

Northwestern Memorial Hospital 2012-2013 Community Health Needs Assessment Report

Northwestern Memorial Hospital gratefully acknowledges the participation of a dedicated group of individuals who gave generously of their time and expertise to help conduct and develop our 2012-2013 Community Health Needs Assessment:

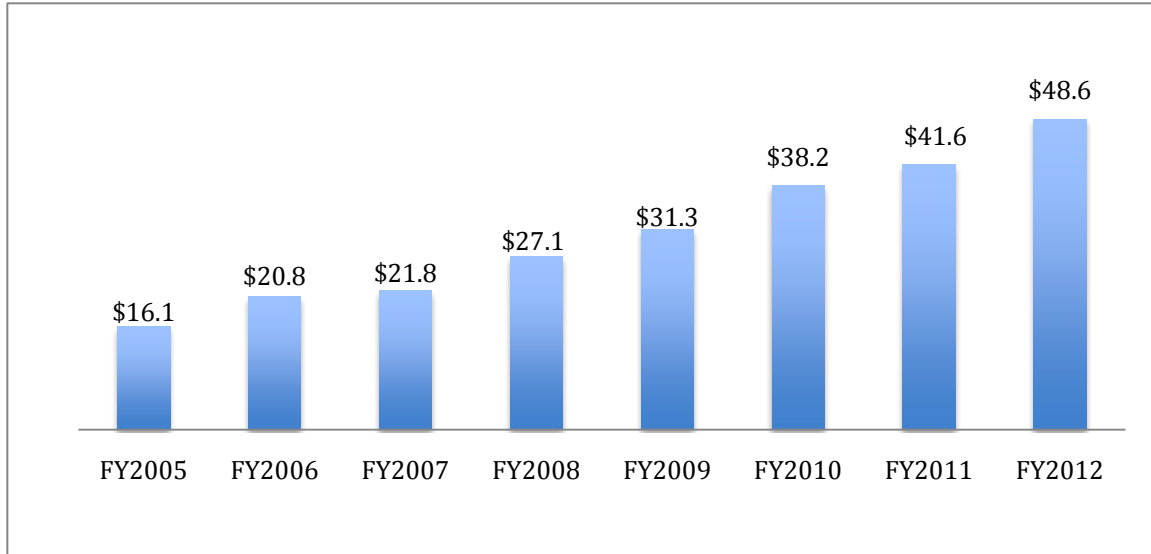
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Introduction

Northwestern Memorial Hospital (NMH) is a not-for-profit corporation and is part of an academic medical center in downtown Chicago, Illinois, that provides a full range of adult inpatient and outpatient services in an educational and research environment. As the primary teaching hospital for Northwestern University Feinberg School of Medicine (Feinberg), the more than 1,700 physicians on the medical staff at NMH carry faculty appointments at Feinberg and represent virtually every medical specialty. Through Northwestern Medicine[®], Northwestern Memorial shares a vision with Feinberg and its fulltime faculty physicians, to work collaboratively as a leading academic medical center (AMC) to positively impact the future of healthcare through exceptional patient care, excellence in medical education and breakthrough scientific research that can lead to improved treatments and cures.

NMH is among only 6% of the nation's hospitals designated as an AMC hospital, which according to the Association of American Medical Colleges in aggregate deliver a vastly disproportionate share of the nation's trauma, intensive care and tertiary services, provide 28% of all Medicaid care and underwrite 41% of all hospital-based charity care. NMH has demonstrated its commitment to providing medically necessary healthcare to members of our community, regardless of their ability to pay, by providing an increasing amount of charity care each year.

NMH Charity Care (\$s Millions)



NMH’s longstanding commitment to improve the health of the community it serves is embodied in our mission statement. NMH believes that its mission to improve the health of the communities it serves is best accomplished in collaboration with partners both in the community and within the organizations that comprise Northwestern Medicine®. NMH’s affiliations with community-based health care partners enable the organizations to meaningfully improve access to healthcare through establishment of high quality medical homes, pathways to access medically necessary hospital-based care and targeted programs to address the highest priority health needs of the community.

Northwestern Memorial Hospital Mission Statement

Northwestern Memorial is an AMC hospital where the patient comes first. We are an organization of caregivers who aspire to consistently high standards of quality, cost-effectiveness and patient satisfaction.

We seek to improve the health of the communities we serve by delivering a broad range of services with sensitivity to the individual needs of our patients and their families.

We are bonded in an essential academic and service relationship with Northwestern University Feinberg School of Medicine. The quality of our services is enhanced through their integration with education and research in an environment that encourages excellence of practice, critical inquiry and learning.

NMH maintains a broad range of activities to respond to the health needs of the community. They are organized to achieve specific goals that address our responsibility as a tax-exempt organization, leverage our strengths as an AMC hospital and optimize our impact on the health of our community:

- Provide quality care based on our clinical and academic strengths

- Train the next generation of healthcare professionals for our hospital, community and industry
- Support the discovery of new knowledge through research that can cure disease and reduce suffering
- Develop programs to address the affordability and accessibility of healthcare
- Make a measurable, positive impact on the health of medically underserved residents in our community
- Through information, empower community residents to make proactive healthcare decisions
- Provide local youth with education, mentoring and exposure to the healthcare industry
- Identify and address community needs within available resources
- Promote strong and lasting relationships with the community

NMH 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 later in this report, the goal of the CHNA is to use a data-driven approach to determine the health status, behaviors and needs of all residents in the NMH Service Area. Through this analysis, health needs were identified that are prevalent among residents across all socioeconomic groups, races and ethnicities, as well as health issues that highlight health disparities or disproportionately impact the medically underserved and uninsured.

Providing Care to the Community

Addressing Priority Health Needs In Partnership

NMH provides medically necessary care to residents of its community with the support and coordination of a range of clinical, public health and social service partners both on campus and in the community.

