



# Community Health Needs Assessment (CHNA) Loyola University Medical Center and Gottlieb Memorial Hospital

*Adopted by Board of Directors on June 16, 2022*



**LOYOLA  
MEDICINE**

A Member of Trinity Health







## Community Health Needs Assessment (CHNA)

### Loyola University Medical Center and Gottlieb Memorial Hospital

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## INTRODUCTION TO LOYOLA MEDICINE

For more information or to comment on this Community Health Needs Assessment (CHNA):

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Website ==> <https://www.loyolamedicine.org/about-us/community-benefit>

**Paper copies are available upon request.**

Loyola Medicine is a not-for-profit, mission-based, Catholic organization consisting of three hospitals located in the western suburbs of Chicago: Loyola University Medical Center (LUMC) in Maywood, Gottlieb Memorial Hospital (GMH) in Melrose Park, and MacNeal Hospital in Berwyn. All three hospitals are members of Trinity Health, a national Catholic not-for-profit health system. Trinity Health is a family of 115,000 colleagues and nearly 26,000 physicians and clinicians caring for diverse communities across 25 states. Nationally recognized for care and experience, the Trinity Health system includes 88 hospitals, 131 continuing care locations, the second largest Program for All-Inclusive Care of the Elderly (PACE) in the country, 125 urgent care locations and many other health and well-being services. Based in Livonia, Michigan, Trinity Health's annual operating revenue is \$20.2 billion, with \$1.2 billion returned to its communities in the form of charity care and other community benefit programs.

Loyola University Medical Center (LUMC) is a 547-bed academic medical center that provides comprehensive services, including a center for heart and vascular medicine, a Level 1 trauma center, Illinois's largest burn center, a cancer center, neurosciences, orthopaedic surgery, digestive health, a transplant center, a children's hospital, immediate care, telemedicine, inpatient and acute rehabilitation, and home health care. LUMC discharged 20,370 patients in fiscal year 2021 and received 36,470 emergency room visits. LUMC also includes one of the region's largest transplant centers.

Gottlieb Memorial Hospital (GMH) is a 247-bed hospital that conducts cancer research and provides services in metabolic surgery and bariatric care, transitional care, geriatric behavioral health and a child daycare center. In fiscal year 2021, GMH discharged 5,570 patients and received 25,660 emergency visits (MacNeal Hospital is a 374-bed teaching hospital. MacNeal has its own Community Health Needs Assessment report on the Loyola Medicine website).

Loyola Medicine also trains the next generation of medical caregivers through its affiliation with Loyola University Chicago's Stritch School of Medicine and Marcella Niehoff School of Nursing. Loyola's other academic partners include Edward Hines Jr. Veterans Hospital, Loyola University Chicago Health Sciences Division, and Loyola University Chicago Center for Translational Research & Education. In the 2021 fiscal year, Loyola Medicine invested \$71,854,149 into support for health education and research.

### MISSION AND CORE VALUES

As members of Trinity Health, Loyola University Medical Center and Gottlieb Memorial Hospital are committed to **Trinity Health's mission**:

*We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.*

Additionally, **Loyola Medicine's core values** are:

*Reverence, Commitment to Those Who are Poor, Safety, Justice, Stewardship, Integrity*

## **ALLIANCE FOR HEALTH EQUITY**

The Alliance for Health Equity is a collaborative of 35 hospitals working with health departments and regional and community-based organizations to improve health equity, wellness, and quality of life across Chicago and Suburban Cook County. The Alliance for Health Equity conducted a **collaborative Community Health Needs Assessment (CHNA) between May 2021 and March 2022**, during a time that communities across our county, country, and globe have been experiencing profound impacts from the COVID-19 pandemic. The **health, economic, and social impacts of the pandemic** are strongly present in what we heard from community members and healthcare and public health workers over the course of the assessment.

Loyola Medicine is a founding member of the Alliance for Health Equity since its launch in 2015. Collaborative Community Health Needs Assessment (CHNA) in Cook County is an important foundation for the work of the Alliance for Health Equity. The purpose of the Alliance for Health Equity is to improve population and community health by:

- Promoting health equity
- Supporting capacity building, shared learning and connecting local initiatives
- Addressing social and structural determinants of health
- Developing broad city and county wide initiatives and creating systems
- Engaging community partners and working collaboratively with community leaders
- Developing data systems for population health to support shared impact measurement and community assessment
- Collaborating on population health policy and advocacy

The 2022 Community Health Needs Assessment is the third collaborative CHNA in Cook County, Illinois. The Illinois Public Health Institute (IPHI) acts as the backbone organization for the Alliance for Health Equity. The IPHI works closely with the steering committee to design the CHNA to meet regulatory requirements under the Affordable Care Act and to ensure close collaboration with the Chicago Department of Public Health (CDPH) and Cook County Department of Public Health (CCDPH) on their community health assessment and community health improvement planning processes. For this CHNA, the Alliance for Health Equity has taken a very intentional approach to build on the previous collaborative CHNA work ([2016](#), [2019](#)), [Healthy Chicago 2025](#) (2020), and [Suburban Cook County WePLAN](#) (2022).

## **COMMUNITY AND STAKEHOLDER ENGAGEMENT**

Loyola Medicine engages community members and stakeholders in the CHNA both through the Alliance for Health Equity and through hyperlocal partnerships with coalitions and community groups in the Maywood, Melrose Park, and Berwyn-Cicero area.

Loyola Medicine and the Alliance for Health Equity prioritizes engagement of community members and community-based organizations as a critical component of assessing and addressing community health needs.

**For the 2022 CHNA, community engagement has been particularly crucial for a couple reasons:**

- 1. As Loyola Medicine and the Alliance for Health Equity strive to strengthen our work for health and racial equity, community co-design and engagement in decision making is at the core of the work.**
- 2. The most up-to-date data and information about health and social well-being and needs come from community partners and community members, particularly during the current pandemic when conditions on the ground are shifting so fast.**

Community partners have been involved in the Alliance for Health Equity's CHNA and ongoing implementation process in several ways. The Alliance for Health Equity's methods of community engagement for the CHNA and implementation strategies include:

- Gathering input from community residents who are underrepresented in traditional assessment and implementation planning processes;
- Partnering with community-based organizations for collection of community input through surveys and focus groups;
- Engaging community-based organizations and community residents as members of implementation committees and workgroups;
- Utilizing the expertise of the members of implementation committees and workgroups in assessment design, data interpretation, and identification of effective implementation strategies and evaluation metrics;
- Working with hospital and health department community advisory groups to gather input into the CHNA and implementation strategies; and
- Partnering with local coalitions to support and align with existing community-driven efforts.

The community-based organizations engaged in the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing and homeless services, food access and food justice, community safety, planning and community development, immigrant rights, youth development, community organizing, faith communities, mental health services, substance use services, policy and advocacy, transportation, older adult services, healthcare services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, youth, older adults and caregivers, LGBTQ+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans and unemployed youth and adults.

The Alliance for Health Equity 2021-2022 CHNA process for Cook County relied upon input from numerous sources including over 5,200 community input surveys, 43 focus groups, participation from existing AHE workgroups and population data collected by health departments. Where necessary and applicable, existing research provided reliable information in determining county-wide priority health issues. Loyola Medicine partnered with internal experts and the community coalitions to identify priorities by considering multiple factors, including health equity goals, community priorities, urgency, feasibility, existing priorities and alignment with the existing work of health departments, other hospitals and community partners.

**Throughout the CHNA process, Loyola Medicine partnered with five community-based coalitions— West Cook Coalition, Proviso Partners for Health (PP4H), Proviso Township Ministerial Alliance (PTMAN), Cicero Community Collaborative (CCC), and the Community Alliance of Melrose Park— which comprise community members and providers from the following sectors: healthcare, public**

**health, behavioral health, human services, community-based organizations, faith-based organizations, legal services, immigration services, private and public sectors and legislators.**

Loyola Medicine intentionally structured deeper engagement of local communities during the phase of prioritizing community health needs. Specifically, we worked with CCC, The Community Alliance of Melrose Park, PP4H, and PTMAN to host meetings throughout March and April 2022 to review CHNA data and provide input on priorities. These coalitions will also be involved in the implementation strategy planning process.

## **COUNTYWIDE CHNA PRIORITIES**

Through the 2021-2022 countywide Community Health Needs Assessment (CHNA), the Alliance for Health Equity identified the following key health needs across Cook County.

- **Addressing social and structural determinants of health**  
Issues involving social and structural determinants of health include: (1) addressing structural racism and advancing racial equity, (2) advocating for policies that advance equity and promote physical and mental wellbeing, (3) working towards conditions that support healthy eating and active living, (4) shifting power for community engagement in decision-making, (5) economic vitality and workforce development, (6) education and youth development, (7) food security and food access, (8) housing, transportation, and neighborhood environment and (9) addressing trauma, violence and social isolation.
- **Improving access to care and community resources**  
Issues involving access to care and community resources include: (1) addressing structural racism and discrimination in healthcare, (2) culturally and linguistically appropriate care, (3) data systems, (4) emergency and pandemic preparedness, (5) resources, referrals, coordination, and connection to community-based services, (6) increased timely linkage to appropriate care, including behavioral health and social services, (7) trauma-informed care and (8) workforce development and support for healthcare, behavioral health, and human services workers.
- **Addressing priority health conditions**  
Chronic conditions; COVID-19; injury, including violence-related injury; maternal and child health, including maternal and infant mortality; mental health; and substance use disorders

Through addressing CHNA priorities, the Alliance for Health Equity seeks to increase health equity, increase life expectancy, improve health, improve systems of care, and improve quality of life.

