2022 AdventHealth Hinsdale Community Health Needs Assessment

Extending the Healing Ministry of Christ

AdventHealth

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Letter From Leadership

At AdventHealth, we have a sacred mission of Extending the Healing Ministry of Christ. That obligation goes beyond our walls and into the communities we serve. Our commitment is to address the healthcare needs of our community with a wholistic focus; one that strives to heal and restore the body, mind and spirit. We want to help our communities get well and stay well.

Every three years AdventHealth hospitals across the nation complete a Community Health Needs Assessment. During this assessment we talk to, and work with, community organizations, public health experts and people like you, who understand our communities best. This in-depth look at the overall health of our communities and the barriers to care they experience help AdventHealth better understand the unique needs in the various communities we serve.

We use this information to create strategic plans that address the issues that impact our communities most. At AdventHealth, we know that a healthy community is not a “one size fits all” proposition and that everyone deserves a whole health approach that meets them where they are and supports their individual health journey.

This work would not be possible without the partnership of public health experts, community organizations and countless community members who helped inform this report. Through these ongoing partnerships and collaboration, AdventHealth will continue to create opportunities for better health in all the communities we serve.

In His service,
Adam Maycock
President & CEO
AdventHealth Hinsdale and AdventHealth LaGrange

Executive Summary

Adventist Midwest Health d/b/a AdventHealth Hinsdale will be referred to in this document as AdventHealth Hinsdale or "the Hospital". AdventHealth Hinsdale in Hinsdale, Illinois conducted a community health needs assessment from October 2021 to November 2022. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations.
- Assess and understand the community's health issues and needs.
- Understand the health behaviors, risk factors and social determinants that impact health.
- Identify community resources and collaborate with community partners.
- Publish the Community Health Needs Assessment.
- Use assessment findings to develop and implement a 2023-2025 Community Health Plan based on the needs prioritized in the assessment process.

The Collaborative

In order to ensure broad community input, AdventHealth Hinsdale took part in the Impact DuPage Community Health Needs Assessment process. Impact DuPage, referred to here as "the Collaborative" was formed in 2013 to create a common understanding of community needs, gaps and priorities with the goal of advancing the well-being of the DuPage County community. The Collaborative has representation from social support and community organizations, health care systems, as well as public health and education institutions. The Collaborative includes intentional representation from those serving low-income, minority and other underserved populations.

The Committee

To guide the assessment process, the Collaborative created the Impact DuPage Steering Committee to guide the overall assessment, planning and evaluation process. This committee's membership included local community organizations and stakeholders, including those in public health and those who represent the interests of medically underserved, low-income and minority community members. This steering committee is referred to here as "the Committee". The Committee met several times in 2021 - 2022.
A list of Committee members can be found in the Process, Methods and Findings.

Community Health Needs Assessment Committee

AdventHealth Hinsdale also convened a Community Health Needs Assessment Committee (CHNAC). The purpose of the CHNAC was to select the needs the Hospital would address as a result of the findings in the assessment. The CHNAC made this decision by reviewing the priority needs selected by the Collaborative, the internal Hospital resources available, the unique demographic data of the community the Hospital serves, when different from county level data, and local resources existing in the community. With this information the CHNAC was able to determine where the Hospital could most effectively support the community. The CHNAC met several times in 2021 - 2022.
A list of CHNAC members can be found in the Prioritization Process.

Data

The Collaborative collected both primary and secondary data for the assessment. Primary data included a community survey, a local public health system assessment and a forces of change assessment. In addition, public data was utilized from state and national data sources. Primary and secondary data was compiled and analyzed to identify the top nine aggregate issues. To read more about the county level findings and data highlighted in the report, please visit the Impact DuPage Community Assessment.
See Process, Methods and Findings for data sources.

Community Asset Inventory

The next step was to create a Community Asset Inventory. This inventory was designed to help the CHNAC understand existing community efforts to address the identified issues from aggregate primary and secondary data and to prevent duplication of efforts.
See Available Community Resources for more.

Selection Criteria

The Hospital convened the Community Health Needs Assessment Committee (CHNAC) to review the data and priorities selected by the Committee and to identify the needs the Hospital would select. The CHNAC also considered the Hospital's PSA-level secondary data, local community resources available, as well as the Hospital's current resources and strategies to find ways to prioritize and address the needs most effectively.

The Collaborative and CHNAC members were asked to consider the following question before voting on each issue and to rank the issue accordingly:

"What is the magnitude of the need for more focus and attention on this health issue?"

The needs were ranked on a scale of 1 to 5 (1 = no more focus needed, 3 = more focus needed, 5 = much more focus needed).

See Prioritization Process for more.

Priority Issues to be Addressed

The priority issues selected by the CHNAC to be addressed are:

1. Mental Health and Substance Use

2. Prevention and Management of Serious Illness
   — Addressing Social Determinants of Health
   — Chronic Disease and Serious Illness Awareness

See Prioritization Process for more.

Approval

On December 15, 2022, the AdventHealth Hinsdale Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2022 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2022.