Providing Care

Physicians with privileges to provide care at NMH all contribute to the education of the next generation of healthcare providers through faculty appointments at Feinberg, and practice in a range of settings. These include a large primary care practice, a leading academic multispecialty group practice for the fulltime faculty of Feinberg and many small independent group and individual practices of physicians with part-time Feinberg faculty appointments.

NMH has formal and longstanding affiliations with two Federally Qualified Health Center partners based in the community, Near North Health Service Corporation (Near North) which includes the James and Catherine Denny Primary Care and Preventive Medicine Center at the Lawson House YMCA, and Erie Family Health Center (Erie). In addition to these relationships, NMH works with a number of other healthcare organizations providing healthcare and social support services to those without adequate access to healthcare. Through these partnerships, programs are collaboratively developed and implemented to address the priority healthcare needs of the patients in medically underserved communities throughout NMH's community.

NMH and its community partners are dedicated to the common goal of creating a healthier community. Many organizations contribute to achieving this goal, and each has unique

expertise, history, perspective and relationships within the community. NMH and its partners approach community health needs with awareness and respect for each organization's strengths and capacities.

Consistent with NMH's "*Patients First*" focus, patient care is provided in a way that is designed to be most convenient for patients. NMH and its partner community health centers continually strive to develop a seamless continuum of highly effective, world-class patient care utilizing a "medical home" model in which care is coordinated through a primary care provider. In this model, routine office-based preventive and primary care is generally provided at locations close by and convenient to patients, whether at physician offices or at community-based health clinics. Diagnostic, surgical, specialty and sub-specialty care is provided by medical staff and allied health care providers at NMH.

Large-scale programs have been implemented utilizing this model to address the highest priority concerns identified by the community health centers: obstetrics/gynecology services, diabetes, breast care, and cancer. Where appropriate, these programs have included participation of others in the community, including non-profit community organizations such as the YMCA and the West Humboldt Park Development Council, local churches, and community leaders. NMH also works in partnership with Chicago's public health organizations and community health leaders to identify and coordinate resources to provide care to the most medically underserved of NMH's community residents.

Ensuring Access

Many factors act as barriers to accessing healthcare among the medically underserved residents of NMH's community. These include:

- Lack of insurance and/or unaffordable services
- Confusion about how to access or navigate the health system
- Cultural barriers
- Lack of understanding of diseases, risks, screening and detection
- Logistic issues (child care coverage during appointments; transportation; inability to miss work)
- Low English proficiency
- Limited availability of care in neighborhood
- Few years of formal education

NMH and its partner community health centers, often in collaboration with researchers at Feinberg, have worked to reduce these barriers through comprehensive efforts that include:

- Financial assistance and charity care at NMH
- Development of culturally appropriate education programs to encourage preventive and primary care and screenings
- Expanded physician specialty services at community health centers, funded by NMH-directed grants
- Diagnostic and specialty care at physician practices, funded by NMH-directed grants
- Simplified financial assistance applications, available in Spanish and Polish

- Coordination of referrals and paperwork between on-campus and community-based health partners and NMH
- In depth analysis and planning for community health initiatives, supported by public health experts within Feinberg’s public health program
- Support of local public health planning and health needs assessment by public health experts and epidemiological scientists within Feinberg

Despite these efforts, many residents of NMH’s community do not receive the benefit of primary care services provided through a medical home. When NMH emergency department patients without known primary care providers are finished receiving care, they are offered the opportunity to schedule their follow-up care in the NMH Follow-up Clinic. Here patients receive medically necessary services and can be connected with primary care providers that can serve as their medical home.

The Community Health Needs Assessment (CHNA)

Background

The CHNA conducted by NMH in 2012-2013 was comprised of a formal assessment of community health needs, interpretation and review of the findings, and prioritization of the health needs identified. The formal assessment of community health needs was sponsored by a collaboration of hospitals through the Metropolitan Health Council of Chicago (MCHC). NMH purchased a separate report for its defined community services area, the city of Chicago. MCHC 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 since 1994, to complete the assessment. Following completion of the formal assessment, NMH undertook additional steps to further interpret the findings and determine highest priority health needs to address, by determining where NMH could maximize its impact on health status.

To ensure that organizations impacting health in Chicago were meaningfully engaged in reviewing and interpreting the findings of the CHNA, developing priorities among the identified needs and forming a collaborative plan to address the top priority needs, a steering committee (the External Steering Committee) was established and maintained. Members include representatives of:

- Chicago Department of Public Health
- CommunityHealth (Chicago’s largest free health clinic)
- Consortium to Lower Obesity in Chicago Children
- Erie Family Health Center (Federally Qualified Health Center)
- Greater Humboldt Park Community Diabetes Empowerment Center
- Kelly Hall YMCA
- Near North Health Services Corporation (Federally Qualified Health Center)
- United Way of Chicago
- West Humboldt Park Development Council

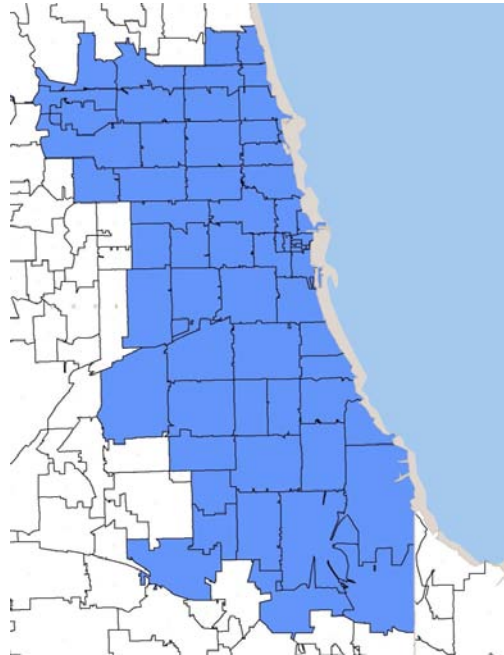
A description of the communities served by these organizations is included in Appendix A.

