



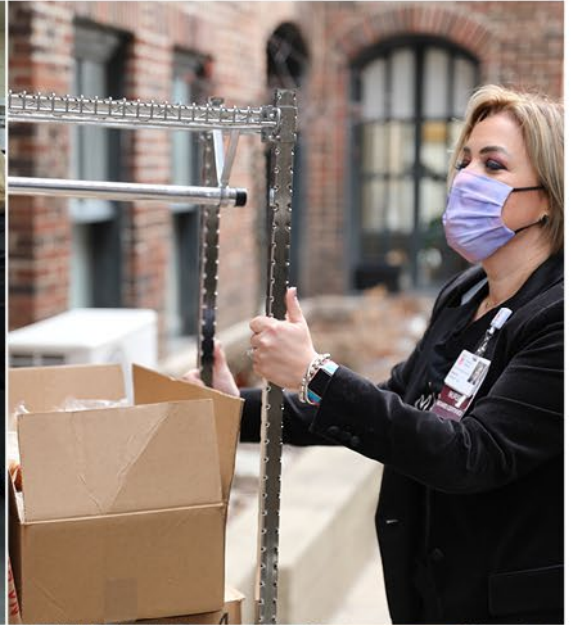
Community Health Needs Assessment (CHNA) MacNeal Hospital

Adopted by Board of Directors on June 16, 2022



**LOYOLA
MEDICINE**

A Member of Trinity Health





Community Health Needs Assessment (CHNA)

MacNeal Hospital

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INTRODUCTION TO LOYOLA MEDICINE AND MACNEAL HOSPITAL

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 (MH) 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) program 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.

MacNeal Hospital provides quality healthcare in the near western suburbs and the City of Chicago. In 1919, Dr. Arthur MacNeal opened his Berwyn home to serve the pioneer community's health care needs. His legacy lives on as a 374-bed fully accredited teaching hospital in Berwyn, IL. MacNeal Hospital has consistently expanded its scope of care to meet the needs of patients of every age. Comprehensive services provided by MacNeal Hospital include obstetrics, orthopaedics, cardiology, cardiac rehabilitation, sports medicine, rehabilitation services, oncology, and emergency care services. MacNeal Hospital offers one of the largest behavioral health services programs in the Chicago area. MacNeal Hospital also provides medical education programs, including the first family medicine residency established in Illinois, which remains one of the largest and most dynamic of its kind.

MISSION AND CORE VALUES

As members of Trinity Health, MacNeal Hospital is 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:

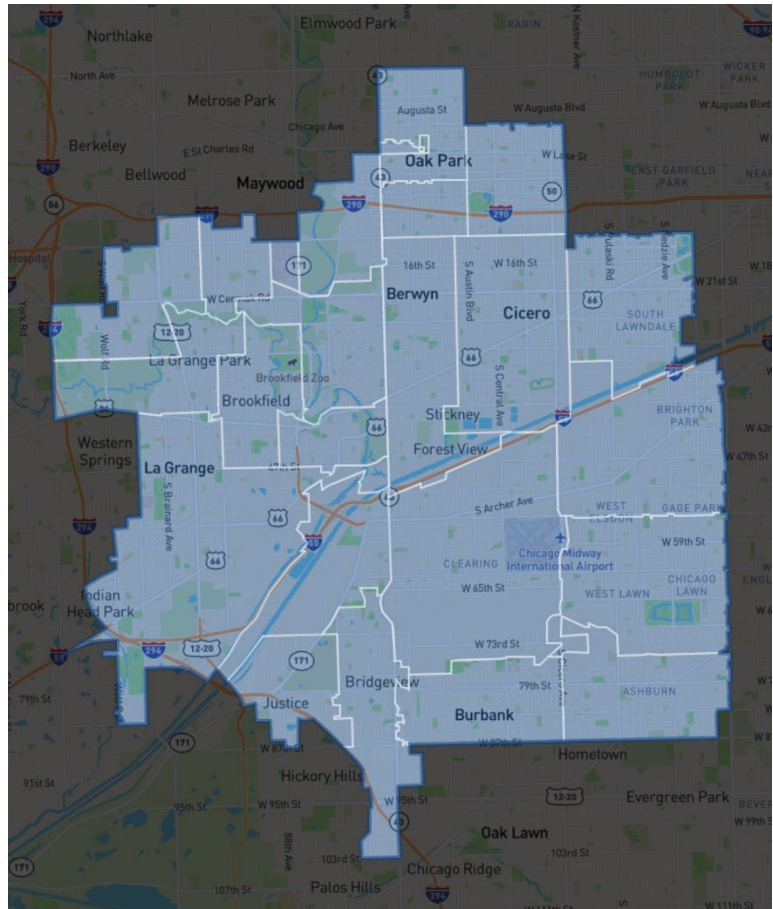
Reverence, Commitment to Those Who are Poor, Safety, Justice, Stewardship, Integrity

COMMUNITIES SERVED BY MACNEAL HOSPITAL

MacNeal Hospital serves a CHNA community service area that includes 24 zip codes in west suburban Cook County and the southwest side of Chicago. Loyola Medicine defines the CHNA service area as the primary service areas for the hospital and making sure to include any nearby communities of highest need. (Figure 1)

Figure 1. Communities Served by MacNeal Hospital

Zip Code	Municipality / Community
60130	Forest Park
60141	Hines
60154	Westchester
60155	Broadview
60301	Oak Park
60302	Oak Park
60304	Oak Park
60402	Berwyn
60455	Bridgeview
60458	Justice
60459	Burbank
60501	Summit Argo
60513	Brookfield
60525	La Grange
60526	La Grange Park
60534	Lyons
60546	Riverside
60623	Chicago
60629	Chicago
60632	Chicago
60638	Chicago
60652	Chicago
60804	Cicero



