Ascension Saint Alexius

TY2021 Community Health Needs Assessment
Cook County, IL

Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Cook County, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

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The 2021 Community Health Needs Assessment report was approved by the Alexian Brothers Board of Directors on June 15, 2022 (2021 tax year), and applies to the following three-year cycle July 2022 to June 2025 (FY 2023 - FY 2025). This report, as well as the previous report, can be found at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (https://healthcare.ascension.org/chna) to submit your comments.

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Acknowledgements

The tax year 2021 community health needs assessment (CHNA) represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs within the hospital service area and across Cook County. Ascension Saint Alexius is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of our community.

Executive Summary

The goal of the 2021 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs within the hospital service area and across Cook County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Ascension Saint Alexius community consists of the Village of Hoffman Estates and the surrounding areas. The hospital community primary service area (PSA) is a collection of zip codes where approximately 75% of the hospital patients reside and where we focus our community health improvement efforts. The majority of the hospital PSA is within Cook County. As possible, Ascension Saint Alexius assessed data at the hospital PSA level for the CHNA although community health data is more readily available at the county level, which was also used for some indicators.

Data Analysis Methodology

The TY2021 CHNA was conducted from May 2021to March 2022 in collaboration with the Alliance for Health Equity. An adapted version of the Mobilizing Action Through Planning and Partnership (MAPP) process was used which incorporated data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services.

Between September 2021 and December 2021, Alliance for Health Equity partners collected over 5,200 community input surveys from individuals ten or older living in Chicago and suburban Cook County. The surveys were available online in English and Spanish. In addition, surveys were collected in paper format at focus groups and in-person events. Between September 2021 and April 2022, IPHI worked with Alliance for Health Equity partners to conduct a total of 43 community focus groups and listening sessions with priority populations such as individuals living with mental illness, communities of color,

older adults, parents, formerly incarcerated adults, LGBTQ+ community members, people living with chronic conditions, and immigrants and refugees.

Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

Ascension Saint Alexius analyzed secondary data indicators and gathered community input through surveys and focus groups to identify the needs in Cook County. In collaboration with the Alliance for Health Equity, the significant needs are as follows:

- Social and Structural Determinants of Health
- Access to Care and Community Resources
- Prevention and Treatment of Priority Health Conditions: Chronic Conditions, COVID-19, Injury (including violence related), Maternal and Child Health, Mental Health, Substance Use Disorders

Following the completion of the CHNA assessment, Ascension Saint Alexius will select all, or a subset, of the significant needs as the hospital's prioritized needs to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting.

About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

> **Mission:** Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit https://www.ascension.org/

Ascension Saint Alexius

As a Ministry of the Catholic Church, Ascension Saint Alexius is a non-profit hospital that provides medical care to the Village of Hoffman Estates and the surrounding communities. Ascension Saint Alexius is part of Ascension Illinois which operates 15 hospital campuses, and more than 230 sites of care. The organization includes more than 600 providers as part of Ascension Medical Group, as well as 17,000 associates.

Serving Illinois since 1979, Ascension Saint Alexius is continuing the long and valued tradition of addressing the health of the people in our community, following in the footsteps of legacy Alexian Brothers, a Roman Catholic order.

Ascension St. Alexius is a state-of-the-art facility that offers the latest in surgical services and is a Level III Neonatal Intensive Care Unit with 318 licensed beds. Ascension St. Alexius is recognized as a Blue Distinction Center in bariatric surgery, maternity services, spinal surgery and joint replacement. It has

received a five-star rating from the Centers for Medicare and Medicaid Services (CMS) and is recognized as a Baby-Friendly birth facility by Baby-Friendly USA, Inc. Ascension Saint Alexius is also a Level II Trauma Center and has a Commission on Cancer Three-year Accreditation.

For more information about Ascension Saint Alexius visit healthcare.ascension.org.

About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is "a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs."[1] The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Saint Alexius's commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at https://healthcare.ascension.org/CHNA and paper versions can be requested at Ascension Saint Alexius Administration Office.

[1] Catholic Health Association of the United States (https://www.chausa.org)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

Ascension Saint Alexius has defined its community as zip codes within its primary service area (PSA) with the majority of the hospital PSA within Cook County. As possible, Alexian Brothers assessed data at the hospital PSA level for the CHNA although community health data is more readily available at the county level.

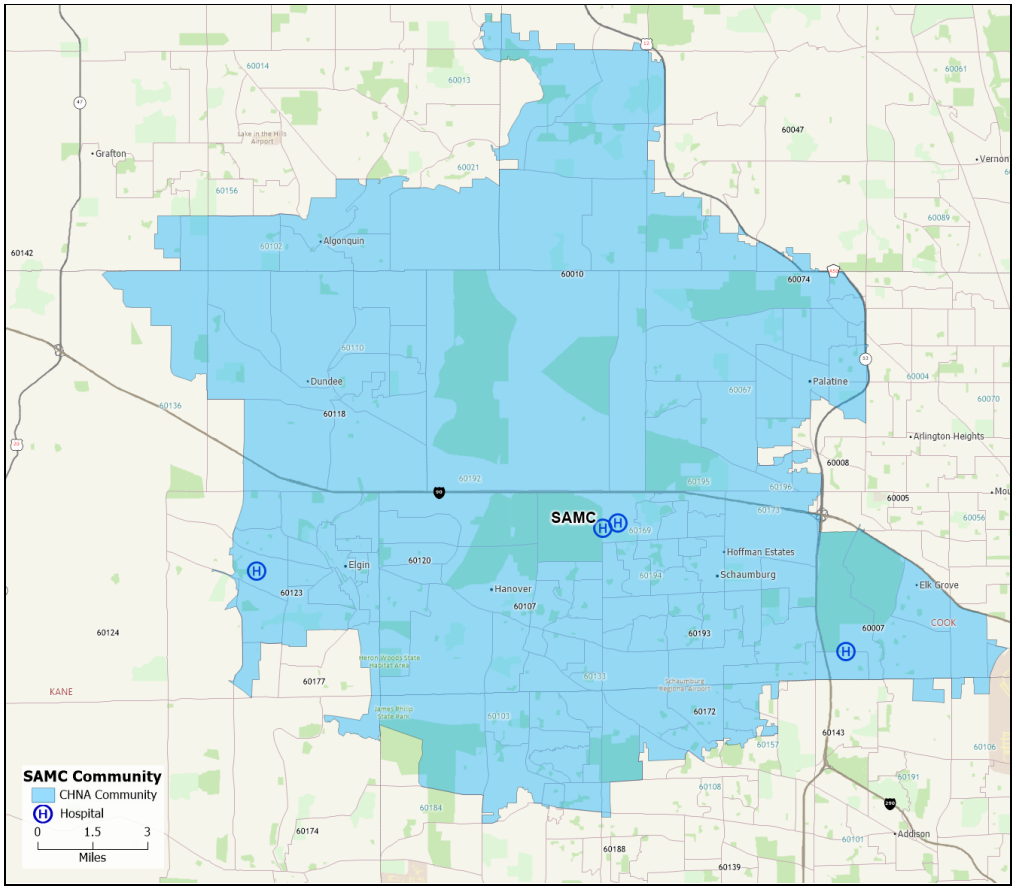


Image 1: Map of Community Served

Cook County includes the major metropolitan area of Chicago as well as 130 surrounding suburban municipalities. Within the City of Chicago, there are 77 different community neighborhoods. Nearly all major industries are offered within Cook County's geography.

