



NorthShore University HealthSystem
Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, Skokie Hospital

Community Health Needs Assessment – Fiscal Year 2013



Community Health Needs Assessment

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NorthShore University HealthSystem

Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, Skokie Hospital

Community Health Needs Assessment – Fiscal Year 2013

NorthShore University HealthSystem (NorthShore) is an integrated healthcare system dedicated to providing healthcare services, including inpatient acute and non-acute care, primary and specialty physician services, and various outpatient services. NorthShore operates four acute care facilities, including Evanston Hospital, Glenbrook Hospital, Highland Park Hospital and Skokie Hospital that serve the greater Chicago “North Shore” and northern Illinois communities. All four hospitals are connected via an electronic medical record system and share data and other resources allowing individuals in the NorthShore-defined community to receive services at any of our locations. NorthShore also includes research activities, home health and hospice care, and foundation operations. NorthShore employs approximately 10,000 employees and has 2,400 affiliated physicians, including an 800+ employed physician group practice with over 100 office locations. For further details on NorthShore’s primary service area, please see Attachment A: NorthShore Service Area Map and Communities List by Zip Code and Attachment B: NorthShore University HealthSystem Demographics 2012.

As a not-for-profit organization, the core mission of NorthShore is to “preserve and improve human life.” This mission will be achieved through the provision of superior clinical care, academic excellence, and innovative research.

NorthShore is the primary teaching affiliate of the University of Chicago Pritzker School of Medicine (Pritzker), under which NorthShore sponsors graduate medical education programs for physicians and other healthcare related personnel.

In accordance with the Patient Protection and Affordable Care Act, in fiscal year 2013 (October 1, 2012 – September 30, 2013), NorthShore completed a Community Health Needs Assessment (CHNA) to determine the needs of its communities to ensure that its community benefits programs are in alignment with the health needs of the communities it serves. In addition to collecting and analyzing available quantitative and qualitative data on mortality, disease incidence, utilization of and access to healthcare services, NorthShore also established a mechanism in which to actively seek the involvement of our community and public health leaders in an ongoing manner to ensure that our analysis reflected the current public health needs in our service area. Data was gathered from October 1, 2012 through March 31, 2013 for inclusion in this report.

Per federal guidelines, a CHNA is required every three years, however, NorthShore will seek to understand community health needs and continue to track both quantitative and qualitative sources of public health information as it becomes available, as well as solicit feedback from community leaders on an ongoing basis.

Quantitative Data Collection

The NorthShore CHNA utilized a range of available data sources in order to produce a comprehensive assessment and to balance the strengths and weaknesses of each information source. Community health needs identified were narrowed down for presentation based on those that impacted the most people within the NorthShore community and fit the NorthShore mission to “preserve and improve human life.”

Since public health data often lags by several years and is only available at the state, metro/non-metro, or at best county-level, NorthShore also pursued options for more localized measurement of needs at the zip code and community level.

The following quantitative data sources and metrics were included in the analysis:

Community Needs Index (CNI):

- Dignity Health partnered with Truven Health to develop a standardized CNI. From their website, “The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations....the CNI considers multiple factors that limit health care access....the CNI accounts for the underlying economic and structural barriers that affect overall health. Using a combination of research, literature, and experiential evidence Dignity Health identified five prominent barriers that enable us to quantify health care access in communities across the nation. These barriers include those related to income, culture/language, education, insurance and housing.”
- For the NorthShore CHNA, we entered the zip codes that make up our primary service area into the CNI tool, and generated a report. This information was then incorporated into our CHNA findings.
- The CNI tool and more information can be found at <http://cni.chw-interactive.org>.

[Thomson Reuters The Market Planner® Plus tool](#) was used to provide 2011 zip code level estimates of: self-perceived health status, level of household insurance coverage, primary health plan type, and chronic conditions including heart disease, high cholesterol, diabetes, depression and cancer. Criteria NorthShore chose to select have been determined to have the greatest corollary to healthy living and the mission of NorthShore.

- From the Source Notes: “Surveys collected from thousands of households capture a wide range of healthcare behavior and tie it to specific demographic characteristics. Survey results are presented according to the Thomson Reuters HouseholdView® market segmentation system and projected by zip code to every household in the United States.”
- Data Sources from the Source Notes: 2009-2011 Demographic Projections, Nielsen, 2011 PULSE™ Healthcare Survey from Thomson Reuters, January-December, 2011, 2010 PULSE™ Healthcare Survey from Thomson Reuters, January-December, 2010, 2009 PULSE™ Healthcare Survey from Thomson Reuters, January-December, 2009 and 2011 Household View, Thomson Reuters.
- Further information such as methodology about the PULSE Healthcare Survey, applications and caveats and related documents can be found under the Intelligence > Source Notes > HealthView Plus section of the tool. The Thomson Reuters The Market Planner® Plus tool can be found at <http://themarketplannerplus.solucient.com/login>.