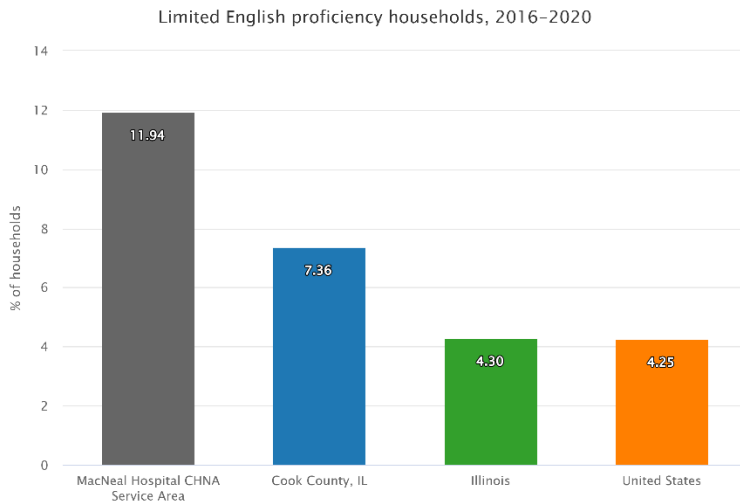
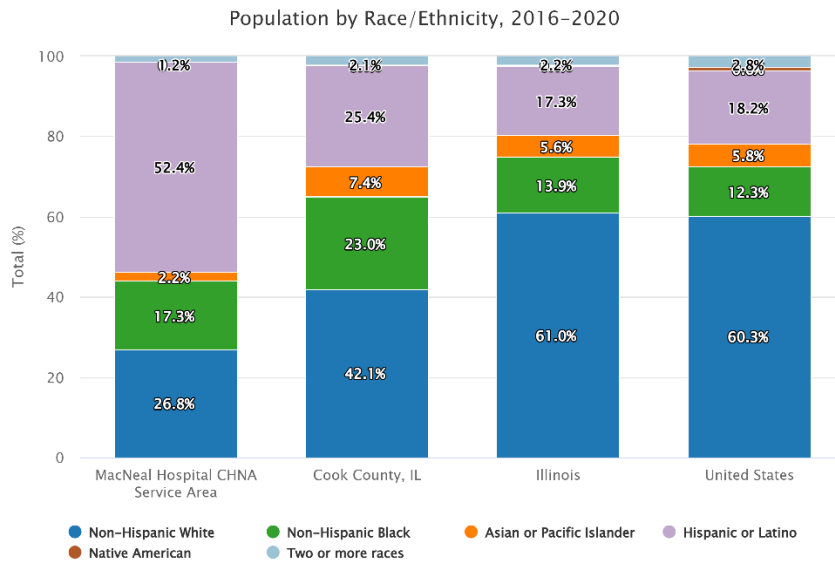
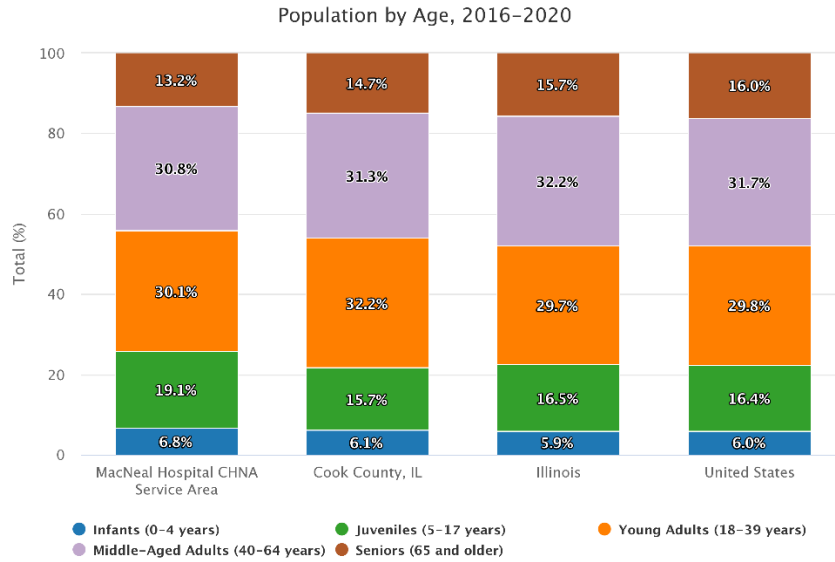
The MacNeal Hospital service area is home to 811,170 community members.

Fifty-two percent (52%) of the population identifies as Hispanic/Latine, 27% Non-Hispanic White, 17% Black, 2% Asian, and 1.2% two or more races. (*American Community Survey, 2016-2020*)

Twenty-six percent (26%) of the population is children and youth under 18, 61% are 18-64, and 13% are older adults over 65.

Figure 3 compares the demographics of communities in the MacNeal Hospital service area to Cook County, Illinois, and the US. The MacNeal Hospital service area has a greater percentage of community members that identify as Hispanic/Latine compared to the county, state, and US. In the MacNeal Hospital service area, nearly 12% of households are limited English proficient, compared to only 4% statewide.

Figure 3. Comparison of Demographics



Created on Metopio | <https://metop.io> | Data source: American Community Survey (Table B16002)
 Limited English proficiency households: Percent of occupied households in which no member 14 years old and over speaks English "very well."

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 ENGAGEMENT IN CHNA

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 Berwyn-Cicero area and Maywood-Melrose Park area.

Loyola Medicine and the Alliance for Health Equity prioritize 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 two 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 (WCC), 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, education, 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 PTMANto 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 well-being, (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 MACNEAL 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 — MacNeal Hospital

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

^a 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).

^b 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.