**Figure 1. Alliance for Health Equity – Priority Community Health Needs 2022**





## **PRIORITY COMMUNITY HEALTH NEEDS FOR LOYOLA UNIVERSITY MEDICAL CENTER AND GOTTLIEB MEMORIAL HOSPITAL**

To prioritize community health needs, Loyola Medicine partnered with community coalitions to hold three community meetings in March-April 2022 to review data from the CHNA (community input data and secondary data). The meetings were hosted by CCC, The Community Alliance of Melrose Park, and PTMAN. Two of the meetings were held virtually, and one was a hybrid meeting with both in-person and virtual options. After reviewing and discussing data, each community member present at the meetings was asked to identify and comment on 2-3 priority community health needs. Community members were encouraged to consider the following factors in prioritizing: size and magnitude of need, priority identified by community members in the CHNA, equity and disparities and opportunities to partner. The identified priorities were compiled and synthesized by the Loyola Medicine community health and well-being and Alliance for Health Equity teams. The priority community health needs are ranked below based on community partners' input:

### **Priority Community Health Needs — Loyola University Medical Center and Gottlieb Memorial Hospital**

- 1. Mental Health<sup>a</sup>**
- 2. Social and Structural Influencers of Health<sup>b</sup>**
- 3. Community Communication and Community Leader Engagement**
- 4. Access to Healthcare**
- 5. Chronic Disease**

<sup>a</sup>Mental health included the following sub-topics: access to behavioral health care and treatment, chronic trauma and stress, lack of resources for mental health crises, social isolation, substance use, and suicide (children and young people). During implementation strategy planning, Loyola Medicine will work with community partners to prioritize key sub-topics and strategies to address mental health (note: community data and input throughout the process emphasized that mental and behavioral health access need special attention – integration with broader access to healthcare is desired by community input and secondary data point to the need for specific strategies focused on addressing gaps in the mental and behavioral health system).

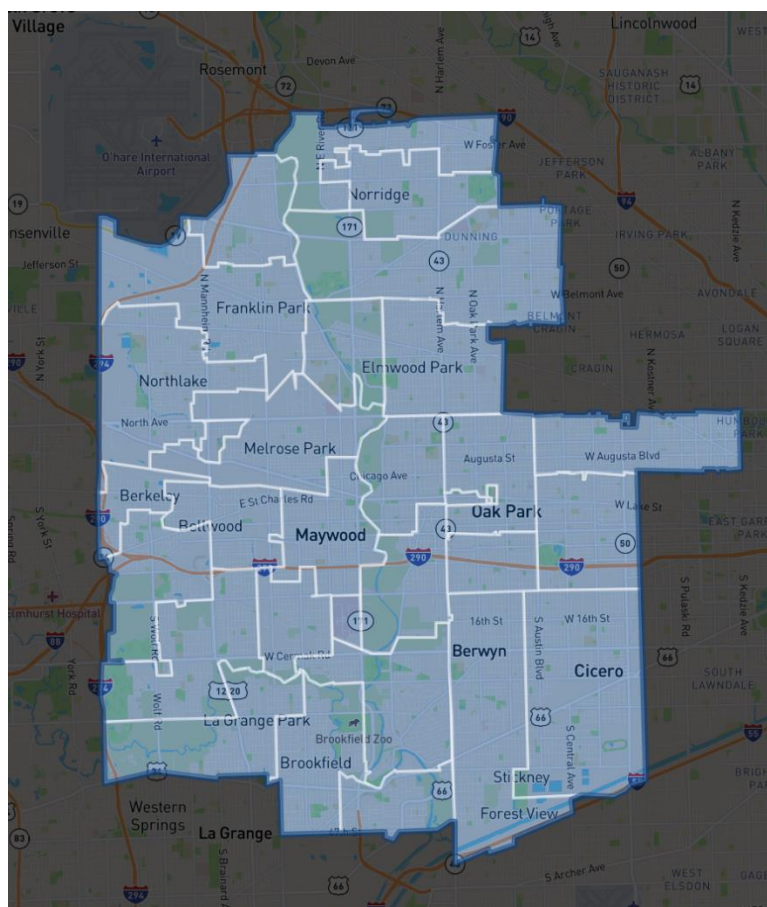
<sup>b</sup>Social and structural influencers of health included the following sub-topics: affordable housing community safety and violence, food and nutrition access, education, jobs and economic development, pandemic recovery, and structural racism. During implementation strategy planning, Loyola Medicine will work with community partners to prioritize key sub-topics and strategies to address social and structural influencers of health.

## COMMUNITIES SERVED BY LOYOLA UNIVERSITY MEDICAL CENTER AND GOTTLIEB MEMORIAL HOSPITAL

Loyola University Medical Center (Maywood, IL) and Gottlieb Memorial Hospital (Melrose Park, IL) serve a CHNA community service area that includes 30 zip codes in west suburban Cook County and the west side of Chicago. Loyola Medicine defines the CHNA service area as the primary service areas for both hospitals and making sure to include any nearby communities of highest need.

**Figure 2. Communities Served by Loyola University Medical Center and Gottlieb Memorial Hospital**

Zip Code	Municipality / Community
60634	Dunning (Chicago)
60656	Norwood Park (Chicago)
60104	Bellwood
60130	Forest Park
60131	Franklin Park
60141	Hines
60153	Maywood
60154	Westchester
60155	Broadview
60160	Melrose Park
60162	Hillside
60163	Berkeley
60164	Northlake
60165	Stone Park
60171	River Grove
60176	Schiller Park
60301	Oak Park
60302	Oak Park
60304	Oak Park
60305	River Forest
60402	Berwyn
60513	Brookfield
60526	La Grange Park
60534	Lyons
60546	Riverside
60644	Austin (Chicago)
60651	Humboldt Park, Austin (Chicago)
60706	Norridge, Harwood Heights
60707	Elmwood Park
60804	Cicero



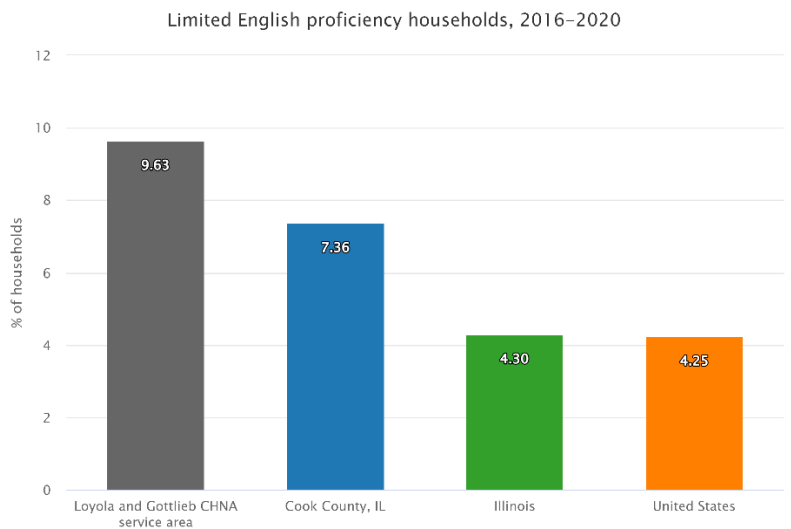
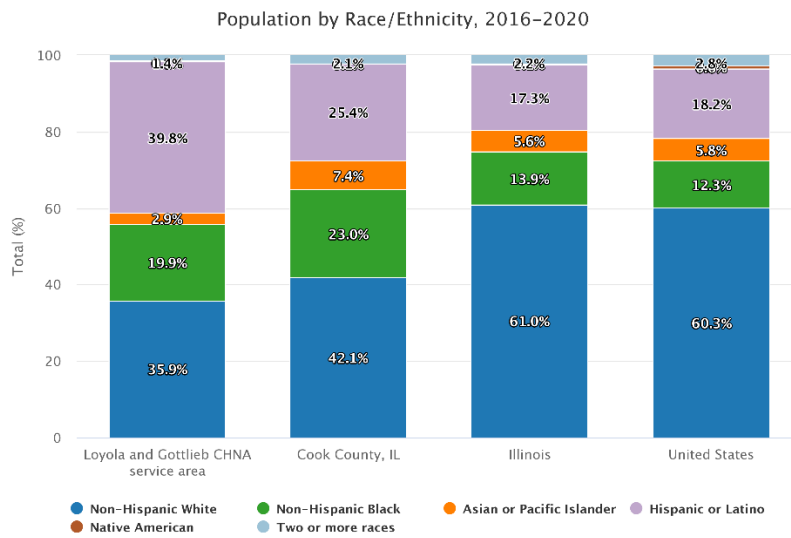
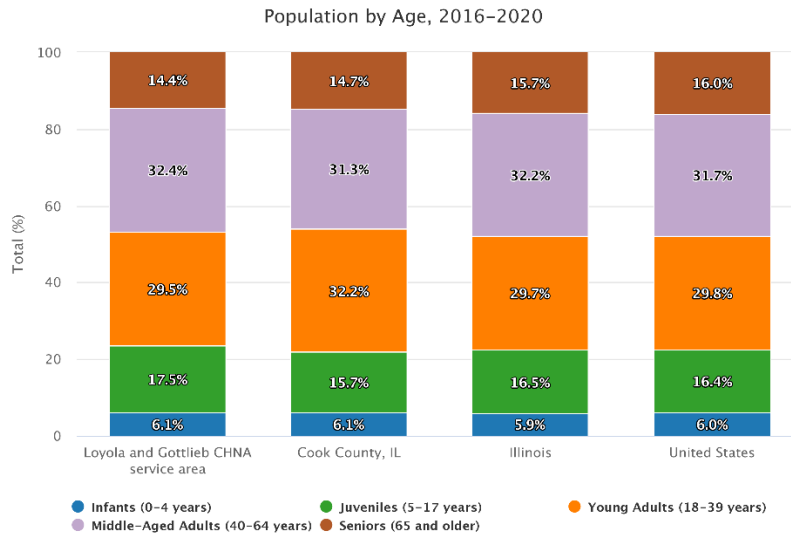
The Loyola-Gottlieb service area is home to 747,000 community members.

Forty percent (40%) of the population identifies as Hispanic/Latine, 36% Non-Hispanic White, 20% Black, 3% Asian, and 1.4% two or more races. (*American Community Survey, 2016-2020*)

Twenty-four percent (24%) of the population is children and youth under 18, 62% are 18-64, and 14% are older adults over 65.

Figure 3 compares the demographics of communities in the Loyola-Gottlieb service area to Cook County, Illinois, and the US. The Loyola-Gottlieb service area has a greater percentage of community members that identify as Hispanic/Latine compared to the county, state, and US. The service area has a similar proportion of community members that identify as Black compared to Cook County and greater than Illinois or the US. In the Loyola-Gottlieb service area, nearly 10% of households are limited English proficient, compared to only 4% statewide.

