Presence Saint Francis Hospital
Community Health Needs Assessment (CHNA)
2016 - 2019
Ministry Overview

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 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 Saint Francis Hospital (PSFH) has been meeting the health needs of Greater Evanston, Rogers Park and West Ridge residents for over 100 years. Founded by the Sisters of Saint Francis of Perpetual Adoration Congregation, Presence Saint Francis Hospital 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 Saint Francis Hospital 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 Saint Francis Hospital is included. This Ministry Overview provides more information about the service area of Presence Saint Francis Hospital, its existing programs, and its specific needs within the context of the needs identified and prioritized by the North Region.
Presence Saint Francis Hospital is a 259-bed, full service medical facility that provides high-quality, compassionate and family-centered medical care to residents of Evanston and its surrounding communities. The hospital is a recognized leader in cardiac and a Level 1 emergency trauma services.

The PSFH community consists primarily of Evanston and two Chicago community areas on the far North side: Rogers Park and West Ridge. These places constitute the majority of the PSFH primary service area, as defined by the collection of ZIP codes where approximately 75% of hospital patients reside. The total population of the service area is approximately 330,000.

The communities served by the hospital are quite different. Evanston is a suburb north of Chicago and part of the North Shore communities. Evanston is a thriving community that is recognized for being a strong economic community. The residents enjoy numerous civic events, lakefront recreation and the prestige of Northwestern University within the community.

Rogers Park and West Ridge are particularly noted for the diversity of the communities. Rogers Park and West Ridge are located on the north side of Chicago. Both communities are known for their multi-ethnic culture. West Ridge has a thriving Jewish and Asian community among its residents and stands out for the diversity of languages spoken. Rogers Park is home to Loyola University Chicago campus.
Identification of Significant Health Needs
Presence Saint Francis Hospital 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.

These focus areas represent significant health needs for the Greater Evanston, Rogers Park and West Ridge neighborhood as well as throughout Cook County. Presence Saint Francis Hospital 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 the prioritized health needs are addressed.

Health Equity
A key part of the core values of the Health Collaborative is the belief that the highest level of health for all people can only be achieved through the elimination of health disparities and health inequities. (North Region, CHNA 2016 page 37.)

“Health inequities are differences in health status between more socially advantaged and less socially advantaged groups, caused by systemic differences in social conditions and processes that effectively determine health.”


Social, Economic, and Structural Determinants of Health
Socioeconomic factors are the largest determinants of health status and health outcome. The social and structural determinants of health are underlying root causes of health inequities. Disparities related to socioeconomic status were identified in the North region as being key issues of community health and individual health outcomes. (North Region, CHNA p. 8-9, 35)
### Key Drivers of Social, Economic and Structural Determinants of Health – North Region

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<tbody>
<tr>
<td>Poverty and economic equity</td>
<td>Unequal access to health care</td>
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<tr>
<td>Unemployment</td>
<td>Ethnicity</td>
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<tr>
<td>Education or substandard education</td>
<td>Racism</td>
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<td>Housing</td>
<td>Environmental concerns</td>
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(CHNA, North Region 2016 p. 37)

### Poverty

The communities served by Presence Saint Francis Hospital – Rogers Park, West Ridge and Evanston have a significant proportion of individuals who are faced with poverty and the economic inequity that results in health disparities. Rogers Park has the lowest household income, the highest poverty rate and the highest children living in poverty. Both Rogers Park and West Ridge have a high number of immigrants, refugees and individuals who speak limited English. West Ridge is somewhat better than the median household income in Rogers Park and the City of Chicago. Evanston, while much better than Rogers Park, West Ridge and Chicago, it is in the lower range of median household income when compared to other Suburban Cook County areas.