COMMUNITY INPUT DATA

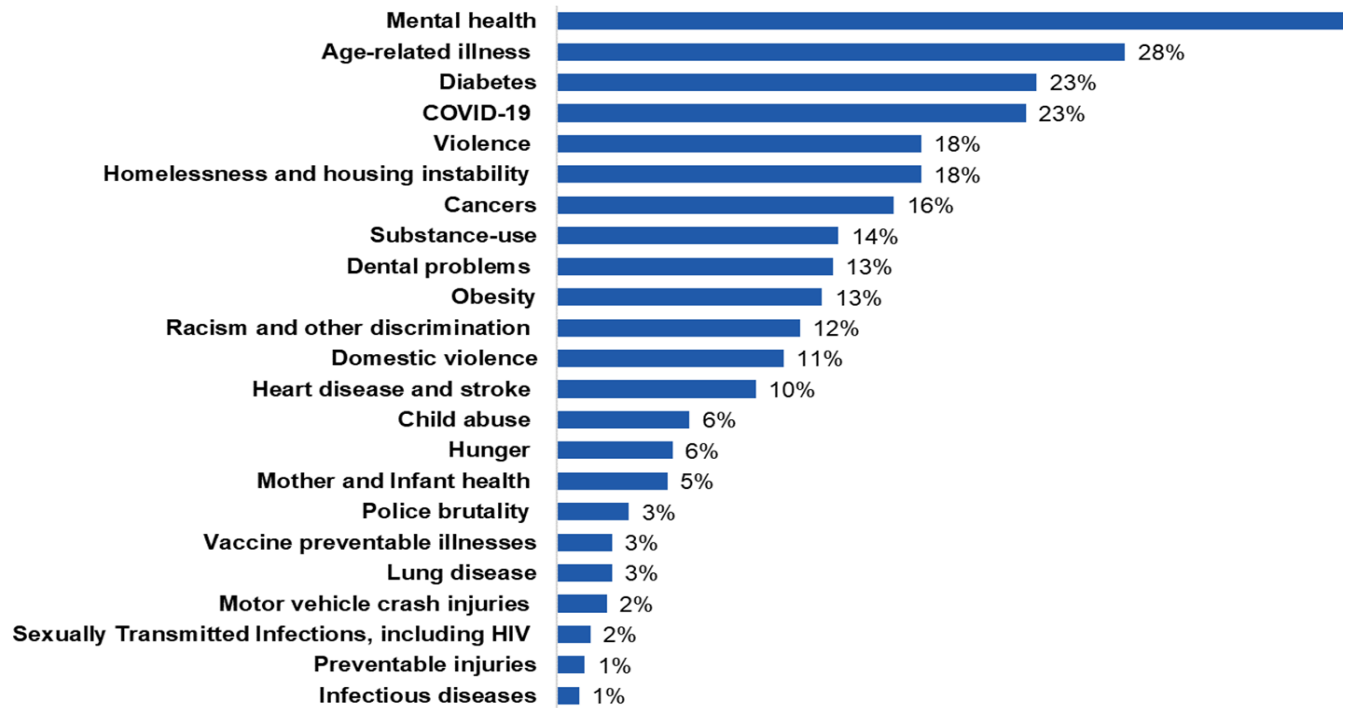
Community Input Survey

As part of the Alliance for Health Equity community input survey conducted between September and December 2021, 375 community members in the MacNeal Hospital service area responded to share top community health issues, needed improvements, resources, and pandemic impacts.

Forty-four percent (41%) of respondents in the MacNeal Hospital 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 MacNeal Hospital service area include age-related illness, diabetes, COVID-19, violence, homelessness and housing instability, cancer and substance use. (Figure 4)

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

What are the most important health needs in your community? (n=374)

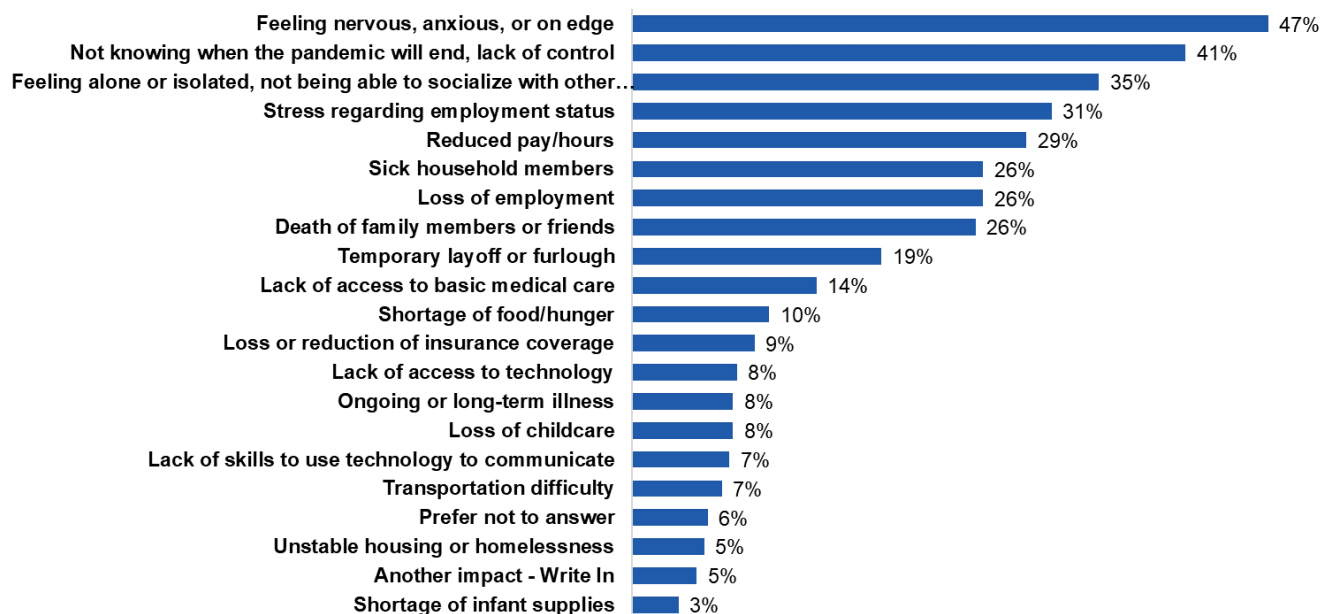


Alliance for Health Equity, community input survey, 2021

Community members in the MacNeal Hospital service area report 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=372)



Alliance for Health Equity, community input survey, 2021

Forty-seven percent (47%) of respondents in the MacNeal Hospital service area 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% reporting a feeling of lack of control and 35% reported household member(s) feeling alone or isolated.

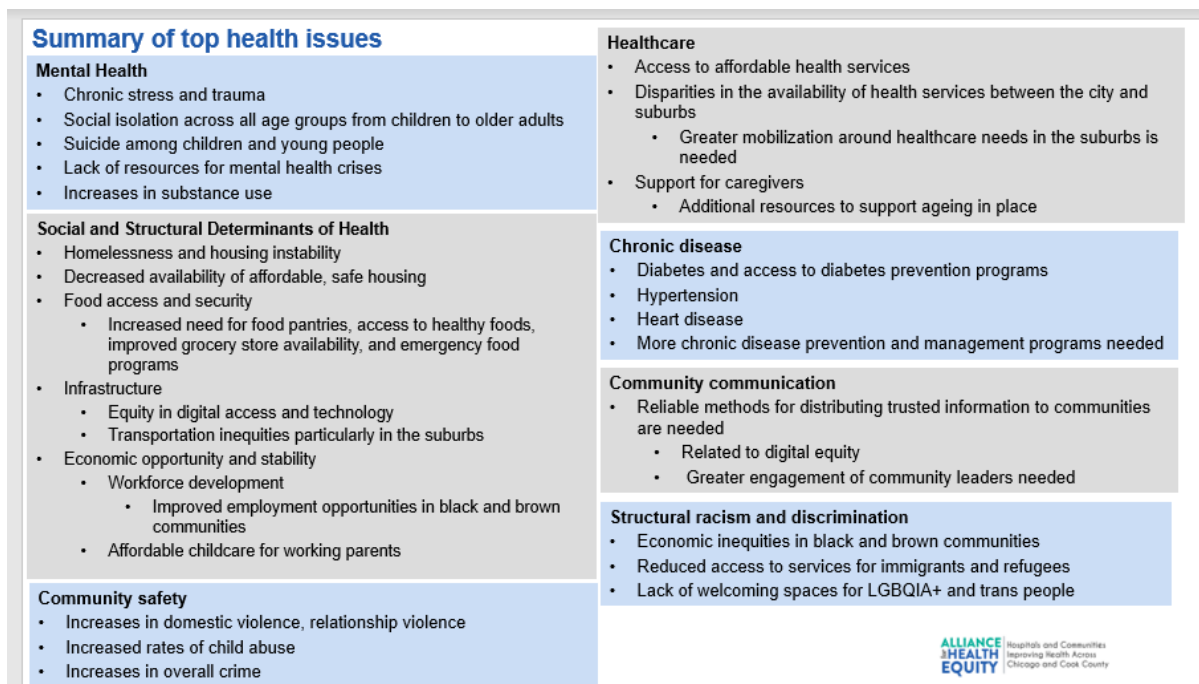
Thirty- one percent (31%) reported household member(s) feeling stressed about employment status, as well as 29% of households experiencing reduced pay, 26% of households experiencing loss of employment, and 19% of households experiencing temporary layoff or furlough.