**Figure 3. Comparison of Demographics**



American Community Survey, US Census, 2016–2020



## COMMUNITY INPUT DATA

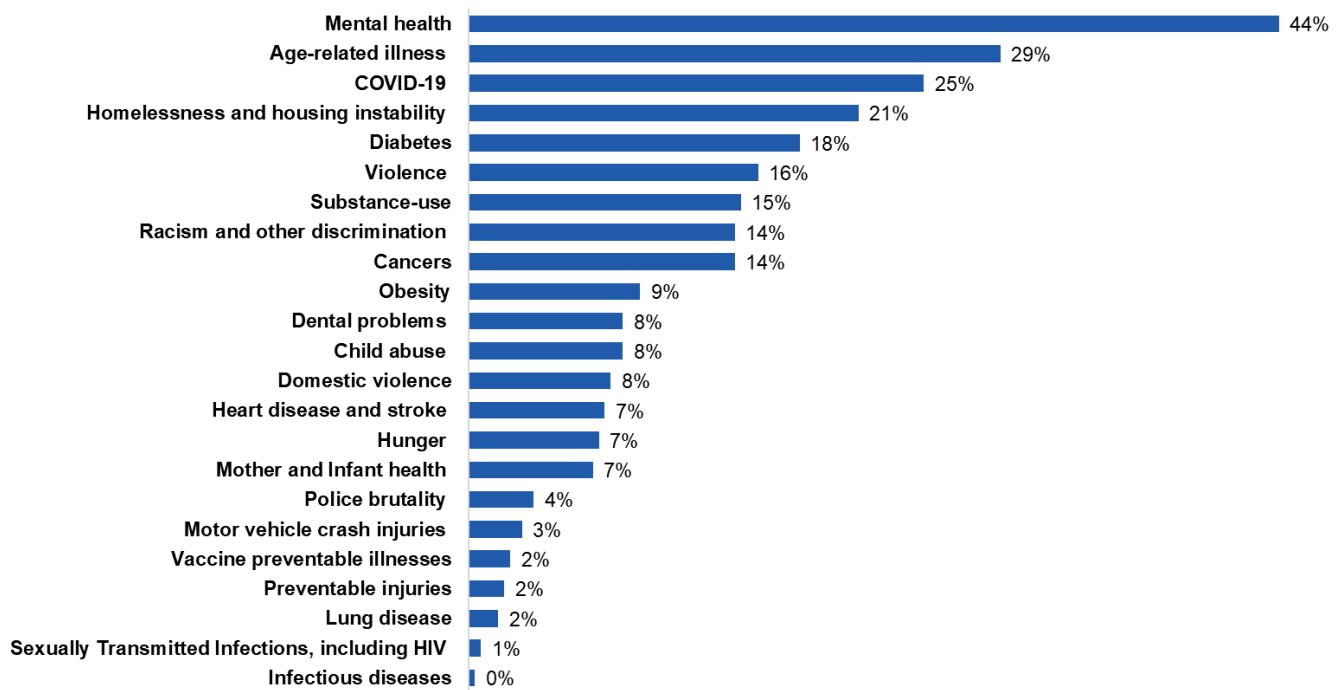
### Community Input Survey

As part of the Alliance for Health Equity community input survey conducted between September-December 2021, 313 community members in the Loyola-Gottlieb service area responded to share top community health issues, needed improvements, resources, and pandemic impacts.

**Forty-four percent (44%) of respondents in the Loyola-Gottlieb service area identified mental health as one of the top three health needs in the community. This is consistent with what was heard from respondents across the city and county. Other top needs identified by community members in the Loyola-Gottlieb service area include age-related illness, COVID-19, homelessness and housing instability, diabetes, violence, substance use, racism and discrimination and cancer. (Figure 4)**

**Figure 4. Community Input Survey - Most Important Health Needs in the Community**

What are the most important health needs in your community? select 3 (n=313 for LUMC + GMH service area)

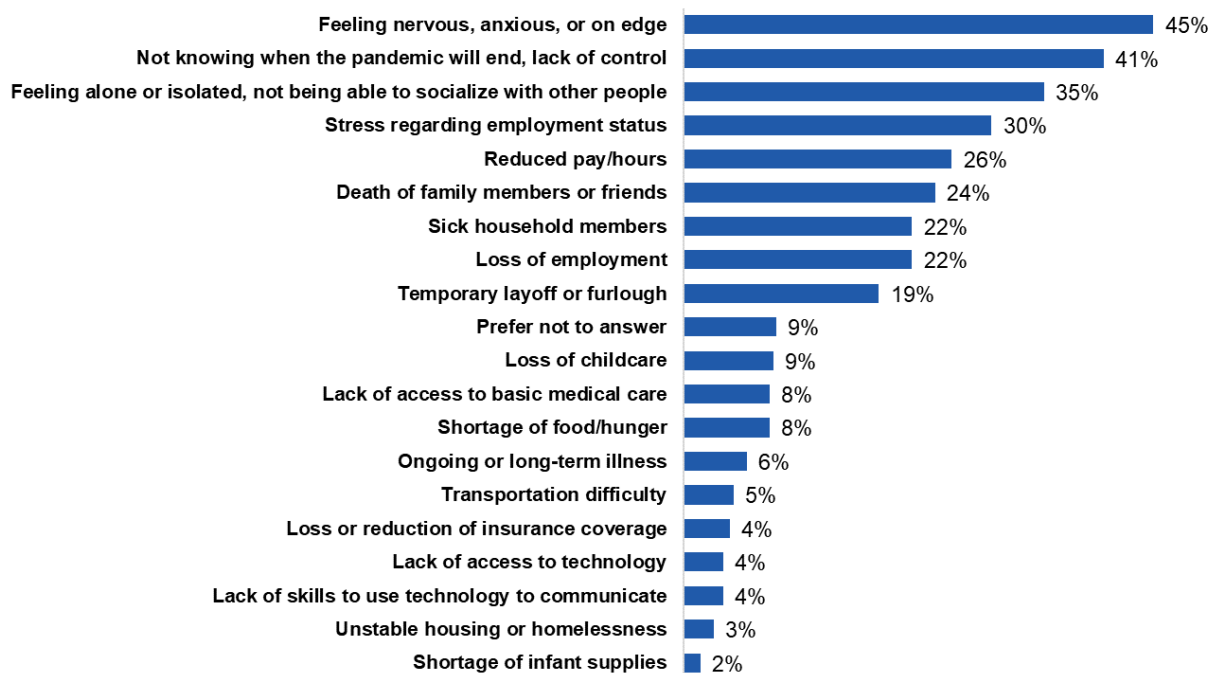


*Alliance for Health Equity, community input survey, 2021*

Community members in the Loyola-Gottlieb service area reported a number of household impacts from the COVID-19 pandemic. The most common effects reported have to do with mental health, employment, and sickness and death among family members. (Figure 5)

**Figure 5. Community Input Survey - Household Impacts from the COVID-19 Pandemic**

The COVID-19 pandemic is challenging in many ways. Did anyone in your household experience any of the following due to the COVID-19 pandemic? (n=313 in LUMC + GMH service area)



*Alliance for Health Equity, community input survey, 2021*

Forty-five percent (45%) of respondents reported that someone in their household had been feeling “nervous, anxious, or on edge” as a result of the COVID-19 pandemic, as well as 41% reported a feeling of lack of control, and 35% reported household member(s) feeling alone or isolated.

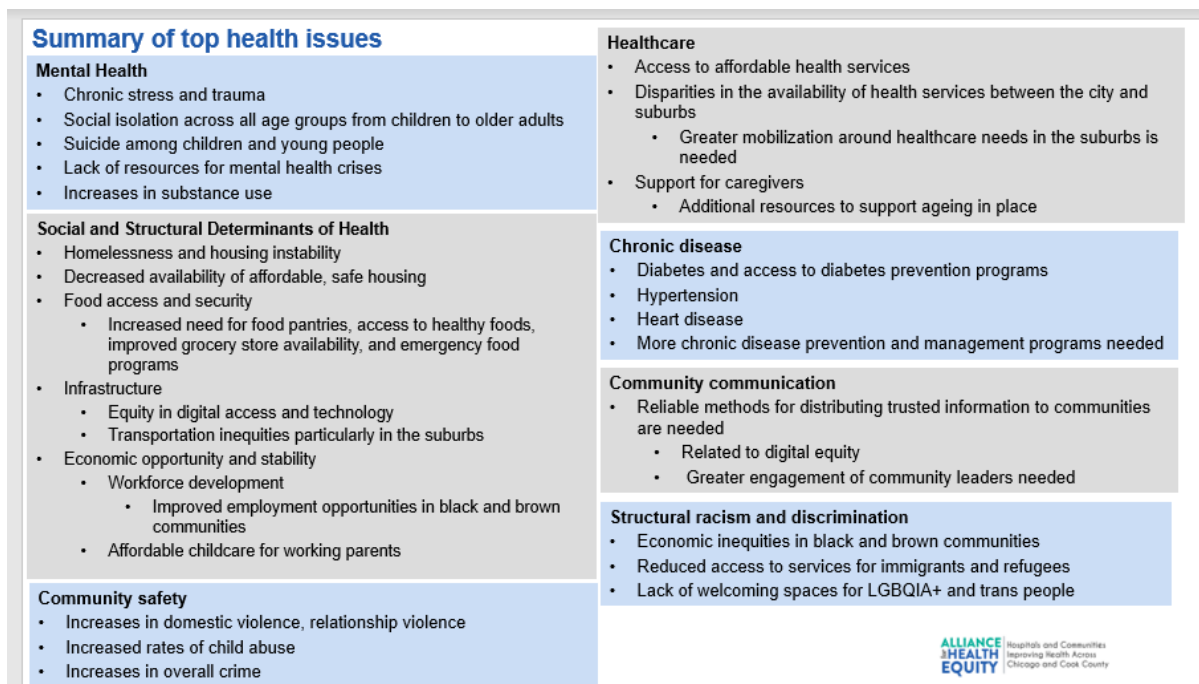
Thirty percent (30%) reported household member(s) feeling stressed about employment status, as well as 26% of households experiencing reduced pay, 22% of households experiencing loss of employment, and 19% of households experiencing temporary layoff or furlough.