NMH Service Area

NMH’s community, as defined for the purposes of the CHNA, is its Service Area, the city of Chicago. The city of Chicago accounts for 65 percent of NMH admissions, a metric that is conventionally used to describe a hospital’s primary service area. The 59 residential zip codes that comprise Chicago are as follows:

City of Chicago Residential Zip Codes						
60601	60614	60623	60633	60642	60652	60661
60605	60615	60624	60634	60643	60653	60666
60607	60616	60625	60636	60644	60654	60706
60608	60617	60626	60637	60645	60655	60707
60609	60618	60628	60638	60646	60656	60803
60610	60619	60629	60639	60647	60657	60804
60611	60620	60630	60640	60649	60659	60805
60612	60621	60631	60641	60651	60660	60827
60613	60622	60632				

Map of NMH Service Area



Demographics of the Community

Chicago is a diverse city, with a large African-American population and growing Latino and Asian populations. NMH is committed to providing culturally competent care that is responsive to the needs of all our patients.

	NMH Service Area-Chicago		
	2012	2017	% Change
Population	2,884,128	2,842,408	-1.4%

Source: Truven Health Analytics Demographic Profile (Claritas Based)

Race	NMH Service Area-Chicago		
	2012	2017	% Change
White	46.2%	46.6%	0.4%
Black	31.2%	29.9%	-1.3%
American or Alaskan Indian	0.5%	0.5%	0.0%
Asian/Pacific Islander	5.4%	5.9%	0.5%
Some Other Race	14.0%	14.4%	0.4%
Two or more Races	2.7%	2.7%	0.0%
Total	100.0%	100.0%	

Source: Truven Health Analytics Demographic Profile (Claritas Based)

Ethnicity ¹	NMH Service Area- Chicago		
	2012	2017	% Change
Hispanic or Latino	30.5%	31.9%	1.4%
Non-Hispanic or Latino	69.5%	68.1%	-1.4%
Total	100.0%	100.0%	

Source: Truven Health Analytics Demographic Profile (Claritas Based)

CHNA Goals and Objectives

The CHNA conducted in 2012-2013 is a follow-up to a similar study conducted in 2009 and is a systematic, data-driven approach to determine the health status, behaviors and needs of residents in the NMH Service Area.

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. This CHNA will serve as a tool toward reaching three related goals:

¹ Note: The census currently defines “Hispanic or Latino” as an *ethnicity* not a *race*. Race and ethnicity are separate census questions; thus, a person of Hispanic or Latino *ethnicity* can be of any *race*.

- *To 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.
- *To 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 individuals may then be developed to combat some of the socio-economic factors that have historically had a negative impact on residents' health.
- *To 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 a series of Key Stakeholder Focus Groups.

Community Health Survey

Survey Instrument

The survey instrument used for this study is 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 is similar to the previous survey used in the region, allowing for data trending.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC 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.

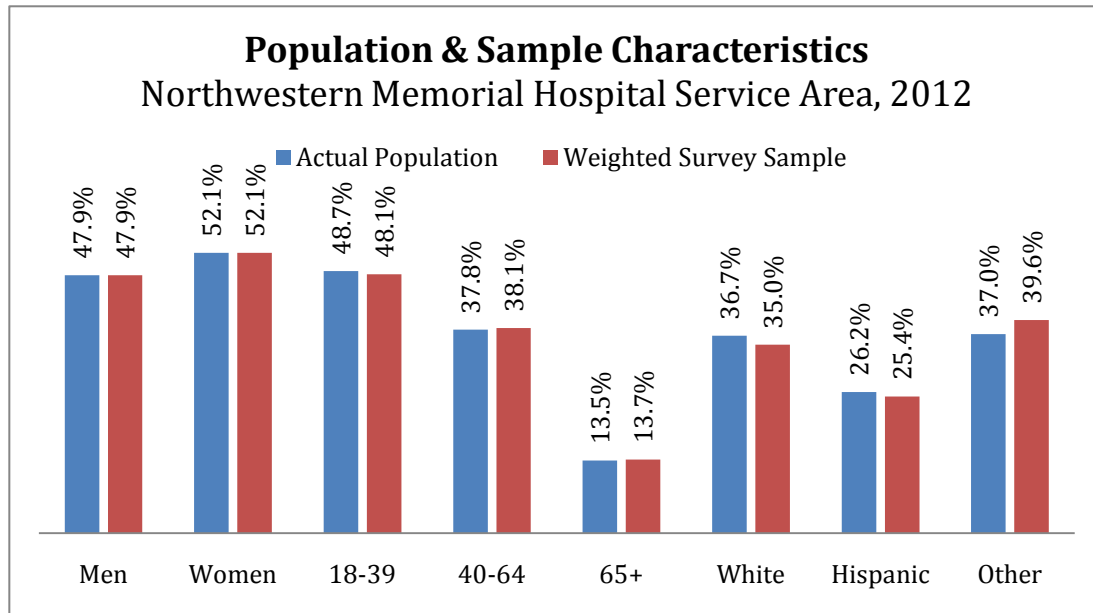
The sample design used for this effort consisted of a sample of 1,577 individuals age 18 and older in the NMH Service Area. All administration of the surveys, data collection and data analysis was conducted by PRC.

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 improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (post stratification), so as to eliminate any naturally

occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity and poverty status) and a statistical application package applies weighting variables that produce a sample that more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the NMH Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs and these children are not represented demographically in this chart.]



