

HUMBOLDT PARK HEALTH
**2022 COMMUNITY HEALTH
NEEDS ASSESSMENT CHAPTER**

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INTRODUCTION

Founded in 1894, Humboldt Park Health is deeply committed to serving the Humboldt Park Community. Humboldt Park Health and members of the Alliance for Health Equity, a collaborative of over 30 hospitals partnering with health departments and community partners, have worked together through 2021-2022 to build a comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Humboldt Park Health and the Alliance for Health Equity adapted the Mobilizing for Action through Planning and Partnerships (MAPP) model for the CHNA, emphasizing the importance of community engagement, partnership development, and both primary and secondary data. The Alliance for Health Equity chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity. Humboldt Park Health worked with the Alliance for Health Equity and local community partners in the communities we serve to identify and prioritize health needs within our community for FY23-25. Humboldt Park Health will continue to partner with key community partners in our service area and the Alliance for Health Equity to leverage existing resources and develop strategies which contribute to improving the most pressing health needs of our communities. To access the full collaborative Community Health Needs Assessment for Chicago and Suburban Cook County, please visit <https://allhealthequity.org/projects/2022-chna-report/>

Our hospital

Humboldt Park Health is dedicated to offering the best care for the community in a 200-bed hospital, as well as a full-service professional building, community clinics, and two mobile health units. Humboldt Park Health has an array of medical services that are available including: emergency, acute care, surgical, outpatient clinics, Women's Center of Excellence, GI lab and endoscopy, internal medicine, detox and substance abuse, cardiology and respiratory, imaging, behavioral medicine, Wound Healing Center, family medicine and pediatrics, physical therapy, and corporate health services. >



Humboldt Park Health serves the following communities: Humboldt Park, West Town, East Garfield, West Garfield, Austin, Belmont Cragin, Hermosa, Logan Square, and Avondale. Humboldt Park Health desires to continue providing clinical programs and services to meet community health needs, while also pursuing continuous improvement in existing and future programs to improve the overall health of individuals in the communities it serves. As such, Humboldt Park Health conducts a Community Health Needs Assessment (CHNA) every three years, using primary and secondary data, to ensure community health programs and resources are focused on significant health needs as perceived by the community at large, as well as alignment with Humboldt Park Health's mission, services, and strategic priorities.

HUMBOLDT PARK HEALTH'S MISSION, VISION, AND VALUES



Humboldt Park Health is committed to advancing health equity and providing high quality and compassionate health care services by partnering with patients and their families, our employees, medical staff and the communities we serve.



Humboldt Park Health is the healthcare provider of choice for our communities and caregivers. We strive to be best in class for clinical care, service excellence and employee engagement by following our guiding principle, "Equity Begins at Home."



RESPECT – HPH, its leaders, employees and medical staff demonstrates **respect** by supporting all our members of our health care team, so they can focus on our patients.

EMPATHY – HPH, its leaders, employees and medical staff show **empathy** by acknowledging our patients, their families and/or colleagues' pain and what they have been through.

EXCELLENCE – HPH, its leaders, employees and medical staff believe that providing **excellence** in Quality of Care necessitates that it is free from harm, minimizes redundancy and waste, allows for timely access to needed services, follows best practices, and incorporates our patients' preferences and treatment priorities.

INTEGRITY – HPH, its leaders, employees and medical staff exemplify **integrity** by being honest – telling the truth, being open, and not taking advantage of others.

INCLUSIVITY – HPH, its leaders, employees and medical staff embrace **inclusivity** – It is the behaviors that make people feel welcome. We motivate our entire workforce to achieve our goals.

EQUITY – HPH, its leaders, employees and medical staff make health **equity** a priority for all.

HUMBOLDT PARK HEALTH'S PARTICIPATION IN THE ALLIANCE FOR HEALTH EQUITY

The Alliance for Health Equity is a partnership between the Illinois Public Health Institute (IPHI), hospitals, health departments, and community organizations across Chicago and Cook County. This initiative is one of the largest collaborative hospital-community partnerships in the country with the current involvement of over 30 nonprofit and public hospitals, six local health departments, and representatives of more than 100 community organizations serving on action teams.

The Alliance for Health Equity is a collaboration of Chicago and Cook County-based hospitals that strives to promote a collective impact on health outcomes in the city of Chicago through an environment that fosters learning, sharing of resources, data and best practices. They are also the driving force to facilitate and execute the Community Health Needs Assessment (CHNA) for their hospital members.