Next Steps

AdventHealth Hinsdale will work with the Collaborative and the CHNAC to develop a measurable implementation strategy called the 2023-2025 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2023.

About AdventHealth

AdventHealth Hinsdale is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 80,000 skilled and compassionate caregivers serve 4.7 million patients annually. From physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.

In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are changing medicine and shaping the future of health care.

Amwell, a national telehealth leader, named AdventHealth the winner of its Innovation Integration Award. This telemedicine accreditation recognizes organizations that have identified connection points within digital health care to improve clinical outcomes and user experiences. AdventHealth was recognized for its innovative digital front door strategy, which is making it possible for patients to seamlessly navigate their health care journey. From checking health documentations and paying a bill, to conducting a virtual urgent care visit with a provider, we are making health care easier by creating pathways to wholistic care no matter where your health journey starts.

AdventHealth is also an award-winning workplace aiming to promote personal, professional and spiritual growth with its workplace culture, having been recognized by Becker's Hospital Review on its "150 Top Places to Work in Healthcare" three years straight. This recognition is given annually to health care organizations that promote workplace diversity, employee engagement and professional growth.

AdventHealth Hinsdale

AdventHealth Hinsdale is part of the AdventHealth Great Lakes region. The AdventHealth Great Lakes region is comprised of AdventHealth LaGrange, AdventHealth GlenOaks, AdventHealth Bolingbrook and AdventHealth Hinsdale, all in the State of Illinois. AdventHealth Hinsdale is a 261- bed, full service medical facility that provides high-quality, compassionate and family-centered medical care to the residents of Hinsdale and the surrounding communities. AdventHealth Hinsdale offers emergency medical and surgical services, medical lab and imaging services, heart and vascular care, cancer care, orthopedic and neurological care, obstetrical and women's care and pediatrics. AdventHealth Hinsdale has earned a number of nationally recognized awards and safety grades, particularly for its state-of-the art cancer center, Level III Perinatal Care Designation, ANCC Magnet Designation, Joint Commission Hospital, Behavioral Health and Home Health accreditation, Joint Commission Advanced Primary Stroke Center Certification, ED Level II Trauma, Blue Distinction Specialty Care for Hip and Knee Replacement and Blue Distinction+ Specialty Care for Spine.

COMMUNITY OVERVIEW

Community Description

Located in DuPage County, Illinois, AdventHealth Hinsdale defines its community as the Primary Service Area (PSA), the area in which 75-80% of its patient population lives. This includes 39 zip codes across mainly DuPage County and smaller areas in Will, Kendall and Cook Counties.

According to the 2020 Census, the population in the AdventHealth Hinsdale community has grown 2.5% in the last ten years to 1,176,776 people. This is less than the percentage of growth seen in the United States since the last Census but more than seen in the State of Illinois, which had decreased. Demographic and community profile data in this report are from publicly available data sources such as the US Census Bureau and the Center for Disease Control and Prevention unless indicated otherwise. Data are reported for the Hospital's PSA, also referred to as the community, unless listed for a specific county. Data are also provided to show how the community compares locally, in the state and at a national level for some indicators.

Community Profile

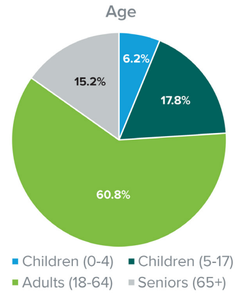
Age and Sex

The median age in the Hospital's community is 39, higher than that of state which is 38.3 and that of the US, 38.2.

Females are the majority, representing 50.8% of the population. Middle aged women, 40-64, are the largest demographic group at 16.3%. Middle aged men are the second largest demographic group at 16.1%.

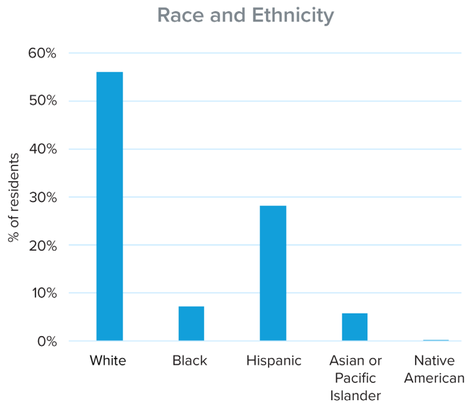
Children are 24% of the total population in the community. Infants, those zero to four, are 6.2% of that number. The community birth rate is 54.5 births per 1,000 women aged 15-50, this is higher than the US average of 51.9 and that of the state, 51.5. In the Hospital's community, 9.8% of children aged 0-4 and 10.6% of children aged 5-17 live in poverty.

Seniors, those 65 and older, represent 15.2% of the total population in the community. Females are 56.7% of the total senior population.



Race and Ethnicity

In the Hospital's community, 56% of the residents are non-Hispanic white, 7.1% are non-Hispanic Black and 28% are Hispanic or Latino. Residents that are of Asian or Pacific Islander descent represent 5.7% of the total population, while .1% are Native American and 2.7% are two or more races.



