



**Presence Holy Family Medical Center**  
**Community Health Needs Assessment**  
**2016 - 2019**

Presence Health, sponsored by Presence Health Ministries, is a comprehensive family of not-for-profit health care services and the single largest Catholic health system based in Illinois. Presence Health embodies the act of being present in every moment we share with those we serve and is the cornerstone of a patient, resident and family-centered care environment. “Presence” Health embodies the way we choose to be present in our communities, as well as with one another and those we serve.

Our Mission guides all of our work: Inspired by the healing ministry of Jesus Christ, we, Presence Health, a Catholic health system, provide compassionate, holistic care with a spirit of healing and hope in the communities we serve.

Building on the faith and heritage of our founding religious congregations, we commit ourselves to these values that flow from our mission and our identity as a Catholic health care ministry:

- **Honesty:** The value of Honesty instills in us the courage to always speak the truth, to act in ways consistent with our Mission and Values and to choose to do the right thing.
- **Oneness:** The value of Oneness inspires us to recognize that we are interdependent, interrelated and interconnected with each other and all those we are called to serve.
- **People:** The value of People encourages us to honor the diversity and dignity of each individual as a person created and loved by God, bestowed with unique and personal gifts and blessings, and an inherently sacred and valuable member of the community.
- **Excellence:** The value of Excellence empowers us to always strive for exceptional performance as we work individually and collectively to best serve those in need.

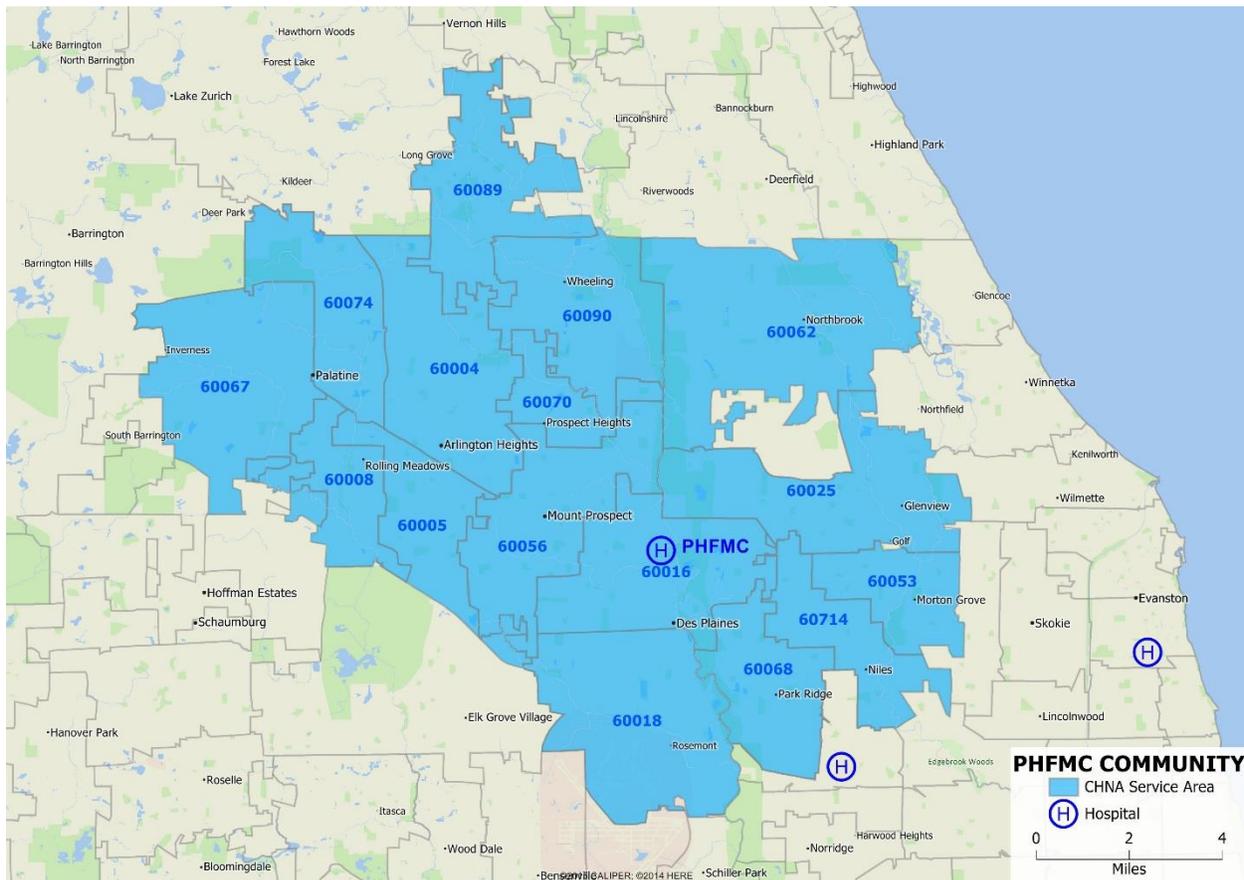
Presence Holy Family Medical Center (PHFMC) has been meeting the health needs of Des Plaines and unincorporated Maine Township residents for over 50 years. Founded by the Sisters of Nazarethville, Presence Holy Family Medical Center continues to carry out its mission of providing “compassionate, holistic care with a spirit of healing and hope in the communities it serves.”

