

Ingalls Memorial Hospital

2013 Community Health Needs Assessment

In the Summer of 2013, Ingalls Memorial Hospital embarked on a comprehensive Community Health Needs Assessment (CHNA) process to identify and address the key health issues for our community.

Ingalls Memorial Hospital, based in Harvey, Illinois, is the area's only not-for-profit, 563 bed hospital serving Chicago's South Suburbs. With a medical staff of over 450 physicians across 30 different medical and surgical specialties, Ingalls Memorial Hospital provides services to the residents of Harvey and surrounding communities.

It is Ingalls Memorial Hospital's mission to improve the health of the communities that it serves. With a strong commitment to meet the healthcare needs of the region, Ingalls Memorial Hospital currently provides the following services:

- State-designated Primary Stroke Center
- Comprehensive Cancer Program accredited by the American College of Surgeons; leader in clinical trials; two radiation therapy centers; breast center includes stereotactic biopsy, advanced IMRT and PET/CT scanner for the most accurate diagnosis
- Cardiology Services with two catheterization labs, electrophysiology, open heart, telemetry unit, cardiac rehabilitation, 64-slice CT Scan
- Maternity Suites with 25 Labor/Delivery/Recovery/Post-Partum (LDRP) beds; neonatologists and pediatric hospitalists available 24 hours a day; Level II plus Neonatal Intensive Care Unit
- Interventional Radiology special procedures for leg veins, uterine fibroids, AAA & TAA, cancer interventions, and vascular access
- Retinal Center for surgery and research; Illinois' first Center for Macular Degeneration
- Center for Rehab Medicine, 53-bed inpatient unit and a stroke specialty program each accredited by CARF (the Rehabilitation Accreditation Commission)
- Advanced Orthopedic Institute for joint replacements and minimally invasive interventions, and spine services for the diagnosis and treatment of back and neck pain
- Dedicated centers for Sleep Disorders, Outpatient Surgery, Diabetes Management, Wound Care
- Behavioral Health - Chemical Dependency, Psychiatry, Geriatric Psychiatry, Addictions

- Ingalls Home Care, Hospice and Palliative Care services
- Resource hospital for the South Cook County Emergency Medical Services (EMS) System
- Wellness Center with weight management services and complementary medicine services such as acupuncture, therapeutic massage and hypnotherapy
- Auxiliary Volunteers and VolunTeens
- Community Relations
- Pastoral Services
- Physician & Services Referral: 1.800.221.2199
- Social Services and Case Management
- Support Groups, Speakers Bureau and Health Fairs

Ingalls Memorial Hospital has the ability to insure that resources are directed to areas that result in the greatest benefit to patients and the community. With continued commitment to providing exceptional healthcare to the surrounding community, Ingalls maintains clinical merit and achievements in cancer, heart, retina surgery, orthopedics, neurosciences, rehabilitation, stroke care and gastroenterology. These strengths that Ingalls Memorial Hospital provides help to improve the community’s health status by enabling residents to make healthy life choices.

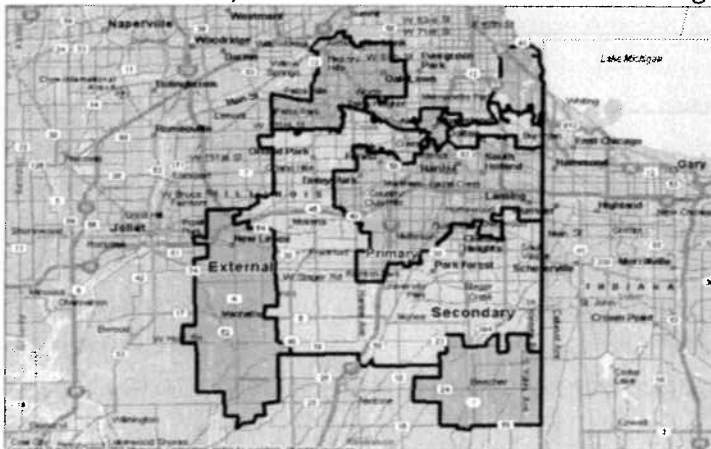
Definition of the Community Served

[IRS Form 990, Schedule H, Part V, Section B, 1a, 2]

Ingalls Memorial Hospital completed its last Community Health Needs Assessment in 2012.