Demographic Data

Located in Illinois, Cook County has a population of 5,275,541 and is the largest county in the state. It is also the second most populous county in the United States. Of this population 2,746,388 reside in Chicago and 2,529,153 reside in suburban Cook County. Ascension Saint Alexius primary service area has a population of 615,125.

Below are demographic data highlights for Ascension Saint Alexius primary service area[2]:

- 15.9 percent of the residents in the primary service area are 65 or older, which is similar to Cook County. The largest age group population is those aged 18-44 years with 35.0% of the primary service area population.
- 25 percent of the primary service area are Hispanic or Latino (any race), which is similar to Cook County, but greater than Illinois.
- 53.8 percent are white non-Hispanic; 15.3 percent are Asian; 3.8 percent are Black or African American. There is a larger Asian population in this primary service area.
- The total population is estimated to increase from 2022 to 2027 by 1.21percent, during this time the Asian population is estimated to increase by 12.2 percent.
- The median household income is $93,686, which is higher than Cook County and Illinois.
- 39.1 percent of residents in this primary service area have a bachelor's degree or greater; 68.3 percent have some college or higher.
- 19.3 percent speak only Spanish at home while 62.2 percent speak only English at home.

To view additional Community Demographic Data, see Appendix B.

[2] Sg2 Market Snapshot, 2022.

Process and Methods Used

Ascension Saint Alexius is committed to using national best practices in conducting the CHNA. Health needs and assets for Cook County and the hospital PSA were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

Collaborators: Alliance for Health Equity

Ascension Illinois partnered with the Alliance for Health Equity on the TY2021 Community Health Needs Assessment (CHNA) for its Cook County hospitals. This collaborative CHNA for Cook County, Illinois was conducted by the Alliance for Health Equity, a collaborative of 35 hospitals working with health departments and community-based organizations to improve health equity, wellness, and quality of life across Chicago and Suburban Cook County. Hospitals in this collaborative include:

Alliance for Health Equity Hospitals & Health Systems

- AdventHealth La Grange
- Advocate Aurora Children's Hospital
- Advocate Aurora Christ Medical Center
- Advocate Aurora Illinois Masonic Medical Center
- Advocate Aurora Lutheran General Hospital
- Advocate Aurora South Suburban Hospital
- Advocate Aurora Trinity Hospital
- Ann & Robert H. Lurie Children's Hospital of Chicago
- Ascension Alexian Brothers
- Ascension Alexian Brothers Behavioral Health Hospital
- Ascension Holy Family
- Ascension Resurrection
- Ascension Saint Alexius
- Ascension Saint Francis
- Ascension Saint Joseph - Chicago
- Ascension Saints Mary and Elizabeth

- Cook County Health
- Humboldt Park Health
- Jackson Park Hospital
- The Loretto Hospital
- Loyola Medicine- Gottlieb Memorial Hospital
- Loyola Medicine- Loyola University Medical Center
- Loyola Medicine- MacNeal Hospital
- Northwestern Memorial Hospital
- Northwestern Palos Community Hospital
- OSF Little Company of Mary Medical Center
- Roseland Community Hospital
- Rush Oak Park
- Rush University Medical Center
- Sinai Health System- Holy Cross Hospital
- Sinai Health System- Mount Sinai Hospital
- Sinai Health System- Schwab Rehabilitation Hospital
- South Shore Hospital
- Swedish Hospital
- University of Illinois Hospital and Health Sciences System

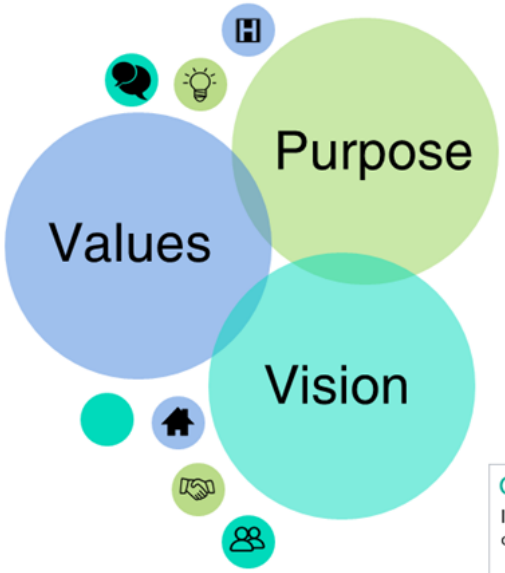
The 2022 (TY21) Community Health Needs Assessment is the third collaborative CHNA in Cook County, Illinois. The Illinois Public Health Institute (IPHI) acts as the backbone organization for the Alliance for Health Equity. IPHI works closely with the steering committee, comprised of 21 leaders, to design 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.

The Alliance for Health Equity's purpose, vision, and values shown below reflect input from hospital partners, health departments, and community partners.

Purpose, Vision, Values

Our Values

1. We believe the highest level of health for all people can only be achieved through the pursuit of **social justice and elimination of health disparities and inequities**.
2. We value having a shared vision and goals with alignment of strategies to achieve **greater collective impact while addressing the unique needs of our individual communities**.
3. Honoring the diversity of our communities, we value and will strive to include all voices through **meaningful community engagement and participatory action**.
4. We are committed to emphasizing assets and strengths and ensuring a process that identifies and **builds on existing community capacity and resources**.
5. We are committed to **data-driven decision making** through implementation of evidence-based practices, measurement and evaluation, and using findings to inform resource allocation and quality improvement.
6. We are committed to building **trust and transparency** through fostering an atmosphere of open dialogue, compromise, and decision making.
7. We are committed to **high quality work to achieve the greatest impact possible**.



Our Purpose

Improve population and community health by:

- Promoting **health equity**
- **Capacity building**, shared learning, and connecting local initiatives
- Addressing **social and structural determinants of health**
- Developing broad city/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**

Our Vision

Improved health equity, wellness, and quality of life across Chicago and Cook County

ALLIANCE for HEALTH EQUITY | Hospitals and Communities Improving Health Across Chicago and Cook County

Data Collection Methodology

In collaboration with various community partners, Ascension Saint Alexius collected and analyzed primary and secondary data within Cook County. The Alliance for Health Equity collaborative CHNA process is adapted from the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-engaged strategic planning framework that was developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). The MAPP framework promotes a system focus, emphasizing the importance of community engagement, partnership development, and the dynamic interplay of factors and forces within the public health system. The Alliance for Health Equity chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity.