In 2015 and 2016, Presence Holy Family Medical Center participated in the Health Impact Collaborative of Cook County (HICCC) along with 25 other hospitals, seven health departments, and more than 100 community organizations, facilitated by the Illinois Public Health Institute. Together, HICCC developed a collaborative Community Health Needs Assessment for each region of Cook County. The Community Health Needs Assessment for the North Region, which includes Presence Holy Family Medical Center, is included. This Ministry Overview provides more information about the service area of Presence Holy Family Medical Center, its existing programs, and its specific needs within the context of the needs identified and prioritized by the North Region.

Presence Holy Family Medical Center in Des Plaines, Illinois is a long-term acute care hospital (LTACH) caring for medically complex patients, the only such hospital in Northwest Chicagoland and the only faith-based LTACH in Illinois. Licensed for 188 beds, Presence Holy Family Medical Center specializes in caring for patients who are critically ill with complex conditions and must be hospitalized for an extended period. Most patients here are transferred from critical care units at other hospitals.

Many outpatient services are also offered. Other services include same day surgery, digestive health, medical imaging, women’s health, sleep disorders, cardiology, laboratory, occupational health and physical, occupational speech therapies. *Keys to Recovery* programs specialize in the treatment of substance, drug, and alcohol abuse with a variety of substance abuse treatment programs. These programs include Hospital Inpatient Detoxification, Residential Long-Term Treatment, Partial Hospitalization, Intensive Outpatient Treatment, and DUI services.

We define PHFMC primary service area as the collection of ZIP codes where approximately 75% of hospital patients reside, as seen in the map below:



### Prioritized Focus Areas

Presence Holy Family Medical Center has identified the following four focus areas as significant health needs. These are the focus areas identified by the Health Impact Collaborative of Cook County through a collaborative prioritization process.

- Improving social, economic, and structural determinants of health while reducing social and economic inequities.
- Improving mental and behavioral health.
- Preventing and reducing chronic disease (focused on risk factors – nutrition, physical activity, and tobacco).
- Increasing access to care and community resources.

The prioritized focus areas were agreed upon based on the needs throughout the North Region of Cook County. The PHFMC service area has specific needs within these focus areas, which are described in more detail below. These specific needs were also guided by informal feedback from community and hospital stakeholders. No written feedback was received on PHFMC's previous CHNA or Implementation Strategy.

These focus areas represent significant health needs for the Des Plaines neighborhood as well as throughout Cook County. Presence Holy Family Medical Center has several existing programs that are already addressing these needs, and our 2016 Implementation Strategy will further refine these programs and identify new ones to ensure that all prioritized health needs are addressed.