Twenty-six percent (26%) reported experiencing death of family members or friends, and 26% 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 MacNeal Hospital service area: Loyola community health workers (CHWs), NAMI countywide focus groups (2), PASO (West Suburban Action Project), Pillars Community Health/CCC, Proviso Township Ministerial Alliance Network (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 MacNeal Hospital service area. (Figure 6)

Figure 6. Focus Group Key Takeaways – West Suburban Cook County

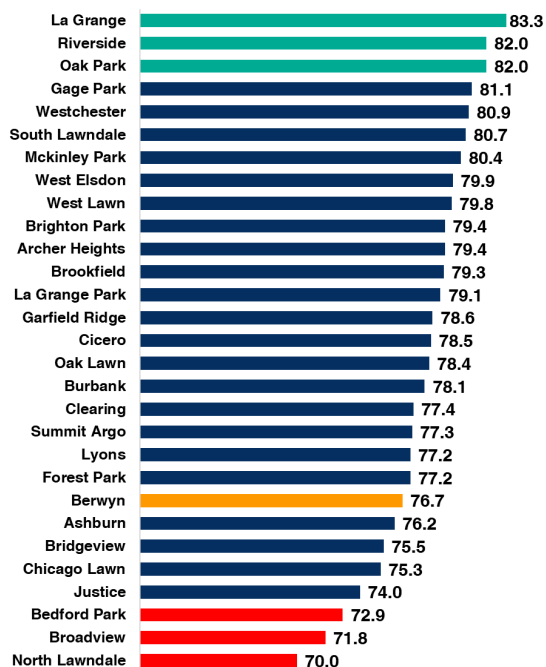


Alliance for Health Equity, community focus groups, 2021

MORTALITY

There are substantial inequities in life expectancy across the MacNeal Hospital service area. Communities such as North Lawndale, Broadview, Bedford Park, Justice, Chicago Lawn, and Bridgeview have 10 years' shorter life expectancy than La Grange and Riverside and Oak Park. (Figure 7)

Figure 7.

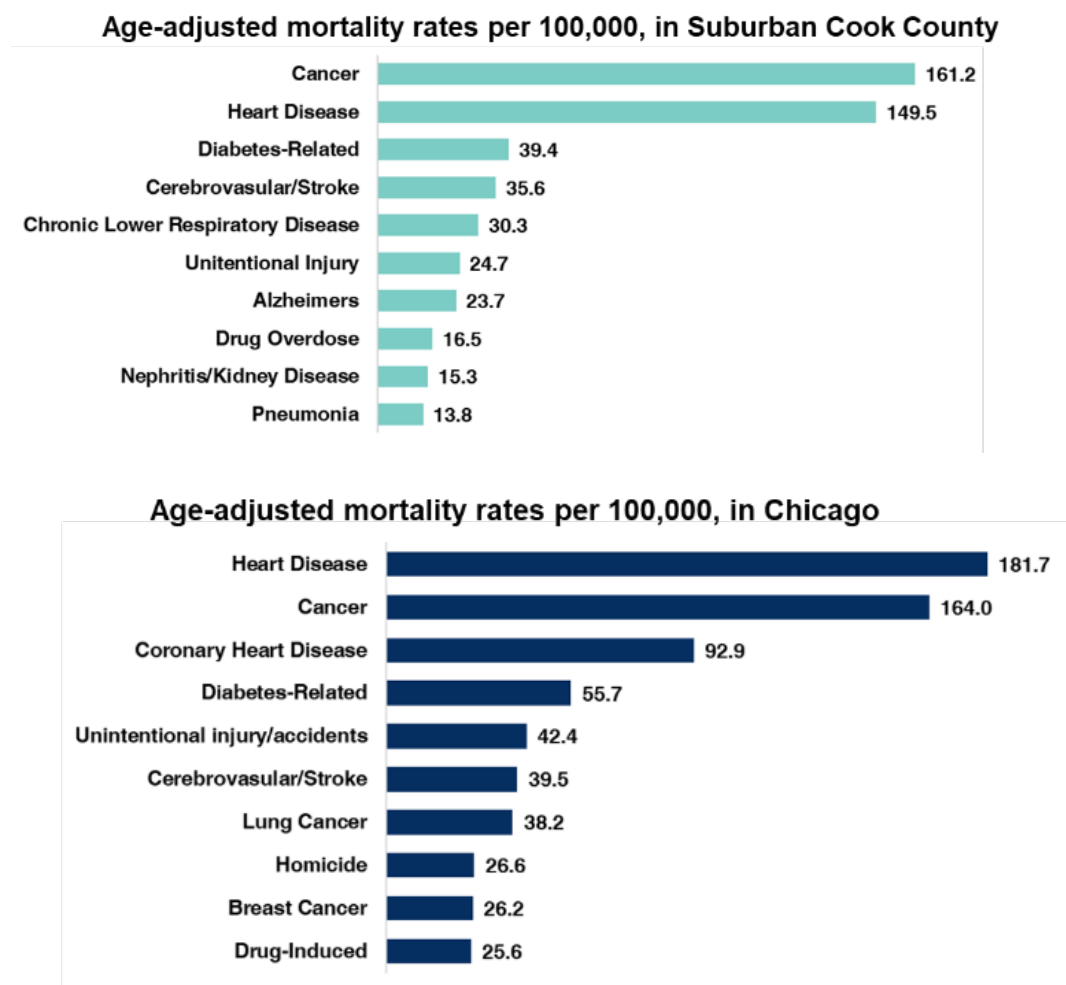


Illinois Department of Public Health, 2017

Chronic Disease Mortality

The leading causes of death in the MacNeal Hospital 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

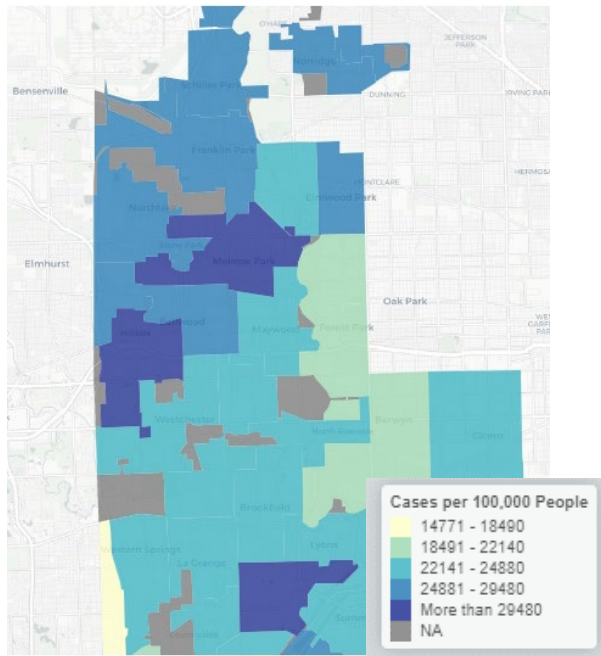


Illinois Department of Public Health, Division of Vital Records, 2014-2018

In recent years, COVID-19 has also been a leading cause of mortality in the MacNeal Hospital service area and across the country. Between March 2020 and April 2022, there have been a total of 1,934 COVID-19 deaths in the MacNeal Hospital service area.

