Loyola University Medical Center
Community Health Needs Assessment Implementation Strategy
Fiscal years 2017-2019

Loyola University Medical Center (LUMC) and Gottlieb Memorial Hospital (GMH) which form the Loyola University Health System completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors in June 2016. LUMC performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at https://www.loyolamedicine.org/, or printed copies are available at Loyola University Medical Center.

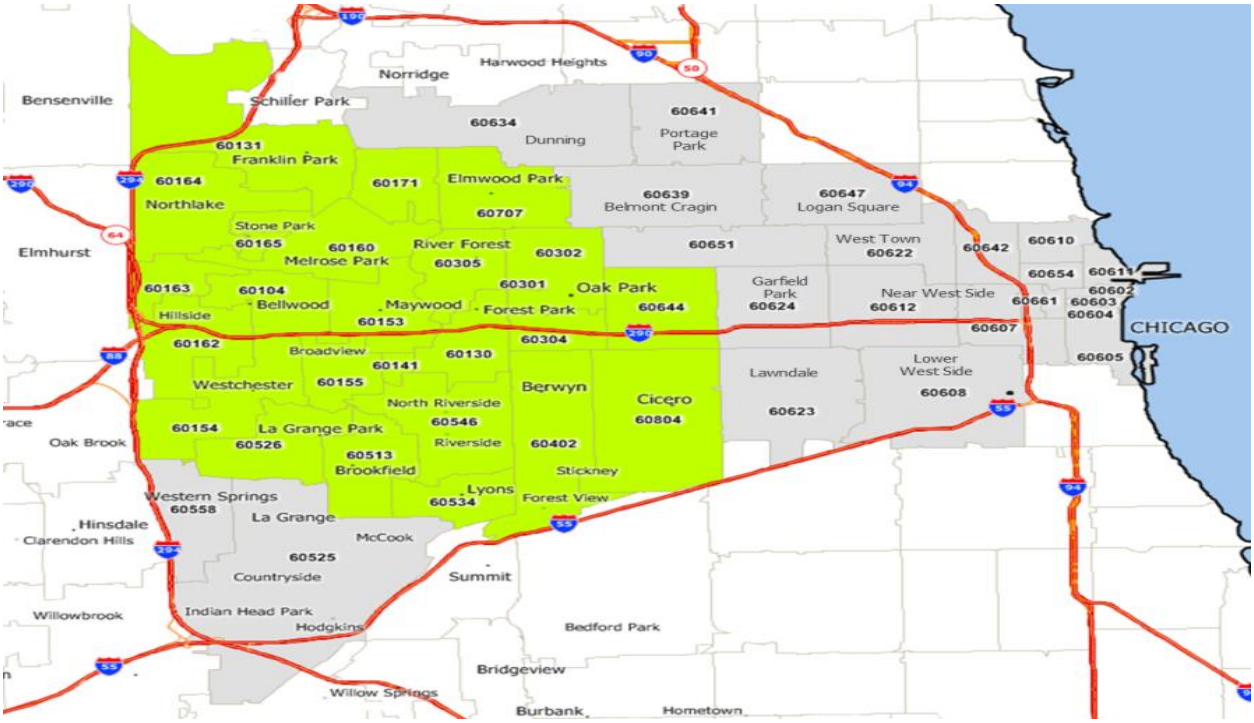
Hospital Information and Mission Statement

Loyola University Health System (LUHS), a not-for-profit, mission-based, Catholic organization, is a nationally recognized leader in providing specialty and primary healthcare services. LUHS is comprised of two hospitals located in Chicago's western suburbs, Loyola University Medical Center (LUMC) in Maywood, IL, and Gottlieb Memorial Hospital (GMH) in Melrose Park, IL; over 30 specialty and primary care centers predominately located in Chicago's western and southwestern suburbs; and nearly 1,200 medical staff members. LUHS also is a major referral center for the Chicago metropolitan area, providing care for some of the most critically ill and injured patients in Cook, DuPage and Will counties, and across the region and nation. LUHS is a member of Trinity Health, one of the largest Catholic health systems in the country, serving patients in 21 states. Trinity Health returns almost $1 billion to its communities annually in the form of charity care and other community benefit programs.