Source: Census, 2010, Summary File 3 (SF 3), US Census Bureau
2012 PRC Community Health Survey, Professional Research Consultants, Inc

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2012 guidelines place the poverty threshold for a family of four at \$23,050 annual household income or lower). In sample segmentation: “<200% FPL” refers to community members living in a household with defined poverty status or living just above the Federal Poverty Level (FPL)¹, earning up to twice the poverty threshold; “200%+ FPL” refers to those households living on incomes that are twice or more the federal poverty level.

¹ The FPL in calendar year 2013 is an annual income of \$23,550 for a family of four.

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 & Other Data

A variety of existing (secondary) data sources were consulted to complement the research quality of the CHNA. These secondary data were available at the county and city level; to best match the community services area, data from Cook County and city of Chicago were used. These were obtained from a variety of sources including:

- Centers for Disease Control & Prevention
- Illinois Department of Public Health
- Illinois State Police
- 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

Note that secondary data reflect city-level data (city of Chicago) where possible, and county-level data (Cook County) where city data are unavailable.

In addition to the data information compiled PRC, NMH also took into account the Chicago Department of Public Health's 2012 Annual Healthy Report.

Community Stakeholder Input

Key Stakeholder Focus Groups

As part of the CHNA, four focus groups were held among key stakeholders representing public health, physicians, other healthcare professionals, social service providers and other community leaders from throughout Chicago and in particular its most impoverished areas. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

A list of recommended participants for the NMH focus groups was provided by NMH. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend.

Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout. Audio from the focus group sessions was recorded. Findings from the focus group represents qualitative rather than quantitative data. The group was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Information Gaps

While the 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 analyses.

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.

Vulnerable Populations

The CHNA analysis yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups. For additional statistics about uninsured, low-income and minority health needs please refer to the complete PRC CHNA report, which can be viewed online at <http://nmh.healthforecast.net>. (ID: nmh; password-chna)

Public Dissemination

This CHNA is available to the public using the following URL: <http://nmh.healthforecast.net>. HealthForecast.net™ is an interactive, dynamic tool designed to share CHNA data with community partners and the public at large. This site:

- Offers the CHNA Report document in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the image of the report;
- Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.
- Links to the HealthForecast.net™ site, also available at NMH's hospital website at: <http://www.nmh.org>.
- NMH will also maintain at its facilities a hard copy of the CHNA report that may be viewed by any who request it.

Areas of Opportunity for Community Health Improvement

The following health needs were identified by PRC and recommended as potential areas to consider for intervention, based on the information gathered through this CHNA and the guidelines set forth in Healthy People 2020.

Topic	Identified Need
Access to Health Services	<ul style="list-style-type: none"> • Health Insurance Coverage <ul style="list-style-type: none"> ○ Uninsured Residents ○ Medicaid Reimbursement Rates (focus group concern) ○ Insurance Instability ○ Medicare Supplemental Insurance • Other Barriers to Access Healthcare Services <ul style="list-style-type: none"> ○ Office Hours ○ Cost of Doctor Visits ○ Prescription Costs ○ Lack of Transportation ○ Childcare (focus group concern) ○ Cultural Incompetence/Interpretive Services (focus group concern) ○ Need for Patient Navigators (focus group concern) • Access to Children’s Healthcare Services • Emergency Room Utilization • Availability of Trauma Care Services (focus group concern)
Cancer	<ul style="list-style-type: none"> • Cancer Deaths (including Prostate, Female Breast and Colorectal Cancers)
Chronic Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths
Family Planning	<ul style="list-style-type: none"> • Births to Unwed Mothers • Births to Teens
Heart Disease & Stroke	<ul style="list-style-type: none"> • Heart Disease Deaths • Stroke Deaths • Prevalence of Hypertension
HIV	<ul style="list-style-type: none"> • HIV/AIDS Deaths
Injury & Violence Prevention	<ul style="list-style-type: none"> • Violence <ul style="list-style-type: none"> ○ Violent Crime (Offense Rate & Experience of Violent Crime) ○ Domestic Violence (Offense Rate) ○ Child Abuse Offense Rate ○ Homicides • Firearm-Related Deaths

Topic	Identified Need
Maternal, Infant & Child Health	<ul style="list-style-type: none"> • Lack of Prenatal Care • Low Birth Weight • Infant Mortality
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Mental Health Status • Chronic Depression • Mental Health Treatment <ul style="list-style-type: none"> ○ Dual Diagnoses with Substance Abuse ○ Availability of Providers/Facilities ○ Coordination with Primary Care ○ Stigma
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption <ul style="list-style-type: none"> ○ Access to Affordable Fresh Produce/Food Deserts ○ Need for Nutrition Education (focus group concern) • Overweight & Obesity (Adults & Children) <ul style="list-style-type: none"> ○ Low Levels of Physical Activity (focus group concern) ○ Physical Activity Options for Youth (focus group concern) • Access to Safe, Affordable Places for Physical Activity • Children’s Screen Time (Especially Computer Use)
Oral Health	<ul style="list-style-type: none"> • Recent Dental Care (Adults)
Respiratory Disease	<ul style="list-style-type: none"> • Pneumonia/Influenza Deaths • Pneumonia Vaccinations (65+) • Prevalence of Asthma (Adults) • Tuberculosis Incidence
Sexually Transmitted Diseases	<ul style="list-style-type: none"> • Gonorrhea Incidence • Syphilis Incidence • Chlamydia Incidence
Substance Abuse	<ul style="list-style-type: none"> • Cirrhosis/Liver Disease Deaths • Binge Drinking • Illicit Drug Use
Tobacco Use	<ul style="list-style-type: none"> • Exposure to Environmental Tobacco Smoke
Vision	<ul style="list-style-type: none"> • Blindness/Uncorrectable Vision Problems

Interpreting and Prioritizing Health Needs

Following the completion of the CHNA by PRC, members of the Institute for Public Health and Medicine (IPHAM) at Feinberg reviewed the findings and identified inequalities, areas of worsening health status since 2009 and areas significantly below national health benchmarks. IPHAM's data analysis was provided to NMH leaders and to the External Steering Committee to inform the prioritization process.

