Plan was authorized through a board resolution at the July 8, 2021, meeting of the Northwestern Medicine South Region Board of Directors.

The NMPH 2022 Community Health Implementation Plan was reviewed and adopted by the president of Northwestern Medicine Palos Hospital on January 14, 2022.

Feedback

The community is encouraged to provide feedback on this Implementation Plan and all NMHC Community Health Needs Assessment documents by calling 312.926.2301 (TTY: 711) or emailing communityhealth@nm.org. Please include your name, organization (if applicable) and any questions or feedback you have about the report content.

Public availability

This Implementation Plan and all NMHC Community Health Needs Assessment documents are public information and can be accessed at nm.org/about-us/community-initiatives/community-health-needs-assessment.

Reports can also be requested, at no cost, by calling 312.926.2301 or by emailing communityhealth@nm.org.

Please contact the NM Community Affairs Department with any questions by calling 312.926.2301 (TTY: 711) or emailing communityhealth@nm.org.



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