Founded in 1969, LUMC is a leader in specialty care for heart disease, cancer, trauma, burns, solid organ transplantation and neurological disorders, along with primary care services. In addition, LUMC has more than 60 clinical affiliations with other healthcare providers to extend Loyola's specialty care expertise beyond its facility and into the surrounding communities. On July 1, 2008, GMH joined LUHS, an affiliation that further

enhances patient care in Chicago's near west suburbs. GMH has provided five decades of comprehensive healthcare services to its community.

The LUHS CHNA area (highlighted in the map below) is centered around the two campuses of LUMC (Maywood) and GMH (Melrose Park) in the western suburbs of Chicago.
This area is composed of a diverse population of about 540,000. Hispanics make up the largest race/ethnic groups with 41.1% of the population. White non-Hispanic is the second largest group with 33.7% and African-Americans represent 21.5% of the CHNA population.



Mission

Loyola University Medical Center is committed to excellence in patient care and the education of health professionals. We believe that our Catholic heritage and Jesuit traditions of ethical behavior, academic distinction, and scientific research lead to new knowledge and advance our healing mission in the communities we serve. We believe that thoughtful stewardship, learning and constant reflection on experience improve all we do as we strive to provide the highest quality health care.

We believe in God's presence in all our work. Through our care, concern, respect and cooperation, we demonstrate this belief to our patients and families, our students and each other. To fulfill our mission we foster an environment that encourages innovation, embraces diversity, respects life, and values human dignity.

We are committed to going beyond the treatment of disease. We also treat the human spirit.

Health Needs of the Community

Loyola University Medical Center is committed to improving the health of the communities it serves through the delivery of a broad range of programs and services in collaboration with community and health system partners. LUHS is a participating member of a hospital collaborative effort composed of seven public health departments, more than 25 hospitals and many community organizations. Through the joint efforts of this collaborative, this community health needs assessment (CHNA) report was made possible.

Beginning in March 2015, Loyola University Medical Center through Loyola University Health System has been part of a collaborative of hospitals in Chicago and suburban Cook County to conduct their community health needs assessment. Known as the Health Impact Collaborative of Cook County, this collaborative of hospitals, community organizations and public health departments gathered data and input from the community through a community survey and a series of focus groups. The collaborative divided Cook County into three regions of which the LUHS' CHNA area (west suburban Cook County) was included under the Central region.

Based on the data and feedback gathered through the CHNA process, the Health Impact Collaborative came to a consensus on four focus areas that touch and cut across the three regions in Cook County.

1. Improving Social, Economic, and Structural Determinants of Health Reducing Social and Economic Inequities
2. Improving Mental and Behavioral Health Services
3. Preventing and Reducing Chronic Disease, with a focus on risk factors – nutrition, physical activity and tobacco
4. Increasing Access to Care and Community Services

The recommendation of the Collaborative is that all participating hospitals include Focus Area #1 as a priority within their specific CHNA area. Hospitals will continue to collaborate on county-wide work on addressing this priority, as well as select at least one additional focus area as a priority.

After review and consultation with its community partners, LUMC is committed to working to develop strategies and programs that address:

- Improving social and economic determinants of health;
- Preventing/reducing chronic disease; and
- Increasing access to care and community services

Through collaboration with its community partners as well as with other health providers, LUMC will support initiatives that address the underlying issues that cut across these focus areas.

Hospital Implementation Strategy

LUMC's previous implementation plan included activities to address the priority issues of access to care and childhood obesity. In the last three years, significant progress has been made in these two areas since the last implementation strategy plan, as detailed below:

Impacting the Rising Rate of Obesity:

Pediatric Weight Management Program (PWMP)
LUMC and Gottlieb Memorial Hospital jointly established a pediatric weight management program focused on children ages 5 to 18 within targeted disadvantaged communities. The Program focused on three components: specialty care, pediatric provider education, and community outreach.