Thomson Reuters The Market Planner® Plus tool was also used to provide 2011 zip code level cancer estimates. Cancer incidence in the 50 zip code NorthShore primary service area was further gathered for breast, lung and colorectal due to the difference between the various cancers, as well as the gender of patients affected by the various cancers.

- From the Source Notes: “Cancer Estimates predicts the number of annual new cancer cases by cancer type, zip code, age group and sex for every market in the United States. To build local estimates of cancer incidence for the 2011 and 2016 populations, Thomson Reuters used public data as well as epidemiological data from the National Cancer Institute.”
- Data Sources from the Source Notes: 2011 and 2016 Demographic Projections, Nielsen, 2008-2010 Medicare Physician Standard Analytical File, 1990-2009 Surveillance, Epidemiology and End Results (SEER) Database, National Cancer Institute.
- Further information such as methodology, applications and caveats and release notes can be found under the Intelligence > Source Notes > Cancer Estimates section of the tool. The Thomson Reuters The Market Planner® Plus tool can be found at <http://themarketplannerplus.solucient.com/login>.

County-level health statistics retrieved from the Illinois Department of Public Health (IDPH). From the IDPH health statistics website: “The Illinois Department of Public Health (IDPH) collects and evaluates thousands of health statistics to measure progress toward state and national health objectives. These numbers also provide the basis for developing and implementing public health strategies for disease prevention and health promotion. IDPH each year records about a half million vital record events -- births, deaths, marriages, divorces, adoptions and abortions -- as mandated by state statutes and federal uniform data collection requirements.”

- Causes of Death by Resident County for 2009 (most recent data available) was gathered for Suburban Cook and Lake County. Retrieved from http://www.idph.state.il.us/health/bdmd/deathcauses_09.htm.
- Infant Mortality Numbers by County for 2009 (most recent data available) was gathered for Suburban Cook and Lake County as well as the State of Illinois. Data was retrieved from <http://www.idph.state.il.us/health/infant/infmort0609.htm>.
- Birth Characteristics by County for 2009 (most recent data available) – Low Birth Weight and Cesarean Section rates were gathered for Suburban Cook and Lake County as well as the State of Illinois. Data was retrieved from http://www.idph.state.il.us/health/bdmd/birthchar_09.htm.

The Illinois Hospital Association’s (IHA) COMPdata was used to identify the top five most frequent reasons for hospitalization for all inpatients within the NorthShore zip code primary service area. The data was pulled based on: timeline: April 1, 2011 – March 31, 2012, exclusion: MSDRG 795 (normal newborn) and population considered: inpatients within the zip codes.

- Further information regarding the IHA COMPdata can be found at <http://www.compdatainfo.com/default.aspx>.

NorthShore Hospital Billing Data utilizing Cognos report writer was used to quantify reasons for the top five inpatient admissions to NorthShore hospitals during the period of April 1, 2011 – March 31, 2012 for patients with a non-primary diagnosis code for diabetes (ICD9 codes 249.0 – 250.9). This data was compared with the IHA COMPdata with diabetes being identified as a key need in both data sources.

- Filters: Admission date between April 1, 2011 and March 31, 2012; ICD9 from 2nd to 25th position in the range of 249 and 250 (excluding 648, gestational diabetes); patient process type = inpatient. Query performed in Cognos, Hospital Billing.

Qualitative Data Collection

For the 2013 CHNA, NorthShore utilized multiple mechanisms for seeking out the collective voice of the community in order to understand the unmet health needs in our communities.

NorthShore Community Relations Department

Since 2005, the NorthShore community relations staff has developed, built and maintained effective and respected relationships with local and state government, public health agencies, clergy, business, civic and social service agencies and school leaders. This is an effort to help address the health needs in our communities by regularly attending events, meetings, joining community boards, coalitions, consortiums and setting up one-on-one engagements. In their role as community liaisons, the community relations personnel serve as point of contact for NorthShore's involvement with community building, partnership development, program building, local governmental advocacy and outreach activities.

NorthShore Senior Leadership

Throughout the year, NorthShore's key senior administrators regularly participate in outreach programs to local leaders. NorthShore physicians and staff play an equally important role in identifying health trends and needs through their leadership, board participation and involvement in local, regional and national organizations. Throughout the year, ongoing communication is conveyed related to the health assessments and findings at the department level of NorthShore leadership.

Community Advisory Committees

Each NorthShore hospital has a community advisory committee (CAC) comprised of a range of community leaders representing local public health agencies, non-profit organizations serving low-income residents, faith based groups, governmental agencies, business and civic leaders. Each hospital's CAC meets quarterly to discuss the health needs in their communities, identifying gaps in delivery of services and provides strategic recommendations to the hospital to address the identified health needs and gaps in services. All four hospital CACs also meet annually to address more global health and healthcare related issues, promoting discussions amongst its membership and key NorthShore leaders about policy and services at the local, state and federal levels. Please see Attachment C-1: Evanston Hospital CAC Charter and Membership, C-2: Glenbrook Hospital CAC Charter and Membership, C-3: Highland Park Hospital CAC Charter and Membership and C-4: Skokie Hospital CAC Charter and Membership.