In addition, racial and ethnic minorities have lower mean per capita incomes than White non-Hispanics in Chicago and Cook County by approximately 50%. Approximately 3 times the African American population and 2 times the Hispanic/Latino is living at or below 100% of the poverty level population compared to Whites Non-Hispanic. (CHNA 2013 p. 5; North Region, CHNA 2016 p. 43-46)

### Communities with the Highest Percentages Living in Poverty – PSFH Service Area

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<tr>
<td>Edgewater</td>
<td>Evanston</td>
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<td>Rogers Park</td>
<td>Skokie</td>
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<td>West Ridge</td>
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The Federal Poverty Guidelines define poverty based on household size: $11,880 for a one-person household and $24,300 for a four-person household. (A person making $11.50/hr, approximately 10% greater than minimum wage = $23,920/year in gross wages.)

### Median Household Income PSFH Service Area (2006 – 2010)

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<tbody>
<tr>
<td>Evanston</td>
<td>$ 68,051</td>
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<tr>
<td>West Ridge</td>
<td>$47,323</td>
</tr>
<tr>
<td>Rogers Park</td>
<td>$ 39,482</td>
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</table>

(CHNA 2013; Evanston Public Library, 2016)
Housing
West Ridge residents spend 47% of their income on housing and 43% of Rogers Park residents were cost-burdened by housing, i.e. spending more than 30% of their income on housing. Evanston spends an average of 34% of their income on housing and transportation. Approximately 31% of the North Region respondents reported that their housing was not affordable and 41% described poor housing conditions. (CHNA 2013, p. 13, CHNA North Region 2016 p. 52)

Unemployment
Although unemployment in the North region is low compared with the other regions in Cook County, there are large disparities in unemployment with the African American/black community having an unemployment rate that is approximately three times higher than the rates for whites and Asians. (North Region, CHNA 2016, p. 47-48)

Safety and Violence
Rogers Park reported more homicides, drug crimes and violent crimes when compared to West Ridge and Evanston. Rogers Park and West Ridge are communities where unintentional injury is the second leading cause of death. (North Region, CHNA 2016, p. 64)

Although violent crime occurs in all communities, violent crime disproportionally affects communities of color in Chicago and Cook County. There are multiple threats to individual health from community violence, gun violence, intimate partner violence, police violence and bullying. Fear, stress on health and well-being and mental health problems are impacted by safety and violence in the community. (North Region, CHNA 2016 p.39, 56)

Education
Education is an important social determinant of health, because the rate of poverty is higher among those without a high school diploma or GED. Those without a high school education are at a higher risk of developing certain chronic illness, such as diabetes. Individuals without a high school education are more likely to live in poverty in Chicago and suburban Cook County.
High school graduation rates at Sullivan High School in Rogers Park are below the Chicago Average. Graduation rates in Evanston and Chicago Math and Science Academy (CMSA) are above the state average. Two-thirds of Evanston residents have a college degree; this includes the students studying at the universities in Evanston.

<table>
<thead>
<tr>
<th>Percentage of Adults without a High School Degree</th>
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<tr>
<td>PSFH Service Area</td>
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<tr>
<td>• West Ridge 19.6%</td>
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<tr>
<td>• Rogers Park 18.1%</td>
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<tr>
<td>• Evanston 11.6%</td>
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*(Chicago Health Atlas, 2016; Evanston Public Library)*

West Ridge is among the communities with the highest percentage of households with limited English proficiency. Both Rogers Park and West Ridge have low childhood opportunity index scores, reflecting the potential for a variety of negative health indicators, including poor school performance. *(CHNA 2013, p. 8; North Region, CHNA 2016, p. 22,39,42,50-51)*

**Existing Programs – Social, Economic and Structural Determinants of Health**

**“Achieving Dreams”**
The “Achieving Dreams” program at PSFH is a program with Sullivan High School in Rogers Park. The “Achieving Dreams” program is a High School / Hospital Workforce Development program through the Chicago Public School (CPS). This initiative allows students from local CPS high schools enrolled in an allied health or the health sciences career track to receive exposure to the health care field through site visits, job shadow days and a 6-week internship at the hospital. The program partners hospitals with schools from low income communities and/or schools with a larger percentage of at-risk students. Mentoring, job and college readiness and an opportunity to be exposed to health care careers within PSFH are provided.