### Key assessment findings

#### **1. Improving social, economic, and structural determinants of health while reducing social and economic inequities.**

The social and structural determinants of health such as poverty, unequal access to health care, lack of education, structural racism, and environmental conditions, are underlying root causes of health inequities. Additionally, social determinants of health often vary by geography, gender, sexual orientation, age, race, disability and ethnicity. The strong connections between social, economic and environmental factors and health are apparent in Chicago and suburban Cook County, with health inequities being more pronounced than most of the national trends.

Disparities related to socioeconomic status, access to quality and affordable housing, safety and violence, education, policies, and structural racism were identified in the North region as being key drivers of community health and individual health outcomes.

### **2. Improving mental and behavioral health.**

Mental health and substance abuse arose as key issues in each of the four assessment processes within Des Plaines and the North Region. Community mental health issues are exacerbated by long-standing inadequate funding as well as recent cuts to social services, healthcare, and public health. The World Health Organization (WHO) emphasizes the need for a network of community-based mental health services. The WHO has found that the closure of mental health hospitals and facilities is often not accompanied by the development of community-based services and this leads to a service vacuum. In addition, research indicates that better integration of behavioral health services, including substance abuse treatment into the healthcare continuum, can have a positive impact on overall health outcomes.

The North region CHNA found that addressing mental health and substance use issues from a collaborative approach could improve systems and support better health status and improved health outcomes in communities. In particular, the CHNA found that funding and systems are inadequate across the board to support the behavioral health needs of communities in Chicago and Cook County. Stigma and lack of open conversation about behavioral health are also factors that contribute to community mental health and substance use issues in youth and adults.

#### **Substance use**

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), many factors influence a person's chance of developing a mental and/or substance use disorder. From a community health perspective, the "variable risk factors" and substance use issues are particularly important as potential intervention points for prevention. The variable risk factors for substance use align with work on the social determinants of health; SAMHSA identifies income level, employment status, peer groups, and adverse childhood experiences (ACEs) as key variable risk factors. Protective factors include positive relationships, availability of community based resources and activities, and civil rights and anti-hate crime laws and policies limiting access to substances.

#### **Community Input on mental health and substance use**

Accessing mental and behavioral health care within Des Plaines can be a challenge, noting difficulty scheduling appointments, affordability and stigma as barriers. The closing of two mental health treatment centers greatly impacted the mental health resources in Des Plaines community. In June, 2014 the 125-bed Maryville Behavioral Health Hospital in Des Plaines closed, citing heavy financial losses. The hospital provided inpatient psychiatric care for children, adolescents and young adults between 3 and 20 years old. Nearly all of the hospital's patients were in the state's Medicaid program.

In 2015, mental health resources were further diminished in Des Plaines after the closing of Maine Center, a mental health treatment center based in Park Ridge. Maine Center had a client base of about 2,000, both adults and children, at the time services were suspended. In addition

to psychiatric and counseling services, Maine Center provided substance abuse education for teens, a number of whom enrolled in the program after being charged with drug and alcohol-related crimes under local ordinances. The closing was due to monetary challenges and a heavy financial loss.

The ongoing reduction of mental health facilities and cuts to mental health services are leading to the permanent closure of many essential behavioral health resources. This is represented with the closure of two local mental health facilities, Maryville Behavioral Health Treatment Center in Des Plaines and Maine Center in Park Ridge. Six of the eight focus groups in the North region highlighted the need for more community-based mental health and substance abuse services and facilities. Seniors, individuals living with intellectual disabilities, immigrants, LGBTQIA individuals, transgender individuals, children, and adolescents were identified as needing specialized behavioral health resources.

Multiple focus groups explained that the stigma associated with mental and behavioral health issues needs to be addressed. These groups highlighted that issues related to stigma are particularly problematic in minority populations. Several participants also indicated the need to de-criminalize substance abuse and issues related to mental illness.