Twenty-four percent (24%) reported experiencing death of family members or friends, and 22% reported challenges with sick household members during the pandemic.

### Focus Groups

In addition to community surveys, we also conducted in-depth listening sessions through focus groups in our communities. The Alliance for Health Equity held 43 focus groups countywide between October 2021 and January 2022 with community members and service providers. At least ten focus groups included community members from the Loyola-Gottlieb service area: Austin Coming Together, By the Hand, Loyola community health workers (CHWs), NAMI countywide focus groups (2), PASO (West Suburban Action Project), Pillars Community Health / CCC, PTMAN, countywide community members who identify as LGBTQIA+, and countywide Immigrant and Refugee Service Providers. Below is a summary of the key issues we heard in focus groups with community members in the Loyola-Gottlieb service area. (Figure 6)

**Figure 6. Focus Group Key Takeaways – Loyola-Gottlieb Service Area**

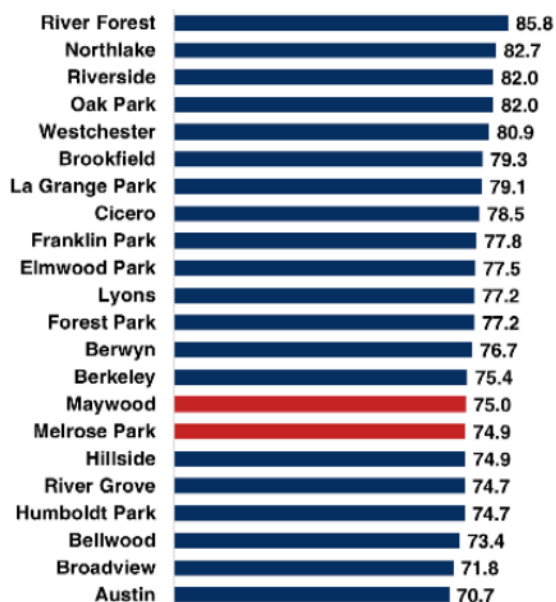


*Alliance for Health Equity, community focus groups, 2021*

## MORTALITY

There are substantial inequities in life expectancy across the Loyola-Gottlieb service area. Communities such as Austin, Broadview, Bellwood, River Grove, Hillside, Melrose Park, Maywood, and Berkeley have 10-15 years shorter life expectancy than River Forest. (Figure 7)

**Figure 7.**



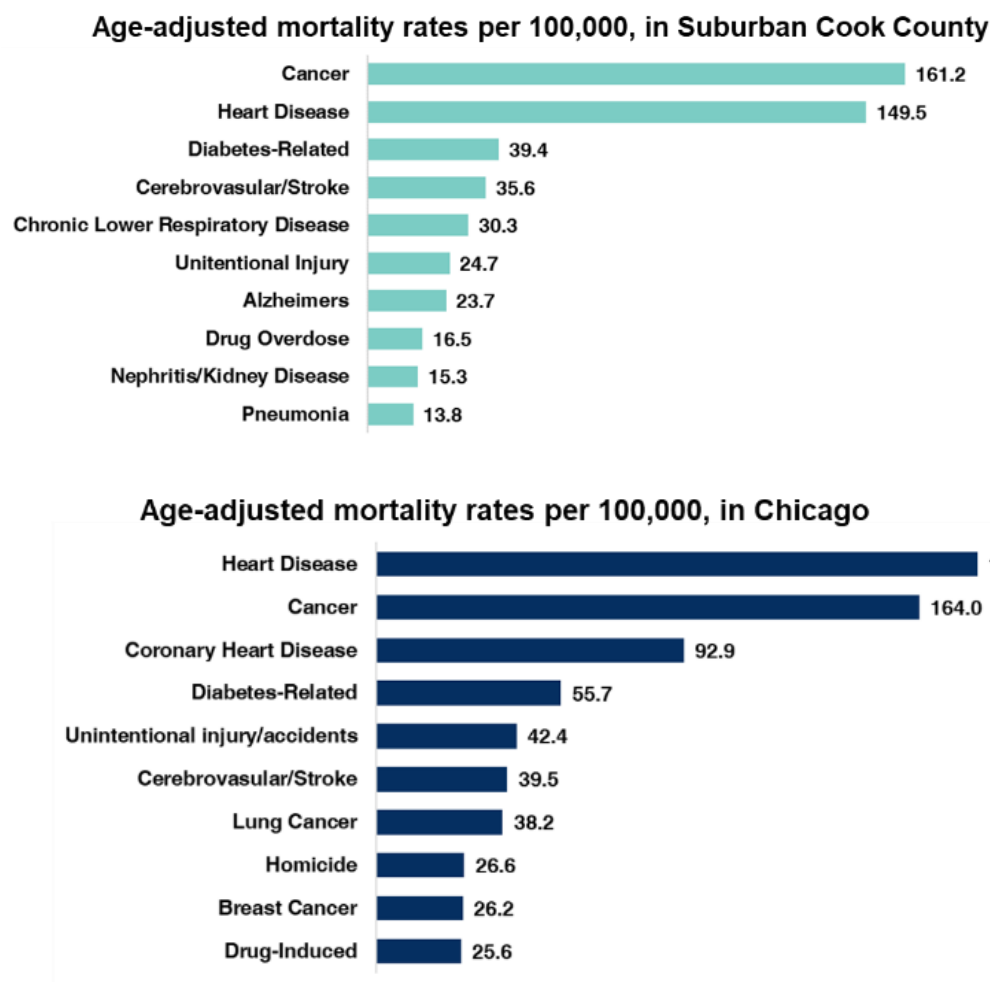
*Illinois Department of Public Health, 2017*



## Chronic Disease Mortality

The leading causes of death in the Loyola-Gottlieb service area and across Cook County are heart disease and cancer and other chronic diseases. Unintentional injury, homicide, Alzheimer's disease, and drug overdose are also important causes of death. (Figure 8)

Figure 8. Leading Causes of Death

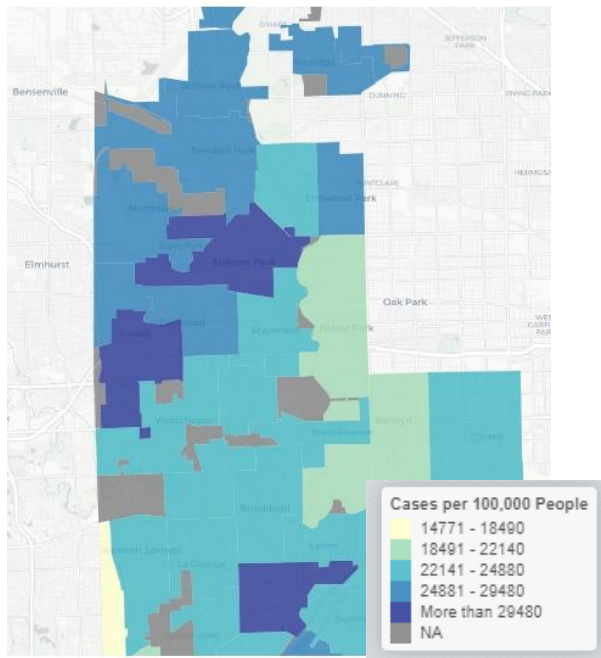


*Illinois Department of Public Health, Division of Vital Records, 2014-2018*

In recent years, COVID-19 has also been a leading cause of mortality in the Loyola-Gottlieb service area and across the country. Between March 2020-April 2022, there have been a total of 1,785 COVID-19 deaths in the Loyola-Gottlieb service area.

## MORBIDITY

**Figure 9. Incidence of COVID-19**



The cumulative rate of COVID-19 cases across the Loyola-Gottlieb service area ranges from 18,494 per 100,000 in River Forest to 34,351 per 100,000 in Hillside.

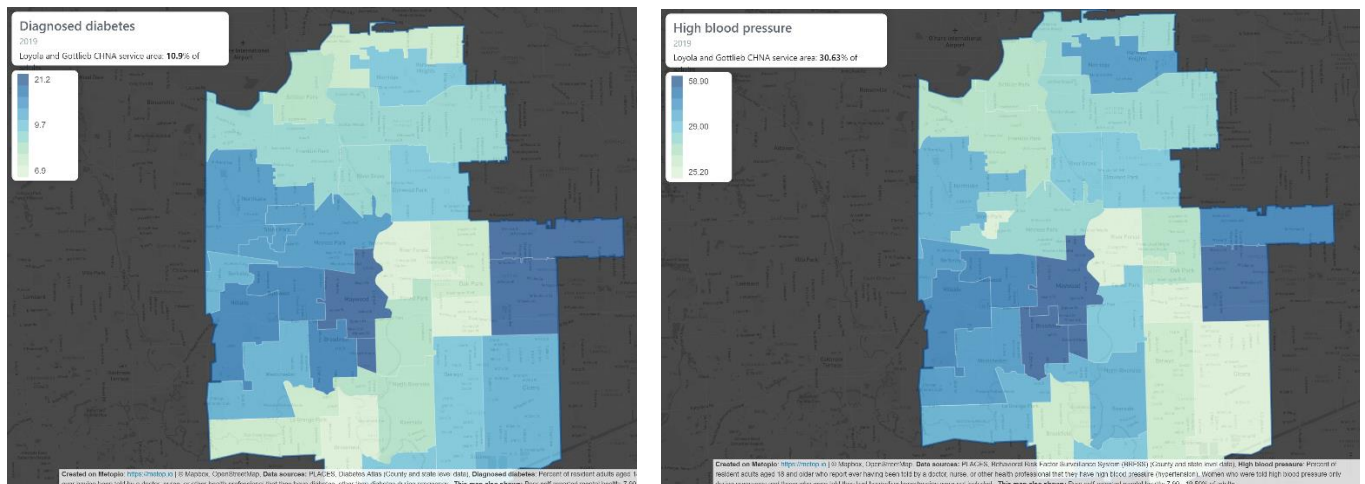
\* This map shows only the suburban municipalities within the Cook County Department of Public Health jurisdiction.