Specialty care:

LUMC, GMH and the Pediatric Department leadership created of the only specialty child obesity clinic in the Chicago area for a disadvantaged population. The clinic is focused on the poor and disadvantaged and more than 87.2% of clinic patients were covered by Medicaid or managed care. Since launched in 2014, 190 obese children have been evaluated through the clinic, and 15% of them completed the full 14-week program. On average, children achieved a weight loss of 9.14% and body fat reduction of 1.43%.

Pediatric Provider Education:

All LUMC Pediatric physicians and residents have been trained and educated on AAP recommended protocols for screening and treatment of obesity. LUMC also updated its EPIC EMR system with childhood obesity tools for primary care physicians. In a survey, 67% of physicians were aware of EPIC tools regarding obesity, 53% have used the "smart set" of protocols for childhood obesity, and 80% have used the patient handouts on obesity. In addition, LUMC has held educational presentations to Pediatric and Medicine-Pediatric residents and ambulatory leaders on the pediatric weight management program, and has provided physicians with a pocket guide with obesity evaluation criteria.

Community Outreach:

Proviso Partners for Health (PP4H)

In partnership with Loyola University of Chicago Stritch School of Medicine, the Pediatric Weight Management Program founded a community coalition (Proviso Partners for Health or PP4H) composed of more than 30 groups representing faith-based organizations, businesses, government, social welfare agencies and community residents all focused on developing strategies to reduce obesity in the community. In 2015, the coalition was awarded a grant from the Institute for Healthcare Improvement (part of the Robert Wood Johnson Foundation's 100 Million Healthier Lives). PP4H has been a community partner in increasing access to healthy foods at schools and in the community. In addition, PP4H is working to expand and improve physical activity options and remove barriers to healthy lifestyle behaviors by improving the built environment.

School District 89

LUMC has partnered with School District 89's superintendent and principals, and two LUMC PWMP representatives are active participants on the School District 89 Wellness Committee, which provides expertise to develop and implement health related programs to impact the wellness of 5,000 primary school students. This collaboration has led to the following successes:

- Offering free exercise/nutrition education program to overweight/obese children in school district through the ProActive Kids program, this has been offered free to obese children and their families at Gottlieb Memorial Hospital.
- Initiating school-based wellness committees and advised on initiatives to reduce obesity in their district
- Collecting of student BMI measurements over four time periods to measure impact. Three of six middle schools in District 89 saw the percent of 6th graders who are overweight or obese decline during this timeframe

Attained Breast Feeding-Related Designation:

LUMC achieved certification as a "baby-friendly" hospital, a designation earned through UNICEF and the World Health Organization for providing an optimal level of care for infant feeding and mother/baby bonding. Breastfeeding has also been shown to reduce the rate of obesity in children. A hospital earns this designation when it does not accept free or low-cost breast milk substitutes, feeding bottles or teats; and has implemented 10 specific steps to support successful breastfeeding. LUMC is one of only ten hospitals in Illinois and 348 in the United States to achieve this designation.

Access to Care

Loyola Access to Care Clinic:

LUMC committed to continuing its long partnership with Access to Care, a program assisting uninsured individuals in obtaining health care services. Since fiscal year 2012, LUHS has provided free or significantly discounted medical care to more than 600 Access to Care patients annually.

Medicaid enrollment:

LUMC and GMH engaged in a variety of community outreach activities to increase Medicaid enrollment in the LUHS service area. LUHS conducted community health/job fairs, distributed direct mailings and door hangers, and provided space for one-on-one enrollment events facilitated by Proviso Township Mental Health Commission. Through

these efforts, nearly 20,000 community members were engaged, and 13,758 Medicaid applications were completed.