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

- **Magnitude:** How many people in the community are/will be impacted?
- **Seriousness & Impact:** How does the need impact health & quality of life?
- **Feasibility:** What capacity/assets currently exist to address the need?
- **Consequences of Inaction:** What impact would inaction have on individuals and the community?

The survey results were compiled and shared with the External Steering Committee. Together with the committee, the highest priority health needs were determined taking into account the findings of the PRC report, input from IPHAM, the survey findings, and consideration of:

- Importance of the problem to the community
- Availability of existing resources to address the issues
- Organizations already addressing the health issue
- Relationship of the identified health need to other community issues
- Impact specifically on vulnerable populations
- Feasibility of change; availability of tested approaches
- Estimated resources, timeframe, and size of impacted population
- Applicability of NMH as a change agent (as a partner, researcher, educator, in a role as knowledge sharing or providing direct funding, etc)
- Feasibility of defining a solution to the need that has specific and measureable goals, achievable in a reasonable timeframe.

Prioritization Results

From this process, the top Priority Health Needs were identified as follows:

1. Nutrition, Physical Activity & Weight
2. Access to Health Services
3. Heart Disease & Stroke
4. Injury & Violence Prevention

Development of Implementation Plan

NMH will continue to work with IPHAM and the External Steering Committee to develop a specific Implementation Plan that addresses each Priority Health Need. NMH and its community health partners share a vision of a healthy community, and have a long history of working together to address significant health needs. Successful models and infrastructure are in place and can be leveraged to focus on these and future needs as our community evolves.

NMH and its community health partners have long believed that we can most effectively impact the health of our community by working together, recognizing each organization's strengths and assets. NMH and the organizations of Northwestern Medicine® can support efforts to positively change the health status of our community by taking on any of a number of roles, whether as a direct clinical service provider, through application of our research and education expertise, by sharing our knowledge of health literacy, quality improvement or information technology, or by providing indirect support by coalescing organizations that can impact health, mobilizing to advocate for public policy change to benefit the health of our community, or providing funding for initiatives undertaken by others.

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

- Clinical care resources and facilities of NMH 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 Feinberg physician scientists
- Financial assistance programs at NMH
- Policies and procedures that broaden and simplify access to healthcare for the uninsured or underinsured
- Advocacy resources at NMH and its community partner organizations
- Planning and oversight resources
- Management expertise in quality improvement and information technology

Existing Healthcare Facilities & Resources

NMH also recognizes that a large number of healthcare facilities and organizations in Chicago respond to health needs and support health improvement efforts. A list of those that were found through publicly available information sources as of May 2013 is included in Appendix B.

Appendix A

Organization	Description of medically underserved, low-income, or minority populations represented (from publicly available sources, July 2013)
Chicago Department of Public Health	The mission of the Chicago Department of Public Health is to make Chicago a safer and healthier place by working with community partners to promote health, prevent disease, reduce environmental hazards and ensure access to health care for all Chicagoans.
CLOCC - Northwestern University/Consortium to Lower Obesity in Chicago Children	CLOCC is a nationally recognized leader for community-based obesity prevention. Young children in Chicago have considerably higher obesity rates than low-income children of a similar age in the U.S. and Illinois. CLOCC and the Sinai Urban Health Initiative have worked with several Chicago communities to collect health and health behavior data. Chicago communities for which we have data have extremely high overweight and obesity prevalence rates. The predominately white community in the sample had much lower rates compared to other communities that are predominantly Black and Hispanic.
CommunityHealth	CommunityHealth’s patients are these vulnerable men and women who fall through the cracks of our health care system. To be eligible for our services, individuals must have no health insurance of any kind (except Medicare Part A/hospitalization coverage only) and their income cannot exceed 250% of the Federal Poverty Line (FPL). Most of our patients live at or below 100% of the FPL (\$22,050 for a family of four) – 56% in West Town and 74% in Englewood. More than 75% of our patients come from working households that do not qualify for Medicaid and can’t afford to purchase insurance. A great percentage of CommunityHealth’s patients are minorities – populations that are disproportionately living with chronic illnesses and so are in need of ongoing care. At West Town, 47% of patients are Latino, 41% Caucasian (of whom 22% are Polish immigrants), 6% African American, and 6% other. The Englewood location serves a predominantly African American patient base (85%) with 11% identifying themselves as Latino and 4% Caucasian.
Erie Family Health Center	<ul style="list-style-type: none"> • 79% of Erie’s patients are Hispanic • 54% are best served in Spanish • 68% are female • 49% are under the age of 19 • 28% are school-aged children • 31% are uninsured • 83% come from households with incomes that fall below the Federal Poverty Line