In the context of the COVID-19 pandemic, there were adjustments that were made in the assessment process to accommodate more virtual participation by organizations, healthcare partners, and community members.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, Alliance for Health Equity consulted with a range of public health and social service providers that represent the broad interest of Cook County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including key stakeholder focus groups, community focus groups and community surveys. These methods provided additional perspectives on how to select and address top health issues facing Cook County. A summary of the process and results is outlined below.

Community focus groups
A series of 43 focus groups were conducted by Alliance for Health Equity & its hospital collaborators to gather feedback from the community on the health needs and assets of Cook County. Held between September 2021 and January 2022, most focus groups were 90 minutes in duration with an average of 10 participants. Thirteen sessions were conducted virtually via Zoom and 30 groups were conducted

in-person. Populations represented by participants included medically underserved, low-income and minority groups.

Community Focus Groups

Key Summary Points

- Focus group participants identified six major areas that were impacting community health the most: behavioral health, child and adolescent health, access to healthcare, social and structural determinants of health, and chronic diseases.
- Mental health and substance use (behavioral health) were two of the most discussed topics within focus groups.
- Racism, discrimination, COVID-19, community safety, violence, and community cohesion were identified as critical issues that affect all other areas of health and wellbeing.
- Communities highlighted the many ways in which the social and structural determinants of health such as access to healthy foods, housing, quality education, economic opportunity, infrastructure, and environmental health are impacting health outcomes.

Populations Represented	Common Themes
• Individuals living with mental health conditions and/or substance use disorders • Older adults • Youth and young adults • Justice involved • Faith communities • LGBTQ+ community members • Individuals living with chronic conditions • Immigrants and refugees • Community Health Workers • Homeless and housing unstable • Low income families	• Opportunities for wholistic integrated care options and improved access to treatment for both mental health and substance use. • Social and economic factors are important drivers and stressors of health outcomes. • Addressing child and adolescent health needs and the needs of their parents is important for addressing health inequities and improving overall community health. • Opportunity to build upon the strengths of community cohesion to cultivate, develop and expand effective solutions to improve the health and well-being of residents. • Lack of access to healthy foods and grocery stores is the causation of chronic conditions.

Meaningful Quotes

- “Awareness and education surrounding mental illness, so people can better help when it comes to de-escalating a crisis”
- “Stamps/Link card… but if you don’t have a store what good is that?”
- “If we eat healthy, we will have healthy bodies and we will start making healthy decisions”
- “Individuals may need support being a ‘good tenant’”

Community surveys

A survey was conducted by the Alliance for Health Equity to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for Cook County. Over 5,200 individuals participated in the survey, held between

September 2021 and December 2021. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 24 questions and was available online in English and Spanish. In addition, surveys were collected in paper format at focus groups and at select in-person events.

Community Surveys

Key Summary Points

- Among community input survey respondents countywide, the top six most important health needs identified were age-related illness, mental health, COVID-19, homelessness and housing instability, cancer, and violence.
- Among respondents countywide, the most important needed improvements identified were access to mental health services, access to health care, access to community services, safety and low crime, affordable housing, access to healthy food, and activities for teens and youth.
- Among respondents countywide, the most common effects of the COVID pandemic that were reported were: Lack of control, anxiety, isolation, stress regarding employment and/or loss of employment, and death of family members or friends.
- Among LGBTQ+, Black/African-American and Latine/Hispanic respondents, there were significance differences around the magniatute of importance of Racism and Discrimination.
- Homelessness and Housing and Dental problems were also significantly more important to Black/African American, Latine/Hispanic respondents and Spanish-language respondents.
- Diabetes was significantly more important to Black/African American and Latine/Hispanic respondents.
- Spanish-speaking respondents were also over twice as likely to report that the death of a family member or friend was a COVID19 impact compared to English-language respondents. In addition, Black, Latinx, Indigenous (interpret with caution due to sample size), and Two or More Race/Ethnicity respondents were twice as likely as white respondents to report the death of family members or friends.

Populations Represented	Common Themes
• Non-English speaking • LGBTQ+ community members • Households with individual(s) with a disability • Youth • Families with children • Low-income persons	• Access to mental health services, health care and community services are most needed community improvements. • There are health disparities that exist for dental, diabetes and COVID-19. • Racism, discrimination and housing instability are important social needs.

Key stakeholder focus groups

A series of focus groups and listening sessions were conducted by Alliance for Health Equity to gather feedback from key stakeholders on the health needs and assets of Cook County. The Alliance for Health Equity compiled key issues and themes from Forces of Change assessments led by the Chicago Department of Public Health (CDPH), Cook County Department of Public Health (CCDPH) and the Illinois Department of Public Health (IDPH) then discussed opportunities and barriers related to these

key issues with members of the collaborative (both healthcare and community organizations). Sectors represented by participants are noted below for this input that was collected between July 2021 and December 2021.

Key Stakeholder Focus Groups	
Key Summary Points	
• Social and structural determinants of health, and advancing racial equity are important foci due to the impact on health and wellbeing of community members, made more evident by COVID-19. • Many existing policies and systems maintain inequities. • There is a need to increase communication and coordination across sectors to encourage collaboration, improve existing work, and achieve systems change. • There are a number of opportunities and barriers with respect to public health and health care workforce. Opportunities: existing expertise, increased representation, funding for professional development, new policies and funding to open doors for expanded roles for fields like community health workers, doulas, community organizers. Barriers: burnout (due to COVID pandemic and in general), workforce shortages, hiring difficulties. • There are also a number of needs related to mental health, trauma, and social isolation, particular needs include youth mental health support, increased and improved mental health and substance use workforce, and more culturally and linguistically appropriate and inclusive practices. • Increased funding brings opportunities and threats – there is a need to de-silo funding, identify and eliminate inequities in funding, and establish sustainable funding mechanisms for the future. • There is an opportunity and need for data modernization – the public health and community healthcare systems are behind in data technology, lack data standards, and need user friendly governance.	
Sectors Represented	**Common Themes**
• Healthcare • Public health • Social Services • Education • Community Organizers	• Opportunities to re-build, stabilize and grow the public health and health care workforce. • Data sharing and modernization among those in the local public health system needed. • Increased communication and coordination is needed across sectors to achieve systemic change.

To view community input data in its entirety, see Appendix C.

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems.