Social Determinants of Health

According to the CDC, social determinants of health (SDOH) are the conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Social determinants of health are increasingly seen as the largest contributing factor to health inequities in communities throughout the country.

The Hospital categorized and analyzed SDOH data following the Healthy People 2030 model. This approach was chosen so, when possible, the Hospital could align its work with national efforts when addressing social determinants of health. For the purposes of the CHNA the Hospital will follow this model for reporting any related data.

The Healthy People 2030 place-based framework outlines five areas of SDOH:

Economic Stability: This includes areas such as income, cost of living, food security and housing stability.

Education Access and Quality: This focuses on topics such as high school graduation rates, enrollment in higher education, literacy and early childhood education and development.

Health Care Access and Quality: This includes topics such as access to health care, access to primary care and health insurance coverage.

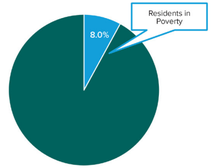
Neighborhood and Built Environment: This includes areas like quality of housing, access to transportation, availability of healthy foods and neighborhood crime and violence.

Social and Community Context: This focuses on topics such as community cohesion, civic participation, discrimination and incarceration.

Economic Stability

Income

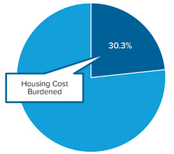
The median household income in the Hospital's community is $90,096. This is above the median for the state ($72,117) and the US ($68,498). The poverty rate in the community is 8.0%, which is below the state and national rate.

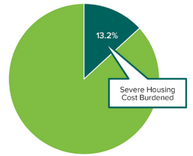


Food Insecurity and Housing Stability

People who are food insecure, having reduced quality and/or amount of food intake, may be at an increased risk of negative health outcomes. Studies have shown an increased risk of obesity and chronic disease in adults who are food insecure. Children who are food insecure have been found to have an increased risk of obesity and developmental problems compared to children who are not.[1] Feeding America estimates for 2020[2], showed the food insecurity rate in the Hospital's community as 10.4%.

Increased evidence is showing a connection between stable and affordable housing and health.[3] When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Having less access can result in more negative health outcomes. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more the 50%.





1 Food Insecurity - Healthy People 2030 | health.gov
2 Map the Meal Gap 2020 Combined Modules.pdf (feedingamerica.org)
3 Severe housing cost burden* | County Health Rankings & Roadmaps

Education Access and Quality

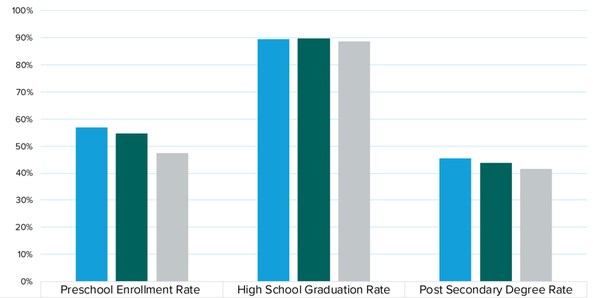
Research shows education can be a predictor of health outcomes, as well as a path to address inequality in communities.[4] Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

In the Hospital's community, there is an 89.5% high school graduation rate, which is slightly lower than the state rate but higher than the national rate. The rate of people with a post-secondary degree is higher in the Hospital's community than both that of the state and the nation.

Early childhood education is uniquely important and can improve the cognitive and social development of children. This helps provide the foundation for long term academic success, as well as improved health outcomes. Research on early childhood education programs show that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.[5]

In the Hospital's community, 56.8% of 3-4-year-olds were enrolled in preschool. This is higher than the state and the national rate. There is a large percentage of children in the community who may not be receiving these early foundational learnings.

Educational Attainment



	Preschool Enrollment Rate	High School Graduation Rate	Post Secondary Degree Rate
Hospital's Community	56.8%	89.5%	45.5%
IL	54.6%	89.7%	43.7%
US	47.4%	88.5%	41.6%

4 The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015 | Archives of Public Health | Full Text (biomedcentral.com)
5 Early Childhood Education| Health Impact in 5 Years | Health System Transformation | AD for Policy | CDC

Health Care Access and Quality

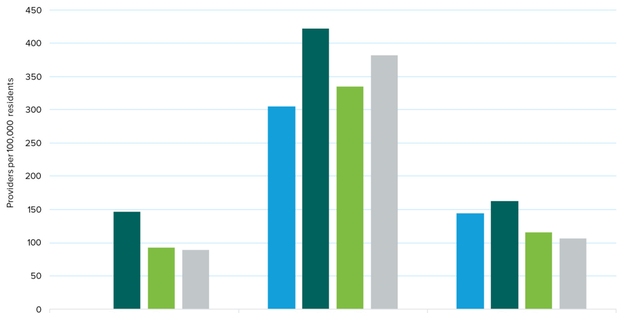
In 2020, 7.1% of community members aged 18-64 were found to not have health insurance. A lack of health insurance can lead to delayed care, resulting in more serious health conditions and increased treatment costs. Although health insurance coverage levels can be a strong indicator of a person's ability to access care, there are other potential barriers that can delay care for many people.[6]

Accessing health care requires more than just insurance, there also need to be available health care professionals to provide care. When more providers are available in a community access can be easier, particularly for those experiencing transportation challenges.