Organization	Description of medically underserved, low-income, or minority populations represented (from publicly available sources, July 2013)
Greater Humboldt Park Community Diabetes Empowerment Center	We are dedicated to serving the Greater Humboldt Park community, encompassing the Chicago Community Areas of Humboldt Park and West Town. These northwest Chicago community areas are home to a diverse and vibrant population of approximately 153,000 individuals, who are predominantly Latino or African American. In West Humboldt Park (zip 60651) 59% of residents are Black Non-Hispanic, and 36% are Hispanic. More than 26% of residents have incomes below the Federal Poverty Level.
Kelly Hall YMCA	Opened in January 2009, this safe haven provides key services to the severely underserved community of West Humboldt Park.
Near North Health Services Corporation	Near North Health Service Corporation is a 501(c)(3) non-profit Federally Qualified Health Center (FQHC). It is one of the largest providers of community-based primary care in Chicago. We provide health care, social services and nutrition education to the medically indigent and uninsured residents of the Near North side (Cabrini Green), West Town, Humboldt Park, West Garfield Park, Austin, Kenwood/Oakland, Douglas and Grand Boulevard, and Uptown communities.
United Way of Metropolitan Chicago	The United Way of Metropolitan Chicago serves the City of Chicago and its suburbs, concentrating education, income and health resources in communities of greatest need (“Partner Communities” identified at http://uw-mc.org/community-map/).
West Humboldt Park Development Council	West Humboldt Park Development Council’s Mission is to work collaboratively to develop, implement and sustain processes that improve the quality of life for people, families and businesses in the West Humboldt Park community. In West Humboldt Park (zip 60651) 59% of residents are Black Non-Hispanic, and 36% are Hispanic. More than 26% of residents have incomes below the Federal Poverty Level.

Appendix B

- Acute-Care Hospitals/Emergency Rooms
 - Advocate Illinois Masonic Medical Center
 - Advocate Trinity Hospital
 - Ann & Robert H Lurie Children's Hospital of Chicago
 - Holy Cross Hospital
 - Jackson Park Hospital & Medical Center
 - John H. Stroger, Jr. Hospital of Cook County
 - Larabida Children's Hospital
 - Little Company of Mary Hospital
 - Loretto Hospital
 - Louis A. Weiss Memorial Hospital
 - Mercy Hospital & Medical Center
 - Methodist Hospital of Chicago
 - Mt. Sinai Hospital Medical Center
 - Northwestern Memorial Hospital
 - Norwegian-American Hospital
 - Presence Our Lady of the Resurrection Medical Center
 - Presence Resurrection Medical Center
 - Presence Saint Joseph Hospital - Chicago
 - Presence St Elizabeth/St Mary of Nazareth Medical Center
 - Provident Hospital of Cook County
 - Roseland Community Hospital
 - Rush University Medical Center
 - Sacred Heart Hospital
 - South Shore Hospital
 - St. Anthony Hospital - Chicago
 - St. Bernard Hospital - Chicago
 - Swedish Covenant Hospital
 - Thorek Memorial Hospital
 - University of Chicago Medical Center
 - University of Illinois Hospital at Chicago
 - Kindred Hospital - Central
 - Kindred Hospital - Chicago Lakeshore
 - RML Chicago

- Federally Qualified Health Centers & Other Safety Net Providers
 - Access Community Health Network
 - Alivio Medical Center
 - American Indian Health Service of Chicago
 - Asian Human Services Family Health Center
 - Aunt Martha's Youth Service Center, Inc.
 - Beloved Community Family Wellness Center

- Chicago Family Health Center
 - Community Health
 - Erie Family Health Center, Inc.
 - Esperanza Health Centers
 - Friend Family Health Center, Inc.
 - Heartland Health Outreach, Inc.
 - Heartland Health Centers
 - Howard Brown Health Centers
 - Lawndale Christian Health Centers
 - Mercy Family Health Centers
 - Mile Square Health Centers
 - Near North Health Service Corporations
 - PCC Community Wellness Centers
 - PrimeCare Community Health, Inc.
 - TCA Health, Inc.
- Home Healthcare
 - 1st Home Healthcare, Inc.
 - 24/Seven Health Care Services, Inc.
 - A & B Home Healthcare Services, Inc.
 - A Caring Touch Nursing Services
 - Abbey St. Claire Quality Care Co.
 - ABN Care Home Health, LLC
 - Abridge Home Care Services, Inc.
 - Acacia Home Health Agency
 - Access Life Care, Ltd
 - Ace Home Health Provider Inc.
 - Achieve Health Care Services, Inc.
 - Advance Care Home Health, Inc.
 - Advance Home Health Care, Ltd.
 - Advanced Medical Team Home Health Care, Inc.
 - Affordable Home Care Services, Inc.
 - Agile Home Health Care, Inc.
 - All Family Health Care, Inc.
 - Allgreen Home Health Care, Inc.
 - Allied Home Health Care
 - Alpha Home Health, Inc.
 - Alphazeta Healthcare Services, LLC
 - Al-Shafa Health Care, Inc.
 - Amedisys Illinois, LLC
 - American Allied Home Healthcare, Inc.
 - Americare HomeHealth Services, LLC
 - Amity Home Health Care, LLC

- Angel Care, Inc.
- Angel Touch Home Healthcare, Inc.
- Angel's Care Home Health Services
- Angels Homecare & Medical Services, Inc.
- Apex Home Health Services, Inc.
- Apple Home Healthcare, Ltd.
- Ardent Home Health Care
- Aspen Home Health Care
- Aster Home Health Services, LLC
- At HomeHealth, Inc.
- Atlas Healthcare Management, Inc.
- Atrium Healthcare Services, LLC
- Atrium Home Care, Inc.
- Attentive Services Home Health II, Inc.
- Auspex Home Health Care Services, Inc.
- Awesome Home Health Care, Inc.
- Beatrice Home Health
- Benchmark Home Health Care
- Best Home Health Services, LLC
- Best Home Healthcare Network, Inc.
- Blessing Home Health Services, Inc.
- Brighter Days Home Health Agency
- Bronze Key Home Health Care
- Cardio-Care, Inc.
- Care Collaborative Home Health Services, Inc.
- Care Connect Home HealthCare, Inc.
- Care Specialists, Inc.
- Caring Nurses, Inc.
- Caring Professionals Home Care, Inc.
- Caring Tree, LLC
- Carren Home Care, Inc.
- Celestial Home Health Care, Inc.
- Central Healthcare, Inc.
- Chicago Health, Inc.
- Chicago Home Healthcare Agency, Ltd.
- Chicago Home Healthcare, S.C.
- Chicago VNA, Inc.
- Classic Home Healthcare, Inc.
- Comfort Care LLC
- Compassionate Home Care, Inc.
- Complete Home Health Care, LLC
- Comprehensive Home Care, Inc.
- Comprehensive Home Healthcare, Inc.