Secondary data was compiled from various sources that are reputable and reliable. Secondary data used in the CHNA were compiled from a range of sources including:

- Peer-reviewed literature and white papers
- Existing assessments and plans focused on key topic areas
- Chicago Department of Public Health and Cook County Department of Public Health
- Healthy Chicago Survey
- Local data compiled by additional agencies including Chicago Metropolitan Agency for Planning, Chicago Department of Family and Support Services, Chicago Department of Planning and Development, Housing Authority of Cook County, and local police departments
- Local data compiled by community-based organizations including Greater Chicago Food Depository and Feeding America, Voices of Child Health in Chicago, Healthy Chicago Equity Zones, and the Mapping COVID-19 Recovery initiative
- Hospitalization and emergency department rates (COMPdata) reported by Illinois Health and Hospital Association
- Data compiled by state agencies including Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, and Illinois Department of Public Health
- Data from federal sources including U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health; Centers for Disease Control and Prevention PLACES project; Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of Health Care; Health Resources and Services Administration; and United States Department of Agriculture

Health indicators in the following categories were reviewed based on an adapted version of the County Health Rankings and Roadmaps model:

- Social and Structural Determinants of Health
- Health Behaviors
- Health Care Delivery System and Clinical Care
- Behavioral Health - Mental Health and Substance Use
- Maternal and Child Health
- Health Outcomes - Birth Outcomes, Morbidity, and Mortality

To view secondary data and sources in its entirety, see Appendix D.

Summary of COVID-19 Impact on Cook County

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection, and death compared to non-Hispanic White Americans.[3] As of May 2022, 594,055 Chicago residents had a positive COVID-19 case in which 28.5% were Latinx; 23.7% were aged 18-29 years[4]. As of May 2022, 597,769 suburban Cook County residents had a positive COVID-19 case in which 33.6% were White; those under 20 years with the most case count reported.[5]

Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- Non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions[6]

Written Comments on Previous CHNA and Implementation Strategy

Ascension Saint Alexius' previous CHNA and implementation strategy were made available to the public and open for public comment via the website: https://healthcare.ascension.org/chna.

As of the date of CHNA publication, no public comments have been received.

[3]Centers for Disease Control and Prevention (https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities)
[4] Chicago Department of Public Health COVID-19 Dashboard, 2022.
[5] Illinois Department of Public Health COVID-19 Statistics, 2022.
[6]Centers for Disease Control and Prevention (https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities)

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Cook County. This constraint limits the ability to fully assess all the community's needs.

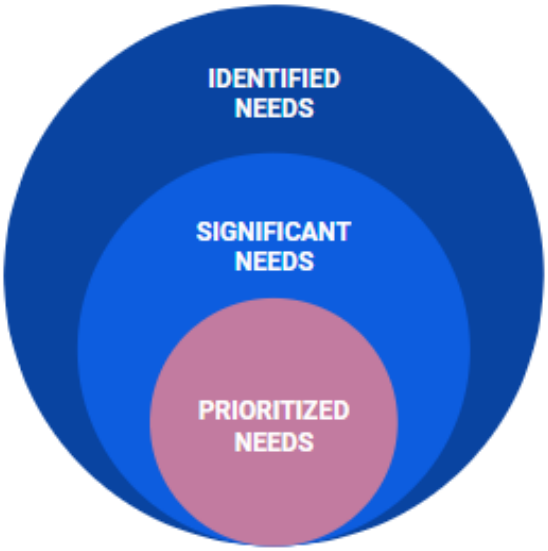
For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a Ministry's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, the following acute community concerns were identified:
    - COVID-19 pandemic

Despite the data limitations, Ascension Saint Alexius, is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Community Needs

Ascension Saint Alexius, in collaboration with Alliance for Health Equity, analyzed secondary data of numerous indicators and gathered community input through community surveys, community focus groups and stakeholder focus groups to identify the needs in Cook County. In collaboration with community partners, Ascension Saint Alexius will use a phased prioritization approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined most crucial for community stakeholders to address.



Following the completion of the CHNA assessment, Ascension Saint Alexius will review additional data, both primary and secondary, relative to their hospital primary service areas to then select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. Image 2 also describes the relationship between the needs categories.

Identified Needs

Ascension has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Cook County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

Ascension has defined "significant needs" as the identified needs which have been deemed most signficant to address based on established criteria and/or prioritization methods. The Alliance for Health Equity looked for cross cutting themes that were found in primary data collection that matched with statistical secondary data collected in the assessments.

For the TY2021 CHNA, the significant needs are as follows:

- Social and Structural Determinants of Health
- Access to Care and Community Resources
- Prevention & Treatment of Priority Health Conditions: Chronic Conditions, COVID-19, Injury (including violence related), Maternal and Child Health, Mental Health, Substance Use Disorders

To view health care facilities and community resources available to address the significant needs, please see Appendix E.

A description (including data highlights, community challenges & perceptions, and local assets & resources) of each significant need are on the following pages.

Social and Structural Determinants of Health

Why is it Important?

- Social and economic factors are important drivers of health outcomes. The COVID-19 pandemic created additional or worsened social needs.
- Addressing structural racism will advance health equity and reduce social determinants.
- Education is an important determinant of health because poverty, unemployment, and underemployment are highest among those with lower levels of educational attainment.
- Affordability and accessibility of food is often intimately tied to systemic racism and social and structural determinants of health. Research indicates that communities with better access to healthy foods and limited access to convenience stores have healthier diets and lower rates of obesity.

Local Assets & Resources

- Feeding America
- Greater Chicago Food Depository
- The Love Fridge or Micro Pantries
- Youth Workforce Programs
- Chicagoland Healthcare Workforce Collaborative
- Cook County Flexible Housing Pool
- Chicago Homelessness & Health Response Group for Equity (CHHRGE)
- Chicago HEAL Initiative
- Alliance for Health Equity
- CCDPH Suburban Cook County Healthcare Collaborative

Data Highlights

- Safety and low crime, affordable housing and access to healthy food were identified within the top six most important needed improvements on the community survey.
- Homelessness and housing instability was the number four most important health need identified on the community survey.
- In focus groups, communities highlighted the many ways in which the social and structural determinants of health such as access to healthy foods, housing, quality education, economic opportunity, infrastructure, and environmental health are impacting health outcomes.
- There are significant inequities related to life expectancy with more favorable mortality and less years of life lost if residing in more advantaged neighborhoods and municipalities.
- 11.9% were unemployed in Cook County in 2020 compared to 9.5% in Illinois.
- 17% of Cook County children live in poverty compared to 14% in Illinois.
- Low food access (availability & affordability of food retailers) & food insecurity (limited or uncertain access to adequate food) continues to be a key SDoH in many parts of the county.
- Poverty, quality of education, health literacy, employment, housing, childcare availability, transportation and community safety create additional barriers to access to health care.
- Those experiencing housing inequities also may experience inequities with physical, mental, behavioral, and maternal health.
- Individuals experiencing poor housing conditions or homelessness may also have high rates of chronic mental and physical health conditions, co-occurring disorders, barriers to healthcare and affordable housing, and misuse of emergency healthcare services.
- Within Cook County, it is estimated that 39% of housing units have one or more substandard conditions.
- Within Cook County, there are several regions where more than 35% of households are considered cost-burdened (both mortgage owners & renters). These regions are primarily concentrated in the far Northwest, West, and South sides of the city and county.
- Crowded housing continues to be an issue as well as poor and/or unstable housing conditions. Crowded housing is directly linked to unaffordable housing costs and high rates of poverty.
- Violent crimes continues to be an issue in the west & south side of the city (homicides, sexual assaults, other assaults). However, crime cases are rising in the city center in recent years.