Focus Group Data

NorthShore conducted a community health needs focus group, consisting of community leaders and public health experts who provide social services and healthcare within NorthShore's four hospital communities. The focus group was held at the North Shore Senior Center in Northfield, Illinois on January 10, 2013.

Discussions during the focus group centered on healthcare services provided in the communities serviced by NorthShore's zip code service area. In particular, NorthShore facilitated discussions to understand the following: what pressing health concerns were present, which healthcare resources were available, which were lacking, what barriers existed for individuals in the community attempting to access resources and which community organizations were providing services based on the pressing health needs being discussed.

Questions discussed by the focus group participants were:

Question 1: Keeping in mind the services you provide and population you serve, what are the most pressing health needs you see through your work?

Needs identified: early childhood obesity, dental health access for children, nutrition for young children and families, mental health services, chronic disease management (diabetes, hypertension), fitness, childhood asthma, violence prevention, transportation for elderly and disabled, sub specialty access and substance abuse

Question 2: What services are currently available to help address your community's pressing health needs?

Organizations identified: Peer Services, The Josselyn Center, NorthShore University HealthSystem, food pantries, township offices, senior centers, United Way, YMCA, Healthcare Alliance (Lake County Community Foundation), Cook County Health Services, PADS (Providing Advocacy, Dignity, and Shelter) and Pacific Garden Mission

Question 3: What are the barriers to accessing current services available?

Barriers identified: funding cuts, transportation, affordability of services, healthy food access, information of available resources, language, infrastructure to support walkable communities, advocacy, understanding insurance costs, education, recruitment of mental health professionals, shame and stigma of needing help, competition for funding against the inner city, coordination/cooperation across multiple providers and health systems

Question 4: What resources are lacking to address pressing health needs?

Resources identified: current and updated data not available, accessing and understanding available data, lack of staffing, money and time

Participants of the focus group included:

- Bruce Doblin MD, Medical Director, Evanston Health Department
- Carl Caneva, Assistant Director, City of Evanston, Department of Health
- Colleen Sheridan, Health Services Coordinator, New Trier High School
- Janet Brothers, School Nurse, Kenilworth School District 38
- Enza Savarino, Health Teacher, Kenilworth School District 38
- Mary Larson, Health Coordinator, Evanston/ Skokie School District 65
- Sandi Johnson, former Executive Director, North Shore Senior Center
- Jeanne Ang, Director of Primary Care Services at Lake County Health Department
- Marla Schachtel, Manager at Dickenson Hall, Lake Forest Senior Center
- Pam Feinberg, Director, Tri-Con Childcare Center
- Kim Hand, Senior Services Village of Glenview, North Shore Senior Center
- Jill Brickman, Northfield Township Supervisor
- Nancy Vaccaro, Northbrook Police Social Worker
- Howard Schultz, Executive Director, Northbrook YMCA
- Catherine Counard, MD, Director, Skokie Health Department
- Amy Valukas, Vice President, Planning and Programs, Erie Family Health Center
- Mary Rose, Metropolitan Family Services
- Marcia McMahon, Chief Professional Officer, Northwest Suburban United Way

Local Health Department Health Needs Assessment Review

A review of health needs assessments and strategy implementation plans from health department websites for Cook County, Illinois and Lake County, Illinois as well as review of the City of Evanston 2011-2016 EPLAN and the Village of Skokie Health Department's 2012 IPLAN was conducted. This review was to determine which health needs were assessed and which health needs were being addressed by the aforementioned health departments.

Information Gaps

Information gaps, which impact NorthShore's ability to assess the health needs of our community, are:

- Time lag in data availability: most public health department data and national state or local survey data are a couple years behind current time. This CHNA used the most recent public data available.
- Granularity of data: much public health data is collected and analyzed at the national, state, region or country level and often does not offer information at the zip code level.

Prioritized Community Health Needs

	Thomson/Reuters, Illinois Department of Public Health, IHA COMPData, CNI and NorthShore Hospital Billing Data	Suburban Cook County Health Department	Lake County Health Department	Village of Skokie Health Department	City of Evanston Health Department	Focus Group	Senior Leadership/ Community Advisory Committees
Identified Health Need							
Cardiovascular Diseases/Stroke	✓	✓	✓	✓	✓	✓	✓
Access to Care (affordability, education, transportation, primary/sub- specialty care)	✓	✓	✓	✓	✓	✓	✓
Diabetes (Prevention & Management)		✓	✓	✓	✓	✓	✓
Cancer (Prevention & Management)	✓	✓	✓				✓
Obesity (Prevention & Management)				✓	✓	✓	✓
Psychiatry (mental health/substance abuse)	✓	✓				✓	✓
Trauma	✓	✓	✓				
Pulmonary	✓	✓	✓				
Tobacco Use Prevention			✓	✓			✓
Dental Health				✓		✓	✓
Violence Prevention					✓	✓	✓
Healthy Environment				✓		✓	
Digestive	✓						

(Please see Attachment D: NorthShore University HealthSystem – Community Health Needs Assessment Data Maps.)