- Comprehensive Quality Care, Inc. Foundation
- Cornerstone Home Healthcare, LLC
- Covenant Healthcare Services & Staffing Inc.
- Creative Healthcare Professionals, Inc.
- Crescent Home Healthcare, Inc.
- Crown Home Health Agency, Inc.
- Daughters of Divine Love Home Health Care Agency
- Dcare Home Health Service
- Deliverance Home Health Care, Inc.
- Dell Health Care Services, Inc.
- Direct Home Healthcare, Inc.
- DirectCare Home Health, Inc.
- DirectMed Health Services
- Divine Home Health Care, Inc.
- Divine Providence Home Health Agency, Inc.
- DL Comprehensive HealthCare Inc
- Doctor's Choice Home Health Agency
- EC-MOS Prolific Home Healthcare
- Essential Preventive Health Care, LLC
- Essex Home Health Services, Inc.
- Evangel Home Health Services, Inc.
- Excell Home Health Svcs, Inc.
- Extraordinary Care HHA LLC
- Faith Home Care, Inc.
- Family Choice Home Health, Inc.
- Family Community Health Services, Inc.
- Family Healthcare, Inc.
- Family Home Health Care Professionals, Inc.
- FICC Home Health Care, Inc.
- First Choice Home Care, Inc.
- Focus Home Health Care, Inc.
- GJM Home Health Care Agency
- Gold Coast Home Health, Inc.
- Good Health Home Care, Inc.
- Good Life Home Health Care, Inc.
- Good Shepherd Healthcare, LLC
- Goodwill Health Care Services and Staffing, Inc.
- Grace Home Health Care, Inc.
- Grand Home Health Care, Inc.
- Great Lakes Healthcare, LLC
- Great Paragon Healthcare, Inc.
- Guaranteed Medical Services, Inc.
- Guardian Home Health Services, Inc.

- Hand of Comfort Home Health Care, Inc.
- Happy Home Health Care PC
- HCN Home Health Care, Inc.
- Healing Hands Home Care, Inc
- Helping Hand Home Healthcare, Inc.
- Hexagram Home Health Care, LLC
- Home Health Advantage, Inc.
- Home Health of Illinois, LLC
- Horizon Home Health Care, Inc.
- iCare Home Health
- ICG Home Health Care Services
- Illinois Home Health Services, Inc.
- Immaculate Home Health, Inc.
- Immanuel Home Care Services, Inc.
- Independence Home Health Services, Inc.
- Infinity Home Health Care, Inc.
- Integrity Nursing Service, Inc.
- Jagen Home Health Services, Inc
- JN Family Home Healthcare Services, Inc.
- Kingsway Home Health Services, Inc.
- Legend Home Health, LLC
- Liberty Home Health Care, Inc.
- Life Options Health Services, Inc.
- Life Plus Health Care, Inc.
- Lincoln Park Home Health Care, Inc.
- Link Homehealth Care Inc
- Living Waters Home Health Care, Inc.
- Loving Home Health Care Corporation
- Medicare Home Health Services, Inc.
- Medex Home Healthcare, Inc.
- Medical Profs for Home Health Care Inc.
- Medicus Home Care, Inc.
- MedServe Home Health Care, Inc.
- MedStar Home Health Services
- Mid America Home Health Care, Inc.
- Mid-Care Home Health Services, Inc.
- Midwest Home Healthcare, Inc.
- Midwest Pearl Home Healthcare, Inc.
- Mother's Care and Health Equipment, Inc.
- New Visions Homehealth Care, Inc.
- Nightengale of Chicago, Inc.
- Normalcy Homehealth, Inc.
- NorthShore Home Health Corp.

- Nu-Day Home Health Care Service
- Nurture Healthcare, Inc.
- Opal Home Health, LLC
- Optimum Healthcare Services, Inc. of Illinois
- Optimum Professionals Home Health Care, Inc.
- Orchid Home Health, Inc.
- P.W. Home Health, Inc.
- Pacific Home Health Care, Inc.
- Paragon Home Health, Inc.
- Patient's Care First, Inc.
- PEKO Healthcare and Consulting Services
- PHS Home Health LLC
- Pioneer Healthcare Management, Inc.
- Preferred Home Health Care, Inc.
- Premier Home Health Care, Inc.
- Premier Point Home Health, Inc.
- Prestige Home Health Services, Inc.
- Primecare Home Health SC
- Private Home Care Unlimited, Inc.
- Pure Hearts Home Health Services, Inc.
- Quality Home Care Services, Ltd
- Quality Home Health Care, LLC
- Redley's Competent Home Health Care, Inc.
- Reliable Medical Services, Inc.
- Reliance Home Health Services, Inc.
- Romyst Home Health Care, Inc.
- Royal Home Healthcare Services, Inc.
- Saint Thomas Home Health, Inc.
- Salud Y Vida Health Care, LLC
- Samland Health Care, Inc.
- Select Home Care, Inc.
- Serendipity Home Health Care, Inc.
- Shuree Home Healthcare, Inc.
- Simply Home Health, LLC
- Spectrum Home Health Care, Inc.
- St. Francis of Assisi Healthcare, Inc.
- Star Home Health Services, Inc.
- StarLights Home Health Care Corp.
- Stellar Home Health Care, Inc.
- Superior Home Health, LLC
- Supreme Home Healthcare, LLC
- Swedish Covenant Hospital Home Health Care
- T & N Health Services, Inc.