CHNA Community Definition

Ingalls Memorial Hospital’s community, as defined for this project of the Community Health Needs Assessment, includes all residential ZIP Codes within the service area of Ingalls Memorial Hospital (Ingalls Memorial Hospital Service Area or IMH Service Area). These are outlined in the following map:



Demographics of the Community

[IRS Form 990, Schedule H, Part V, Section B, 1b]

The population of the hospital's service area is estimated at 5,231,351 people. It is predominantly non-Hispanic White (43.7%), but also has substantial African American (25%) and Hispanic (24.4%) populations.

As throughout the state and nation, our population is aging, with 12.1% currently age 65 and older. This is projected to increase in coming years, as is the need for services to meet the health needs of this older population.

Median household value of owner-occupied housing units is above the state average; however, 15.8% of our population remains below the poverty level.

Us Census People QuickFacts	Cook County	Illinois
Population, 2012 estimate	5,231,351	12,875,255
Population, 2010 (April 1) estimates base	5,194,675	12,830,632
Population, percent change, April 1, 2010 to July 1, 2012	0.7%	0.3%
Population, 2010	5,194,675	12,830,632
Persons under 5 years, percent, 2011	6.6%	6.4%
Persons under 18 years, percent, 2011	23.5%	24.1%
Persons 65 years and over, percent, 2011	12.1%	12.7%
Female persons, percent, 2011	51.5%	50.9%
White persons, percent, 2011 (a)	66.0%	78.0%
Black persons, percent, 2011 (a)	25.0%	14.8%
American Indian and Alaska Native persons, percent, 2011 (a)	0.8%	0.6%
Asian persons, percent, 2011 (a)	6.5%	4.8%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2011	1.7%	1.7%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	24.4%	16.2%
White persons not Hispanic, percent, 2011	43.7%	63.3%
Living in same house 1 year & over, percent, 2007-2011	86.3%	86.7%
Foreign born persons, percent, 2007-2011	21.0%	13.7%
Language other than English spoken at home, percent age 5+, 2007-2011	34.0%	22.0%
High school graduate or higher, percent of persons age 25+, 2007-2011	83.7%	86.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	33.7%	30.7%
Veterans, 2007-2011	232,373	770,388
Mean travel time to work (minutes), workers age 16+, 2007-2011	31.8	28.1
Housing units, 2011	2,175,941	5,297,318
Homeownership rate, 2007-2011	59.8%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	53.9%	32.9%
Median value of owner-occupied housing units, 2007-2011	\$256,900	\$198,500
Households, 2007-2011	1,934,771	4,773,002
Persons per household, 2007-2011	2.64	2.62
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$29,920	\$29,376
Median household income, 2007-2011	\$54,598	\$56,576
Persons below poverty level, percent, 2007-2011	15.8%	13.1%

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race so also are included in applicable rate categories.

Existing Healthcare Facilities and Resources [IRS Form 990, Schedule H, Part V, Section B, 1c]

Ingalls Memorial Hospital recognizes that there are many existing healthcare facilities and resources within the community that are available to respond to the health needs of residents. These organizations include the following:

Acute-Care Hospitals/Emergency Rooms

- Advocate Illinois Masonic Medical Center
- Elmhurst Memorial Healthcare
- Evanston Hospital
- Ingalls Memorial Hospital Service
- Lakeview Immediate Care
- Presence Holy Family Medical Center
- Presence Saint Francis Hospital
- RML Specialty Hospital
- Rush University Medical Center
- Saint Francis Hospital Emergency
- Swedish Covenant Hospital
- University of Chicago Medical Center