NorthShore based the priority of needs on which sources identified them as a common need. Higher prioritization is thus given to the needs identified most frequently across all sources and also thus potentially where NorthShore could impact the need most.

Community health needs data is used in our annual planning processes. Stakeholder participation is critical and influences NorthShore's prioritization and execution of its community benefits programs. In addition, collaboration with local leadership allows NorthShore to detect urgent and growing needs that may be under represented or absent from aggregate data, in a timely and effective manner. Lastly, collaboration with local leaders has facilitated the development of programs and partnerships to provide real time solutions to critical health challenges.

Other Existing Healthcare Facilities and Resources in the Community

Following is a listing of significant existing healthcare facilities and of the resources within the community that are also available to meet some of the needs identified in this report. The resources of these organizations were taken into consideration in identifying the needs that will be addressed by NorthShore.

Healthcare Facilities

- Advocate Condell Medical Center
- Advocate Lutheran General Hospital
- Advocate Good Shepherd Hospital
- Cancer Treatment Center of America
- Holy Family Medical Center
- Northwest Community Hospital
- Northwestern Lake Forest Hospital
- St. Francis Medical Center
- Vista Medical Center East

Health Departments & Health Centers

- Cook County Health Department
- Erie Evanston/Skokie Health Center
- Evanston Health Department
- HealthReach Clinic
- Lake County Health Department
- Skokie Health Department
- Local Pharmacy Health Clinics

Other Resources in the Community

- Local Health Advocacy Organizations (i.e. American Heart Association, American Cancer Society, American Diabetes Association, Illinois Poison Control Center, Leukemia & Lymphoma Society)
- Local YMCAs
- Local Senior Centers
- Local Social Service Agencies
- Local Park Districts
- Local Libraries
- Local Townships
- Local Police & Fire Departments
- Local Mental Health Care Facilities
- Local Assisted Living, Skilled Nursing and Rehabilitation Facilities
- Local School Districts
- Municipal, State and Federal Government

Contact Information

For information or questions related to this CHNA, please contact the Department of Community Relations at NorthShore University HealthSystem at:

(847) 570-2000
chna@northshore.org

Comments, questions and concerns can also be directed in writing to:

Attention: Director of Community Relations
NorthShore University HealthSystem Evanston Hospital
2650 Ridge Avenue
Evanston, IL 60201

NorthShore University HealthSystem Service Area Map



NorthShore University HealthSystem Service Area Map (continued)

Central Communities

60015	Deerfield
60022	Glencoe
60025	Glenview
60026	Glenview
60029	Golf
60035	Highland Park
60037	Fort Sheridan
60040	Highwood
60043	Kenilworth
60045	Lake Forest
60062	Northbrook
60065	Northbrook
60076	Skokie
60077	Skokie
60082	Techny
60091	Wilmette
60093	Winnetka
60201	Evanston
60202	Evanston
60203	Evanston

West Communities

60004	Arlington Heights
60005	Arlington Heights
60016	Des Plaines
60056	Mount Prospect
60070	Prospect Heights
60089	Buffalo Grove
60090	Wheeling

North Communities

60031	Gurnee
60044	Lake Bluff
60064	North Chicago
60085	Waukegan
60087	Waukegan

N. City Communities

60625	Ravenswood
60626	Edgewater
60640	Uptown
60641	Irving Park
60659	North Town
60660	Rogers Park

N.W. Communities

60030	Grayslake
60047	Long Grove
60048	Libertyville
60060	Mundelein
60061	Vernon Hills
60069	Lincolnshire
60073	Round Lake

South Communities

60053	Morton Grove
60631	Norwood Park
60645	Lincolnwood
60646	Edgebrook
60712	Lincolnwood
60714	Niles

NorthShore University HealthSystem Demographics 2012

Population Size and Projected Growth

	2012	2017	% Change
Central	369,297	371,770	0.7%
North	162,631	163,632	0.6%
North City	344,828	337,194	-2.2%
Northwest	242,917	255,266	5.1%
South	166,476	166,716	0.1%
West	290,045	290,115	0.0%
Total	1,576,194	1,584,693	0.5%

Population by Gender

	Male	Female
Central	48%	52%
North	50%	50%
North City	50%	50%
Northwest	50%	50%
South	48%	52%
West	49%	51%
Grand Total	49%	51%

Population by Age Cohorts, 2012

	0-17	18-34	35-44	45-54	55-64	65-74	75-84	85+
Central	24%	23%	10%	15%	13%	8%	5%	2%
North	29%	21%	18%	14%	9%	5%	3%	1%
North City	22%	26%	17%	14%	10%	6%	3%	2%
Northwest	29%	18%	15%	17%	11%	6%	3%	1%
South	21%	20%	12%	14%	13%	9%	7%	3%
West	23%	22%	14%	16%	12%	7%	5%	2%
Total	25%	22%	14%	15%	11%	7%	4%	2%

NorthShore University HealthSystem Demographics 2012 (continued)