The purpose of the Alliance for Health Equity is to improve population and community health by:

- Promoting health equity
- Supporting capacity building, shared learning, and connecting local initiatives
- Addressing social and structural determinants of health
- Developing broad city and county wide initiatives and creating systems
- Engaging community partners and working collaboratively with community leaders
- Developing data systems for population health to support shared impact measurement and community assessment
- Collaborating on population health policy and advocacy

Humboldt Park Health has been an active member of the Alliance for Health Equity since June of 2017 when the Health Impact Collaborative of Cook County and the Healthy Chicago Hospital Collaborative merged to form the Alliance for Health Equity. Several Humboldt Park Health employees participate as active, engaged members of the following committees and workgroups:

- Steering Committee
- CHNA Committee
- Mental Health and Substance Use Disorders Committee
- Social and Structural Determinants of Health Committee
 - Subcommittee: Food Security/Food Access Workgroup
 - Subcommittee: Housing and Health Workgroup

At Humboldt Park Health, our mission includes a strong commitment to improve the health of the communities we serve. In addition, the Community Relations Department at Humboldt Park Health works to establish and foster communication between the Hospital and surrounding communities. The department interfaces with a broad range of non-profit, business and community organizations to support initiatives that improve the well-being of the community, addressing XX issues with our community partners. Members of the community relations staff regularly attend community meetings, health fairs and community events. As a result, they facilitate health-related programs to meet community and patient needs.

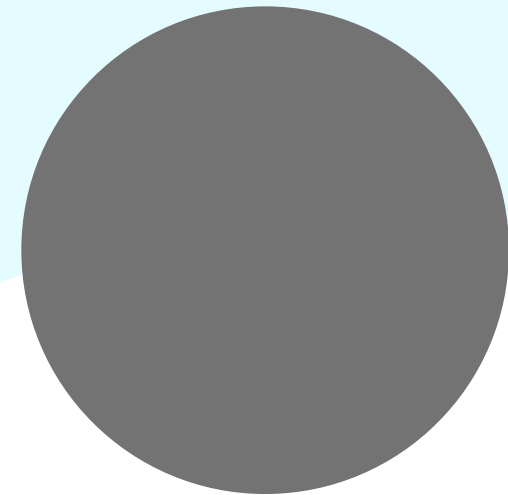
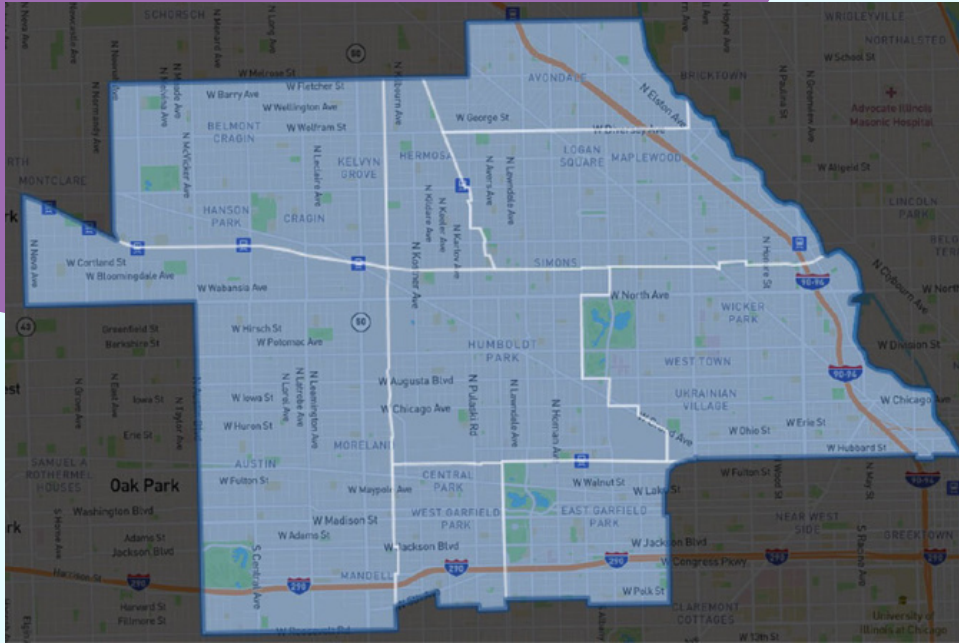