MORBIDITY

Figure 9. Incidence of COVID-19



The cumulative rate of COVID-19 cases across suburban communities in the MacNeal Hospital service area ranges from 18,494 per 100,000 in River Forest to 24,648 per 100,000 in Cicero.

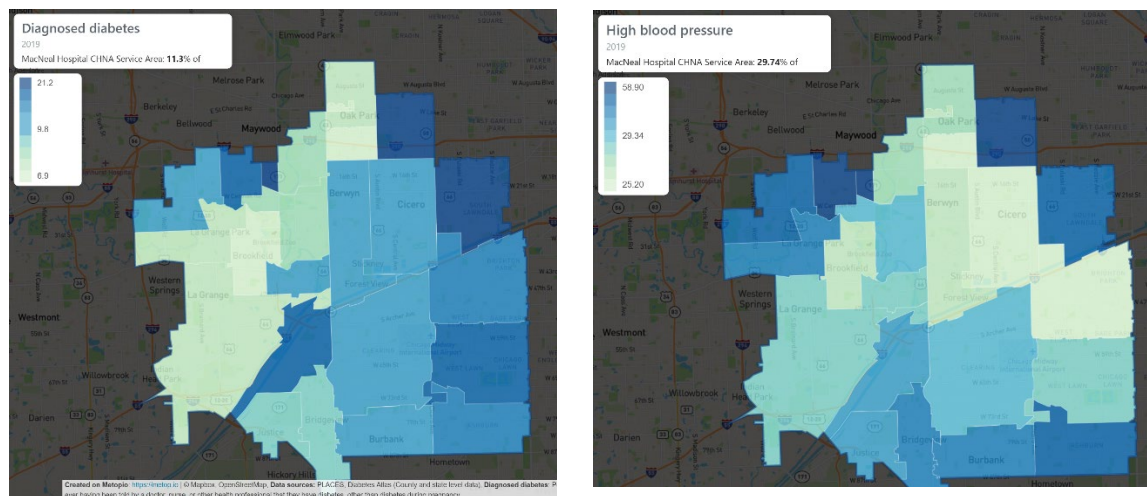
* This map shows only the suburban municipalities within the Cook County Department of Public Health jurisdiction.

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 MacNeal Hospital service area report being diagnosed with diabetes, very similar to the population overall in Cook County and Illinois. Some communities, particularly Little Village and Austin, have higher rates of 15% and above. Thirty percent of adults in the MacNeal Hospital service area report having high blood pressure or hypertension. 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.

Figure 11. Housing Cost Burden, 2016-2020

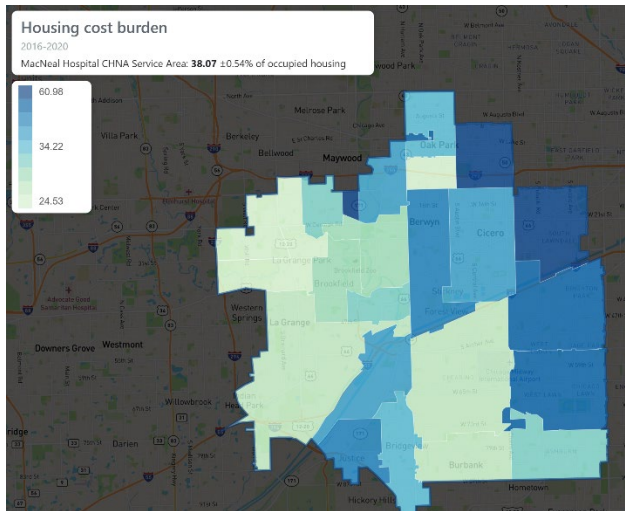
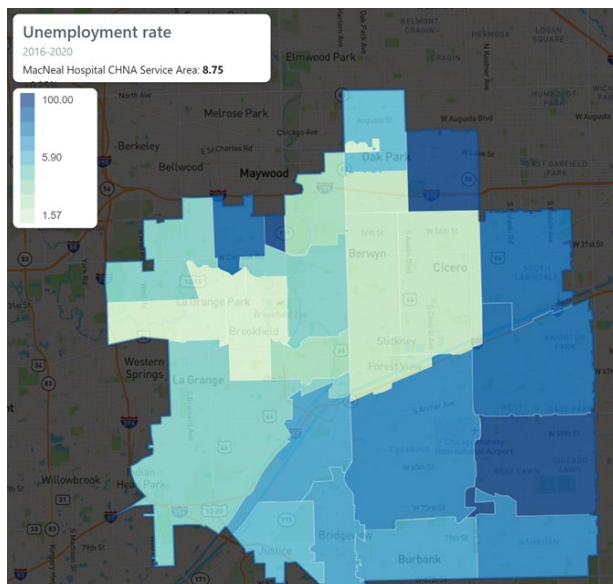
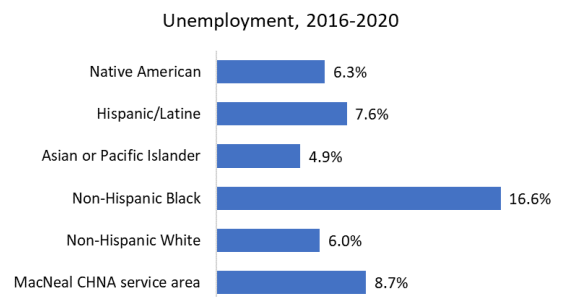