Income/ Household, Average Household Size, 2012

	# HH	Avrg HH Income	Under\$25K	\$25K up to \$50K	\$50K up to \$100K	\$100K up to \$150K	\$150K up to \$200K	\$200K+
Central	140,034	\$128,121	12%	17%	28%	18%	8%	18%
North	53,724	73,880	19%	26%	33%	14%	4%	4%
North City	145,747	55,645	29%	30%	29%	9%	2%	2%
Northwest	83,473	111,287	9%	16%	35%	21%	8%	11%
South	63,324	76,969	18%	24%	34%	15%	4%	4%
West	114,999	84,259	13%	23%	36%	17%	5%	5%
Total	601,301	\$89,595	17%	23%	32%	15%	5%	8%

Population by Race

	WHITE	ASIAN	BLACK	MULTIRACIAL	NATIVE AMERICAN	PACIFIC ISLANDER	OTHER
Central	77.4%	12.0%	5.5%	2.4%	0.2%	0.0%	2.5%
North	53.5%	5.6%	16.6%	3.7%	0.9%	0.1%	19.6%
North City	58.4%	11.9%	11.5%	3.8%	0.7%	0.0%	13.7%
Northwest	77.8%	8.9%	2.5%	2.4%	0.5%	0.0%	7.9%
South	71.3%	16.0%	4.8%	2.8%	0.3%	0.0%	4.8%
West	76.3%	12.8%	2.2%	2.1%	0.4%	0.0%	6.2%
Total	70%	11%	7%	3%	0.5%	0%	8%

Evanston Hospital Community Advisory Committee Charter and Membership

The Community Advisory Committee's (CAC) role is to advise Evanston Hospital administration on services and initiatives from a community perspective. The CAC is structured to ensure Evanston Hospital's accountability to the community, and to assist in the fulfillment of the community relations' vision, that the more NorthShore and the community connect, the stronger and healthier both will become. The role of the CAC to Evanston Hospital includes:

- Serve as an advocate for the greater good of the community and its health
- Provide recommendations for annual community benefits planning
- Help identify opportunities for partnerships between hospital and community organizations
- Serve as a communication link between the hospital and the community
- Identify gaps in healthcare services within the community
- Help identify community resources that work to enhance the health of the community
- Attend quarterly meetings (unless more frequently based on the interests of the CAC)

Rob Albertson
Winnetka Resident

David Kane
Vice President
Mather LifeWays

Christopher Canning
Past President
Village of Wilmette

Greg Klaiber
Chief, Evanston
Fire & Life Safety Services

Carol Chaya Siegel, RN
Community Nurse
CJE Senior Life

Mary Larson
Coordinator of Health Services
Evanston/Skokie School District 65

Andrea Densham
Executive Director
Childcare Network of Evanston

Dino Robinson
Founder
Shorefront Legacy

Bill Gieger
President & CEO
McGaw YMCA

Colleen Sheridan
Health Services Coordinator
New Trier High School

Tiosha Goss
Site Director
Erie Evanston/Skokie Health Center

Karen Singer
Executive Director
YWCA Evanston Northshore

Jane Grover
Alderman, 7th Ward
City of Evanston

William Stafford
Chief Financial Officer
Evanston Township High School

Sandi Johnson
Past Executive Director
North Shore Senior Center

Evonda Thomas-Smith
Director, Health and Human Services
City of Evanston

Kelley Kalinich
Superintendent
Kenilworth School District 38

Katie Dold White
Kenilworth Resident

Glenbrook Hospital Community Advisory Committee Charter and Membership

The Community Advisory Committee's (CAC) role is to advise Glenbrook Hospital administration on services and initiatives from a community perspective. The CAC is structured to ensure Glenbrook Hospital's accountability to the community, and to assist in the fulfillment of the community relations' vision, that the more NorthShore and the community connect, the stronger and healthier both will become. The role of the CAC to Glenbrook Hospital includes:

- Serve as an advocate for the greater good of the community and its health
- Provide recommendations for annual community benefits planning
- Help identify opportunities for partnerships between hospital and community organizations
- Serve as a communication link between the hospital and the community
- Identify gaps in healthcare services within the community
- Help identify community resources that work to enhance the health of the community
- Attend quarterly meetings (unless more frequently based on the interests of the CAC)

Jill Brickman
Township Supervisor
Northfield Township

Barbara Marzillo
School Nurse
Glenbrook South High School

Tina Caruana
Glenview Resident

Jane McCarthy
Executive Director
Family Service Center

Eric Etherton
Assistant Principal
Glenbrook North High School

Megann Panek
Director
Glenview Senior Center

Julie Fleckenstein
Social Worker
Glenview Police Department

Steve Samuelson
Executive Director
Frisbe Senior Center

Kim Hand
Senior Services
Village of Glenview

Gary Smith
Executive Director
The Josselyn Center

Jason Hickman
Director of Recreation
Glenview Park District

Dana Turban
Northfield Resident

Jonathan Kaspar
Administrator
Covenant Village of Northbrook

Nancy Vaccaro
Social Worker
Northbrook Police Department

William Lustig
Chief of Police
Northfield Police Department

Highland Park Hospital Community Advisory Committee Charter and Membership

The Community Advisory Committee's (CAC) role is to advise Highland Park Hospital administration on services and initiatives from a community perspective. The CAC is structured to ensure Highland Park Hospital's accountability to the community, and to assist in the fulfillment of the community relations' vision, that the more NorthShore and the community connect, the stronger and healthier both will become. The role of the CAC to Highland Park Hospital includes:

- Serve as an advocate for the greater good of the community and its health
- Provide recommendations for annual community benefits planning
- Help identify opportunities for partnerships between hospital and community organizations
- Serve as a communication link between the hospital and the community
- Identify gaps in healthcare services within the community
- Help identify community resources that work to enhance the health of the community
- Attend quarterly meetings (unless more frequently based on the interests of the CAC)

Jeanne Ang

Director, Primary Care Services
Lake County Health Department

David Kylo

Reverend
Zion Lutheran Church

Mari Barnes

Township Supervisor
Moraine Township

Alesia Margetis

Counselor
School District 113

Anne Flanigan Bassi

Board Member
Lake County Board

Karen May

State Representative
Illinois District 58

Alicia De La Cruz

Highland Park Resident

Liza McElroy

Executive Director
Park District of Highland Park

Eric Falberg

Alderman, 4th Ward
City of Highwood

Julie Morrison

Supervisor
West Deerfield Township

Susan Garrett

State Senator
Illinois District 29

Nancy R. Rotering

Mayor
City of Highland Park

Renee Goier, PhD

Superintendent
School District 109

Marla Schachtel

Manager
Lake Forest Senior Center

William Jones

Assistant Village Manager
Village of Glencoe

Kent Street

Village Manager
Village of Deerfield

David Knapp

City Manager
City of Highland Park

Skokie Hospital Community Advisory Committee Charter and Membership

The Community Advisory Committee's (CAC) role is to advise Skokie Hospital administration on services and initiatives from a community perspective. The CAC is structured to ensure Skokie Hospital's accountability to the community, and to assist in the fulfillment of the community relations' vision, that the more NorthShore and the community connect, the stronger and healthier both will become. The role of the CAC to Skokie Hospital includes:

- Serve as an advocate for the greater good of the community and its health
- Provide recommendations for annual community benefits planning
- Help identify opportunities for partnerships between hospital and community organizations
- Serve as a communication link between the hospital and the community
- Identify gaps in healthcare services within the community
- Help identify community resources that work to enhance the health of the community
- Attend quarterly meetings (unless more frequently based on the interests of the CAC)