**Domestic Violence Task Force**
Presence Saint Francis Hospital works with a local domestic violence organization, Between Friends, to chair a multi-disciplinary Domestic Violence Task Force at PSFH. The goal is to identify and address the safety needs of patients and the community to assess and respond to the needs to address domestic violence.

**Mental and Behavioral Health**
Issues related to mental health and substance use, referred to jointly as “behavioral health” have become a significant public health issue due to inadequate funding and the lack of systems to support the needs in Chicago and Cook County. Stigma and the reluctance to
discuss behavioral health problems openly are also factors that contribute to community mental health and substance use issues.

Factors impacting mental health in communities include: socioeconomic inequities, inadequate health care access; lack of affordable and safe housing; racism, discrimination, stigma, lack of safety or perceived safety, violence and trauma. (North Region, CHNA 2016 p. 60-63)

Lack of mental health services for West Ridge and Rogers Park is particularly problematic for low-income residents and those without insurance or Medicaid. Mental health issues have also been identified as a top priority for the city of Evanston. Additional factors impacting mental health needs are the cuts in social services, lack of health care options and shortages of mental and behavioral health professionals. (CHNA 2013, p. 7)

<table>
<thead>
<tr>
<th>Communities with High Rates of Emergency Department visits for Mental Health – PSFH Service Area</th>
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<tbody>
<tr>
<td>Rogers Park</td>
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<tr>
<td>Uptown</td>
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<tr>
<td>Edgewater</td>
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(CHNA North Region, 2016, p. 63)

Alcohol and drug abuse or dependence was among the top 10 diagnosis at the PSFH Emergency Department (ED.) High rates of ED visits for mental health and substance abuse may indicate a lack of community-based treatment options, services and facilities. There is also a high prevalence of co-morbidity between mental illness and drug use. The communities below indicate the areas with high ED rates for mental illness that overlap with high ED visit rates for substance use. (CHNA, North Region, p. 65)

<table>
<thead>
<tr>
<th>Communities with Highest Rates of Emergency Department Admissions for Mental Health and Substance Abuse – PSFH Service Area</th>
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<tbody>
<tr>
<td>Rogers Park</td>
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<tr>
<td>Uptown</td>
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(CHNA North Region 2016, p.65)

Several factors affect the availability of mental health professional services. Availability of services are impacted by the population (e.g., low income or Medicaid eligible) or the presence or lack of different types of facilities (e.g. Federally Qualified Health Centers) as well as the ongoing reduction of mental health facilities and cuts to mental health services.
Communities with Highest Mental Health Professional Shortages – PSFH Service Area

- Rogers Park
- West Ridge
- Edgewater

(CHNA, North Region, 2016 p. 71)

Existing Programs

Mental Health First Aid
In response to a demonstrated system and state-wide need of addressing barriers to accessing and utilizing mental health services, Presence Saint Francis Hospital 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.

Participation in the Ruth M. Cohen Mental Health Conference
Presence Saint Francis Hospital provides financial sponsorship for the Ruth M. Cohen Mental Health Conference. In addition, the Presence Health Behavioral Health program provides on-site associates from Behavioral Health to provide education and information to the participants, many of whom which individuals from the community as well as individuals from organizations, including resources for youth and young adults.

On the Table
Presence Saint Francis Hospital hosted an On the Table: A Discussion of How to Address Mental Health Issues of Youth and Young Adults in our Community. This nationwide event is held annually throughout organizations, churches and providers in the community. This event brings diverse perspectives and backgrounds together to talk, listen and create opportunities to address important community needs. In 2016 PSFH co-sponsored the program with two local community organizations, PEER Services, Inc., and Mental Health America of the North Shore.

PH Behavioral Health 24-hour Crises Line
The Presence Health 24-hour Crises line is an Emergency Room diversion program for individuals in the PSFH service area with mental health needs. Individuals can contact the crisis line and intervention and follow up is provided. Eligible patients are also provided with home visits as needed. The City of Evanston has provided financial support for this program for the residents of Evanston. This program is administered by PH Behavioral Health Services.

