2018 Community Health Needs Assessment

Primary Service Area

Prepared for:
   Methodist Hospital of Chicago

By:

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Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the primary service area of Methodist Hospital of Chicago. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Methodist Hospital of Chicago by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes the PRC Community Health Survey, which allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Methodist Hospital of Chicago and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Methodist Hospital of Chicago Service Area" in this report) is defined as each of the residential ZIP Codes comprising the hospital's primary service area, including 60607, 60608, 60612, 60613, 60614, 60616, 60618, 60622, 60624, 60625, 60626, 60640, 60641, 60645, 60647, 60651, 60657, and 60660. This community definition represents those ZIP Codes from which 75% of the hospital's admissions are derived.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. In all, a total of 200 surveys were conducted through online questionnaires. Once the surveys were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Methodist Hospital of Chicago Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 200 respondents is ±6.9% at the 95 percent confidence level.

Sample Characteristics

While the survey sample is overall higher-income than the population at large, it is representative for other key demographics such as gender, age, race, and ethnicity.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Methodist Hospital of Chicago; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 12 community stakeholders took part in the Online Key Informant Survey, as outlined below. While several public health representatives were invited to take part, none responded to multiple requests.

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Physicians	8	0
Public Health Representatives	12	0
Other Health Providers	20	4
Social Services Providers	6	1
Other Community Leaders	23	7
Clergy	8	0

Final participation included representatives of the organizations outlined below.

- Advocate Health Care
- Bethany Methodist Hospital and Retirement Home
- Clark Manor
- Methodist Hospital of Chicago
- PIHH
- PLOWS Council on Aging
- SIR Management

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

Minority/medically underserved populations represented:

> *African-American, Asian, criminal background, disabled, elderly, Hispanic, homeless, low income*

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Verbatim comments are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Benchmark Data

Illinois Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention.

Nationwide Risk Factor Data

Nationwide risk factor data are taken from the *2017 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In addition, this assessment does not include secondary data from existing sources, which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Summary of Data Findings

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Inconvenient Office Hours
	  ○ Cost of Prescriptions
	  ○ Cost of Physician Visits
	  ○ Appointment Availability
	  ○ Finding a Physician
	  ○ Lack of Transportation
	  ○ Culture/Language
	• Skipping/Stretching Prescriptions
	• Difficulty Accessing Children's Healthcare
	• Routine Medical Care [Children]
	• Emergency Room Utilization
	• Low Health Literacy
	• Eye Exams

Cancer	• Cancer is a leading cause of death. • Cervical Cancer Screening [Age 21-65] • Colorectal Cancer Screening [Age 50-75]
Diabetes	• Diabetes Prevalence
Heart Disease & Stroke	• Cardiovascular disease is a leading cause of death. • High Blood Pressure Prevalence • High Blood Pressure Management • High Blood Cholesterol Management
HIV/AIDS	• *HIV/AIDS ranked as a top concern in the Online Key Informant Survey.*
Infant Health & Family Planning	• *Infant & Child Health ranked as a top concern in the Online Key Informant Survey.* • *Family Planning ranked as a top concern in the Online Key Informant Survey.*

Areas of Opportunity (continued)	
Injury & Violence	• Violent Crime Experience
Kidney Disease	• Kidney Disease Prevalence
Mental Health	• "Fair/Poor" Mental Health • Diagnosed Depression • Symptoms of Chronic Depression • Taking Medication for Mental Health • Stress • Difficulty Obtaining Mental Health Services • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity, & Weight	• Difficulty Accessing Fresh Produce • Food Insecurity
Oral Health	• Regular Dental Care
Respiratory Diseases	• Asthma Prevalence [Adults] • Asthma Prevalence [Children] • Chronic Obstructive Pulmonary Disease (COPD) Prevalence
Substance Abuse	• Excessive Drinking • Binge Drinking • Drinking & Driving • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*
Tobacco Use	• Cigarette Smoking Prevalence • Environmental Tobacco Smoke Exposure at Home ○ Including Among Households With Children • Use of Vaping Products

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (see "Areas of Opportunity" above) was determined based on a prioritization exercised conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above, or ranked among key informants' chief concerns, their ranking of these issues informed the following priorities:

1. **Mental Health**
2. **Substance Abuse**
3. **HIV/AIDS**
4. **Infant & Child Health**
5. **Family Planning**
6. **Heart Disease & Stroke**
7. **Nutrition, Physical Activity & Obesity**
8. **Tobacco**
9. **Oral Health**
10. **Cancer**
11. **Kidney Disease**
12. **Diabetes**
13. **Injury & Violence**
14. **Access to Healthcare Services**
15. **Respiratory Disease**

Hospital Implementation Strategy

Methodist Hospital of Chicago will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Methodist Hospital of Chicago Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, Methodist Hospital of Chicago Service Area results are shown in the larger, blue column.