Mark Collins

Trustee
Niles Township

Maureen Murphy

Human Service Director
Village of Skokie

Ralph Czerwinski

Fire Chief
Village of Skokie

Maura Rogan

Volunteers Director
North Shore Senior Center

Jackie Grossmann

Home Sharing Coordinator
Open Communities

Mathai Samkutty

Reverend
Village of Lincolnwood

Janice Hincapie

Executive Director
Lincolnwood Parks and Recreation

Jim Szczepaniak

Community Relations Director
Niles Township High School District 219

Margaret Lee

President
Oakton Community College

Michelle Tuft

Superintendent of Recreation
Skokie Park District

Marcia McMahon

Chief Professional Officer
North West Suburban United Way

Jackie Walker-O'Keefe

Social Services Director
Village of Morton Grove

Iliana Mora

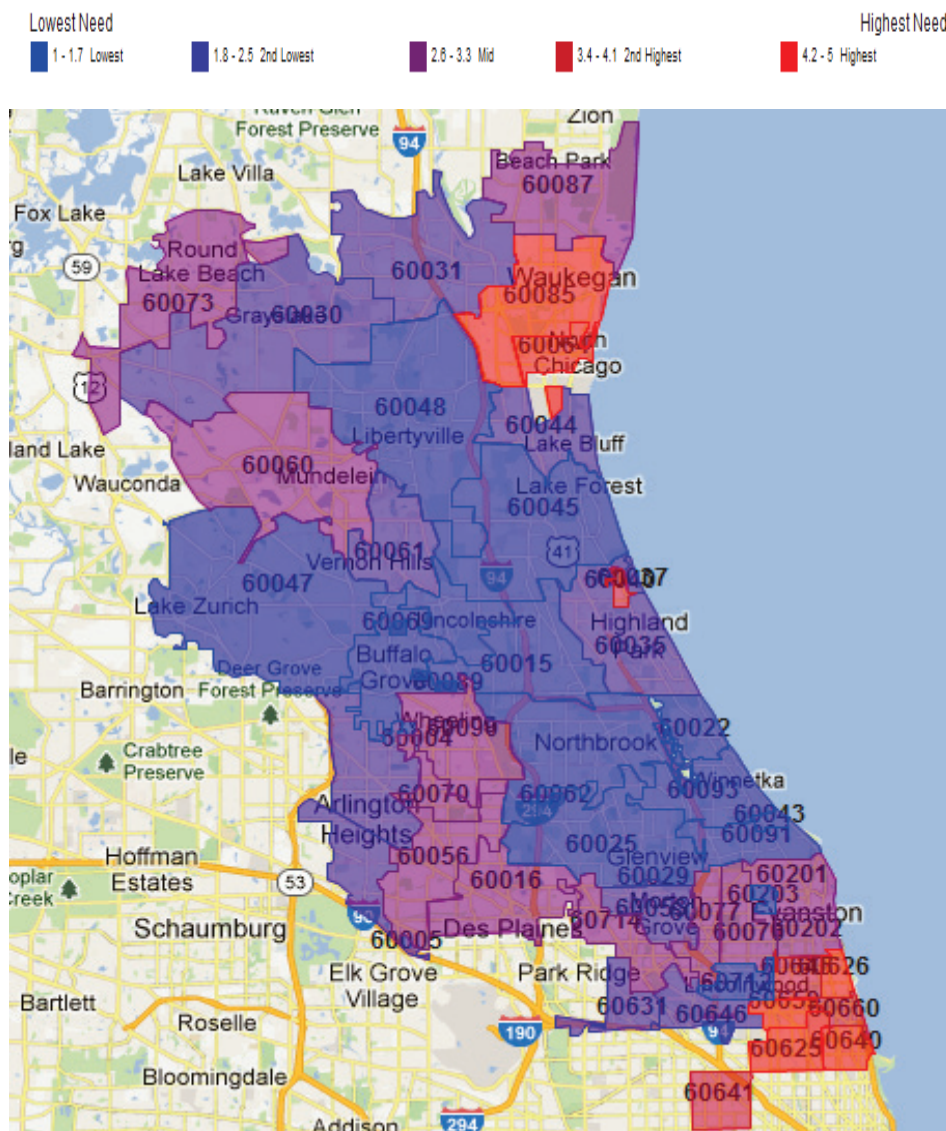
Senior Vice President
Erie Family Health Center

Gayle Weinhouse

Director, Membership and Sponsorship
Skokie Chamber of Commerce

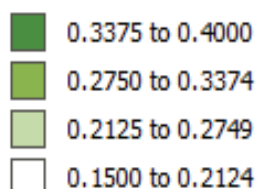
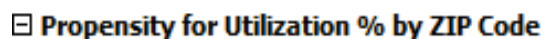
Community Needs Index

CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.



Self-Reported Health Status

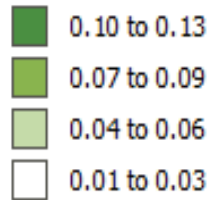
Percentage of households by ZIP Code responding to: How would you rate your general health right now with answer of "Fair" or "Poor." Range: 15% to 40%



Level of Household Insurance Coverage

Percentage of households by ZIP Code responding to: Level of household insurance coverage with answer of "None." Range: 1% to 13%

☐ Household insurance coverage = none



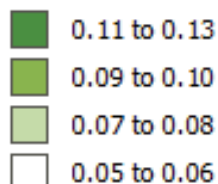
Health Plan Information – Medicaid

Percentage of households by ZIP Code responding to: Primary health insurance with answer of "Medicaid." Range: 2% to 22%



Heart Disease

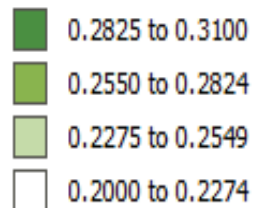
Percentage of households by ZIP Code responding to: Indicate if you are personally afflicted with or being treated for Heart Disease with answer of "Yes." Range: 5% to 13%



High Cholesterol

Percentage of households by ZIP Code responding to: Indicate if you are personally afflicted with or being treated for High Cholesterol with answer of "Yes." Range: 20% to 31%