**PH Behavioral Health Services at PSFH**
Presence Health Behavioral Health provides outpatient services at Presence Saint Francis Hospital. Assessment, counseling and referral for inpatient care are available for adults, adolescents and children including tele-psychiatry for the children.

**Preventing and Reducing Chronic Disease**
Chronic disease conditions—including type 2 diabetes, obesity, heart disease, stroke, cancer, arthritis and HIV/AIDS—are among the most common and preventable of all health issues. Chronic disease is extremely costly to individuals and to society. The findings indicate that chronic disease is an issue that affects populations across income levels, race and ethnic groups. The leading causes of death in Chicago are heart disease, cancer and stroke as reflected in figure 9.1 *(CHNA North Region 2016, p. 74)*

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<tbody>
<tr>
<td>• Heart Disease</td>
<td>• Heart Disease</td>
<td>• Heart Disease</td>
<td>• Heart Disease</td>
<td>• Heart Disease</td>
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<tr>
<td>• Cancer</td>
<td>• Cancer</td>
<td>• Cancer</td>
<td>• Cancer</td>
<td>• Cancer</td>
</tr>
<tr>
<td>• Stroke and Cerebrovascular Diseases</td>
<td>• Stroke and Cerebrovascular Diseases</td>
<td>• Stroke and Cerebrovascular Diseases</td>
<td>• Stroke and Cerebrovascular Diseases</td>
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<tr>
<td>• Chronic Lower Respiratory Diseases</td>
<td>• Chronic Lower Respiratory Diseases</td>
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<td>• Accidents</td>
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*Figure 9.1. Leading causes of death, Chicago and Cook County*

Several factors influence chronic disease prevention, inducing the need for non-emergency preventative care and linkage to care following hospitalization, as well as inequities in access to healthcare services. In order to reduce chronic disease-related mortality and address inequities in mortality and disease burden, a focus on chronic disease prevention is critical. The CDC’s four areas of chronic disease prevention include:

1) Monitor trends and track progress (epidemiology and surveillance).
2) Promotion of health and support of healthy behaviors.
3) Improve the effective delivery and use of clinical and high-value preventative services (healthcare system interventions).
4) Community programs linked to clinical services.
Regular visits with a primary care provider are important to improve chronic disease management and reduce illness and death. As a result, it is an important form of prevention. Data from the Illinois Department of Public Health reflects that racial and ethnic disparities in mortality rates in heart disease, cancer and stroke and diabetes persist in the North Region of Chicago as reflected in figure 9.2 and 9.5.

**Coronary Heart Disease Mortality**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Mortality Rate (per 100,000)</th>
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<tbody>
<tr>
<td>African American/blacks</td>
<td>142</td>
</tr>
<tr>
<td>Whites</td>
<td>99</td>
</tr>
<tr>
<td>Hispanic/Latinos</td>
<td>72</td>
</tr>
<tr>
<td>Asians</td>
<td>71</td>
</tr>
</tbody>
</table>

**Cancer Mortality**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Mortality Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/blacks</td>
<td>212</td>
</tr>
<tr>
<td>Whites</td>
<td>171</td>
</tr>
<tr>
<td>Hispanic/Latinos</td>
<td>124</td>
</tr>
<tr>
<td>Asians</td>
<td>131</td>
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*Figure 9.2. Chronic disease-related mortality (per 100,000) for North region, by race and ethnicity.*

**Asthma**

Asthma was the 8th top diagnosis for the PSFH Emergency Department. Emergency Department visits for adult and pediatric asthma are indicative of increased exposure to environmental contaminants that can trigger asthma as well as poorly managed asthma.

**Diabetes**

The ER Rate due to diabetes for the community areas served by PSFH is as follows per 100,000 population: Rogers Park 36.1%, West Ridge 21.9%, and Evanston 19.4 and 16.7. Hospitalization and emergency department (ED) visits are indicative of poorly controlled chronic diseases such as diabetes and a lack of access to routine preventative care.