■ The columns to the right of the service area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the Methodist Hospital of Chicago Service Area compares favorably (☀), unfavorably (🐙), or comparably (☁) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Worry/Stress Over Rent/Mortgage in Past Year	73.4		⛈ 30.8	
% Low Health Literacy	47.2		⛈ 23.3	
		☀ better	☁ similar	⛈ worse

Overall Health	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% "Fair/Poor" Overall Health	22.3	☁ 18.0	☁ 18.1	
% Activity Limitations	36.9	⛈ 17.6	⛈ 25.0	
% Caregiver to a Friend/Family Member	27.4		☁ 20.8	
		☀ better	☁ similar	⛈ worse

Access to Health Services	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	13.9	☁ 10.7	☁ 13.7	⛈ 0.0
% Difficulty Accessing Healthcare in Past Year (Composite)	67.9		⛈ 43.2	
% Difficulty Finding Physician in Past Year	23.4		⛈ 13.4	
% Difficulty Getting Appointment in Past Year	27.6		⛈ 17.5	

Access to Health Services (continued)	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Cost Prevented Physician Visit in Past Year	23.4	⛈ 11.2	⛈ 15.4	
% Transportation Hindered Dr Visit in Past Year	25.2		⛈ 8.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	29.8		⛈ 12.5	
% Language/Culture Prevented Care in Past Year	4.2		⛈ 1.2	
% Cost Prevented Getting Prescription in Past Year	28.6		⛈ 14.9	
% Skipped Prescription Doses to Save Costs	30.4		⛈ 15.3	
% Difficulty Getting Child's Healthcare in Past Year	30.0		⛈ 5.6	
% Have a Specific Source of Ongoing Care	72.2		☁ 74.1	⛈ 95.0
% Have Had Routine Checkup in Past Year	74.9	☁ 70.0	☁ 68.3	
% Child Has Had Checkup in Past Year	74.2		⛈ 87.1	
% Two or More ER Visits in Past Year	44.0		⛈ 9.3	
% Rate Local Healthcare "Fair/Poor"	12.5		☁ 16.2	
		☀ better	☁ similar	⛈ worse

Cancer	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Cancer (Other Than Skin)	8.9	☁ 7.0	☁ 7.1	
% Skin Cancer	9.2	🌧 4.9	☁ 8.5	
% [Women 50-74] Mammogram in Past 2 Years	77.5	☁ 78.0	☁ 77.0	☁ 81.1
% [Women 21-65] Pap Smear in Past 3 Years	41.5	🌧 83.8	🌧 73.5	🌧 93.0
% [Age 50-75] Colorectal Cancer Screening	63.1	☁ 63.5	🌧 76.4	☁ 70.5
		☀ better	☁ similar	🌧 worse

Diabetes	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Diabetes/High Blood Sugar	25.7	🌧 10.4	🌧 13.3	
% Borderline/Pre-Diabetes	12.4	🌧 1.0	☁ 9.5	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	45.3		☁ 50.0	
		☀ better	☁ similar	🌧 worse

Heart Disease & Stroke	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Heart Disease (Heart Attack, Angina, Coronary Disease)	11.4		⛅ 8.0	
% Stroke	5.9	⛅ 3.1	⛅ 4.7	
% Blood Pressure Checked in Past 2 Years	82.1		🌧 90.4	🌧 92.6
% Told Have High Blood Pressure (Ever)	44.8	🌧 30.8	🌧 37.0	🌧 26.9
% [HBP] Taking Action to Control High Blood Pressure	84.7		⛅ 93.8	
% Cholesterol Checked in Past 5 Years	84.8	☀️ 78.2	⛅ 85.1	⛅ 82.1
% Told Have High Cholesterol (Ever)	37.7		⛅ 36.2	🌧 13.5
% [HBC] Taking Action to Control High Blood Cholesterol	65.0		🌧 87.3	
% 1+ Cardiovascular Risk Factor	83.9		⛅ 87.2	
		☀️ better	⛅ similar	🌧 worse