Federally Qualified Health Centers & Other Safety Net Providers

- A Work of Faith Ministries, Inc.
- Access Brandon Family Health Center
- Access Cabrini Family Health Center
- Access Community Health Network
- Access Kedzie Family Health Center
- Access Melrose Park Family Health Center
- Access Warren Family Health Center
- Alliance of Local Services
- Cook County Health System Administration
- Cook County Hospital: Agrawal Vishwanath MD
- Family Christian Health Center
- Fantus Health Center Cook County
- Humboldt Park Family Health Center: Kim Min S MD
- Jarret Thompson Consulting
- Madison Family Health Center: Butt Tariq H MD
- Safety Net Resources Insurance

Nursing Homes/Adult Care

- Alden Prairie Village
- Applewood Center
- Beecher Manor
- Belhaven Health Care
- Brentwood Subacute Rehab
- Bridgeview Health Care Center
- Chicago Ridge Nursing and Rehab Center
- Concord Nursing and Rehab
- Countryside Nursing and Rehab
- Dolton Healthcare Center, Inc.
- Evergreen Healthcare Center
- Exceptional Care
- Glenshire Nursing and Rehabilitation Center Ltd.
- Glenwood Healthcare & Rehab, Inc.
- Heather Manor
- Hickory Nursing Pavilion
- Lemont Center
- Lexington Healthcare Center
- Lexington Health Care
- ManorCare Health Services
- ManorCare Palos East
- ManorCare Palos West
- McAllister Nursing Home
- Midway Neurological and Rehab Center
- Mother Teresa Home
- Park Villa
- Pinecrest of Hazel Crest, Inc.
- Plaza Terrace Nursing Center
- Prairie Manor Health Care Center
- Providence Nursing & Rehab
- Renaissance on 87th
- Renaissance Park South
- Renaissance South Shore
- River Oaks HealthCare and Rehab
- Southpoint Nursing

- South Suburban
- Smith Crossing
- St. James Manor
- Symphony of Crestwood
- Tri-State Nursing and Rehabilitation Center
- The Villa at Windsor Park
- Windwill Nursing Pavilion

Mental Health Services/Facilities

- Anxiety and Stress Center
- Centers for Family Change
- Chicago Christian Counseling Center
- Family and Mental Health Services
- Ingalls Behavioral Health Services
- Metropolitan Family Services
- Olive Branch Counseling Services
- Phoenix Behavioral Services
- Pinnacle Psychological Services
- Psychealth LTD
- Southlake Community Mental

Emergency Medical Services (EMS)

- Advance Ambulance
- ATI Ambulance
- First Care Ambulance
- Ingalls Memorial Hospital Service
- Lifeline Ambulance
- Line Transport Life
- Northwestern Memorial Hospital
- Precise Ambulance Service
- SCR Medical Transportation
- Super Ambulance
- Vandenberg Ambulance

Home Healthcare

- Accord Home Health

- Addus Home Health
- Advocate Home Health care
- Alliance Healthcare
- Amedisys Home Health
- Americare Home Health Services, LLC
- Angels Home Health care
- Caring Touch
- Elite Care Management, Inc.
- Ever Caring Home Health
- F&J Home Health Care
- Golden Heart Home Health
- Heartland Home Health Care
- Heritage Health Care
- Home Bound Home Care
- Horizon Home Health Care
- Ingalls Home Care
- Interm Healthcare
- Intouch Medical
- Maximum Home Health Care
- Omni Home Care
- Orsini Home Health
- Perpetual Home Health
- Phoenix Home Care
- Platinum Home Health Care
- Premier Home Health Care
- Provena Home Health Care
- Providence
- Reliable Home Health Care
- Renaissance Home Health Service
- Shay Health Care Service
- St. James Home Health Service
- Vital Home Care
- Wound Care Solutions

Hospice Care

- Blue Skies Hospice of Illinois
- Gentlepro Hospice Services Inc.