Figure 11. Unemployment



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



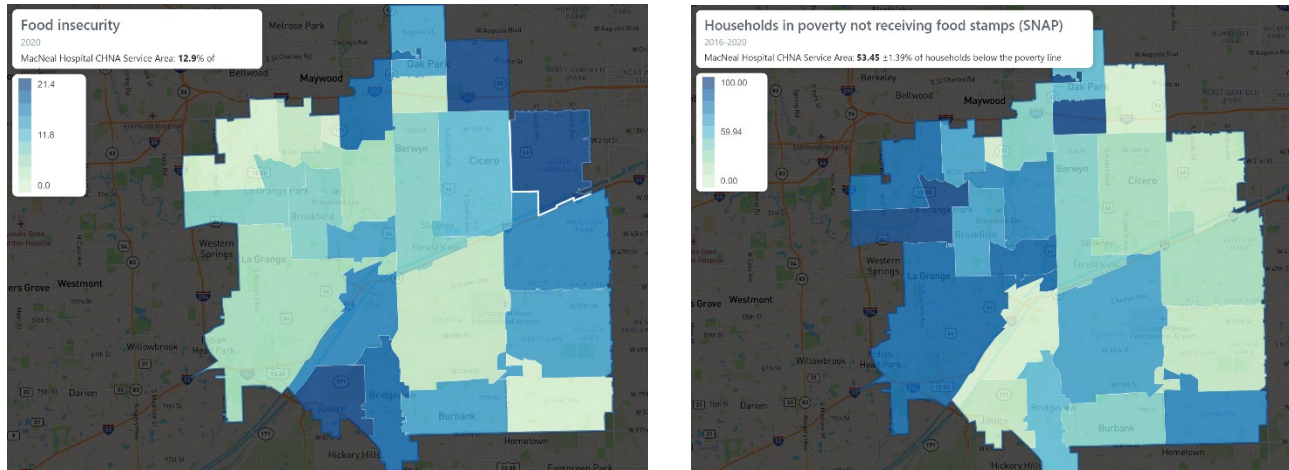
US Census, American Community Survey, 2016-2020, accessed via Metopio

Food Access

Food access and use of emergency food resources is inequitable across the MacNeal Hospital service area. The overall rate of people experiencing food insecurity is 13%, and Austin, Little Village, Justice, and Bridgeview show higher levels of food insecurity. Fifty-three percent of households that are eligible

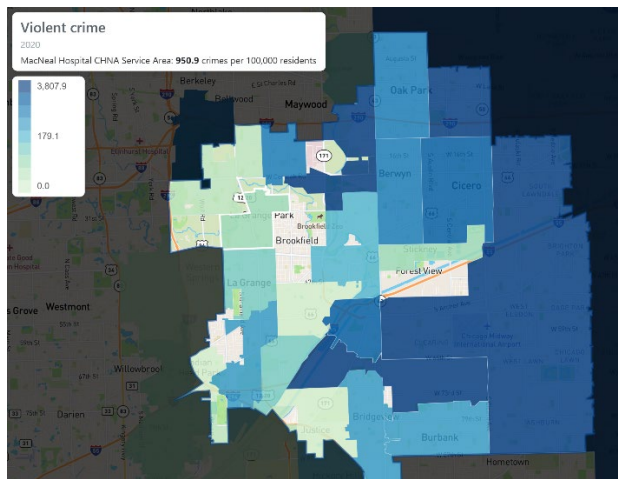
for Supplemental Nutrition Assistance Program (SNAP) food benefits are not receiving SNAP, and the proportion of households not enrolled in eligible benefits are in the western communities in the service area.

Figure 12. Food Insecurity and SNAP Enrollment



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

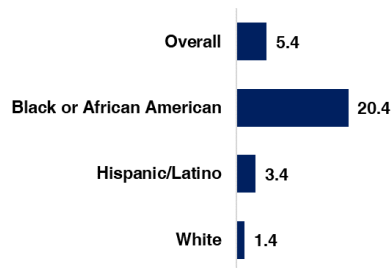
Community Safety and Violence



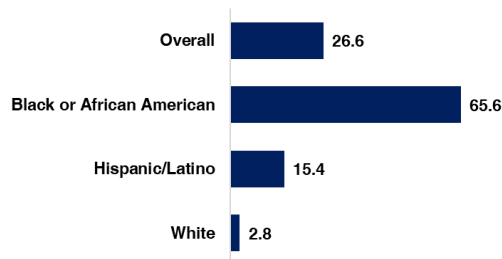
Overall in the MacNeal Hospital service area, the violent crime rate is 950.9 per 100,000.

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

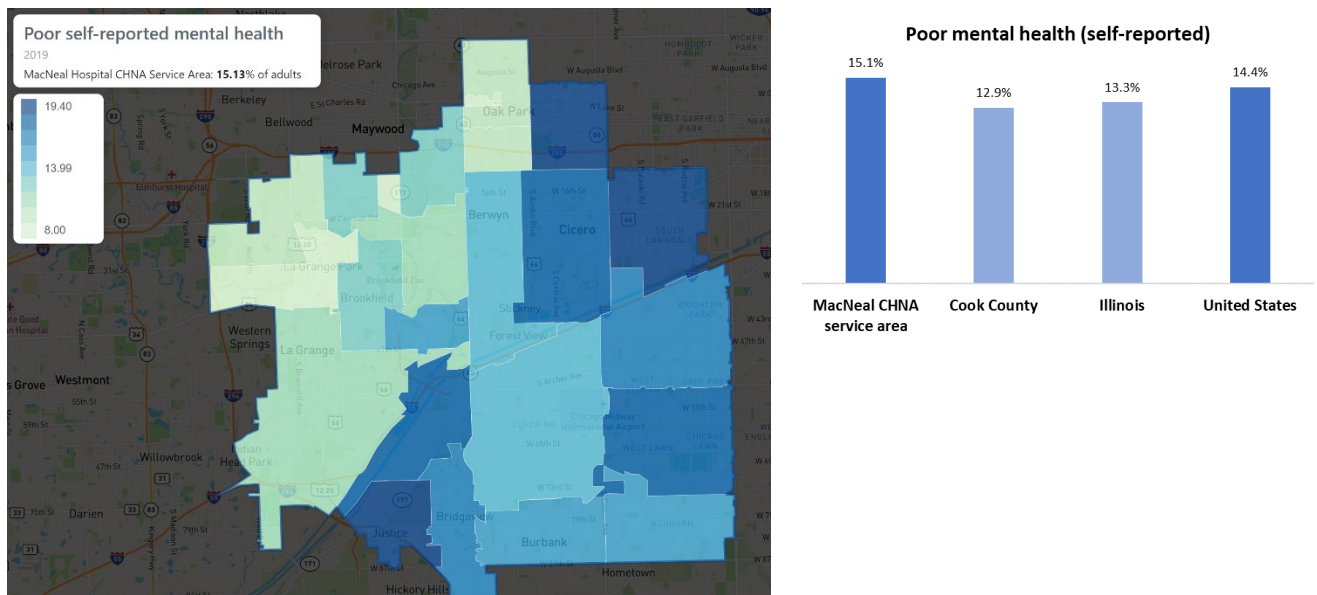


FBI Crime Data Explorer, 2020, and Illinois Department of Public Health, Division of Vital Records, 2017

MENTAL HEALTH AND SUBSTANCE USE DISORDERS

In 2019, 15% of adults in the MacNeal Hospital 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 on the southwest side of Chicago, Cicero and Justice and Bridgeview have the highest rates of self-reported poor mental health in the MacNeal Hospital 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

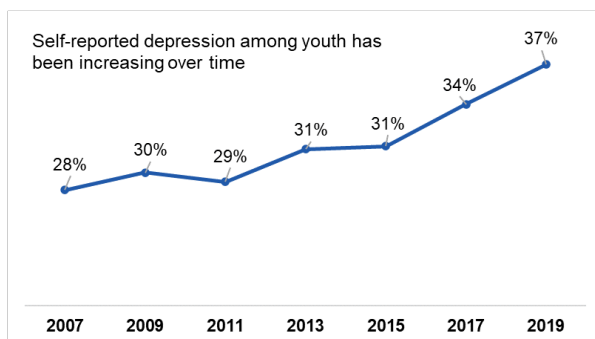


PLACES, Centers for Disease Control and Prevention (CDC), 2019, accessed via Metopio

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.