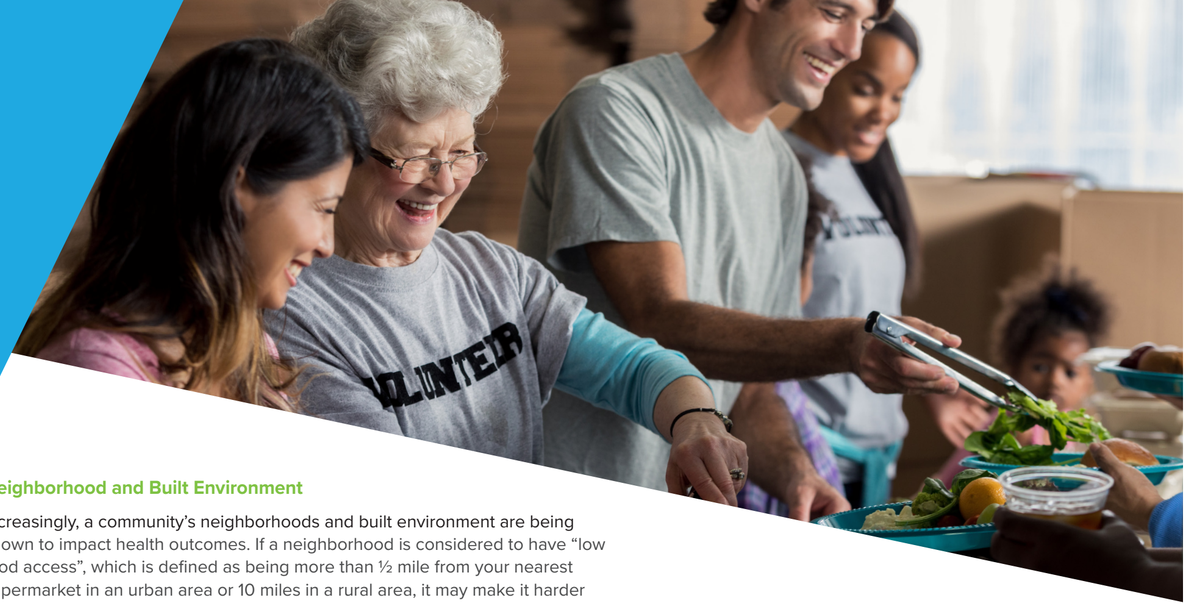
Routine checkups can provide an opportunity to identify potential health issues and when needed develop care plans. In the Hospital's community, 74.9% of people report visiting their doctor for routine care.

6 Health Insurance and Access to Care (cdc.gov)

Providers Per Capita



	Primary Care	Mental Health	Dentists
Hospital's Community	N/A	305	144.2
DuPage County	146	422.4	162.5
IL	92.4	334.4	115.7
US	89.1	381.9	106.4



Neighborhood and Built Environment

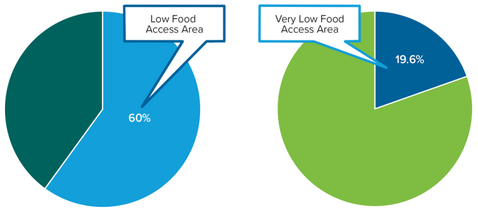
Increasingly, a community's neighborhoods and built environment are being shown to impact health outcomes. If a neighborhood is considered to have "low food access", which is defined as being more than ½ mile from your nearest supermarket in an urban area or 10 miles in a rural area, it may make it harder for people to have a healthy diet. A very low food access area is defined as being more than 1 mile from your nearest supermarket in an urban area or 20 miles in a rural area.

A person's diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet.[7] In the Hospital's community, 60% of the community lives in a low food access area, while 19.6% live in a very low food access area.

Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public transportation can be essential to access health care, healthy food and maintaining employment. In the community, 5.3% of the households do not have an available vehicle.

7 A Neighborhood's Built Environment May Have Numerous Effects on Its Residents' Health - RWJF

Food Access



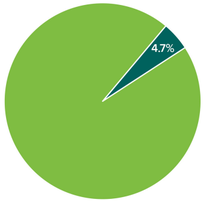
Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being.[8] When faced with challenges outside of their control, positive relationships with others can help reduce negative impacts. People can connect through work, community clubs or others to build their own relationships and social supports. There can be challenges to building these relationships when people don't have connections to create them or there are barriers like language between groups.

In the community, 4.7% of youth aged 16-19 were reported as disconnected, which means they were neither enrolled in school nor working at the time. Also, in the community 26.6% of seniors (age 65 and older) report living alone and 5% of residents report having limited English proficiency. All these factors can create barriers to feeling connected in the community.