• Ascension Neighborhood Resources	
Community Challenges & Perceptions	**Individuals Who Are More Vulnerable**
• Participants frequently linked socioeconomic stressors such as unemployment to poor mental health. Other social determinants of health such as intergenerational trauma and access to early childhood education were identified as additional important factors in mental wellbeing. • Racism and discrimination were identified as underlying root causes of social, economic, and health-related inequities. • Violence was identified as a direct consequence of socioeconomic inequities that has profound impacts on health throughout the lifespan. • Low-income families, particularly those in communities of color, struggled to afford expenses such as rent and utilities.	Social determinants of health often vary by geography, sexual orientation, gender identity, age, race, ethnicity, immigration status, disability status, socioeconomic status, education level, and military status. This leads to significant differences in morbidity and mortality between these groups. Key priority populations include: • LGBTQ+ persons • Immigrants and refugees, particuparly undocumented immingrants • Formerly incarcerated persons • Persons with disabilities • Older Adults • Limited English Proficient persons • Persons other than White, Non-Hispanic/Latine • Low-income community

Access to Care and Community Resources

Why is it Important?

- Access to healthcare and community resources is complex and influenced by several factors including provider availability, convenience, accommodation, reliability, quality and acceptability, cultural responsiveness, appropriateness, and approachability.
- Limited access to services and other resources is traumatic, which can lead to toxic stress, which contributes to widening health disparities.

Local Assets & Resources

- Chicagoland Healthcare Workforce Collaborative
- Alliance for Health Equity
- CCDPH Suburban Cook County Healthcare Collaborative
- Ascension Neighborhood Resources
- Trauma Informed Care
- Emergency Preparedness Planning
- Unconscious Bias Trainings
- Federally Qualified Health Centers
- Free & Charitable Clinics
- Community Health Workers

Data Highlights

- Health insurance is the primary way that individuals access the healthcare system in the United States with 56% of Cook County residents receiving coverage through employer-based plans. Eleven percent of the population under age 65 are without health insurance in Cook County compared to 9% in Illinois.
- Eighteen percent (18%) of respondents to the community survey reported a loss of employment because of the pandemic, 6% reported a loss or reduction in insurance coverage, and 7% reported a lack of access to basic medical care.
- In focus groups, access to needed healthcare and community resources are named as critical components to achieving the best health outcomes.
- While provider ratios per population for primary care, mental health and dental care are better than state ratios, there are significant disparities in true access to services depending on social needs and insurance coverage.
- For Medicare enrollees, Cook County has a higher rate of preventable hospital stays at 4,699 per 100,000 population compared to 4,447 per 100,000 population in Illinois. This indicates seniors are not getting the routine care or medications needed to avoid hospitalizations.
- Stakeholders stress the need to increase communication and coordination across sectors to encourage collaboration, improve existing work, and achieve systems change.
- Stakeholders named opportunities to increase representation, leverage expertise and more funding for public health and health care workforce including expanded roles for fields like community health workers, doulas, community organizers.
- Community input survey respondents reported experiencing issues related to COVID-19 that can cause trauma and chronic stress, such as a lack of control and not knowing when the pandemic will end (49%), feeling anxious, nervous, or on edge (46%), and feeling alone or isolated (44%).
- Additionally, a large percentage of survey respondents reported other experiences that can contribute to stress and trauma such as job loss, food insecurity, severe illness, and death of family members or friends.

Community Challenges & Perceptions

- Many communities still lack

Individuals Who Are More Vulnerable

Key priority populations include:

geographic and financial access to health care services. ● Issues like a lack of reliable transportation, limited insurance coverage, poor access to public benefits, a lack of culturally and linguistically appropriate services, limited affirmative care options, and racism among healthcare providers make it even harder to access needed care and resources. ● Barriers to care and community resources include lack of representation and diversity among the workforce, burnout (due to COVID pandemic and in general), workforce shortages, hiring difficulties. ● Better support is needed for caregivers including better systems for discharge planning and care coordination.	● LGBTQ+ persons ● Immigrants and refugees, particuparly undocumented immingrants ● Limited English Proficient persons ● Persons other than White, Non-Hispanic/Latine ● Low-income community including infants, children & older adults; uninsured or underinsured ● Persons with disabilities

Prevention & Treatment of Priority Health Conditions: Chronic Conditions, COVID-19, Injury (including violence related), Maternal and Child Health, Mental Health, Substance Use Disorders

Why is it Important?

- Chronic diseases are the leading cause of disability and death.
- The COVID-19 pandemic highlighted the importance of prevention and appropriate treatment for chronic conditions such as diabetes, heart disease, and chronic obstructive pulmonary disease (COPD).
- Since the year 2000, maternal mortality rates in the United States have been increasing even though the global trend has been the opposite. In addition, vast maternal health inequities exist between racial and ethnic groups.
- Mental health plays a critical role in the overall well-being of communities. Mental health includes emotional, psychological, and social well-being and it affects how we think, feel, and act.

Local Assets & Resources

- Federally Qualified Health Centers
- Free & Charitable Clinics
- Alliance for Health Equity
- CCDPH Suburban Cook County Healthcare Collaborative
- Chicagoland Vaccine Corps
- Community Mental Health Centers
- Mental Health First Aid
- Diabetes Prevention & Self-Management Programs
- Community Health Workers
- Doulas & Midwives

Data Highlights

Chronic Conditions:

- Community input respondents identified a number of chronic health conditions as important health needs in their communities including cancers (19%), heart disease and stroke (14%), diabetes (12%), obesity (10%), and lung disease (2%).
- In 2019, 10.6% of adults in Cook County were living with diabetes. This rate is similar to those for Illinois and the U.S. However, there are geographic differences in diagnosed diabetes with the south and west regions of the county having the highest burden.
- Similarly, the percentages of age-adjusted prevalence of key health behaviors and conditions among adults in Cook County (smoking, no physical activity, sleeping less than 7 hours, obesity and binge drinking) is less or similar than the United States. However, disparities exist in geography.
- Within Cook County, communities of color in the south and west regions have the highest percentages of people living with asthma. In Cook County overall, 8.7% of residents live with asthma.
- In 2019, 10.6% of adults in Cook County were living with diabetes. This rate is similar to Illinois and the U.S. However, there are geographic differences in diagnosed diabetes with the south and west regions of the county having the highest burden.

COVID-19:

- As of May 2022, 594,055 Chicago residents had a positive COVID-19 case in which 28.5% were Latinx; 23.7% were aged 18-29 years.
- As of May 2022, 597,769 suburban Cook County residents had a positive COVID-19 case in which 33.6% were White; those under 20 years with the most case count reported.
- In 2020, 125 deaths due to COVID-19, per 100,000 population (age-adjusted) compared to 99 per 100,000 for Illinois.
- Community input survey respondents reported experiencing issues related to COVID-19 that can cause trauma and chronic stress, such as a lack of control and not knowing when the pandemic will end (49%), feeling anxious, nervous, or on edge (46%), and feeling alone or isolated (44%).