Cook County Department of Public Health, cumulative March 2020-April 2022, accessed via <https://ccdphcd.shinyapps.io/covid19/>

## Prevalence of Chronic Disease

Overall, 11% of adults in the Loyola-Gottlieb service area report being diagnosed with diabetes, very similar to the population overall in Cook County and Illinois. Some communities – particularly Austin and Maywood – have higher rates of 15% and above. Thirty-one percent of adults in the Loyola-Gottlieb service area report having high blood pressure or hypertension – with Maywood, Broadview, and Austin have the highest reported rates (self-reported rates of diagnosis with chronic conditions are considered underestimates of overall disease burden. Approximately one-fourth of diabetes cases are undiagnosed, and respondent recall of the diagnosis might underestimate the true prevalence).

**Figure 10. Diagnosed Diabetes and High Blood Pressure (Self-Reported)**

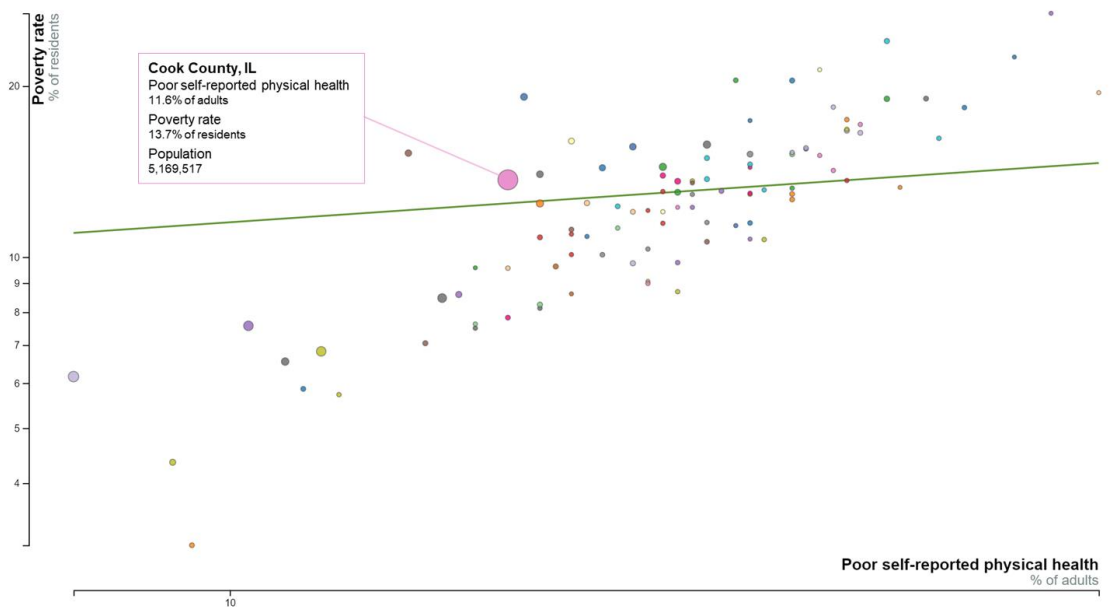


PLACES, Centers for Disease Control and Prevention (CDC), 2019, accessed via Metopio

## SOCIAL AND STRUCTURAL INFLUENCERS OF HEALTH

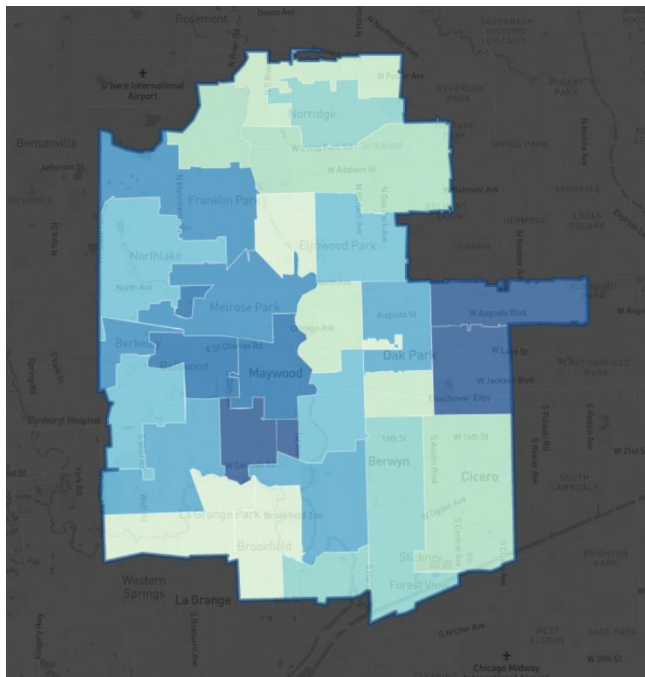
Social determinants of health such as poverty, unemployment, limited access to healthy foods, exposure to violence, limited access to healthcare, and housing conditions are key drivers of inequities in health outcomes between communities.

The correlation between poverty rate and poor self-reported physical health was highly significant for counties in Illinois in 2019

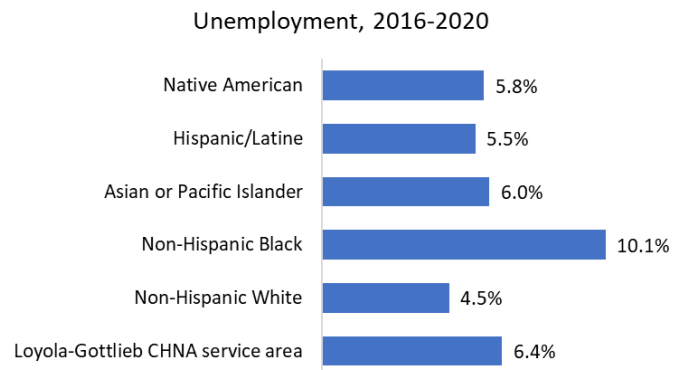


Created on Metopio | <https://metopio.io> | Circles represent counties in IL, sized by Population. The time period for the scatterplot is 2019 unless stated otherwise on each axis. The relationship shown in the scatterplot is **highly significant** in a multivariable regression controlling for socioeconomic and demographics. See data definitions and sources at <https://metopio.io/topic>.

Figure 11. Unemployment



**Black community members continue to be disproportionately impacted by unemployment across the Loyola-Gottlieb service area. A total of 10.1% of Black community members are unemployed compared to 6.4% overall in the service area.**



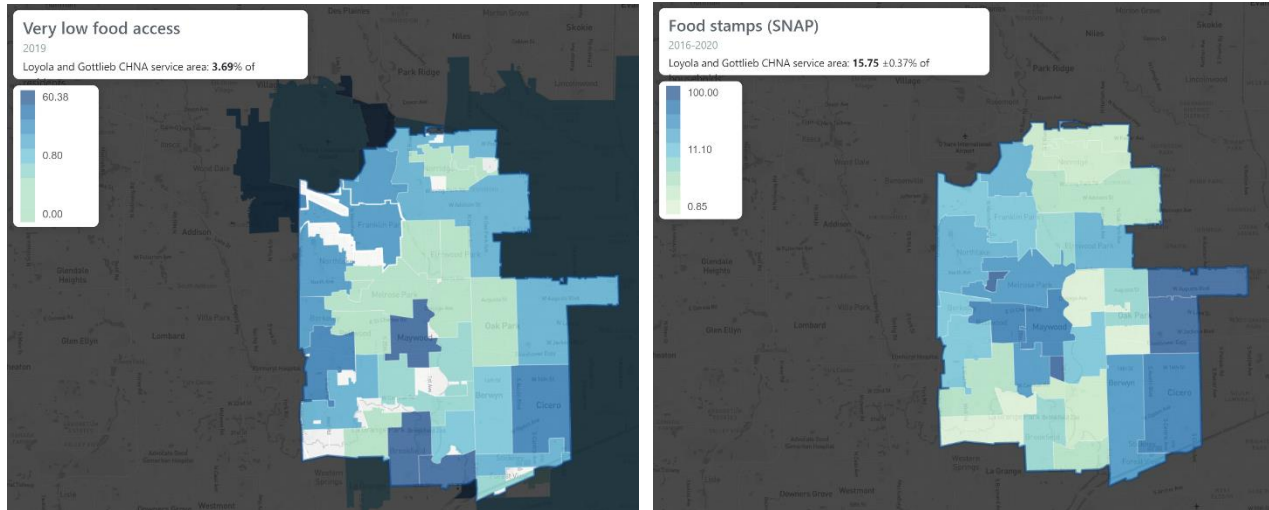
US Census, American Community Survey, 2016-2020, accessed via Metopio



## Food Access

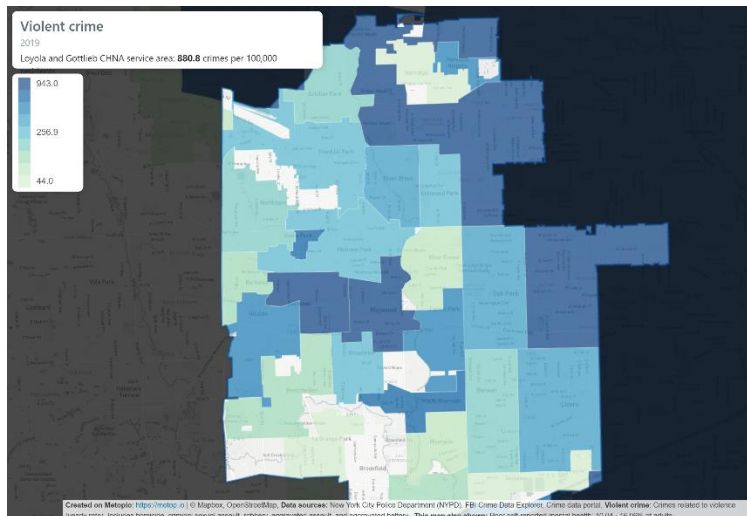
Food access and use of emergency food resources is inequitable across the Loyola-Gottlieb service area. In particular, Maywood, Austin, Bellwood, Melrose Park, Berwyn, Cicero, and Franklin Park and Northlake show higher levels of food insecurity and Maywood also has very low food access.