Pediatric Mobile Health Unit:

The Loyola Pediatric Mobile Health Program (PMHP) was created in 1998 to provide cost-effective clinical services and education to uninsured, underinsured, and at-risk children enduring poverty, unemployment, and infant mortality in the Chicago metropolitan area. After the last CHNA, a major focus of the PMHP was to maximize activity inside of the CHNA service area. Service area visits by the PMHP have continued to trend upwards. In FY13, 34.4% of PMHP visits were to the CHNA service area, and by FY15, more than 50% of PMHP visits were inside the LUMC CHNA service area. Additionally, PMHP has grown its unique patient base by 12.7% since FY14.

School-based health center at Proviso East High School:

LUMC provided free laboratory services related to students seen at the school-based health center at Proviso East High School, which is operated by the Loyola Marcella Niehoff School of Nursing. Through this program, primary health care, school physicals, immunizations, care for acute and chronic illnesses, as well as social work, mental health, nutrition, and laboratory services are delivered in the school so students do not need to miss school to get needed health care. No student is turned away based on ability to pay and many services are provided at no charge.

Free Cancer Screening:

Through 2014, LUMC partnered with the Metropolitan Breast Cancer Task Force to provide free mammogram screenings. LUHS continued this free screening work with funding from a grant from the College of American Pathology. In August 2015, LUMC held a cancer screening event for disadvantaged women in its service area where 54 women were treated – staff performed 45 mammograms and 38 Pap smears.

LUMC resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

LUMC will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Access to Care & Community Resources –** Detailed need specific Implementation Strategy on [page 8]
- **Social, Economic and Structural Determinants of Health–** Detailed need specific Implementation Strategy on [page 11]
- **Chronic Disease –** Detailed need specific Implementation Strategy on [page 13]

Significant health needs that will not be addressed

Loyola University Medical Center acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed and within its ability to influence. LUMC will not take action on the following health need:

- **Mental and Behavioral Health –** LUMC does not have significant resources focused on mental and behavioral health issues. LUMC will continue to work with area providers and support initiatives by the Health Impact Collaborative of Cook County as appropriate to LUMC's mission and resources.

This implementation strategy specifies community health needs that LUMC has determined to meet in whole or in part and that are consistent with its mission. Loyola University Medical Center reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending June 30, 2019, other organizations in the community may decide to address certain needs, indicating that LUMC then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2017 - 2019			
HOSPITAL FACILITY:	Loyola University Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Access to care and community resources		
CHNA REFERENCE PAGE:	90-95	**PRIORITIZATION #:**	1

BRIEF DESCRIPTION OF NEED: Findings from the CHNA data clearly point to interrelated access issues, with similar communities facing challenges in terms of access to healthcare and access to community based social services and access to community resources for wellness such as accessible and affordable parks and recreation and healthy food access. These are many of the same communities that are also being most impacted by social, economic and environmental inequities, so lack of access to education, housing, transportation and jobs are also underlying root cause of inequities that affect access to care and community resources.

Specific needs related to access are:

Lack of insurance is a major barrier to accessing primary care, specialty care and other health services. In the post-Affordable Care Act landscape, the size and makeup of the uninsured population is shifting rapidly. Aggregated rates from 2009-2013 show that 25.5% of the adult population age 18-64 in the Central region reported being uninsured, compared to 18.8% in Illinois and 20.6% in the U.S. Men in Cook County are more likely to be uninsured (18.2%) compared to women (13.8%). In addition, African Americans, Latinos, and diverse immigrants are much more likely to be uninsured compared non-Hispanic whites. It is estimated that 40% of undocumented immigrants are uninsured compared to 10% of U.S.-born and naturalized citizens.

Lack of insurance may impact access to lifesaving cancer screenings, immunizations, and other preventive care. Routine cancer screening may help prevent premature death from cancer and it may reduce cancer morbidity since treatment for earlier-stage cancers is often less aggressive than treatment for more advanced-stage cancers. Overall rates of self-reported cancer screenings vary greatly across Chicago and suburban Cook County compared to the rates for Illinois and the U.S. This could represent differences in access to preventative services or difference in knowledge about the need for preventative screenings.