Injury:

- Violent crime is much higher than in Cook County at 620 offenses per 100,000 population compared to 403 offenses per 100,000 population in Illinois. Firearm fatalities are 17 per 100,000 population compared to 12 per 100,000 population in Illinois.

	• Injury deaths are 72 per 100,000 population in Cook County compared to 61 per 100,000 population in Illinois. Maternal & Child Health: • Focus group participants emphasized that addressing child/adolescent health needs and the needs of their parents is important for addressing health inequities and improving overall community health. • Infant & maternal health continue to be closely monitored, especially among race and ethnicity where great disparities exist in Illinois and Cook County. • Racial and ethnic disparities exist for preterm births, postpartum depression, violence, obesity and preventable complications. • 9% of babies born in Cook County have a low birth rate compared to 8% for Illinois. • There are 20 teen births per 1,000 female population ages 15-19 in Cook County compared to 18 for Illinois. Mental Health & Substance Use Disorders: • Mental health continues to be a top priority for communities in Chicago and Suburban Cook County. Thirty-nine percent of community survey respondents identified mental health as one of the most important health needs in their communities. Forty percent of community survey respondents identified access to mental health services as being needed to support improvements in community health. • Mental health and substance use (behavioral health) were two of the most discussed topics within focus groups. • More than 40% of community input survey respondents reported stress related to not knowing when the pandemic would end (lack of control); feeling nervous, anxious, or on edge; or feeling alone or isolated. • Across most focus groups, COVID-19 was seen as having a negative impact on mental health both directly through issues such as chronic stress and indirectly through its impacts on the social and structural determinants of health. • The self-reported adult depression rates in Cook County are higher (17.3%) than national averages (10%). Similarly, youth depression has been on the rise. • 19 % of adults reported fair or poor health (age-adjusted) in Cook County compared to 17% in Illinois. • There were 4,467 drug induced overdose deaths in Cook County between 2018-2020. • Excessive among adults is 24% in Cook County compared to 10% for Illinois.
Community Challenges & Perceptions	**Individuals Who Are More Vulnerable**
• Communities highlighted the need for holistic integrated care options	Key priority populations include: • Infants, Children & Adolescents

and improved access to mental health and substance abuse treatment. • Multiple groups expressed the need for information on how to address mental health crises and where to get appropriate health during a mental health emergency as well as the need to reduce stigma among community members, healthcare professionals, and emergency response personnel. • Issues like poverty, limited access to healthy foods, the high cost of care and medications, and unstable housing can cause chronic diseases and make them harder to manage. • Factors like access to emergency food services, educational classes, access to safe exercise spaces, and improved communication about existing resources could make it easier for communities to be healthy. • Individual, community, provider, and institutional stigma surrounding mental illness prevents many people from seeking help. • Lack of access to quality insurance coverage for regular mental health services is a barrier and there is a significant need for mental health centers that serve the uninsured or underinsured.	• Young adults • LGBTQ+ persons • Immigrants and refugees, particuparly undocumented immingrants • Limited English Proficient persons • Persons other than White, Non-Hispanic/Latine • Low-income community; uninsured or underinsured • Older adults, including homebound • Persons with disabilities • Individual involved with criminal justice system including juveniles

Prioritized Needs

Following the completion of the community health needs assessment as outlined in this report, Ascension Saint Alexius will develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospital intends to address those prioritized needs throughout the same three-year CHNA cycle: TY2022 to TY2024 (FY23 thru FY25). The implementation strategy will also describe why certain significant needs were not selected as a prioritized need to be addressed by the hospital. Ascension has defined “prioritized needs” as the significant needs which have been selected by the hospital to address through the CHNA implementation strategy.

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from the Ascension Saint Alexius' previous implementation strategy include:

- **Social and Structural Determinants of Health:** Collaborated with Greater Chicago Food Depository to support 1,953 community residents receiving 16,275 meals along with health education and information on community resources.
- **Access to Care, Community Resources and Systems Improvements:** Partnered with LYFT Concierge Services to offer transportation assistance for individuals experiencing financial hardship.
- **Mental Health and Substance Use Disorders:** Over 200 women were screened for depression and anxiety.
- **Chronic Condition Prevention and Management:** Over 1,600 individuals in the community received pre-diabetes at-risk information.

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the TY2018 CHNA can be found in Appendix F.

Approval

To ensure the Ascension Saint Alexius' efforts meet the needs of the community and have a lasting and meaningful impact, the TY2021 CHNA was presented to the Alexian Brothers Board of Directors for approval and adoption on June 15, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities Ascension Saint Alexius serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Saint Alexius to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The TY21 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Saint Alexius hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Cook County. As a Catholic health ministry, Ascension Saint Alexius is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Saint Alexius is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (https://healthcare.ascension.org/chna) to submit your comments.

Appendices

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Appendix A: Definitions and Terms

Acute Community Concern
An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern. Source: Ascension Acute Community Concern Assessment Framework

Collaborators
Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups
Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums
Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served
A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants
Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics
Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need
Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

Key Stakeholder Interviews
A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or

expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations
Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.
Source:
https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3

Prioritized Need
Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

Significant Need
Identified needs which have been deemed most signficant to address based on established criteria and/or prioritization methods

Surveys
Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics including the hospital's Primary Service Area (PSA), when available for comparison. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	PSA	Cook County	Illinois
Total	615,125	5,275,541	12,587,530
Male	49.4%	48.6%	49.1%
Female	50.6%	51.4%	50.9%
Data source: County Health Rankings, 2022. Sg2 Market Snapshot, 2022.			

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	PSA	Cook County	Illinois
Asian	15.3%	8.1%	6.0%
Black / African American	3.8%	23.0%	14.1%
Hispanic / Latino	25.0%	25.6%	17.6%
Native American	n/a	0.1%	0.1%
White	53.8%	41.7%	60.4%
Data source: County Health Rankings, 2022. Sg2 Market Snapshot, 2022.			

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with

more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Age	PSA	Cook County	Illinois
Median Age	n/a	37	38.3
Age 0-17	22.3%	21.4%	22.1%
Age 65+	15.9%	15.5%	16.6%
Data source: US Census Bureau, 2020; County Health Rankings, 2022. Sg2 Market Snapshot, 2022.			

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	PSA	Cook County	Illinois
Median Household Income	$93,686	$67,886	$73,753
Persons in poverty	n/a	12.9%	11.0%
ALICE Households	n/a	35%	23%
Data source: US Census Bureau, 2020; United for Alice, 2018. Sg2 Market Snapshot, 2022.			