- Heartland Home Health Care & Hospice
- Horizon Hospice Inc.
- Hospice of Illinois
- Hospice of Kankakee Valley, Inc.
- Hospice of Little Co. of Mary Hospital
- Hospice of the Calumet Area, Inc.
- Ingalls Home Hospice
- Joliet Area Community Hospice, Inc.
- Maximum Hospice & Palliative Care, Inc.
- Midwest Palliative & Hospice Carecenter
- Northwestern Memorial Hospital Hospice Program
- Odyssey Healthcare of Chicago
- Palos Community Hospital Hospice
- Premire Hospice
- Providence Home Health & Hospice Care
- Rainbow Hospice
- Seasons Hospice
- SSM Hospice At St. Francis, Blue Island
- Unity Hospice of Chicagoland, LLC
- Vitas Healthcare Corp. of Illinois

School Health Services

- Action for Healthy Kids
- Illinois Maternal and Child
- Lydia Home Association
- School Health Corporation

Other Community-Based Resources

- Affinity Community Services
- Corazon Community Services
- Esperanza Community Services
- YMCA

How CHNA Data Were Obtained

[IRS Form 990, Schedule H, Part V, Section B, 1d]

Collaboration

[IRS Form 990, Schedule H, Part V, Section B, 4]

The Community Health Needs Assessment was sponsored by Ingalls Memorial Hospital in cooperation with the Metropolitan Chicago Healthcare Council. The project also received input from a Community Health Needs Assessment Advisory Committee, created for this purpose, which was comprised of representatives of the partnering organizations as well as other citizens chosen for their relevant experience and interests.

CHNA Goals and Objectives

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

A community Health Needs Assessment provides the 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 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 which have historically 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 by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

CHNA Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data and input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the regional, state and national levels. Qualitative data input includes primary research gathered through two of Key Informant Focus Groups.

Community Health Survey

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.

A precise and carefully executed methodology is critical in asserting the validity of results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology --- one that incorporates both landline and cell phone interviews --- was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 331 individuals age 18 and older in the Ingalls Memorial Hospital Service Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Public Health, Vital Statistics and Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for suburban Cook County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- Illinois Department of Public Health
- Illinois State Police
- US Census Bureau
- US Department of Health and Humans Services
- US Department of Justice Federal Bureau of Investigation

Community Stakeholder Input

[IRS Form 990, Schedule H, Part V, Section B, 1h & 3]

As a part of the community health assessment, one focus group was held in South Cook County on June 20, 2012. The focus group included social service providers and other community leaders. A second focus group was held on June 21, 2012, with key informants from across Cook County, including: representatives from public health; physicians and other health professionals; social service providers; and other community leaders.

A list of recommended participants for the focus groups was provided by the sponsors. 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. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the group was scheduled to insure a reasonable turnout.

Audio from the focus group sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

Information Gaps

[IRS Form 990, Schedule H, Part V, Section B, 1i]

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 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 a great number of medical conditions that are not specifically addressed.

Vulnerable Populations

[IRS Form 990, Schedule H, Part V, Section B, 1f]

The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups.

For additional statistics about uninsured, low-income, and minority health needs please refer to the complete PRC Community Health Needs Assessment report, which can be viewed online at <http://ingalls.healthforecast.net>.

Public Dissemination

[IRS Form 990, Schedule H, Part V, Section b, 5-5c]

This Community Health Needs Assessment is available to the public using the following URL: <http://ingalls.healthforecast.net>. HealthForecast.net is an interactive, dynamic tool designed to share CHNA data with community partners and the public at large.

This site:

- Informs readers that the CHNA Report is available and provides instructions for downloading it;

- Offers the CHNA Report document in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the image of the report;
- Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.

Links to this dedicated HealthForecast.net site are also made available at IMH's hospital website at: <http://www.ingalls.org>.

IMH will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. IMH will also maintain at its facilities a hardcopy of the CHNA report that may be viewed by any who request it.

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Health People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the complete Community Health Needs Assessment for additional health indicators).