8 Social and Community Context - Healthy People 2030 | health.gov

Disconnected Youth



Process, Methods and Findings

Process and Methods

The Process

The health of people living in the same community can be very different because there are so many influencing factors. To understand and assess the most important health needs of its unique community and the people in it, input was solicited directly from the community and from individuals who represent the broad interests of the community. A real effort was made to reach out to all members of the community to obtain perspectives across age, race/ethnicity, gender, profession, household income, education level and geographic location. Publicly available data was also collected and reviewed. This data helped to inform how the community fared across health, social determinants of health and quality of life indicators compared to other communities in Illinois, the state and the US.

The Hospital took part in the Impact DuPage Collaborative to complete the assessment. Impact DuPage, "the Collaborative", was formed in 2013 to create a common understanding of community needs, gaps and priorities with the goal of advancing the well-being of the DuPage County community. The Collaborative has representation from social support and community organizations, health care systems, as well as public health and education institutions. The Collaborative includes intentional representation from those serving low-income, minority and other underserved populations.

To guide the assessment process, the Collaborative formed a smaller steering committee of the larger collaborative. The steering committee's membership included local community organizations and stakeholders, including those in public health and those who represent the interests of medically underserved, low-income and minority community members. This executive committee is referred to here as "the Committee".

The Committee

The Committee includes representation from numerous organizations in the Collaborative. The representatives provide their expertise and knowledge on behalf of the communities served by their organizations and advocate on their behalf.

Community Organizations

- **Laura Olson Beard,** Chief Professional Officer–West Suburban Region, United Way of Metro Chicago
- **David Roth,** Executive Director, DuPage Federation on Human Services Reform
- **Jenifer Fabian,** Executive Director, People's Resource Center
- **Barb Szczepaniak,** Director of Programs, DuPage Foundation

Health Care Systems and Providers

- **Angela Beck,** Vice President for Social Impact, Duly Health and Care
- **Gina Sharp,** President & CEO, Linden Oaks Behavioral Health
- **Nichole Edmonds,** Community Health Manager, Advocate Good Samaritan Hospital
- **Fabiola Zavala,** Director of Community Benefit, AdventHealth

Public Health Experts

- **Karen Ayala,** Executive Director, DuPage County Health Department
- **Kara Murphy,** President, DuPage Health Coalition
- **Nansi Angelopolou,** Mental Health Clinical Consultant, DuPage County Public Defender's Office

Public Service Institutions

- **Mary Keating,** Director of Community Services, DuPage County
- **Marisa Wiesman,** Managing Attorney, Prairie State Legal Services, Inc.
- **The DuPage County Health Department (DCHD) Leadership staff,** DCHD Program Manager staff and the DCHD Board of Health.

Community Input

The Collaborative collected input directly from the community and from health care and social service providers working in organizations addressing the needs and interests of the community. This was collected through a community survey, a local system assessment and a forces of change assessment.

Community Survey

- Provided in English and Spanish to anyone in DuPage County and accessible online through weblinks and QR codes. Paper surveys were given to partners to place at their organizations with the goal of reaching those who might not have access otherwise and experience barriers to responding electronically.
- Surveys were shared through social media posts, flyers, newsletters and emails via outreach by the Collaborative with community partners including public health organizations. Partners were provided links to the online survey, with the request that it be sent to listservs, electronic mailing lists they maintained and when possible shared on their own social media channels
- Individuals were asked questions designed to help understand the following questions:
  - What is important to our community?
  - How is quality of life perceived in our community?
  - What assets do we have that can be used to improve community health?

Local System Assessment

- Designed to provide input on the strengths and weaknesses of the local public health system. An online survey was shared by the Collaborative targeting stakeholders in organizations that affect the quality of life and health in the community; including public health, local hospitals and health systems, mental and behavioral health, education, housing, public safety, local government, local nonprofit and faith-based organizations.
- Survey participants were invited to join follow up discussions to review the findings from the survey and provide valuable feedback regarding how well the system is performing and opportunities for improvement and to brainstorm on related important trends, factors and events that affect our quality of life and the associated threats and opportunities.

Forces of Change Assessment

- Facilitated through 15 brainstorming sessions conducted with community leaders to identify forces such as trends, factors or events that were influencing the quality of life and health of the community. The goal of the sessions was to answer the questions:

  "What is occurring or might occur that affects the well-being of our residents or the local system?"

  "What specific threats or opportunities are generated by these occurrences?"
- The groups that participated in the brainstorming sessions were the Community Hunger Network, Impact DuPage Steering Committee, ADAPT (Alliance of DuPage Advocates for Pregnant and Parenting Teens), Bensenville Interfaith Council, DuPage Federation's Council of Community Leaders, Choose DuPage, Behavioral Health Collaborative, Prevention Leadership Team, WeGo Together for Kids, Addison Resources Connect, DuPage Early Childhood Collaborative, the DuPage County Health Department (DCHD) Leadership staff, DCHD Program Manager staff and the DCHD Board of Health.