The highest diabetes-related mortality rates occurs in African Americans/blacks and Hispanics/Latinos. PSFH had over 1,000 admissions for diabetes-related conditions. Non-Hispanic African American/blacks and Hispanic/Latinos in the North region have higher diabetes-related mortality rates than non-Hispanic whites and Asians.

*North Region, CHNA 2016, p. 76; Chicago Data Atlas, 2016 from 2012 Hospital Admissions.*
HIV / AIDS
Rogers Park is among the top ten communities in the Chicago area with the highest rates of HIV/AIDS prevalence. In addition to geographic disparities in persons living with HIV/AIDS there are disparities related to gender, age, race/ethnicity, and sexual orientation. Overall African American/blacks have the most severe burden of HIV compared to all other racial and ethnic groups. The communities served by PSFH with the largest numbers of persons living with HIV/AIDS are shown in Figure 9.9. *(North Region CHNA, 2016, p.79)*

<table>
<thead>
<tr>
<th>Communities with the Highest Percentage of people living with HIV/AIDS – PSFH Service Area</th>
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<tbody>
<tr>
<td>Rogers Park</td>
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<tr>
<td>Edgewater</td>
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<tr>
<td>Evanston</td>
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</table>

*(North Region CHNA, 2016, p. 79)*

Obesity
Health behaviors can influence risk factors for chronic disease and influence management of diseases following diagnosis. Poor diet and a lack of physical activity are two of the major predictors for obesity and diabetes. One in four adults in Chicago were obese in 2014 and 19% of all CPS kids are obese. *(North Region, CHNA 2016, p. 78; Healthy Chicago 2.0 Plan, 2016)*

<table>
<thead>
<tr>
<th>Communities with a High Burden of Chronic Disease with Multiple Indictors – PSFH Service Area</th>
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<tbody>
<tr>
<td>Rogers Park</td>
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<td>Edgewater</td>
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*(CHNA North Region, 2016 p. 72-73)
**Life Expectancy**
Life expectancy for people in areas of high economic hardship areas of Cook County is five years lower than communities with better economic conditions. Rogers Park and Uptown have the lowest life expectancy in the PSFH service area. *(North Region, CHNA p. 37-40,58).*

<table>
<thead>
<tr>
<th></th>
<th>Chicago and Suburban Cook County</th>
<th>Life Expectancy (Years)</th>
<th>Suburban Cook County</th>
<th>Life Expectancy (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rogers Park</td>
<td></td>
<td>76.2</td>
<td>Wilmette</td>
<td>85.2</td>
</tr>
<tr>
<td>Uptown</td>
<td></td>
<td>75.9</td>
<td>Schiller Park</td>
<td>83.6</td>
</tr>
<tr>
<td>Lincolnwood</td>
<td></td>
<td>75.2</td>
<td>Skokie</td>
<td>83.3</td>
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Data Source: North Region CHNA p.58) and Healthy Chicago 2.0 (2016).

**Existing Programs**

**A – List Diabetes Prevention Program**
Presence Saint Francis Hospital provides an evidenced-based diabetes prevention program to individuals with pre-diabetes. The goal is to prevent individuals from developing Type 2 diabetes, the most common form of diabetes, which can be prevented or delayed by maintaining a healthy lifestyle. The program provides assessment, nutritional counseling with a registered dietitian, as well as free laboratory screenings to the participants.

**Partnership with High Ridge YMCA**
Presence Saint Francis hospital refers individuals who could benefit from an exercise program to the High Ridge YMCA which provides a program to offer a free trial and a discounted rate for individuals and families.

**Support of Women Out Walking**
Presence Saint Francis Hospital provides body mass index (bmi) and blood pressure screenings to participants at the kick-off of the Women Out Walking Program, coordinated by Evanston Health Department. This program engages women in the community to undertake a 12-week walking program. The program supports on of the City of Evanston goals to address obesity.