A large percentage of adults reported that they do not have at least one person that they consider to be their personal doctor or health care provider. In the U.S., LGBQIA and transgender youth and adults are less likely to report having a regular place to go for medical

care. Regular visits with a primary care provider improve chronic disease management and reduce illness and death. As a result it is an important form of prevention.

GOAL: Improve access to care and community resources for those who are disadvantage or undeserved

OBJECTIVE: Provide access to health care services to at least 2,500 uninsured and underinsured within the CHNA

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Provide medical oversight, lab testing and EMR support to Proviso East High School student clinic.
2. Host See, Test & Treat, a free cancer screening event offering same day test results for uninsured women from the local community; follow-up testing is also provided if necessary.
3. Provide free school age physicals and health screenings to disadvantaged children in the CHNA area.
4. Offer primary care services to uninsured and Medicaid population through Loyola Access to Care clinic.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. More than 250 high school students will be served annually with health screenings, clinical care and education.
2. At least 55 per year uninsured women from the community would receive cancer screening tests that they would not have had otherwise due to lack of insurance or being undocumented and identification of possible cancer leading to treatment.
3. Through the pediatric health services van more than 1500 elementary school students located in disadvantaged areas will receive health screenings, immunization shots and physicals.
4. The Loyola Access to Care clinic will serve over 700 uninsured and underinsured individuals.

PLAN TO EVALUATE THE IMPACT:

1. The number of participants, applicants and enrollees for Medicaid coverage and charity care will be tracked and reported annually.
2. Review and compare utilization and geographic origin of those served to general population and target areas of highest need.
3. Review and compare results from See, test & Treat to previous year's results.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

It is estimated that the total cost for staffing and other expenditures for these four initiatives would be approximately $250,000 annually.

COLLABORATIVE PARTNERS:

1. Access to Care a non-profit, primary health care organization for low-income, uninsured and underinsured individuals living in suburban Cook County.
2. Proviso Partners for Health, a community-based coalition serving the Proviso Township area; local churches and other local social service agencies.
3. Health Impact Collaborative of Cook County, made up of Cook County hospitals and health departments.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2017 - 2019			
HOSPITAL FACILITY:	Loyola University Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Social, Economic and Structural Determinants of Health		
CHNA REFERENCE PAGE:	49-68	**PRIORITIZATION #:**	1

BRIEF DESCRIPTION OF NEED: As summarized within the CHNA report, there are many health disparities that relate to racial inequities and income inequities. These societal inequities have profound effects on life expectancy. In both Chicago and suburban Cook County, life expectancy varies widely between communities with high economic opportunities and communities with low economic opportunities. In suburban Cook County, life expectancy is approximately 79.7 years. The 2012 citywide life expectancy for residents in Chicago is 77.8 years. Overall in Chicago, life expectancy for people in areas of high economic hardship is five years lower than those living in communities with better economic conditions. The Chicago community areas and suburban municipalities in the Central region with the highest and lowest life expectancies include communities within LUMC's CHNA area including Maywood, Melrose Park and Austin.

GOAL: Improving social, economic and structural determinants of health / Reducing social and economic inequities

OBJECTIVE: Support governmental and organizational policy changes that affect the lives of the 500,000 persons living within the LUMC CHNA area.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Work closely with the Health Impact Collaborative of Cook County to advocate and support policy changes that impact poverty, housing, transportation, food access.
2. Support and advocate legislation implementing Tobacco 21 and other related initiatives such as clean indoor air act, smoke free movies, healthy option vending machines.
3. Continue to support Cristo Rey high school work-study program for disadvantaged students.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. The adoption of new and revised policies that impact economic growth, improved food access, transportation options will positively impact the health of all residents in the area.
2. Adoption by smoking cessation policies will help reduce smoking among youth and the

rates of lung cancer.
3. The work-study program will give students job experience that will lead to future enhanced employment readiness.