Secondary Data

To inform the assessment process, existing health related and demographic data about the community from publicly available sources was collected. This included topics in the areas of health, social determinants of health and quality of life indicators. The most current public data for the assessment was compiled and sourced from government and public health organizations including, but not limited to:

- US Census Bureau
- Center for Disease Control and Prevention
- US Department of Health and Human Services
- County Health Rankings
- Various State of Illinois Department Databases
- DuPage County Health Department

The Findings

Throughout the assessment process, there were reoccurring issues and needs which consistently rose to the top. The top areas of concern identified were:

Affordable and adequate housing

Considered a social determinant of health, housing can affect a wide range of health and quality-of life outcomes. Everyone needs a place to live, regardless of age, job, race, ability, income or position in life, but not everyone's home is affordable. The Department of Housing and Urban Development (HUD) defines "affordable housing" as consuming no more than 30% of a household's monthly income, including utilities. This is the maximum level a family should spend. Generally, when families or individuals spend more than 30% of their income on housing, they do not have enough income to withstand financial setbacks or meet other basic needs such as food, clothing and medical insurance.

Technology and social media use

Social media can have a large influence on a child's mental health and wellbeing. Social media can cause trauma to children and may contribute to teen depression and anxiety. Parents need more education about ways to monitor/ limit access to technology. Increased use of social media has led to changes in the way that a community is built and interacts, given that young people's community is mostly online, especially during the COVID-19 pandemic. An additional concern regarding technology is that it is difficult for low-income individuals to access the internet and own technological devices.

Transportation options

Transportation issues include lack of vehicle access, inadequate infrastructure, long distances and lengthy times to reach needed services, transportation costs and adverse policies that affect travel. Transportation challenges affect rural and urban communities. Because transportation touches many aspects of a person's life, adequate and reliable transportation services are fundamental to healthy communities. Transportation issues can affect a person's access to health care services. These issues may result in missed or delayed health care appointments, increased health expenditures and overall poorer health outcomes.

Mental health

Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day. Mental health includes our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Substance use

Substance use disorders can involve illicit drugs, prescription drugs, alcohol or tobacco. Opioid use disorders, which stem from the improper use of prescription drugs, have become especially problematic in recent years. Substance use disorders are linked to many health problems and overdoses can lead to emergency department visits and deaths.

Being overweight/obesity/healthy food access and increasing physical activity

Obesity is a medical condition in which excess body fat has accumulated to an extent that it may have a negative effect on health. Obesity is measured by an individual's body mass index (BMI). The prevalence of obesity continues to increase in the United States. Obesity is common, serious and costly. This epidemic is putting a strain on American families, affecting overall health, health care costs, productivity and military readiness. Moreover, obesity can have negative health outcomes since obesity can lead to type 2 diabetes, heart disease and some cancers.

Being physically active means movement of the body to get to and from places, for work or for leisure. Regular physical activity is proven to help prevent and manage noncommunicable diseases such as heart disease, stroke, diabetes and several cancers. It also helps prevent hypertension, maintain healthy body weight and can improve mental health, quality of life and well-being.

Access to care

Many people face barriers that prevent or limit access to needed health care and social services, which may increase the risk of poor health outcomes and health disparities. Access to health care is the timely use of personal health services to achieve the best possible health outcomes. Two important factors in accessing care involve having an adequate number of providers in a community and adequate health insurance coverage.

Inadequate health insurance coverage is one of the largest barriers to health care access and the unequal distribution of coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care and medications), and medical debt is common among both insured and uninsured individuals.

Lack of health insurance coverage may negatively affect health since uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer and cardiovascular disease. Similarly, children without health insurance coverage are less likely to receive appropriate treatment for conditions like asthma or critical preventive services such as dental care, immunizations and well-child visits that track developmental milestones.

Cancer: Addressing cancer rates

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and multiply (through a process called cell division) to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place. Sometimes this orderly process breaks down, and abnormal or damaged cells grow and multiply when they shouldn't. These cells may form tumors, which are lumps of tissue. Tumors can be cancerous or not cancerous (benign).

Chronic diseases

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation's $4.1 trillion in annual health care costs. Six in ten adults in the US have a chronic disease and four in ten adults have two or more. Many chronic diseases are caused by a short list of risk behaviors: tobacco use and exposure to secondhand smoke; poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats; physical inactivity; excessive alcohol use.

PRIORITIES SELECTION

Prioritization Process

In March 2022, the Impact DuPage steering committee met to review primary and secondary data, completed a survey, then discussed and voted to narrow down and prioritize the needs that Impact DuPage would address for the next three years in their community health implementation plan. The Committee felt that many of the initial priorities were interdependent and could be addressed under broader categories, which resulted in the priorities below for DuPage County:

Mental health and substance use
Prevention and management of serious illness

- Addressing Social Determinants of Health (SDOH)/Drivers of Health
- Access to Chronic Disease Management
- Awareness of Equity Issues, Chronic Disease and Serious Illness

Following the selection of priorities for DuPage County, the Hospital convened a Community Health Needs Assessment Committee (CHNAC) to review the issues identified and prioritized by the Committee and to select the needs the Hospital would address. The CHNAC reviewed the data behind the Collaborative's priorities and the unique demographic data of the community the Hospital serves, when different from county level data. The CHNAC also considered the Hospital's PSA-level secondary data, local community resources available, as well as the Hospital's current resources and strategies to find ways to prioritize and address the needs most effectively.