- Tender Touch Home Health Care, Inc.
- The Children's Place Home Health Services Corporation
- The Ultimate Home Health Care, Inc.
- Total Home HealthCare, Inc.
- U S Home Health Care, Inc.
- US Hospice and Home Health Corp.
- Vital Measurements, Inc.
- Wailai Home Health Services
- We Care Home Health, Inc.
- Wellness Home Care, Inc.
- WellPoint Home Health, Inc.

- Hospice Care
 - Comfort Hospice and Palliative Care, LLC
 - Horizon Hospice and Palliative Care, Inc.
 - Hospice of Illinois
 - Loving Hands Hospice, Inc.
 - Maximum Hospice & Palliative Care, Inc.
 - Northwestern Memorial Hospital Hospice Program
 - Peace Hospice and Palliative Care, Inc
 - Unity Hospice of Chicagoland, LLC
 - Vitas Healthcare Corporation of Illinois

- Mental Health Services/Facilities
 - Community Counseling of Chicago
 - Englewood Mental Health Center (CDPH)
 - Greater Grand/MID-South Mental Health Center (CDPH)
 - Greater Lawn Mental Health Center (CDPH)
 - Lawndale Mental Health Center (CDPH)
 - North River Mental Health Center (CDPH)
 - Roseland Mental Health Center (CDPH)
 - Thresholds

- Nursing Homes/Adult Care/Long Term Care
 - Alden Lincoln Rehab & Health Care Center
 - Alden Village North
 - Alden-Northmoor Rehab & Health Care Center
 - Alden-Princeton Rehab & Care
 - Alden-Town Manor Rehab & Health Care Center
 - Alden-Wentworth Rehab & Care
 - All American Nursing Home
 - All Faith Pavilion
 - Alshore House
 - Ambassador Nursing & Rehab Center

- Arbour Health Care Center
- Astoria Place Living & Rehab Center
- Atrium Health Care Center
- Avenue Care Nursing & Rehab Center
- Balmoral Home
- Belhaven Nursing & Rehabilitation Center
- Belmont Nursing Home
- Bethesda Home & Retirement Ctr
- Birchwood Plaza
- Boulevard Care Nursing And Rehab Center
- Brach House
- Brightview Care Center
- Bronzeville Park Skilled Nursing & Living
- Bryn Mawr Care
- Buckingham Pavilion
- Burnham Healthcare
- California Gardens Nursing & Rehabilitation
- Carlton At The Lake
- Cedar Pointe Rehab & Nursing Center
- Center Home For Hispanic Elderly
- Central Baptist Village
- Central Nursing & Rehab Center
- Central Plaza Residential Home
- Chalet Living & Rehab Center
- Chicago-Read Mental Health Center
- Clark Manor Convalescent Center
- Clayton Residential Home
- Coleman House
- Columbus Manor Residential Care Home
- Columbus Park N & Rehab Center
- Community Care Operator, LLC
- Connelly Home
- Conrad House
- Continental Nursing & Rehab Center
- Danforth House
- Davis House
- El Valor Residence
- Elmwood Care
- Evergreen Health Care Center
- Fairmont Care Centre
- Glen Elston Nursing & Rehab Centre
- Glencrest Healthcare & Rehab Center
- Grasmere Place

- Hammond House
- Harmony Nursing And Rehab Center
- Herbstritt House
- Heritage Nursing Home
- Holbrook Center
- Imperial Grove Pavilion
- International Nursing And Rehab Center
- Jackson Square Nursing & Rehab Center
- Knight House
- Lake Shore Healthcare Rehab Centre
- Lakefront Nursing & Rehab Center
- Lakeview Rehab & Nursing Center
- Little Sisters Of The Poor
- Mahoney House
- Margaret Manor - North Branch
- Margaret Manor Central
- Marian Center For Adult Res
- Mayfield Care Center
- Mazza House
- Mcauley Residence
- McGowan House
- McNerney House
- Methodist Hospital Skilled Care
- Mid America Care Center
- Miniat House
- Monroe Pavilion Health & Treatment Center
- Montgomery Place Health Care Pavilion
- Moore House
- Norridge Healthcare & Rehab Centre
- Norwood Crossing
- O'Donnell House
- Our Lady Of Resurrect Med Center
- Park House Nursing And Rehabilitation
- Park Lawn Home
- Park Lawn Residential Center
- Parkshore Estates Nursing & Rehab Center
- Peterman House
- Peterson Park Health Care Center
- Polk House
- Presidential Pavilion
- Rainbow Beach Care Center
- Renaissance At 87th Street
- Renaissance At Midway

- Renaissance At South Shore
- Renaissance Park South
- Resurrection Life Center
- Rice House
- Ridgeview Rehab & Nursing Center
- Rose Angela Hall
- Sacred Heart Home
- Schwab Rehabilitation Hospital
- Self Help Home Of Chicago
- Shannon House
- Sheridan Shores Care & Rehab
- Southpoint Nursing And Rehab Center
- Southview Manor
- St. Agnes Health Care Center
- St. Elizabeth Hospital- Skilled Nursing
- St. Joseph Hospital
- St. Joseph Village Of Chicago
- St. Martha Manor
- St. Paul's House
- Swedish Covenant Hospital
- The Clare At Water Tower
- The Danish Home
- The Grove At Lincoln Park
- The Methodist Home
- The Waterford Nursing & Rehab
- Villa At Windsor Park, The
- Warren Barr Pavilion
- Warren Park Health & Living Center
- Washington & Jane Smith Comm.
- Waterfront Terrace
- Westwood Manor
- Wilson Care
- Winston Manor Convalescent
- Woodbridge Nursing Pavilion