The overarching goal is to improve access to behavioral health services for low income/underinsured persons by ensuring access to appropriate, quality behavioral healthcare and case management services in partnership with non-profit organizations including The Salvation Army, Maryville Behavioral Health Services, Maine Stay, and Des Plaines Public Library.

### **Figure 1.3. Summary of key assessment findings related to mental health**

#### **Community Resident Survey – Mental Health**

18% of community survey respondents in the North region indicated that they or a family member did not seek needed mental health treatment because of cost or a lack of insurance coverage.

14% of respondents indicated that they or their family members did not seek mental health treatment due to a lack of knowledge about where to get services.

10% of respondents indicated that they or their family members did not seek mental health treatment due to the perception that other people might have a negative opinion of them.

45% of respondents in the North region indicated that their financial situation and/or employment status contributes to stress in their daily lives.

34% of respondents in the North region indicated that health of family members contributed the most to feelings of stress.

**3. Preventing and reducing chronic disease (focus on risk factors – nutrition, physical activity, and tobacco).**

Chronic disease prevention was another strategic issue that arose in all the assessments. The number of individuals in the U.S. who are living with a chronic disease is projected to continue increasing well into the future. In addition, chronic diseases accounted for approximately 64% of deaths in Chicago in 2014. As a result, it will be increasingly important for the healthcare system to focus on prevention of chronic disease and the provision of ongoing care management. Key findings about chronic disease risk factors are presented in the North region are presented in Figure 1.3.

**Figure 1.3. Summary of key assessment findings related to chronic disease**

<b>Chronic Disease</b>
<p><b>Policy, systems and environment.</b> Findings from community focus groups, the Forces of Change Assessment (FOCA), and the Local Public Health System Assessment (LPHSA) emphasized the important role of health environments and policy for healthy eating and active living.</p>
<p><b>Health Behaviors.</b> The majority of adults in suburban Cook County (84.9%) and Chicago (70.8%) self-report eating less than five daily servings of fruits and vegetables a day. In addition, more than a quarter of adults in suburban Cook County (28%) and Chicago (29%) report not engaging in physical activity during leisure times. Approximately 14% of youth in suburban Cook County and 22% of youth in Chicago report not engaging in physical activity during leisure time. Poor diet and a lack of physical activity are two of the major predictors for obesity and diabetes. A significant percentage of youth and adults report engaging in other health behaviors such as smoking and heavy drinking that are also risk factors for chronic illnesses. Low consumption of healthy foods may also be an indicator of inequities in food access.</p>
<p><b>Mortality related to chronic disease.</b> The top three leading causes of death in the Des Plaines within the North Region are cancer, heart disease, and diabetes-related. There are disparities in chronic-disease related mortality in Des Plaines and the North region, both in terms of geography and in terms of race and ethnicity.</p>

**4. Increasing access to care and community resources.**

Healthy People 2020 states that access to comprehensive health care services is important for achieving health equity and improving quality of life for everyone. Disparities in access to care and community resources were identified as underlying root causes of many of the health inequities experienced by residents in Des Plaines and within the North Region.

**Figure 1.4. Summary of key assessment findings related to access to care and community resources**

<b>Access to care and community resources</b>
<p><b>Insurance coverage.</b>                      Aggregated rates from 2009-2013, show that 23% of the adult population age 18-64 in the North region reported being uninsured, compared to 19% in Illinois and 20% in the U.S. Men in Cook County are more likely to be uninsured (18%) compared to women (14%). In addition, ethnic and racial minorities are much more likely to be uninsured compared non-Hispanic whites. In 2014, nearly a quarter of immigrants (23%) and 40% of undocumented immigrants are uninsured compared to 10% of U.S. born and naturalized citizens.</p>
<p><b>Use of preventive care.</b>                      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. Approximately one-third of Chicago residents aged 65 or older reported that they had not received a pneumococcal vaccination in 2014. Health education about routine preventative care was mentioned by multiple residents as a need in their communities.</p>
<p><b>Provider availability.</b>                      A large percentage of adults in the U.S. report that they do not have at least one person that they consider to be their personal doctor or health care provider. In addition, LGBTQIA and transgender youth and adults are less likely to report having a regular place to go for medical care. There are multiple communities in the North region that are designated as health professional shortage areas by the Health Resources and Services Administration.</p>
<p><b>Use of prenatal care.</b>                      Nearly 20% of women in Illinois and suburban Cook County do not receive prenatal care prior to the third month of pregnancy or receive no prenatal care.</p>