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Barriers to Access <ul style="list-style-type: none"> ○ Uninsured/Underinsured Residents ○ Cost ○ Office Hours ○ Appointment Availability ○ Transportation • Medicaid Reimbursement • Lack of a Trauma Center
Chronic Kidney Disease	• Kidney Disease Deaths
Diabetes	<ul style="list-style-type: none"> • Diabetes Deaths • Diabetes Prevalence
Injury & Violence Prevention	<ul style="list-style-type: none"> • Firearm-Related Deaths • Homicide Rate • Prevalence of Violent Crime
Maternal & Infant Health	<ul style="list-style-type: none"> • Prenatal Care • Infant Deaths
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Stigma • Stress
Nutrition & Weight Status	<ul style="list-style-type: none"> • Lack of Providers/Inpatient Facilities • Fruit/Vegetable Consumption • Medical Advice About Nutrition • Food Deserts
Oral Health	• Dental Visits
Respiratory Diseases	<ul style="list-style-type: none"> • Pneumonia/Influenza Deaths • Flu Shots • Pneumonia Vaccination
Substance Abuse	<ul style="list-style-type: none"> • Illegal Drug Use • Prescription Drug Misuse/Abuse

Prioritization Process

[IRS Form 990, Schedule H, Part V, Section B, 1g, 6g]

After reviewing the Community Health Needs Assessment findings, Ingalls Executive Steering Committee met on October 30th 2013, to determine the health needs to be prioritized for action in FY2012-FY2014.

During the detailed presentation of the CHNA findings, consultants from PRC used audience response system (ARS) technologies to lead steering committee members through a process of understanding key local data findings (Areas of Opportunity) and rankings identified health issues against the following established, uniform criteria:

- **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Healthy People targets.
- **Impact/Seriousness.** The degree to which the issue affects or exacerbates other quality of life and health-related issues
- **Feasibility.** The ability to reasonably impact the issue, given available resources.
- **Consequences of Inaction.** The risk of not addressing the problem at the earliest opportunity.

Prioritization Results

From this exercise, the Areas of Opportunity were prioritized as follows:

1. Access to Healthcare Services
2. Mental Health and Mental Disorders
3. Diabetes
4. Chronic Kidney Disease
5. Respiratory Diseases
6. Nutrition and Weight Status
7. Substance Abuse
8. Maternal and Infant Health
9. Oral Health
10. Injury and Violence Prevention

Community-Wide Community Benefit Planning

[IRS Form 990, Schedule H, Part V, Section B, 6c-6d]

As individual organizations begin to analyze the information from the 2012 Community Health needs Assessment, it is Ingalls Memorial Health's hope that this informative material will encourage a community-wide health improvement.

Ingalls Memorial Hospital

FY2012-FY2014 Implementation Strategy

For more than 90 years, Ingalls Memorial Hospital has demonstrated its commitment to meeting the health needs of the Cook County region.

This summary outlines Ingalls Memorial Hospital's Plan (Implementation Strategy) to address our community's health needs by 1) sustaining efforts operating within a targeted health priority area; 2) developing new programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and within the public itself.

Hospital-Level Community Benefit Planning

Priority Health Issues To Be Addressed

In consideration of the top health priorities identified through the CHNA process—and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities --- it was determined that Ingalls Memorial Hospital would focus on developing and/or supporting strategies and initiatives to improve:

- **Access to Healthcare**
- **Mental Health and Mental Disorders**

Integration With Operational Planning

Beginning in 2012, Ingalls Memorial Hospital includes a Community Benefit Section within its operational plan.

Priority Health Issues That Will Not Be Addressed & Why

In acknowledging the wide range of priority health issues that emerged from the CHNA process, Ingalls Memorial Hospital determined that it could only effectively focus on those which it deemed most pressed, most under-addressed, and most within its ability to influence.