**Support of the Divvy Bike Program**
Presence Health provides financial support for the Divvy Bike station located across the street from the Presence Saint Francis Hospital.

**Know Your Numbers Screenings**
Presence Saint Francis Hospital provides free screenings for the general community in the hospital’s service area at various events, churches, and local organizations. Screenings includes a full lipid cholesterol panel and an A1C test for diabetes. Screenings are provided by a
phlebotomist from the PSFH laboratory. Individuals with an abnormal diabetes result are followed by the PSFH Certified Diabetes Nurse Educator. Individuals with abnormal cholesterol results are also contacted by a PSFH nurse. Participants are provided with education to help them improve their biometric indicators of their health. PSFH associates from the A - List Diabetes Prevention Program consult with individuals who are interested in discussing the opportunities and advantages of enrolling in the program.

**Increasing Access to Care and Support Services**

Issues impacting access to care and support services include lack of insurance, lack of providers accepting Medicaid and funding cuts in social services. Inequities in access to care and community resources include individuals who are from low income households, diverse racial and ethnic groups, immigrants and refugees.

The communities served by PSFH most affected by lack of access to healthcare and community resources are reflected in the table.

<table>
<thead>
<tr>
<th>High Rates of Negative Health Indicators and Poor Health Outcomes – PSFH Service Area</th>
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<tr>
<td>• Rogers Park</td>
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<td>• West Ridge</td>
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<td>• Skokie</td>
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Lack of insurance, high insurance cost and extremely limited Medicaid were identified as major barriers to accessing primary care, specialty care, and other health services.

The rate of residents of West Ridge and Rogers Park who are uninsured is 10 percent greater than in Evanston. About 30% of residents in the West Ridge and Rogers Park communities are enrolled in Medicaid. In addition, immigrants are among the populations that are more likely to not have information about how and where to seek out preventative services. As previously noted, both of these communities have large immigrant populations. *(North Region, CHNA, p. 82-84)*

Access to care priority needs include:

- Need to improve cultural and linguistic competency and humility.
- Inadequate access to healthcare, mental health service and social services, particularly for uninsured and underinsured.
- Opportunity to coordinate and link access to healthcare and social services.
- Need to improve health literacy.
- Navigating complex healthcare systems and insurances continues to be a challenge in the post Affordable Care Act environment. *(CHNA, North Region 2016 p. 81)*
Existing Programs

Affordable Care Act Enrollment
Presence Saint Francis Hospital collaborated with community organizations, Patient Innovation Center and Access Health to provide Certified Application Counselors at the hospital to educate and enroll individuals in the health care options available through the Affordable Care Act (ACA).

Summary of Implementation Plan for 2016

Safety and Violence
PSFH partnered with Between Friends to provide education and promote access to resources for those that are affected by domestic violence. For the 2016 year through September 2016 the following can be reported:
- 7 individuals contacted Between Friends indicating they were referred by PSFH.
- 91 medical providers trained at PSFH on domestic violence issues
- 4 domestic violence committee meetings held at PSFH
- 21 medical associates attended a domestic violence committee meeting
- 41 callers were referred to Between Friends by any medical community (including PSFH)
- 3 individuals indicated that they called as a result of the flyer posted (flyers are posted at PSFH and another hospital working with Between Friends.

Obesity and Diabetes
The A-List Diabetes Prevention Program at PSFH is aimed at individuals who are pre-diabetic. This education and prevention program provides health screenings, nutrition education and consultation by registered dietitians and certified diabetes educators. Overall, the program has had a positive effect on moving the biometrics of the participants in a positive direction. There were two individuals who were outliers for increases in total cholesterol and HDL levels which impacted the averages for their group. However, those two individuals did make positive gains in decreasing their other biometrics. In addition, PSFH regularly provides a Diabetes Boot camp for individuals with diabetes.