**Homelessness and Access to Care**

Homelessness and, in particular, rough sleeping within the forest preserves is often viewed as a problem which only exists in within Chicago and its immediate areas. Although not reflected in the survey, an emerging population of homeless individuals has been identified within the northwest suburban communities through local agencies to include the Salvation Army, Catholic Charities, Des Plaines Self-Help Closet and Pantry, and numerous local churches located in Des Plaines. These agencies and organization report shows that there are significant rates of homelessness and rough sleeping in Des Plaines.

The health needs assessment demonstrates the impact that homelessness can have on an individual’s health and wellbeing and highlights the importance of community support in Des Plaines to deliver assistance to those who are vulnerable and in greatest need. It also identifies that homelessness is everyone’s problem and can only be resolved through an integrated, multi-agency approach to the various issues presented.

People with mental health problems are more likely to be homeless, vulnerably housed. Conversely, there are a disproportionate number of people with mental health problems among the homeless population.

Our goal is to further develop services provided by key health and social care agencies through a range of settings appropriate for the homeless population within Des Plaines to include case managers at local library, mobile health screenings, and extended outreach services.

The term “homeless” covers a wide range of experiences from being literally roofless to living in insecure, temporary accommodation. For the purpose of this Health Needs Assessment the population has been defined as people who are rough sleeping, living in supported accommodation, such as Night Shelter or receiving floating support to help sustain an independent accommodation option. It will also include people who are vulnerably housed; living within the forest preserves of Des Plaines or staying with family and friends without permission of the landlord, people at risk of homelessness, fleeing domestic violence and those who have a history of episodic homelessness. The group is comprised of single males, single women and couples.

### **Progress Addressing Needs Identified in the 2013 CHNA**

Presence Holy Family Medical Center is committed to creating awareness and utilization of available resources in the community to facilitate collaboration between the PHFMC and the broader community. The following programs are existing community benefit programs PHFMC sponsored in the community to address community needs identified in the 2013 CHNA. In 2017-2019, PHFMC will address the prioritized needs by enhancing these existing programs and, where necessary, replacing or supplementing them with new programs to better address community health needs with a particular focus on social determinants of health.

The Presence Holy Family Medical Center Senior Leadership Team and the Governing Board have a strong commitment to community health initiatives. Community initiatives and activities have ongoing monitoring and evaluation for program effectiveness. The following programs are existing community benefit programs PHFMC sponsors in the community. Presence Holy Family Medical Center will work with the Des Plaines Community Leadership Board to enhance the existing programs by developing metrics to measure improvements in the overall health of program participants. Presence Holy Family Medical Center will also see how these existing programs can tie into the overall goals of the Des Plaines Community Leadership Board.

### **New Beginnings and Breakfast with Baby**

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Access to health care, particularly prenatal and maternal infant health, is a health need evidenced within New Beginnings prenatal program at PHFMC and Breakfast with Babies program provided by the Salvation Army in Des Plaines.

New Beginnings is a program that offers outpatient pre-natal and educational support for young, uninsured women with limited access to care and limited financial resources. Each woman who participates is offered education, counseling and emotional support, as well as assistance in filing for Medicaid/All kids financial assistance.

Breakfast with Baby is a ministry of The Salvation Army in Des Plaines. On the second Saturday of every month The Salvation Army in Des Plaines distributes free diapers for every baby in need and to families who are struggling financially and spiritual support.