**Figure 12. Very Low Food Access and SNAP Enrollment**



*USDA Food Access Research Atlas, 2019 and American Community Survey, US Census, 2016-2020*

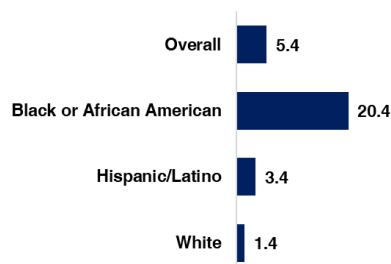
## Community Safety and Violence



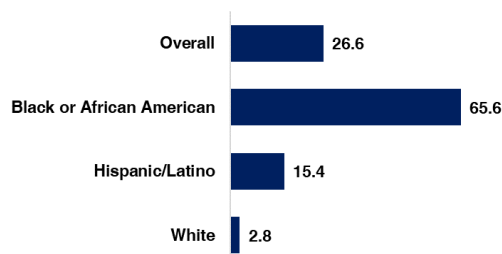
Overall in the Loyola-Gottlieb service area, the violent crime rate is 880.8 per 100,000.

In both Chicago and Suburban Cook County, Black residents are disproportionately impacted by gun violence and homicide.

Homicide mortality in Suburban Cook County



Homicide mortality in Chicago

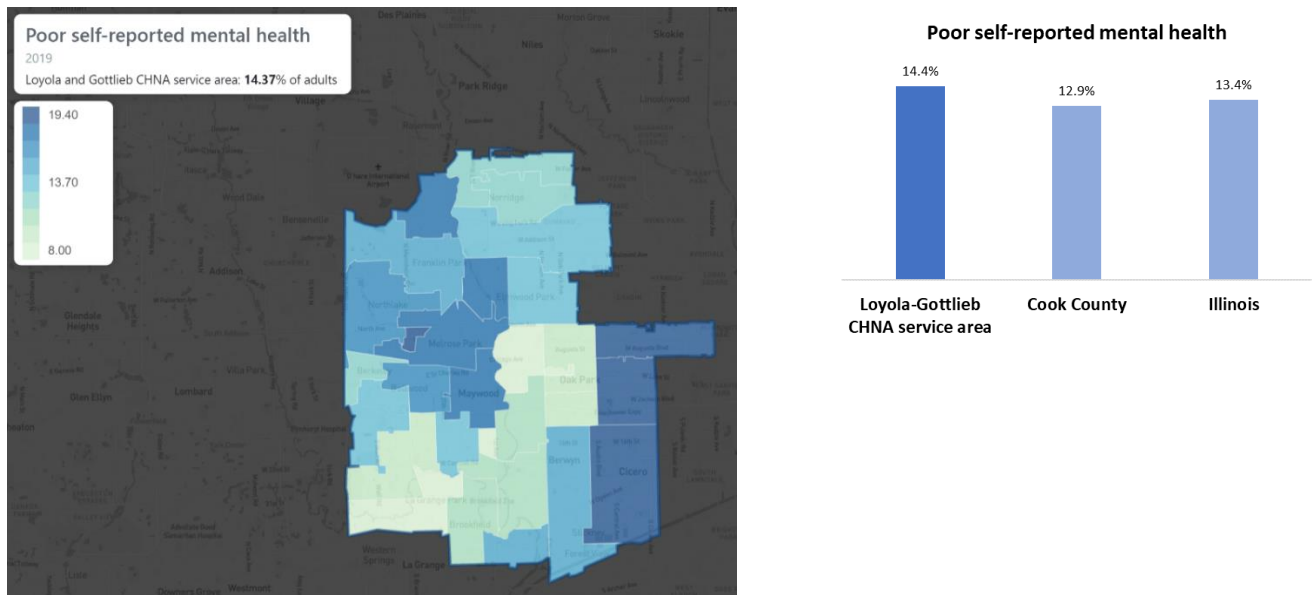


*FBI Crime Data Explorer, 2019, and Illinois Department of Public Health, Division of Vital Records, 2017*

## MENTAL HEALTH AND SUBSTANCE USE DISORDERS

In 2019, 15% of adults in the Loyola-Gottlieb service area reported poor mental health (defined as at least 14 days in the last 30 in which mental health was not good). As shown on the map, communities in Proviso Township directly surrounding LUMC and GMH have the highest rates of self-reported poor mental health in the Loyola-Gottlieb service area. The rate in the service area overall is substantially higher than Cook County and Illinois overall.

**Figure 14. Self-Reported Mental Health, 2019**

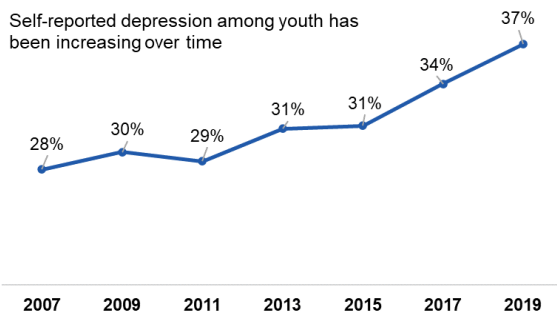


*PLACES, Centers for Disease Control and Prevention (CDC), 2019, accessed via Metopio*

Mental health among teens and youth has also shown trends of decline, even pre-pandemic. This echoes what was heard from focus group participants in our assessment process, with child and adolescent mental health being one of the key concerns raised in every focus group. Also, self-reported suicide attempts are substantially higher among adolescents of color, particularly Native American, Hispanic/Latine, and Black teens.

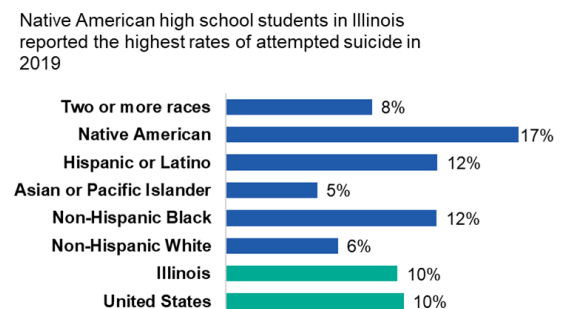
**Figure 15. High School Students' Depression and Suicide Attempts, Illinois, 2019**

High school students in Illinois who report that during the past 12 months, they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities



Centers for Disease Control and Prevention, Division of Adolescent and School Health, 2019

Percent of high school students who report having attempted suicide at least once in the past 12 months, Illinois, 2019

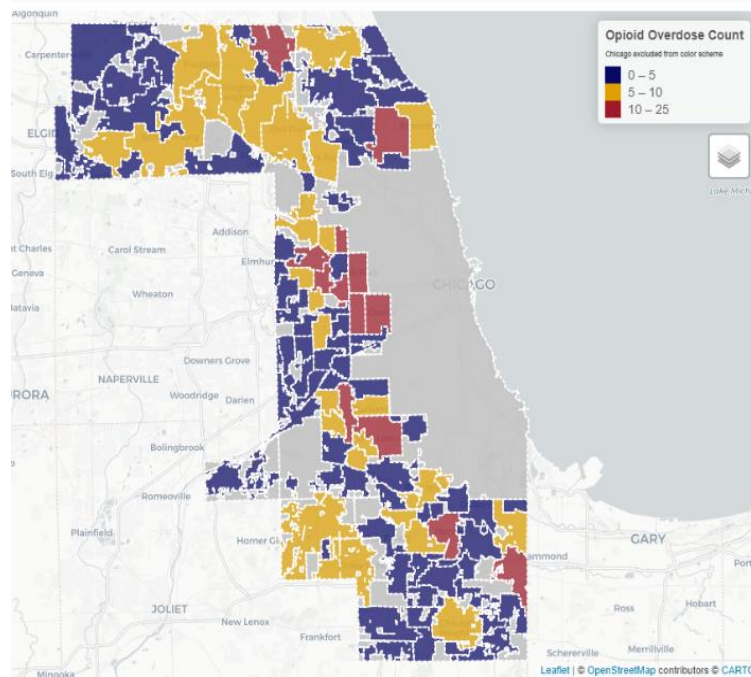


Centers for Disease Control and Prevention, Division of Adolescent and School Health, 2019

*CDC, Division of Adolescent and School Health, 2019*

## Opioid Use Disorders and Overdoses

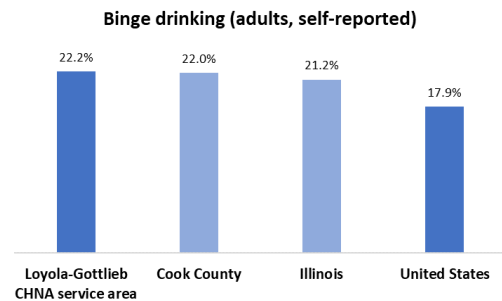
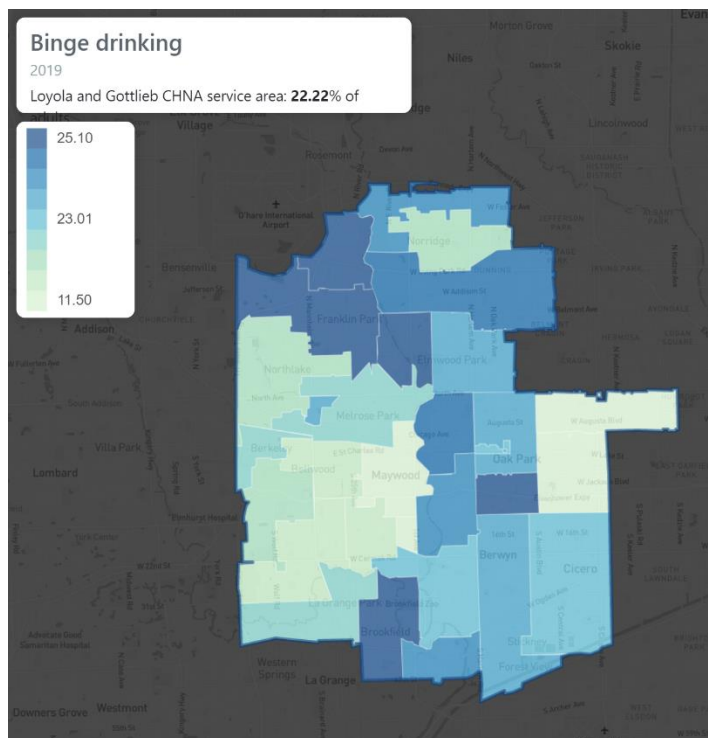
**Figure 16. Opioid Overdoses in Suburban Cook County**



As shown in this map of Cook County (Figure 16), the west suburbs have a concentration of opioid overdoses compared to suburban Cook County overall. In 2020, there were 13 municipalities in suburban Cook County that had over 10 opioid overdose deaths, and 7 of those cities are in the Loyola-Gottlieb service area: Berwyn (13), Cicero (20), Elmwood Park (14), Forest Park (11), Maywood (15), Melrose Park (15), and Oak Park (10).