Education

Why is it important: There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Income	PSA	Cook County	Illinois
High School grad or higher	89.2%	88%	90%

Some college or higher	68.3%	73%	71%
Data source: County Health Rankings, 2022. Sg2 Market Snapshot, 2022.			

Insured/Uninsured

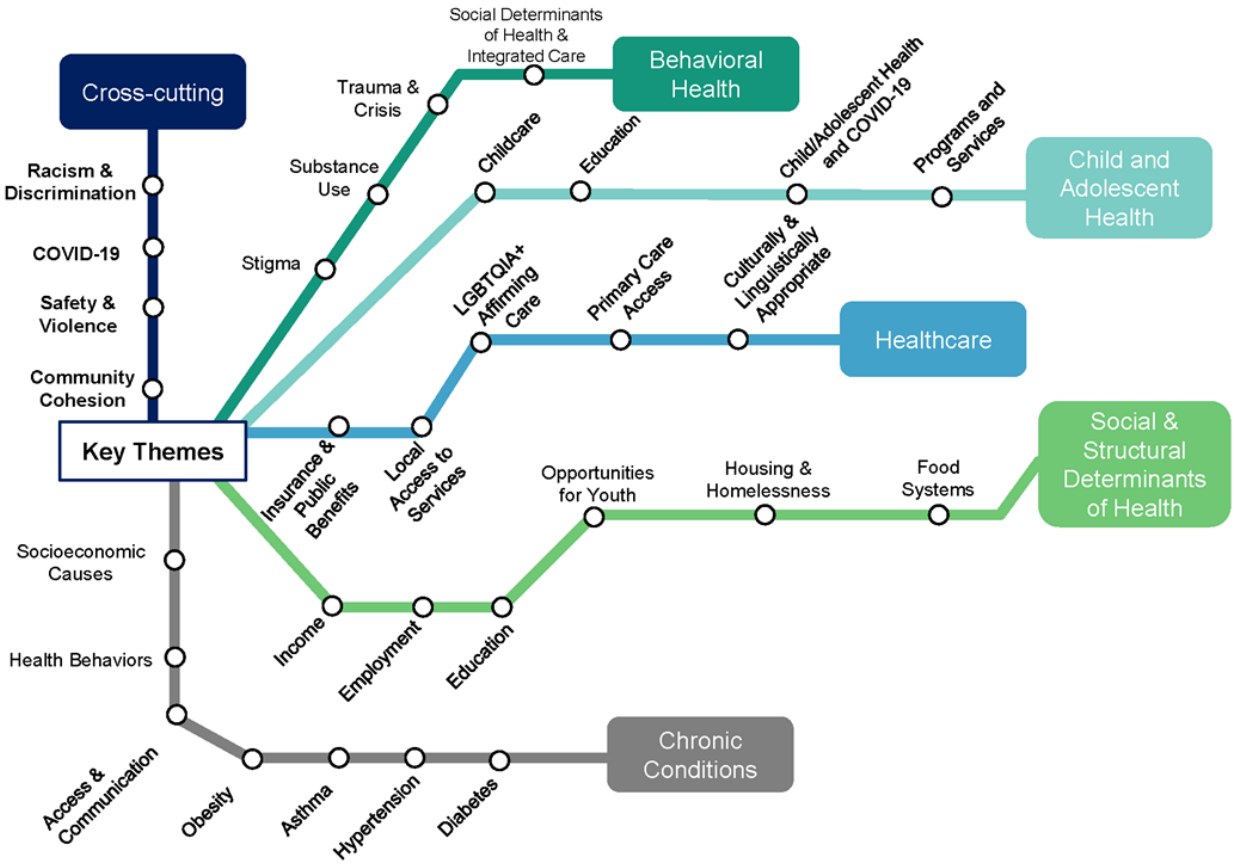
Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	PSA	Cook County	Illinois
Uninsured	n/a	13%	11%
Medicaid Eligible	n/a	30.4%	27.3%
Data source: County Health Rankings, 2022; Illinois Healthcare and Family Services, 2021.			

Appendix C: Community Input Data and Sources

Ascension Illinois collaborated with the Alliance for Health Equity on the TY2021 (2022) CHNA for all Ascension hospitals located in Cook County. The full county-wide CHNA as well as community input survey report and focus group report can be found: https://allhealthequity.org/projects/

Below is a summary of key themes identified from community input.



Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (https://www.countyhealthrankings.org/). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in March. The data below is from the 2022 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Trending: CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share or the measure has remained the same.

Top US Counties: The best 10 percent of counties in the country. It is important to compare not just with Illinois but important to know how the best counties are doing and how our county compares.

Description: Explains what the indicator measures, how it is measured, and who is included in the measure.

n/a: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Trend	Cook County	Illinois	Top US Counties	Description
Length of Life					
Premature Death		7,500	7,100	5,600	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		78.6	78.6	80.6	How long the average person should live.
Infant Mortality		6	6	4	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health		19%	17%	15%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		3.6	3.4	3.6	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		12%	11%	10%	Percent of adults reporting 14 or more days of poor physical health per month.
Low Birth Weight		9%	8%	6%	Percent of babies born too small (less than 2,500 grams).
Mental Health					
Poor Mental Health Days		4.0	4.0	4.2	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		13%	13%	13%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		8	11	11	Number of deaths due to suicide per 100,000.
Morbidity & Mortality					
Diabetes prevalence		11%	8%	10%	Percent of adults aged 20 and above with diagnosed diabetes.
COVID-19		125	99	43	Age adjusted mortality per 100,000.
Injury deaths		72	70	61	Number of deaths due to injury per 100,000.
Homicides		14	8	2	Number of deaths due to homicide per 100,000.

Firearm fatalities		17	12	8	Number of deaths due to firearms per 100,000.
Communicable Disease					
HIV Prevalence		595	38	336	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Source: *https://www.countyhealthrankings.org/explore-health-rankings*					

Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Trend	Cook County	Illinois	Top US Counties	Description
Economic Stability					
Unemployment		11.1%	9.5%	4%	Percentage of population ages 16 and older unemployed but seeking work.
Childhood Poverty		17%	14%	9%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion		88%	90%	94%	Percentage of ninth grade cohort that graduates in four years.
Some College		73%	71%	74%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		30%	25%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations		7.2	9.9	18.1	Number of membership associations per 10,000 population.
Disconnected Youth		7%	6%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests		8	8	n/a	Rate of delinquency cases per 1,000 juveniles.
Violent Crime		620	403	63	Number of reported violent crime offenses per 100,000 population.
Residential segregation-Black/White		78	72	27	Index of dissimilarity where higher values indicate greater residential

					segregation between Black and white county residents.
Access to Healthy Foods					
Food Environment Index		8.9	8.6	8.8	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		9%	10%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods		2%	5%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Children eligible for free or reduced lunch		61%	49%	32%	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.
Source: ***https://www.countyhealthrankings.org/explore-health-rankings***					