Immunization & Infectious Diseases	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% [Age 65+] Flu Vaccine in Past Year	84.7	☀️ 56.4	⛅ 76.8	☀️ 70.0
% [Age 65+] Pneumonia Vaccine Ever	79.0	⛅ 69.6	⛅ 82.7	🌧 90.0
		☀️ better	⛅ similar	🌧 worse

Injury & Violence	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% [Age 45+] Fell in the Past Year	12.4		☀ 31.6	
% Victim of Violent Crime in Past 5 Years	24.8		🌧 3.7	
		☀ better	☁ similar	🌧 worse

Kidney Disease	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Kidney Disease	11.1	🌧 3.7	🌧 3.8	
		☀ better	☁ similar	🌧 worse

Mental Health	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	19.5		🌧 13.0	
% Diagnosed Depression	36.2	🌧 16.5	🌧 21.6	
% Symptoms of Chronic Depression (2+ Years)	51.2		🌧 31.4	
% Typical Day Is "Extremely/Very" Stressful	37.1		🌧 13.4	
% Taking Rx/Receiving Mental Health Trtmt	32.2		🌧 13.9	
% Have Ever Sought Help for Mental Health	39.3		☀ 30.8	
% Unable to Get Mental Health Svcs in Past Yr	16.8		🌧 6.8	

Nutrition, Physical Activity & Weight	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Food Insecure	72.9		⛈️ 27.9	
% Eat 5+ Servings of Fruit or Vegetables per Day	40.6		☁️ 33.5	
% "Very/Somewhat" Difficult to Buy Fresh Produce	37.2		⛈️ 22.1	
% No Leisure-Time Physical Activity	28.1	☁️ 23.9	☁️ 26.2	☁️ 32.6
% Meeting Physical Activity Guidelines	24.2	☁️ 21.3	☁️ 22.8	☁️ 20.1
% Overweight (BMI 25+)	52.8	☀️ 65.0	☀️ 67.8	
% Healthy Weight (BMI 18.5-24.9)	40.7	☀️ 32.9	☀️ 30.3	☁️ 33.9
% [Overweights] Trying to Lose Weight	79.5		☀️ 61.3	
% Obese (BMI 30+)	32.8	☁️ 31.6	☁️ 32.8	☁️ 30.5
% Medical Advice on Weight in Past Year	44.8		☀️ 24.2	
% [Overweights] Counseled About Weight in Past Year	55.8		☀️ 29.0	
		☀️ better	☁️ similar	⛈️ worse

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Oral Health	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Have Dental Insurance	63.2		☁ 59.9	
% [Age 18+] Dental Visit in Past Year	43.9	🌧 65.5	🌧 59.7	☁ 49.0
		☀ better	☁ similar	🌧 worse

Potentially Disabling Conditions	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	19.3		☀ 38.3	
% [50+] Osteoporosis	2.7		☀ 9.4	☁ 5.3
% Sciatica/Chronic Back Pain	20.5		☁ 22.9	
% Eye Exam in Past 2 Years	45.0		🌧 55.3	
		☀ better	☁ similar	🌧 worse

Respiratory Diseases	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% [Adult] Currently Has Asthma	27.3	🌧️ 8.9	🌧️ 11.8	
% Adults Asthma (Ever Diagnosed)	34.7	🌧️ 14.2	🌧️ 19.4	
% [Child 0-17] Currently Has Asthma	33.1		🌧️ 9.3	
% Child [Age 0-17] Asthma (Ever Diagnosed)	37.0		🌧️ 11.1	
% COPD (Lung Disease)	17.4	🌧️ 6.2	🌧️ 8.6	
		☀️ better	☁️ similar	🌧️ worse

Substance Abuse	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Current Drinker	64.2	☁️ 58.4	🌧️ 55.0	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	49.0	🌧️ 19.9	🌧️ 20.0	🌧️ 24.4
% Excessive Drinker	51.4		🌧️ 22.5	🌧️ 25.4
% Drinking & Driving in Past Month	27.7	🌧️ 3.8	🌧️ 5.2	
% Ever Sought Help for Alcohol or Drug Problem	11.8		☀️ 3.4	
% Life Negatively Affected by Substance Abuse	43.5		☁️ 37.3	
		☀️ better	☁️ similar	🌧️ worse

Tobacco Use	MHC Service Area	MHC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Current Smoker	27.6	🌧️ 15.8	🌧️ 16.3	🌧️ 12.0
% Someone Smokes at Home	26.1		🌧️ 10.7	
% [Nonsmokers] Someone Smokes in the Home	11.1		🌧️ 4.0	
% [Household With Children] Someone Smokes in the Home	38.9		🌧️ 7.2	
% Currently Use Vaping Products	14.3	🌧️ 4.3	🌧️ 3.8	
		☀️ better	☁️ similar	🌧️ worse

Key Informant Input

The following sections outline comments received among local key informants who identify each of these issues as a "major problem" locally.