## Alcohol Use

**Figure 17. Binge Drinking, 2019 (Adults, Self-Reported)**



Twenty-two percent of adults in the Loyola-Gottlieb service area report binge drinking in the past 30 days (binge drinking is defined as having five or more drinks (men) or four or more drinks (women) on an occasion). Alcohol use is likely seriously underreported, so these estimates are a lower bound on actual binge drinking prevalence.

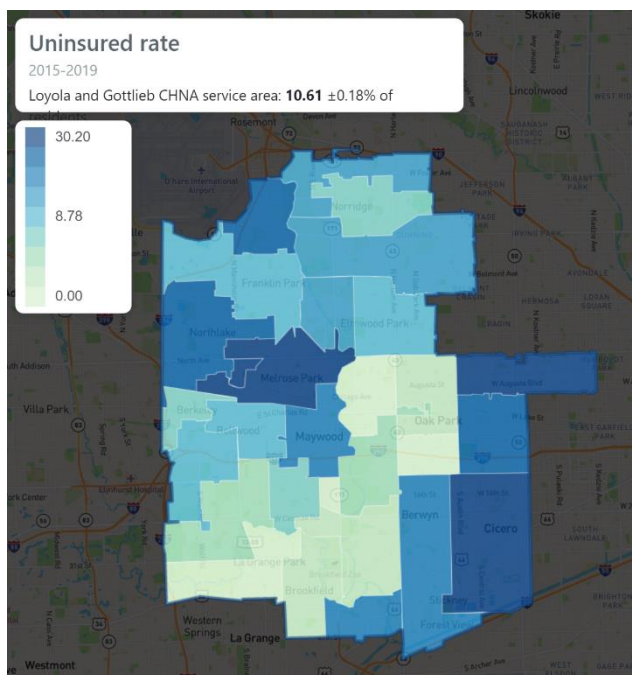
*PLACES, Centers for Disease Control and Prevention (CDC), 2019, accessed via Metopio*

## ACCESS TO CARE

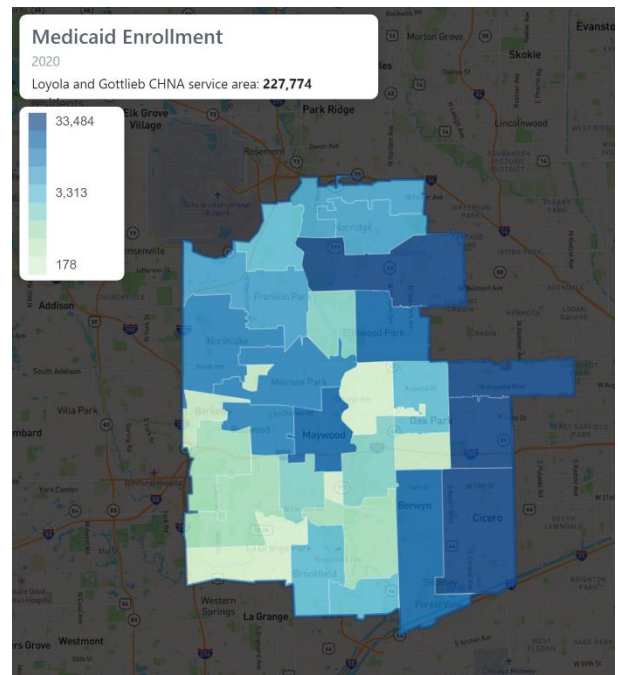
Access to care is a multi-faceted community health issue. Based on community and provider input, we have identified the following inter-connected issues related to access to care in Cook County:

- Insurance coverage
- Affordability
- Service availability, quality, proximity, convenience, and reliability
- Connecting healthcare to social care
- Navigating complex systems
- Cultural and linguistic responsiveness
- Appropriateness and approachability
- Trauma-informed care
- Workforce
- Addressing racism, discrimination, and bias

**Figure 18. Uninsured Rate, 2016-2020**



**Figure 19. Medicaid Enrollment**



The overall uninsured rate in the Loyola-Gottlieb service area is 10.6. There is substantial variation across the service area with 18% uninsured in Cicero compared to 1.7% in River Forest. Particularly, communities with large immigrant populations report substantially higher uninsured rates. Also, there were 227,774 community members enrolled in Medicaid within the Loyola-Gottlieb service area in 2020.



## **UPDATES ON LOYOLA-GOTTLIEB IMPLEMENTATION ACTIVITIES FROM PREVIOUS CHNA**

The Loyola-Gottlieb (Loyola Medicine) CHNA from 2019, named as its priorities: a) addressing social and structural determinants of health (SSDOH), also known as social influencers of health (SIOH), b) access to care, c) mental health and substance use, d) chronic disease, e) maternal and child health and f) injury. While acknowledging that all the priorities were of importance to community health and well-being, the first four were selected as priorities in which LUMC and GMH, together in collaboration with community stakeholders, would be best situated to create collective impact.

Comments and suggestions were solicited from patients and residents by stating the following on the Community Benefit landing page on the Loyola Medicine website: “We welcome your questions or comments regarding our most recent Community Health Needs Assessment report. Please contact the Loyola Medicine Community Benefit Department at 708-216-4600 or submit your message below. Please provide your e-mail address if you would like a response.” A live, interactive button was accessible on the website, enabled to capture questions and comments. No written comments or phone calls were received.

### **Addressing SSDOH or SIOH**

The goal of the community health improvement strategies intended to address SSDOH/SIOH was:

**Decrease structural racism and the economic disparities it has created for those living in Proviso Township and surrounding areas by developing, implementing and evaluating the SMART objectives:**

- a) Collaborating with communities we serve on policy change within the Loyola Medicine organization that promotes racial justice,
- b) Increasing community members participation in existing social programs/opportunities that promote empowerment, and
- c) Increasing the number of Loyola Medicine new hires who reside within our 28 service area zip codes over the next three years.

### **Impact of Social and Structural Determinants of Health Strategies**

Collaborating with communities on policy change within the Loyola Medicine organization to promote racial justice was influenced by the unprecedented upheaval experienced by the murder of George Floyd and others, as our communities were also experiencing the deleterious effects of a global pandemic. Loyola Medicine, along with the entirety of Trinity Health, was one of the first to acknowledge racism as a public health crisis and root cause of health inequity. Consequently, on January 29, 2021, Trinity Health launched a course, Racism, A Public Health Crisis, as an initial step toward ending systemic racism and achieving health equity. All Trinity Health senior leaders completed this course and subsequently it is being rolled out to directors and managers as well. Other initiatives undertaken to impact social and structural determinants of health included adding “White Coats for Black Lives” which aims to dismantle racism in medicine and fight for the health of black people and other people of color. Across Loyola Medicine colleagues knelt in silence for 8 minutes and 48 seconds as a display of solidarity and to make a statement that white coats are for Black lives. Moreover, Loyola Medicine staff have been active leaders and/or participants in coalitions working toward achieving equity including the Community Alliance of Melrose, CCC, Summit Community Network, Proviso Township, Ministerial Alliance Network, Proviso Partners for Health (PP4H), Loyola Stands, and others.

In direct response to low COVID-19 vaccination rates in Maywood, Bellwood and Broadview, a program was launched to increase confidence, "It Starts Here." Loyola Medicine community health workers and hired, resident ambassadors partnered with community and faith-based organizations to host events focused on offering education and on-site vaccinations. More than 75 clinics were hosted, more than 16,000 residents influenced, and 292 shots dispensed.

Loyola Medicine Human Resource colleagues participated in the review of all policies and procedures to reinforce and promote equity and mitigate the impact of structural racism. More than 1200 policies were reviewed.

In 2020, racism was declared a public health crisis in an effort to address the racial inequity of COVID-19 outcomes and to advance comprehensive health care for all. Loyola Medicine signed the American Hospital Association Institute for Diversity and Health Equity (IFDHE) #123ForEquity campaign to eliminate health care disparities, joining 1700+ hospitals and systems nationwide. In 2021, Loyola University Medical Center embarked upon a three-year intentional Health Equity Hospital Quality effort to increase the diverse physician workforce and to address race and cultural concordance, thereby connecting known SIOH contributors. Baseline data were compiled, across all GME and faculty physician departments, with incremental goals articulated for years 1, 2, and 3. More than 700 physicians were trained in unconscious bias.

Loyola Medicine has increased community members' participation in existing programs and empowerment opportunities through a significant investment in a community resource and referral tool called the Community Resource Directory (CRD) powered by Find Help (formerly known as Aunt Bertha). Frontline patient and community-facing staff such as community health workers (CHWs), care managers (CMs) and others have been trained on how to utilize the CRD to assist patients and community members in navigating what can sometimes seem like a daunting health and human service system. The CRD allows Loyola Medicine staff, patients, community partners and community members to identify and refer to the most appropriate local resource to meet a SSDOH need, including housing, healthy food access, social services and many more. As patients were screened for social care needs, they were directed to targeted programs. More than 952 social care encounters were captured in FY22 alone.

Strategic efforts have been made to increase the number of new hires who reside within our 28+ zip code service area by partnering with local community-based organizations, community colleges, universities, community coalitions, municipalities, and workforce development agencies to promote career opportunities at Loyola Medicine. These partners include, but are not limited to, the Community Alliance of Melrose Park, the Cicero Community Collaborative, the Proviso Township Ministerial Alliance Network, the Chicago-Cook Partnership, the American Jobs Centers, Triton College, Morton College, Dominican University, the Good Will Workforce Development Center, and the Brookfield Zoo among many others. One example of how Loyola Medicine has reaped the benefits of such collaborative, place-based hiring practices is of the expansion of its regional Community Health & Well-Being department which has hired seven of its 10 employees directly from zip codes served by Loyola Medicine. These new hires were diverse, representing African American and Latinx communities and entry-level (CHWs) through upper management (regional director) positions. Due to the pandemic, and the reprioritization of resources, the overall tracking of the effort was interrupted and paused by Human Resources.