The Des Plaines Community Leadership Board is working valiantly to create a bridge program between the two local programs, to improve baby and family wellbeing by increasing access to diapers for families in need. The goal is to help ensure children and their parents have diapers, wipes, and other personal cleaning supplies to ensure that the child is healthy with access to critical resources.

### **Mental Health First Aid**

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In response to a demonstrated system and state-wide need of addressing barriers to accessing and utilizing mental health services, Presence Holy Family Medical Center and its community partners implemented an evidence-based program, Mental Health First Aid (MHFA), to reduce the stigma associated with mental illness and improve the coordination of mental health care throughout a six county service area. A system-wide action team was created to oversee the process, with administrative, local and behavioral health representatives that earned support from applicable Senior and Executive leadership teams. Community stakeholders partnered in the development of the strategy and its implementation throughout the process, recruiting trainees, identifying resources, and disseminating findings. Program participants increased recognition of mental health disorders, increased understanding of appropriate treatments, improved confidence in providing help to others during crisis situations, and decreased stigmatizing attitudes. Having demonstrated its effectiveness, the program continues to expand and add both participants and partners.

### **Health Workshops for Seniors**

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PHFMC partners with the Frisbie Senior Center to provide community education and screening programs to seniors on a variety of health topics. Presence Holy Family Medical Center facilitates presentations and health education seminars about common senior health concerns

like wound care, breast health, sleep disorders, and more. PHFMC health educators inform seniors of being aware of these common senior health changes and adopting a healthy lifestyle can reduce their impact on their overall health.

### A Silver Lining Foundation Free Mammograms

Presence Holy Family Medical Center partners with a Silver Lining Foundation as healthcare partner and provider in Buy A Mom A Mammogram® breast cancer initiate providing cost free screening mammograms, diagnostic mammograms, and follow up diagnostic testing.

### Maine Township High School District 207

Presence Holy Family Medical Center has had a 5 year long collaboration with Maine Township High School work-based Internship Program. The program provides high school juniors and seniors hands-on “on-the-job” experiences which enhance their high school curriculum. The unpaid job experience is open to students who express a desire to explore healthcare and pharmacy related careers.

Students observe daily operations, dialogue with personnel, gain an understanding of how the career/job functions within the total organization, and participate in hands-on career explorations and learning experiences at the Internship site. Students have assigned areas, including Rehab Services, Sleep Lab, Women’s Imaging, Wound Care Clinic, and Volunteer Services.

## Community Assets

The following organizations, schools, parishes, businesses, and local government agencies play a crucial role in the civic life of the local community and are integral to the health and wellness of its residents. We intend to engage with these community stakeholders and resources as we develop and refine programs to address our prioritized community needs.

Abbott Molecular Diagnostics  
Access Community Health Genesis Center  
Access to Care  
Advocate Lutheran General Hospital  
Bessie's Table/First United Methodist Church  
Bethesda Worship Center  
Catholic Charities  
City of Des Plaines City Hall and City  
Services  
Congressman Bob Dold  
Congresswoman Jan Schakowsky

Daily Herald  
Des Plaines Community Foundation  
Des Plaine Health and Human Services  
Des Plaines American Legion Post 36  
Des Plaines Chamber of Commerce  
Des Plaines Elks Lodge #5126  
Des Plaines Fire Department  
Des Plaines History Center  
Des Plaines Park District  
Des Plaines Police Department  
Des Plaines Public Library

Des Plaines Rotary Club  
DUI Services/Counseling Center  
Feldco Windows, Siding & Doors  
Frisbie Senior Center  
Kiwanis Club of Des Plaines  
Generations Health Care Network  
Goodwill Store & Donation Center  
Hart Schaffner & Marx  
Journal & Topics Newspaper  
Justrite Manufacturing Company  
Keys to Recovery Treatment Center  
Lattof YMCA  
LSG Sky Chefs  
Maine Community Youth Assistance  
Foundation (MCYAF)  
Maine Township City Offices  
MaineStay Youth and Family Services  
Maryville Academy  
Maryville Family Behavioral Health Clinic