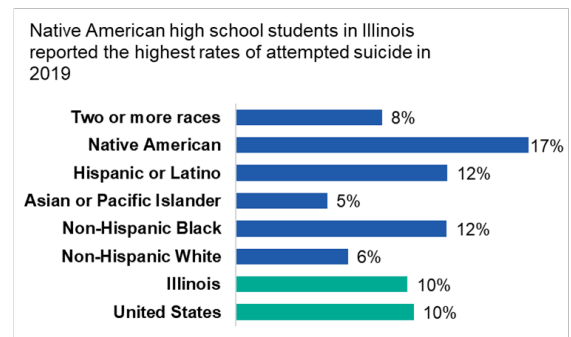
Figure 15. High School Students' Depression and Suicide Attempts, Illinois, 2019

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

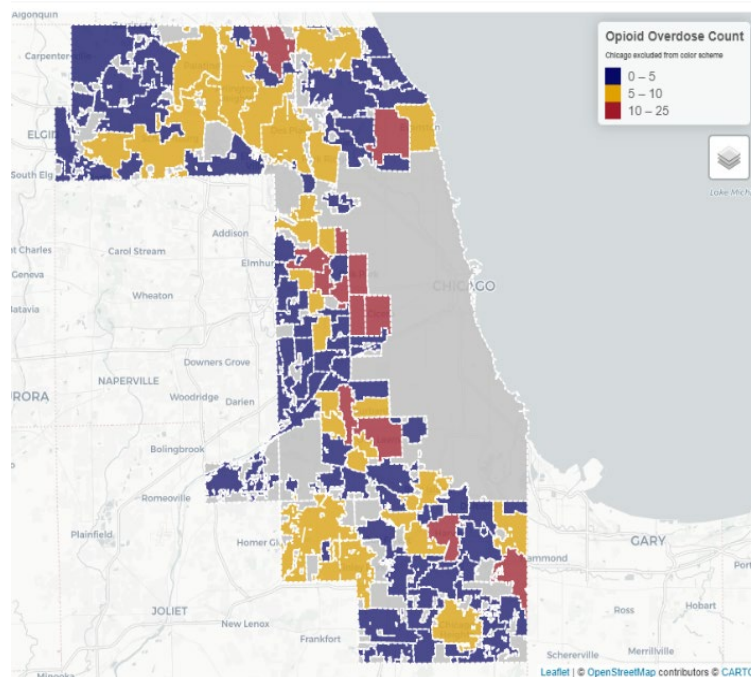


Centers for Disease Control and Prevention, Division of Adolescent and School Health, 2019

CDC, Division of Adolescent and School Health, 2019

Opioid Use Disorders and Overdoses

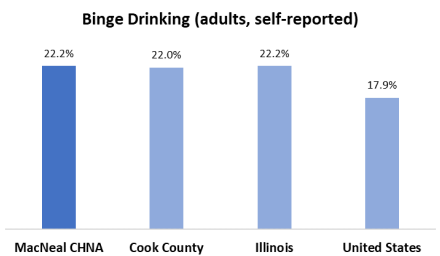
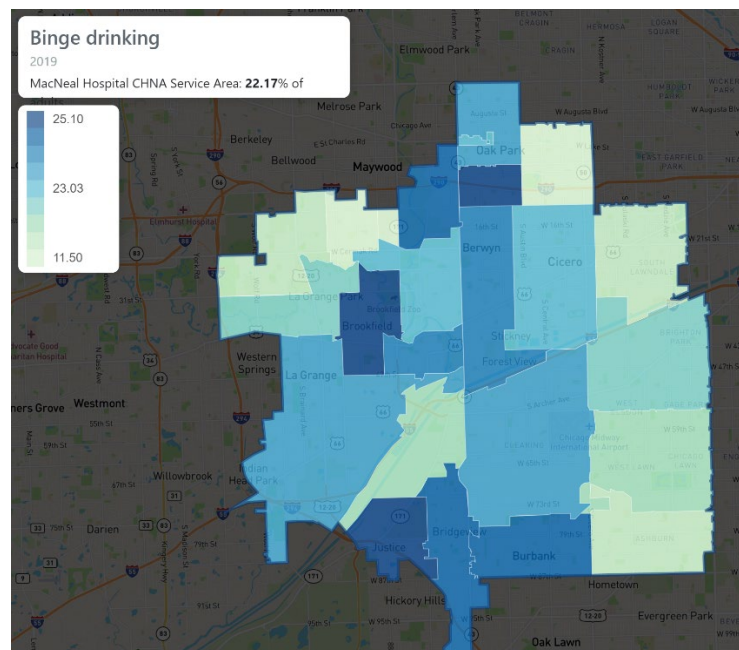
Figure 16. Opioid Overdoses in Suburban Cook County



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, Berwyn, Cicero, and Oak Park were among the suburban Cook municipalities with the most opioid overdose deaths.

Alcohol Use

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



Twenty-two percent of adults in the MacNeal Hospital 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

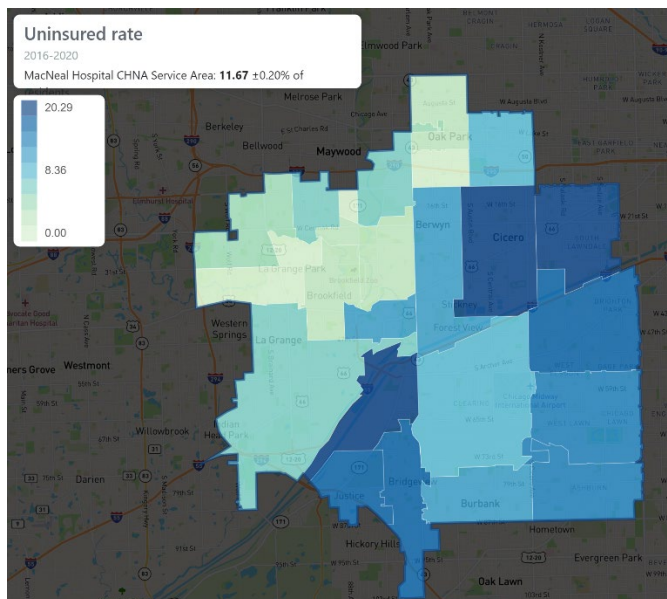
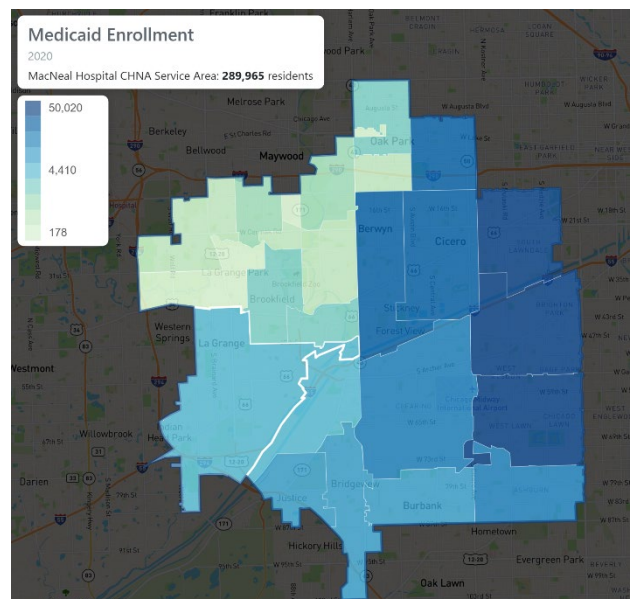