After review and discussion, the CHNAC voted via a zoom poll. CHNAC members were asked to consider the following question before voting on each issue:

"What is the magnitude of the need for more focus and attention on this health issue?"
The needs were scored on a scale of 1 to 5 (1 = no more focus needed, 3 = more focus needed, 5 = much more focus needed).

The following health needs were chosen as priorities:

Mental health and substance use
Prevention and management of serious illness

- Addressing Social Determinants of Health
- Awareness of Equity Issues, Chronic Disease and Serious Illness

CHNAC Members

Members serving on the CHNAC were selected to provide their expertise and knowledge regarding the unique communities served by the Hospital. These individuals were relied on to represent the interests of the populations they serve and ensure their voices were at the table.

Name	Organization
Angela Curran, CEO	Pillars Community Health
Kamar Anderson, Community Benefit Specialist	AdventHealth Corporate
Greg DiDomenico, Executive Director	Community Memorial Foundation
Maria S. Pesqueira, President/ CEO	Healthy Communities Foundation
Amber Windsor-Hardy, Community Benefit Manager	AdventHealth Corporate
Kimberly Knake, Executive Director	National Alliance of Mental Illness – Metro Suburban
Alap Shah, MD, Director	LaGrange Family Medicine
Adam Maycock, President/ CEO	AdventHealth Hinsdale and LaGrange
Bela Nand, MD, Chief Medical Officer	AdventHealth Hinsdale and LaGrange
Susan Herrman, Executive Director	AdventHealth Hinsdale and LaGrange, Magnet
Benjamin Layman, Chief Operating Officer	AdventHealth Hinsdale and LaGrange
Rich Matula, Director	AdventHealth Hinsdale and LaGrange Marketing

Name	Organization
Fabiola Zavala, Regional Director	AdventHealth, Great Lakes Region, Community Benefit
Chris Zurales, Manager	AdventHealth Hinsdale and LaGrange, Marketing
Kathleen Downey, Vice President of Nursing Operations	AdventHealth Hinsdale and LaGrange
Danae Still, Chief Financial Officer	AdventHealth Hinsdale and LaGrange
Tina Rounds, Executive Director	BEDS Plus
Becky McFarland, Population Health Coordinator	DuPage County Health Department
Michael Kingdom, Manager, Chaplain	AdventHealth Hinsdale and LaGrange, Pastoral Care
Lyn Burgess, Manager	AdventHealth Hinsdale and LaGrange, Public Relations
Candace Wroblewski, Director	AdventHealth Hinsdale and LaGrange, Care Management
Cynthia Chesna, Regional Director of Operations	AdventHealth Home Health and Hospice
Dru Lazarra, Executive Director	AdventHealth Behavioral Health
Scott Austgen, Vice President of Programs	DuPage PADS
Vickie Moxley, Manager	AdventHealth Care Management

Available Community Resources

As part of the assessment process, a list of resources or organizations addressing the top needs in the community was created. Although not a complete list, it helped to show where there were gaps in support and opportunities for partnership in the community when the CHNAC chose which priorities to address.

Top Issues	Current Community Programs	Current Hospital Programs
Mental Health and Substance Use Disorders	DuPage Prevention Leadership Team Youth Substance Prevention program, DuPage Behavioral Health Collaborative, National Alliance for Mental Illness - Metro Suburban & DuPage, Pillars Community Health	SafeSide Suicide Prevention Program, Inpatient and outpatient behavioral health, Mental Health First Aid Training
Prevention and Management of Serious Illness	DuPage Pads, DuPage Health Coalition, Access DuPage, Pillars Community Health, Pillars Community Health, Aging Care Connection	Hinsdale Mobile Food Pantry, Whole Health Hub, Financial Assistance Programs, Hinsdale Family Medicine

Priorities Addressed

Priority 1: Mental Health and Substance Misuse

During the assessment, 54% of community survey respondents shared they believed mental health issues were in the top three health concerns in DuPage County. Almost a quarter of survey respondents (22%), believe drug abuse to also be in the top three health concerns in DuPage County. The assessment also found due to a shortage of mental health care providers and an increased need for care during the COVID-19 pandemic, the demand for mental health and substance use care cannot be met within the community. It is harder for people in historically marginalized communities or people who are uninsured/under-insured to find care that fits their unique needs. Stigma regarding mental health as well as substance abuse treatment facilities is still present, however it seems there is some additional awareness of mental health issues in recent years.

Awareness and the need to address mental health disorders and substance use has been growing in the country. In addressing these as a priority, the Hospital can align to local efforts in DuPage County, as well as state and national initiatives for collaboration to create better outcome opportunities over the next three years.