PLAN TO EVALUATE THE IMPACT:

1. Document public advocacy efforts and monitor process an status of policy adoption.
2. Track over time number of students, hours and graduation rates to see and compare to previous years.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

It is estimated that annual LUHS staffing, promotion and material expenses of approximately will total $45,000.

COLLABORATIVE PARTNERS:

1. Proviso Partners for Health, a community-based coalition serving the Proviso Township area; local churches and other local social service agencies.
2. Health Impact Collaborative of Cook County, made up of Cook County hospitals and health departments.
3. Illinois Hospital Association in support of policy initiatives on the state level.
4. Cristo Rey High School program and network and Loyola Stritch School of Medicine.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2017 - 2019			
HOSPITAL FACILITY:	Loyola University Medical Center		
CHNA SIGNIFICANT HEALTH NEED:	Chronic Disease		
CHNA REFERENCE PAGE:	81-89	**PRIORITIZATION #:**	1

BRIEF DESCRIPTION OF NEED: Chronic disease conditions—including type 2 diabetes, obesity, heart disease, stroke, cancer, arthritis and HIV/AIDs—are among the most common and preventable of all health issues, and chronic disease is also extremely costly to individuals and to society. The CHNA findings emphasize that preventing chronic disease requires a focus on risk factors such as nutrition and healthy eating, physical activity and active living, and tobacco use. The findings from the assessment emphasize that chronic disease is an issue that affects population groups across income levels and race and ethnic groups. Social and economic inequities also have profound impacts on which individuals and communities are most affected by chronic disease. Priority populations for chronic disease prevention include: children and adolescents, low-income families, immigrants, diverse racial and ethnic groups, older adults and caregivers, uninsured individuals & those insured through Medicaid, individuals living with mental illness, individuals living in residential facilities, and incarcerated or formerly incarcerated individuals.

GOAL: Preventing and reducing chronic disease (focused on risk factors – nutrition, physical activity, and tobacco.

OBJECTIVE: Reduce by 2% the number of obese children ages 18 and below living in the CHNA area.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:

1. Support PP4H urban garden project through in-kind and financial donations in maintaining and expanding the program to other disadvantaged communities.
2. Work with elementary school District 89 to re-establish wellness committee and develop strategies to increase access to healthy food choices and increase physical exercise for students.
3. Develop community education program for expectant mothers on the benefits of breastfeeding in reducing obesity and improving the health of newborns.
4. Meet and discuss with local communities on the benefits of adopting a Complete Streets program to improve and promote physical activity and transportation of its residents.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. The number of urban garden projects will expand to other communities offering high school students project-management experience, part-time employment and greater awareness of healthy foods.
2. Awareness will be raised among teachers and parents of the positive impact of healthy food options and increased physical activities.
3. Expectant mothers will receive education on the benefits of breastfeeding of their newborns.
4. The increase in communities' implementation of Complete Streets will improve public access and reduce barriers to physical activity.

PLAN TO EVALUATE THE IMPACT:

1. Collect and review with District 89 superintendent BMI data of obesity rates by grade and develop programs and initiatives to address obesity in the schools.
2. Review results of urban garden with number of participant high school students, initiation garden in other communities and level of awareness of healthy food options among the students.
3. Track number of participating communities in the Complete Street program and level of implementation.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

It is estimated that annual LUHS staffing, promotion and material expenses of approximately will total $40,000.

COLLABORATIVE PARTNERS:

1. Access to Care a non-profit, primary health care organization for low-income, uninsured and underinsured individuals living in suburban Cook County.
2. Proviso Partners for Health, a community-based coalition serving the Proviso Township area; local churches and other local social service agencies.
3. Health Impact Collaborative of Cook County, made up of Cook County hospitals and health departments.