Mental Health

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Limited services like psychiatrists, outpatient groups and programs, CILLAs/group homes and support. – Other Health Provider*

Denial/Stigma

> *Denial, lack of insurance coverage, lack of mental health professionals in the area, many clients are homebound which further limits availability. – Social Services Provider*

Lack of Providers

> *Lack of psychiatric providers, lack of cohesiveness at department of mental health. Lack of integration of substance abuse and mental health services. – Community Leader*

Diabetes

Among those rating this issue as a "major problem," reasons related to the following:

Prevention

> *Preventive care. – Community Leader*

Dementia/Alzheimer's Disease

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *The numbers of those are being diagnosed more often now and with the population aging this will only increase. – Community Leader*

Arthritis/Osteoporosis/Back Conditions

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> *Our aging population. – Community Leader*

Kidney Disease

Among those rating this issue as a "major problem," reasons related to the following:

Nutrition

> *The nutrition system is slanted against low income families, their choices they can afford are food with zero nutrition value. – Community Leader*

HIV/AIDS

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

Our community has a large number of gay and lesbian members, who statistically are more likely to have to deal with HIV/AIDS than the general population. – Community Leader

Substance Abuse

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Need more 30-90 day programs, many have waiting lists. They also need to address the mental health co-occurring diagnoses, symptoms and medications – Other Health Provider

Lack of Providers

Lack of providers and lack of funding. – Community Leader

Access to Healthcare Services

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care for Underinsured/Uninsured

Health care providers giving better care to those who can afford. – Community Leader

Elderly Care

Senior or elderly care. – Other Health Provider

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Arthritis, Osteoporosis & Chronic Back Conditions

   Armory Exercise Group

HIV/AIDS

   Brown Elephant

Kidney Disease

   Fresenius Kidney Care

Mental Health

   Bethany Homes and Hospital
   C4
   Chicago Lakeshore Hospital
   Hospitals
   In-Home Counseling
   Lutheran Social Services
   Mental Health Services
   Methodist Hospital
   NAMI
   Thresholds

Substance Abuse

   Gateway

Appendix

Evaluation of Past Activities

CATEGORY	DETAIL
TRANSPORTATION PASSES	BUS TRANSPORTATION FOR INDIGENT PATIENTS
HEALTH FAIR FOR SENIORS	BLOOD GLUCOSE AND BLOOD PRESSURE CHECKS FOR RESIDENTS LIVING IN SENIOR HOUSING
CLOTHING	CLOTHING PROVIDED FOR INDIGENT PATIENTS
FOOD DONATION	COMMUNITY FIRST RESPONDERS ST. MARY OF THE LAKE CHURCH PARISONERS STAND UP FOR KIDS INDIGENT VISITORS TO HOSPITAL HOLIDAY MEALS IN COMMUNITY
NON-EMPLOYEE VOLUNTEER SERVICES HOURS (3,115)	DEPARTMENTS INCLUDE: SOCIAL SERVICE NURSING PHARMACY BEHAVORIAL MEDICINE (THERAPEUTIC REHAB) SPIRITUAL CARE
DETOX OUTREACH AND ASSESSMENT	ESPIRIT PROGAM IN AFFILIATION WITH FAMILY GUIDENCE COMPANY
COMMUNITY OUTREACH AND ASSESSMENT	"NICE PROGRAM" ON SITE ASSESSMENT FOR PEOPLE IN NEED OF EVALUATION AND POSSIBLE TREATMENT
CHARITY CARE	INDIGENT PATIENTS MEETING CHARITY CARE POLICY CRITERIA
EMPLOYEE VOLUNTEER SERVICE HOURS (2,260)	DEPARTMENTS INCLUDE: ADMINISTRATION SPIRITUAL CARE NURSING MEDICAL IMAGING OUTREACH PHARMACY
INTERNAL EVENTS	LUNCH AND LEARN THROUGHOUT THE YEAR WITH TOPICS SPECIFICALLY ADDRESSING GERIATRIC POPULATION