Priority 2: Prevention and Management of Serious Illness

Addressing Social Determinants of Health

Awareness of Equity Issues, Chronic Disease and Serious Illness

There were many priorities issues found in the assessment that were interdependent and could be addressed under broader categories. Through the priority Prevention and Management of Serious Illness many of the issues identified will be addressed. Prevention can reduce the risk for diseases and serious illness, while appropriate disease management can improve an individual's health outcomes and quality of life.

Prevention and management efforts can be more clinical in nature, such as ensuring community members receive timely screenings and health care or providing case management support to manage a diagnosis. Efforts can also focus on social determinant of health factors which influence health, this could include increasing access to healthy and nutritious foods in food deserts or providing free fitness classes in areas with limited reactional fitness options. The Hospital will focus its efforts on initiatives which address social determinants of health and have an equity-based lens and approach. The Hospital will work with others who are addressing this priority through efforts with Impact DuPage and other community partners.

Priorities Not Addressed

Prevention and Management of Serious Illness

Chronic Disease Management

Although the Hospital would like to address all the needs of the community, it will not address chronic disease management directly, as it did not perceive the ability to have a measurable impact on the issue within the three years allotted for the Community Health Plan with the current resources available. The Hospital may continue to support other efforts addressing this through advocacy, community partnerships and public health collaborations as needed.

COMMUNITY HEALTH PLAN

Next Steps

The Hospital will work with the Collaborative and other community partners to develop a measurable Community Health Plan for 2023-2025 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the Hospital board annually.

A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2023.

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2020 Community Health Plan Review

The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually. The following is a summary of progress made on our most recently adopted plan. The full evaluation is available upon request.

Behavioral Health

In the 2019 assessment, behavioral health was identified as a priority. Behavioral health is term that includes both mental health and substance use disorders. The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability for adults, children and adolescents. When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior and suicide. Mental health disorders are the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34. Behavioral health continues to be a primary concern in DuPage County. Addressing behavioral health requires attention to substance use disorders as well as mental health. The recent CHNA also emphasized the need for prevention of substance use at an early age and the reduction of stigma surrounding behavioral health. Drug abuse and mental health issues were the top two concerns on the community survey during the last assessment.

The Hospital focused its efforts on increasing education and building community level networks for mental health support. Efforts to address this were part of a collaborative effort between the Hospital, AdventHealth Bolingbrook, AdventHealth GlenOaks and AdventHealth LaGrange, which serve overlapping communities. As part of this effort, a facilitator completed the Mental Health First Aid instructor certification.

Having received the certification, the team member was able to provide classes training community members on how to help someone who may be experiencing a mental health or substance use challenge. By the end of 2021, six community members had been trained. The Hospital also chose to address health status improvement based on data from the assessment. The assessment identified a need for a continued focus on issues involving residents' access to health and a movement towards more positive health outcomes for DuPage residents. Access to health care and health insurance especially for the low-income persons in the DuPage community continued to be an issue. Eighty-five percent of DuPage County reported having usual health care provider while a top "risky behavior" noted on the last assessment resident survey was not having health insurance.

Health Status Improvement

The Hospital also chose to address health status improvement based on data from the assessment. The assessment identified a need for a continued focus on issues involving residents' access to health and a movement towards more positive health outcomes for DuPage residents. Access to health care and health insurance especially for the low-income persons in the DuPage community continued to be an issue. Eighty-five percent of DuPage County reported having usual health care provider while a top "risky behavior" noted on the last assessment resident survey was not having health insurance.

In addressing the need, the Hospital focused on increasing access to healthy and nutritious food. It has been found a person's diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet. As part of its efforts to address the need, the Hospital partnered with the Northern Illinois Food Bank, Hinsdale Seventh Day Adventist Church and the Community Memorial Foundation. Through this collaboration, the partners provide a Rx Mobile Food Pantry twice a month. The Rx Mobile Food Pantry provides free produce, meat and dairy to patients screened for food insecurity as well as to the community at large. There are also wrap around services such as SNAP benefit enrollment opportunities available on site. By the end of 2021, the Hospital had hit a monthly high of 786 individuals served during the twice monthly event.

The Hospital also provided financial support to the Silver Access program for Access DuPage. Financial support was provided from a partnership between the Hospital and AdventHealth GlenOaks, both of which serve the same community. The Silver Access program provides a financial subsidy to qualifying residents to cover the costs of insurance premiums to increase access to health care. By the end of 2021, 476 community members had been helped through the program.

2019 Community Health Needs Assessment Comments

We posted a link to the most recently conducted CHNA and most recently adopted implementation strategy on our Hospital website as well as AdventHealth.com prior to May 15, 2020 and have not received any written comments.

AdventHealth

Adventist Midwest Health
d/b/a AdventHealth Hinsdale

CHNA Approved by the Hospital Board December 15, 2022

For questions or comments please contact:
CORP.CommunityBenefitSupport@AdventHealth.com

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