PSFH partnered with the High Ridge YMCA to provide discounted use of the YMCA targeting individuals in the PSFH diabetes programs, or others who have had screenings that reflected an abnormal result for their cholesterol, A1C, or body mass index or referred by their MD/RN. Although the program was designed to capture those at high risk that could benefit from exercise as a component of improving their health status to date only 1 person has taken advantage of the program.

PSFH provides free screenings as a part of its Know Your Numbers campaign to educate individuals on the results of their key biometric indicators. PSFH has partnered with the
community at various events, including the City of Evanston’s Women out Walking, the Men’s Health Fair and at various local churches or organizations.

**Mental Health**
PSFH provided Mental Health First Aid Training for individuals and organizations within the Lakeshore Region. Mental Health First Aid is a public education program that provides education to participants to identify risk factors and warning signs of mental illness. These classes were coordinated by the Presence Health system and were meant to help support non-clinical individuals in assessing and appropriately intervening with the scope of their role. This program also addresses substance abuse as a part of the training.

The Behavioral Health program of Presence Health has a 24 hour crisis line that is based at PSFH. This program which supports the residents of Evanston and Chicago is intended to reduce the inappropriate use of 911 and other emergency resources to provide access to trained professionals to counsel and intervene with individuals experiencing a behavioral health issue. Follow up care is provided if needed. In addition the BH program of PH was in attendance at the Ruth M. Cohen Annual Mental Health Conference and provided information on access to behavioral health resources. PH was also a corporate sponsor of this conference.

**Adolescent and Young Adult**
PSFH co-sponsored the On the Table: A Discussion of Mental Health Issues Affecting Youth and Young Adults. This event was co-sponsored by PEER Services, Inc, and Mental Health America of the North Shore. Changes in staffing did affect additional plans in 2016 for this Action Team.

**Access to Care**
The focus for Access to Health Care has been to provide on-site assistance with enrollment in the Affordable Care Act. As a result, PSFH has utilized Certified Application Counselors to provide this service. The on-site counselor provides a weekly presence to advise and educate individuals as well as assist with sign-up, particularly during the enrollment period.

The following services were provided through October 2016 at PSFH: 81 ACA applications processed, 5 Medicaid applications, 59 consultations post enrollment, and 122 face to face encounters to provide information and education.

PSFH also provides a monthly Blue Cross/Blue Shield help desk which is set-up in the hospital lobby to address issues and questions from the community.
Driven by a shared mission and a set of collective values that have guided the CHNA process and decision making, PSFH 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 Saint Francis Hospital has formally delegated authority to approve this CHNA to the Greater Evanston 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 Greater Evanston Community Leadership Board**

Date Approved

Plan Prepared By:

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Beverly Millison
Regional Director, Community Health Integration
Ministry Overview

Presence Saint Francis Hospital Participation in the Health Impact Collaborative of Cook County

Ministry Lead
Beverly Millison
Regional Director, Community Health Integration

Presence Saint Francis Hospital Community Assets

ACCESS Community Health Network  Holmestead Communications
Asian Human Services  Howard Area Community Center
Between Friends  Jewish Child & Family Services
Chicago Public Schools  Lincolnwood Fire Department
CJE Senior Life  Loyola University
Consortium to Lower Obesity in Chicago  McGaw YMCA
Children (CLOCC)  Misericordia Heart of Mercy
Cook County Commissioner Larry Suffredin’s Office  Mental Health America of the North Shore
Cradle to Career  Northwestern University
Early Childhood Initiative  PEER Services, Inc.
Erie Family Health Center  Rogers Park Business Alliance
Evanston Health Department  S & C Electric Company
Evanston Public Library  Saint Hilary Catholic Church
Evanston/Skokie School District 65  Saint Nicolas Catholic Church
Evanston Township High School  Sullivan High School
Family Focus  Trilogy Behavioral Health
Healthy Rogers Park Community Network  Village of Skokie
High Ridge YMCA  Y.O.U. Evanston
Presence Saint Francis Hospital 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 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 bmillison@presencehealth.org or to the following address:

Community Health
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Evanston, IL 60202