Health Priorities Not Chosen for Action	Reason
Chronic Kidney Disease	IMH feels that the efforts outlined in improved access to health services will have a positive impact on chronic kidney disease deaths and that a separate set of kidney disease-specific initiatives was not necessary.
Diabetes	IMH feels that the efforts outlined in improved access to health services will have a positive impact on diabetes deaths and prevalence.
Injury & Violence Prevention	IMH believes that this priority area falls more within the purview of the county health department and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.
Maternal & Infant Health	IMH feels that this priority area will improve with increased access to healthcare. The many programs existing will also improve this area.
Nutrition & Weight Status	IMH feels that this priority area falls more within the range of the community organizations. Limited resources and lower priority excluded this as an area chosen for action.
Oral Health	IMH feels that this priority area falls within the range of the community organizations. Limited resources and lower priority excluded this as an area chosen for action.
Respiratory Diseases	Advisory committee members felt that more pressing health needs existed. Limited resources and lower priority excluded this as an area chosen for action.
Substance Abuse	IMH has limited resources, services and expertise available to address alcohol, tobacco, and other drug issues. Other community organizations have infrastructure and programs in place to better meet this need. Limited resources exclude this as an area chosen for action.

Implementation Strategies & Action Plans

The following displays outline Ingalls Memorial Hospital plans to address those priority health issues chosen for action in the FY2012-FY2014 period.

ACCESS TO HEALTH SERVICES	
Community Partners	<ul style="list-style-type: none"> • Family Christian Health Center
Goal	To improve healthcare access services by augmenting office hours and appointment availability.
Outcome Measures	Proportion of community residents reporting that a lack of office hours and appointment availability hindered their ability to access healthcare services in the previous year.
Timeframe	FY2012-FY2014
Scope	This strategy will focus on residents in the Cook County, Illinois area.
Strategies & Objectives	<p>Strategy #1: Create more immediate care clinics.</p> <ul style="list-style-type: none"> • Add more immediate care clinics in other available locations. • Identify top needs of patients. <p>Strategy #2: Create more office hours and utilize nurse practitioners.</p> <ul style="list-style-type: none"> • Coordinate with Family Christian Health Center to add availability with nurse practitioners. • Extend office hours by utilizing nurse practitioners. • Extend physician office hours. <p>Strategy #3: Create greater access to the uninsured and Medicaid patients.</p> <ul style="list-style-type: none"> • Family Christian Health Center will provide access to the uninsured and Medicaid patients.
Financial Commitment	To be determined
Anticipated Outcomes	<ul style="list-style-type: none"> • Patients will be able to utilize our services more effectively with the broader options that will be available. • Immediate care clinics will help keep patients out of the ER which will in turn keep costs down for the patient and hospital.
Results	<i>Pending</i>

MENTAL HEALTH AND MENTAL DISORDERS

Community Partners	<ul style="list-style-type: none"> • Synergy Behavioral Health
Goal	To improve mental health and mental disorders by providing more inpatient facilities, and reduce stigma.
Outcome Measures	Proportion of community residents reporting a lack of inpatient facilities and stigma hindered their ability to access mental health care.
Timeframe	FY2012-FY2014
Scope	This strategy will focus on residents in the Cook County, Illinois area.
Strategies & Objectives	<p>Strategy #1: Create more inpatient and outpatient opportunities.</p> <ul style="list-style-type: none"> • Expand service by working with Synergy. • Create more bed capacity. <p>Strategy #2: Create more educational programs.</p> <ul style="list-style-type: none"> • Reach out to the community by creating workshops. • Reach out to other facilities to create more community programs. <p>Strategy #3: Create more providers.</p> <ul style="list-style-type: none"> • Work with other mental health care providers in the area.
Financial Commitment	To be determined
Anticipated Outcomes	<ul style="list-style-type: none"> • Patients will be able to gain more access to mental health care facilities with the increase in capacity. • Stigma will be reduced with increased awareness and education in the community.
Results	<i>Pending</i>


Adoption of Implementation Strategy

[IRS Form 990, Schedule H, Part V, Section B, 6a-6b]

On October 30th 2013, Ingalls Memorial Hospital Executive Steering Group, which includes representative from throughout the Cook County region, met to discuss this plan for addressing the community health priorities identified though our community Health needs Assessment. Upon review, the group approved this Implementation Strategy and the related budget items to undertake these measures to meet the health needs of the community.



By Name & Title


PRESIDENT / CEO

Date