Figure 19. Medicaid Enrollment



The overall uninsured rate in the MacNeal Hospital service area is 11.7%. There is substantial variation across the service area with 18% uninsured in Cicero compared to 2.2% in La Grange Park. Particularly, communities with large immigrant populations report substantially higher uninsured rates. Also, there were 289,965 community members enrolled in Medicaid within the MacNeal Hospital service area in 2020.

UPDATES ON MACNEAL IMPLEMENTATION ACTIVITIES FROM PREVIOUS CHNA

The Loyola Medicine CHNA from 2019 named as its priorities for the MacNeal Hospital service area: a) chronic disease prevention and management, b) mental health, c) maternal and child health, d) injury and e) social determinants of health. While acknowledging that all the priorities were of importance to community health and well-being, the first two were selected as priorities in which Loyola Medicine 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.

Chronic Disease Prevention and Management

The goal of the community health improvement strategies intended to address chronic disease prevention and management was:

Increase opportunities for community members in the MacNeal Hospital service area to decrease their risk for developing and/or improve their management of diabetes and obesity by developing, implementing, and evaluating these SMART objectives:

- a) In the next three years, engage 20% more participants in an evidence-based program or support group for individuals with or at high risk for diabetes and obesity,
- b) In the next three years, conduct at least 12 chronic disease screenings for populations experiencing health disparities related to the screened-for disease, and
- c) Support the development and implementation of three policies that create systems change at community anchor institutions that will create an environment where it is easier to make a healthy choice by the end of the third year.

Impact of Chronic Disease Prevention and Management Strategies

Engaging patients in an evidence-based program or support group for individuals with or at high risk for diabetes and obesity: 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. MacNeal Hospital staff has worked to increase opportunities for the community within the service area to reduce their risk and improve their management of chronic illnesses. MacNeal continues to offer the free National Diabetes Prevention lifestyle change program to patients and community members at risk for type 2 diabetes. Within the MacNeal Hospital service area, the NDPP provider conducted prediabetes screenings using the Centers of Disease Control (CDC) and American

Medical Association (AMA) prediabetes risk assessment. These screenings were administered during seven community events, including those hosted at community-based organizations, schools, and employment agencies. 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.

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%. 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.

Other programs and/or support groups implemented by or in collaboration with local community-based organizations include: Courage to Quit, a free smoking cessation program, stroke education and support groups and bilingual cancer education and support groups. Patients experiencing health disparities, chronic diseases and other life-limiting conditions are supported an innovative collaboration between the community-based organization Housing Forward and MacNeal Hospital to provide medical respite to those in need.

Loyola Medicine conducted at least 12 chronic disease screenings for populations experiencing health disparities related to the screened-for disease: within the MacNeal service area, the NDPP provider administered prediabetes screenings using the CDC and AMA prediabetes risk assessment.

Supporting the development and implementation of three policies that create systems change at community anchor institutions that will create an environment where it is easier to make a healthy choice. Due to the unprecedented COVID-19 global pandemic, work on this initiative shifted to provide needed education to combat COVID-19 vaccine hesitancy and misinformation. Some of the strategies included provide increased access to local, community-based COVID-19 vaccinations administered by Loyola Medicine's mobile vaccine team, convene a council of community members, advocates and providers to share relevant information and updates pertaining to COVID-19 in our service area. We strategically partnered with community-based and non-profit organizations such as Pillars Community Health, Family Focus, PASO, the Quinn Center of St. Eulalia and Strengthening Proviso Youth (SPY) to recruit, train and deploy a team of local COVID-19 Community Ambassadors to advance accurate and culturally appropriate information about COVID-19.

Mental Health

The goal of the community health improvement strategy was:

Decrease mental health stigma and increase early intervention for those living with mental health and substance use disorders within the MacNeal Hospital service area by developing, implementing, and evaluating SMART objectives:

- a) Within the next three years, increase the knowledge and skills of 90% of participants for supporting individuals showing signs of mental health and or substance use disorders distress in the MacNeal Hospital service area,
- b) Within the next three years, increase the number of accessible community, culturally appropriate, mental health promotion services in the MacNeal Hospital service area by one, and
- c) In the next three years, increase access by 50%, to Medically Assisted Treatment (MAT) programs to address opioid use disorder at MacNeal Hospital.

Impact of Mental Health Strategies

Increasing the knowledge and skills of participants for supporting individuals showing signs of mental health and or substance use disorders distress in the MacNeal Hospital service area: MacNeal Hospital supported and collaborated with behavioral health organizations on mental health and substance use disorders. In partnership with Gateway Foundation, MacNeal staffed its emergency room with recovery coaches who offered substance use disorder resources and support to patients with opioid use. The advent of COVID-19 did curtail some of these efforts as more services shifted to virtual and/or telephonic environments.

Increasing the number of accessible culturally appropriate mental health promotion services in the MacNeal service area by one: Loyola Medicine staff collaborated with local community- based organizations such as the Center for Spirituality and Public Leadership (CSPL) to promote Mental Health First Aid training throughout Loyola Medicine's service area. Five mental aid trainers were trained through the CSPL program. Many of the mental aid trainers are residents of the local community served. Loyola Medicine staff partnered with NAMI to expand education and awareness of local services such as the Living Room. Additionally, Loyola Medicine staff provided mental health educational programming on topics such as African Americans and mental health, responding after suicide: how can communities help, information on substance and opioid use, trauma-informed care, and self-care. Loyola Medicine staff also participated in local community health fairs and coalitions such as the Interfaith Mental Health Coalition to promote mental health and well-being.

Due to the COVID-19 pandemic, the stated goal to increase access by 50% to MAT programs to address opioid use disorder at MacNeal Hospital was paused and unable to be achieved.



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