Mayor Matthew J. Bogusz  
McDonalds #1 Store Museum  
Metra Train  
Northshore University Medical Group  
Oakton Community College  
PACE Bus  
Rainbow Hospice  
Rivers Casino  
Salvation Army  
School District 207  
School District 62  
Science & Arts Academy  
Self-Help Clost and Food Pantry  
Senator Laura Murphy  
St. Zachary Catholic Church  
State Representative Martin Moylan  
The Center of Concern  
U.S. Post Office - Lee Street  
U.S. Post Office - Oakton Street

## Conclusion

PHFMC and members of the Health Impact Collaborative of Cook County have worked together to accomplish many things over the past 18 months. In the second largest county in the country with a population of more than 5 million, 26 hospitals, 7 health departments, and over 100 community partners came together for a comprehensive community health needs assessment in Chicago and Cook County. Using the MAPP model for the CHNA proved to yield robust data from various perspectives including health status and health behaviors, forces of change, public health system strengths and weaknesses, and perceptions and experiences from diverse stakeholder engagement, and collaborative leadership and decision making have been some of the hallmarks of this process thus far. The CHNA process presented an exciting opportunity to engage diverse groups of community residents and stakeholders. All of the issues prioritized are issues that cannot be addressed by any one organization alone.

Leveraging the continued participation of community stakeholders invested in health equity and wellness, including actively identifying and engaging new partners, will continue to be essential for developing and deploying aligned strategic plans for community health improvement in any of the following priority areas:

1. Improving social, economic, and structural determinants of health while reducing social and economic inequities.
2. Improving mental health and decreasing substance abuse.

3. Preventing and reducing chronic disease (focused on risk factors – nutrition, physical activity and tobacco).
4. Increasing access to care and community resources.

To be successful, PHFMC will continue to partner with health departments across Chicago and Cook County to adopt shared and complimentary strategies and leverage resources to improve efficiencies and increase effectiveness for overall improvement. Data sharing across the health departments was instrumental in developing this CHNA and will continue to be an important tool for establishing, measuring and monitoring outcome objectives. Further, the shared leadership model driving the CHNA will be essential to continue to balance the voice of all partners in the process including the hospitals, health department, stakeholders, and community members.

Driven by a shared mission and a set of collective values that have guided the CHNA process and decision making, PHFMC will work together to develop implementation plans and collaborative action targeted to achieving the shared vision of improved health equity, wellness, and quality of life across our community. Engaging in this collaborative CHNA process has developed a solid foundation and opened the door for many opportunities moving forward. The Regional Leadership Teams and Stakeholder Advisory Teams look forward to building on the momentum, working in partnership with diverse community stakeholders at regional and local levels to address health inequities and improve community health in our communities.

The Board of Directors of Presence Holy Family Medical Center has formally delegated authority to approve this CHNA to the Des Plaines Community Leadership Board, comprised of community and hospital stakeholders and business leaders. The below signatures indicate that this plan has been reviewed and approved in 2016.

### **Approved by the Des Plaines Community Leadership Board**

\_\_\_\_\_  
Date Approved

Plan Prepared By:

\_\_\_\_\_  
Ella C. Woodford-Parker  
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### Presence Holy Family Medical Center's Participation in the Health Impact Collaborative of Cook County

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Presence Holy Family Medical Center will share this document and annual Implementation Strategies to address the needs identified in this document with all internal stakeholders including employees, volunteers and physicians. This Community Health Needs Assessment is available at [www.presencehealth.org/community](http://www.presencehealth.org/community) and is also broadly distributed within our community to stakeholders including community leaders, government officials, service organizations and community collaborators.

We welcome feedback on this Community Health Needs Assessment and its related Implementation Strategy. Kindly send any feedback you have to [Ella.Bramwell@presencehealth.org](mailto:Ella.Bramwell@presencehealth.org) or to the following address:

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