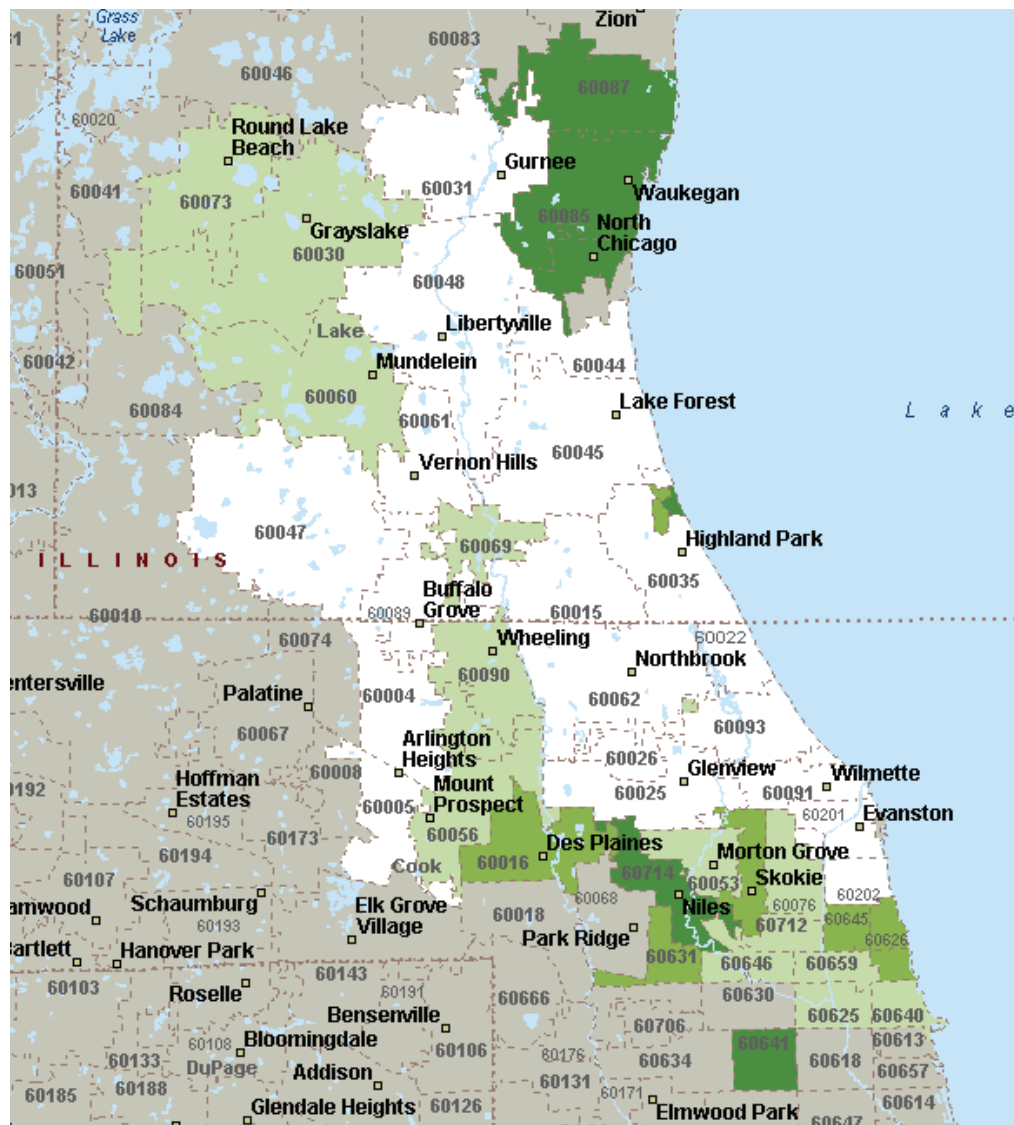
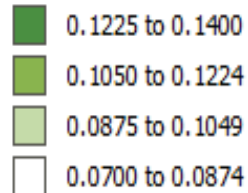
Propensity for Utilization % by ZIP Code



Diabetes

Percentage of households by ZIP Code responding to: Indicate if you are personally afflicted with or being treated for Diabetes with answer of "Yes." Range: 7% to 14%

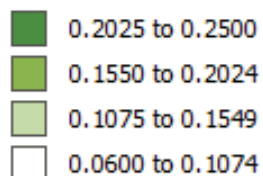
Propensity for Utilization % by ZIP Code



Depression

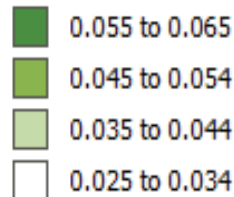
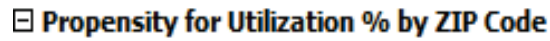
Percentage of households by ZIP Code responding to: Indicate if you are personally afflicted with or being treated for Depression with answer of "Yes." Range: 6% to 25%

▣ Pct Reporting Ever Dx w/ Depression by ZIP



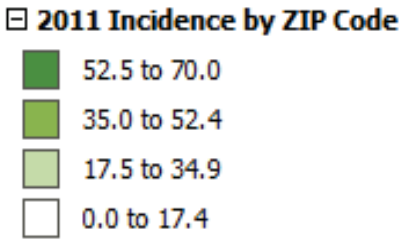
Cancer

Percentage of households by ZIP Code responding to: Indicate if you are personally afflicted with or being treated for Cancer with answer of "Yes." Range: 2.5% to 6.5%



Breast Cancer Incidence

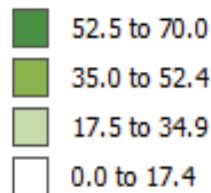
Predicted number of annual new breast cancer cases by ZIP Code. Incidence is defined as the number of new cancer patients (cases) diagnosed within one year for a given population. Range for breast cancer: 0 to 70



Lung Cancer Incidence

Predicted number of annual new breast cancer cases by ZIP Code. Incidence is defined as the number of new cancer patients (cases) diagnosed within one year for a given population. Range for lung cancer: 0 to 70

2011 Incidence by ZIP Code



Colorectal Cancer Incidence

Predicted number of annual new breast cancer cases by ZIP Code. Incidence is defined as the number of new cancer patients (cases) diagnosed within one year for a given population. Range for colorectal cancer: 0 to 48.2





Evanston Hospital



Glenbrook Hospital



Highland Park Hospital



Skokie Hospital