Physical Environment

Why they are important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school . Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Trend	Cook County	Illinois	Top US Counties	Description
Physical Environment					
Severe housing cost burden		18%	14%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		21%	17%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter		11.2	9.4	5.9	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		57%	66%	81%	Percentage of occupied housing units that are owned.
Source: ***https://www.countyhealthrankings.org/explore-health-rankings***					

Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Trend	Cook County	Illinois	Top US Counties	Description
Healthcare Access					
Uninsured Adults		13%	11%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		4%	4%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		1,050:1	1,230:1	1,010:1	Ratio of the population to primary care physicians.
Mental Health Providers		310:1	370:1	250:1	Ratio of the population to mental health providers.
Dentists		1050:1	1,220:1	1,210:1	Ratio of the population to dental providers.
Hospital Utilization					
Preventable Hospital Stays		4,699	4,447	2,233	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		48%	49%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		41%	44%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: ***https://www.countyhealthrankings.org/explore-health-rankings***					

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Trend	Cook County	Illinois	Top US Counties	Description
Healthy Life					
Adult Obesity		29%	32%	30%	Percentage of the adult population (age 20 and older) that reports a body

					mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity		26%	25%	23%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		98%	87%	86%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		36%	34%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		7	9	9	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		15%	15%	15%	Percentage of adults who are current smokers.
Excessive Drinking		24%	23%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		24%	29%	10%	Percent of Alcohol-impaired driving deaths.
Sexual Health					
Teen Births		20	11	18	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		881.8	639.9	161.8	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: *https://www.countyhealthrankings.org/explore-health-rankings*					

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Saint Alexius has cataloged resources available in the community that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading is not intended to be exhaustive.

Social & Structural Determinants of Health

Organization Name	Phone	Website
Greater Chicago Food Depository	773.247.3663	www.chicagosfoodbank.org
Partners for Our Communities	847.776.9500	www.pocnews.org
Fellowship Housing	847.882.2511	www.fhcmoms.org
Schaumburg Township Food Pantry	847.732.7166	www.freefood.org
Hanover Township Food Pantry	630.540.9085	www.hanover-township.org
Township Dial-a-Ride: • Schaumburg • Hanover Park • Palatine	 847.882.1929 630.837.0301 847.358.6907	www.hoffmanestates.org

Access to Care & Community Resources

Organization Name	Phone	Website
Ascension Women & Children's Hospital Hoffman Estates	847.843.2000	www.amitahealth.org
Ascension Medical Group Family Medicine Hoffman Estates	847.882.2400	www.amitahealth.org
Ascension Alexian Brothers	800.432.5005	www.amitahealth.org

Behavioral Health Hospital		
Hoffman Estates Township	847.882.9100	www.hoffmanestates.org
Greater Family Health	844.599.3700	www.greaterfamilyhealth.org
WINGS Program Inc.	847.519.7820	www.wingsprogram.com
Partners for Our Communities	847.776.9500	www.pocnews.org
Children's Advocacy Center	847.885.0100	www.cachelps.org

Prevention & Treatment of Priority Health Conditions

Organization Name	Phone	Website
Ascension Medical Group Family Medicine Hoffman Estates	847.882.2400	www.amitahealth.org
Ascension Saint Alexius Women & Children's Hospital Hoffman Estates	847.843.2000	www.amitahealth.org
Alexian Brothers Behavioral Health Hospital	800.432.5005	www.amitahealth.org
Greater Family Health	844.599.3700	www.greaterfamilyhealth.org

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension Saint Alexius
Summary of Impact from the Previous CHNA Implementation Strategy

Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension Saint Alexius's previous CHNA implementation strategy was completed in November 2019 and addressed the following priority health needs: 1. Social and Structural Determinants of Health, 2. Access to Care, Community Resources and Systems Improvements, 3. Mental health and Substance Use Disorders and 4. Chronic Condition Prevention and Management.

The table below describes the actions taken during the 2019-2022 CHNA IS (TY18-21) to address each priority need and indicators of improvement.

Note: At the time of the report publication (e.g., Spring), the third year of the cycle will not be complete. Individual ministries will accommodate for that variable.

PRIORITY NEED	**Social and Structural Determinants of Health**	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Greater Chicago Food Depository: Mobile Pantry Distribution Program	Provided financial support and staff resources for Mobile Pantry Explored opportunities for continued collaboration and funding support	• **Process Measures:** ○ Total Individuals Served: 1,953 ○ Total Number of Mobile Food Pantry Distribution: 15 ○ Total Pounds of Food Distributed: 19,530 ○ Meals Provided: 16,275 meals • **Outcome Measures:** ○ 100% of participants identified as food insecure received food

PRIORITY NEED	**Access to Care, Community Resources, and Systems Improvements**

ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
AMITA Health Community Resource Directory	Continued to provide Community Resource Directory to the Community	● **Process Measures:** ○ Total Individuals Served: 1,034 ○ Average Number of Social Resources in the Directory for Ascension Saint Alexius Zip Codes: 2,887
LYFT Concierge Transportation Services	Provided transportation services to patients/ community residents who had financial challenges	● **Process Measures:** ○ Total Individuals Served: 1,581 were provided with transportation services and community resources. ● **Outcome Measures:** ○ 100% of the 1,581 individuals that were identified as needing transportation services were connected to services and community resources

PRIORITY NEED	Mental Health and Substance Use Disorders	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Mental Health First Aid (MHFA) Trainings	Continued to provide Mental Health First Aid (MHFA) Trainings to the community	● **Process Measures:** ○ Total Individuals Served: 73 ○ Total Number of Virtual Trainings: 14 ○ Total Number of In-Person Trainings: 0 ○ AMERI Corp Workers Train-the-Trainer: 3 ○ Exploring In-Person trainings after COVID-19 subsides Please Note: In-person trainings were on hold due to COVID-19 Pandemic ● **Outcome Measures:** ○ 100% of participants reported increased knowledge of signs, symptoms and risk factors of mental illnesses and addictions. ○ 100% of participants reported improvement in mental health literacy and anti-stigma levels following the training

Depression & Anxiety Screenings	Screened women for depression & anxiety Standardized processes for routine depression screening	● **Process Measures:** ○ Total Individuals Served: 205 ● **Outcome Measures:** ○ 100% of women screened were provided with information, support, education and referrals for behavioral health and community resources.

PRIORITY NEED	**Chronic Condition Prevention and Management**	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Diabetes Prevention Program	Continued to provide Diabetes Prevention Program to the community	● **Process Measures** ○ Total Individuals Served: 3 ○ Total Number of Virtual Trainings: 9 ○ Total Number of In-Person Trainings: 0 ○ Convened *Diabetes Prevention Program Workgroup* to help identify recruitment opportunities and craft recommendations for coordination and standardization of program delivery ○ Exploring in-person sessions after COVID-19 subsides ○ Total Number of Individuals that Received Pre-Diabetes/Diabetes Community Education: 1,638 Please Note: In-person trainings were on hold due to COVID-19 Pandemic ● **Outcome Measures:** ○ None