## **Access to Care, Community Resources, and Systems Improvement**

The goal of the access to care community health improvement strategy was:

**Maximize utilization of existing community resources designed to improve health and well-being for vulnerable populations. The SMART objectives were:**

- a) Co-design an additional strategy for collective impact across social support organizations in and around Proviso Township by the end of year three and,
- b) Over three years, implement two new initiatives that increase community member use of existing benefits for which they qualify.

**Impact of Access to Care Strategies**

The additional collective impact strategy co-designed to improve health for vulnerable populations included the development of the West Cook Coalition (WCC) to innovate and transform health and human service delivery for 18 communities with medically vulnerable, Medicaid patients within Loyola Medicine's service areas. The WCC was formed in 2021 with Loyola Medicine, Pillars Community Health and Care Advisors as the lead partners. Additionally local health and human service providers with subject matter expertise and experience in improving health and well-being for vulnerable populations have also partnered to promote equitable access to care. These organizations include: the Suburban Primary Health Care Council (Access to Care), H.A.S. (Health Alternative Systems), Housing Forward, Proviso-Leyden Council for Community Action (PLCCA), Proviso Partners for Health, the Y (West Cook and Pav), Age Options, Ann and Robert H. Lurie Children's Hospital of Chicago, Beds Plus Care, Beyond Hunger, Catholic Charities of the Archdiocese of Chicago, Family Focus, Quinn Center of St. Eulalia, Maywood Medical-Legal Partnership (Loyola University School of Law), Real Foods Collaborative, JourneyCare, Casa Esperanza, Youth Outreach Services, Leyden Family Services, Community Support Services and the Chicago-Cook Workforce Partnership. Community listening sessions were conducted throughout the community both in person (community breakfasts for Proviso & Leyden Townships and the Berwyn-Cicero-Summit area) and virtually for multi-sector stakeholders including legislators, workforce development agencies, faith communities and the general public. Community learnings from these focus groups echoed responses from the CHNA focus groups, surveys and community debriefs identifying social and structural determinants of health, behavioral health, access to care, communications, the digital divide, and economic and educational opportunities, among others, as key community concerns.

Two new initiatives intended to increase community member use of existing benefits for which they qualify are Loyola Medicine's expanded Community Health & Well-Being department comprised of majority staff from within Loyola Medicine's service area who have shared lived experience and cultural and linguistic background to the communities served and COVID-19 Community Ambassadors. The main vehicle for enhanced access to care and social services are Community Health Workers (CHWs) hired in 2020 and 2021 to assist patients and community residents in navigating complex health and social service systems. Community Health Workers utilizing the Community Resource Director and their own neighborhood networks have assisted patients in accessing care since the program's inception. The second initiative, "It Starts Here," to increase access to benefits for which they qualified, was necessitated by the unprecedented COVID-19 pandemic in which African American and Latine communities in Loyola Medicine's service area were hit particularly hard. To provide accurate information about COVID-19 prevention, vaccination, and treatment and increase community-based access to COVID-19 vaccinations, Loyola Medicine contracted with Proviso Township's Strengthening Proviso Youth (SPY), Pillars Community Health, the Quinn Center of St. Eulalia, PASO and Family Focus to recruit Community Ambassadors from within the under-vaccinated, targeted communities of Bellwood, Berwyn, Broadview, Cicero, Maywood, Melrose Park and Summit. The Community Ambassadors promoted awareness about COVID-19 and education about the benefits of vaccination. An added

benefit of It Starts Here was providing supplemental income via hourly stipends to Community Ambassadors. Loyola Medicine was able to reach more than 18,000 people through in-person events such as health fairs, resource fairs, job fairs and church and school-based events, social media and via the deployment of Loyola Medicine's mobile vaccination team. Additionally, subject matter expertise and resources were sought by convening a monthly stakeholder group called the COVID-19 Vaccine Confidence Community Advisory Council comprised of residents and providers within the most adversely affected communities.

Loyola Medicine continues its commitment to serving uninsured and underinsured patients of the Access to Care Clinic at Loyola's Maywood Primary Care Clinic. This is the largest primary care site within Access to Care's network. In addition to primary care, the clinic expanded to provide free and low-cost mental health counseling sessions to patients. More than 4000 unique patients have been served between July, 2019, and June, 2022.

## **Mental Health & Substance Use Disorders**

The goal of the mental health and substance use community health improvement strategy was:

**Decrease stigma and improve the experience of those living in Proviso Township and surrounding areas when they need mental health support. The SMART objectives included:**

- a) Increase knowledge and skills for supporting individuals showing signs of mental health distress among key social connectors who live and work in and around Proviso Township and
- b) Increase the number of community-based prevention and/or peer support behavioral health services available to those who live in and work around Proviso Township.

### **Impact of Mental Health and Substance Abuse Strategies**

To increase knowledge and skills for supporting individuals showing signs of mental health distress and to increase the number of community-based prevention and peer support behavioral health services available to Proviso Township-area residents and workers, Loyola Medicine partnered with organizations such as the Gateway Foundation, NAMI, HAS, the Interfaith Mental Health Coalition and Center for Spirituality and Public Leadership (CSPL) to promote access to peer support and the Living Room model, Mental Health First Aid training and education workshops on suicide prevention, trauma-informed care, mental health stigma in Black and brown communities and self-care. Moreover, Loyola and CSPL partnered on a mental health first aid training for Loyola Medicine Community Health & Well-Being staff and community agencies, which employed CHWs and other frontline staff to build capacity in the Proviso area.

## **Chronic Disease Prevention and Management**

The goal of the chronic disease prevention and management community health improvement strategy was:

**Increase opportunities for residents in and around Proviso Township to lower their risk for developing chronic diseases and/or to live well with them. The SMART objectives were:**

- a) Increase the number of Veggie Rx participants receiving regular access to affordable and nutrition education,
- b) Engage 20% more participants in an evidence-based program or support group for individuals with or at high risk for a chronic disease such as cancer and diabetes, and



- c) Conduct at least six chronic disease screenings for populations experiencing health disparities related to the screened for disease.

### **Impact of Social and Structural Determinants of Health Strategies**

In partnership with Proviso Partners for Health and Windy City Harvest, Loyola Medicine supported Veggie Rx in several of Loyola's and Gottlieb's clinic sites. Veggie Rx was a cross-sector program in which healthcare providers identified patients with federal SNAP benefits who have or are at risk for diet-related disease. The patients were referred to weekly nutrition education classes and were provided with free produce, healthy recipes and double value coupons to use at pop-up farm stands and markets. The program promoted SNAP participants' self-efficacy to prepare plant-based meals through nutrition education and cooking demonstrations. From 2019 to 2021, 312 residents and patients received weekly produce distributions, with regular check-ins, providing emotional and peer support, demonstrating an overall increase.

Participants were engaged in evidence-based programs at Loyola Medicine and in partnership with West Cook YMCA and Pav YMCA. In October 2020, LUHS was awarded the "Advancing Diabetes Awareness and Prevention at Trinity Health" (ADAPT) Grant to provide the National Diabetes Prevention Program (NDPP) services to patients and surrounding community of Loyola Medicine service area (2017-2022). The NDPP is a nationally recognized, evidence-based lifestyle change program targeted at preventing the onset of type 2 diabetes among individuals who have prediabetes. Its cost-effective lifestyle change program is proven to prevent or delay type 2 diabetes for high-risk individuals. With the COVID-19 pandemic, in-person programming was paused and then offered online through Microsoft Teams.

More than a dozen chronic disease screenings have been provided to populations experiencing health disparities. Most of the screenings occurred in tandem with our COVID-19 community vaccination efforts in which Diabetes Prevention Program (DPP) screenings were administered to determine risk for developing type 2 diabetes. The CDC's Diabetes Prevention Recognition Program (DPRP) evaluates the National Diabetes Prevention Program every six months. The DPRP evaluates the DPP based on retention, participants achieving an average of five percent weight loss on or before 12 months, achieving at least four percent weight loss and 150 minutes of physical activity, or reducing their HbA1C by 0.2%. In fiscal year 2021, 203 people were reached, 15 people screened, and 19 were people enrolled into the DPP program. In 2022, 495 people were reached through education, 30 people were screened, and 17 people were enrolled into Loyola Medicine's Diabetes Prevention Program. Participants in Loyola Medicine's DPP achieved an average of 4.8% weight loss and an average of over 200 minutes of physical activity per week. These outcomes are proven to prevent or delay type 2 diabetes in those at risk. Loyola Medicine's program has met the requirements to achieve and maintain CDC Recognition. The DPP staff also conducted tobacco screenings to participants enrolled in DPP and provided the Centers of Disease Control's (CDC) *Ready, Set, Quit* information to participants who requested additional information. Loyola Medicine staff also conducted tobacco screenings to enrolled participants and provided the CDC's *Ready, Set, Quit* information to participants who requested information. Other screenings performed included:

- Free annual abdominal aortic aneurysm (AAA) screenings for community members who are at risk. The goal is to educate those in our communities of the condition, identify those with risk factors, perform a free non-invasive screening, and assist with obtaining treatment if diagnosed
- Free annual See, Test, and Treat event, in which cervical and breast cancer screenings for women ages 30-64 who are uninsured were provided, along with cancer screenings and

community health education along with Pelvic and breast exam, pap smear test, mammogram, same-day test results and health education resources, and the ability to speak one-on-one with Loyola physicians and other care experts. In fiscal year 2022, the See, Test, and Treat event completed a total of 100 patient visits: 37 received both a pap smear and mammogram, 12 only received a mammogram, 14 only received a pap smear, and a total of 62 unique patients were served

- Loyola Medicine's Women's Heart Program hosted a free Women's Heart Disease awareness event. The event included cholesterol and blood pressure checks, cardiovascular disease screening and information regarding healthy heart nutrition and AAA screening.