COMMUNITIES WE SERVE

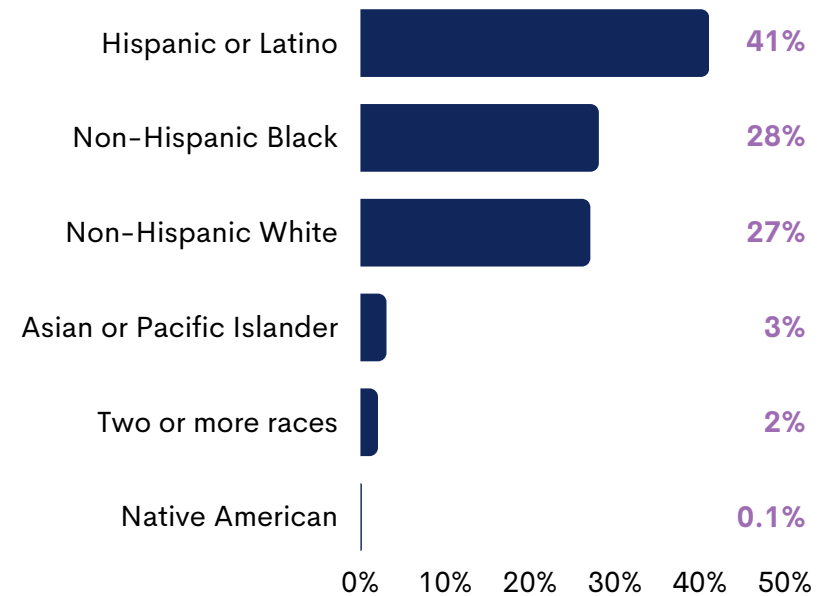
Humboldt Park's community, as defined for the purposes of the Community Health Needs Assessment includes each of the residential Zip Codes that comprise the hospital's Primary Service Area (PSA). Humboldt Park Health primarily serves eight zip codes in the City of Chicago: 60612, 60622, 60618, 60624, 60639, 60642, 60647, 60651. These zip codes encompass nine community areas in Chicago—Humboldt Park, West Town, East Garfield Park, West Garfield Park, Austin, Belmont Cragin, Hermosa, Logan Square, Avondale (Figure 1).

The total population of Humboldt Park Health's service area is 486,210. In the service area, 40% of the population identifies as Hispanic/Latinx and 60% Non-Hispanic. Twenty-seven percent of the population identifies as white, 3% Asian, 28% Black/African American, 2% identifies as two or more races, and less than 1% as Native American (Figure 2). The age distribution for the service area is shown in Figure 3.

**FIGURE 1.
MAP OF HUMBOLDT PARK HEALTH'S
CHNA SERVICE AREA**

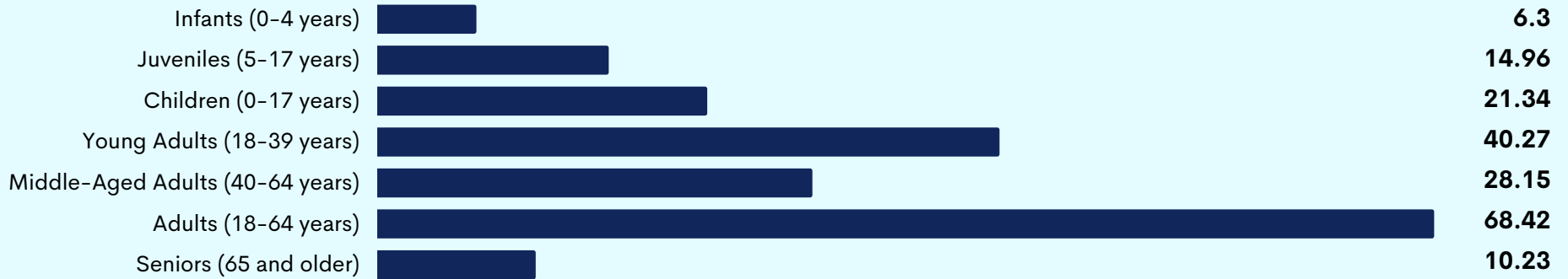


**FIGURE 2.
RACE AND ETHNICITY IN HUMBOLDT PARK'S
SERVICE AREA, 2016-2020**



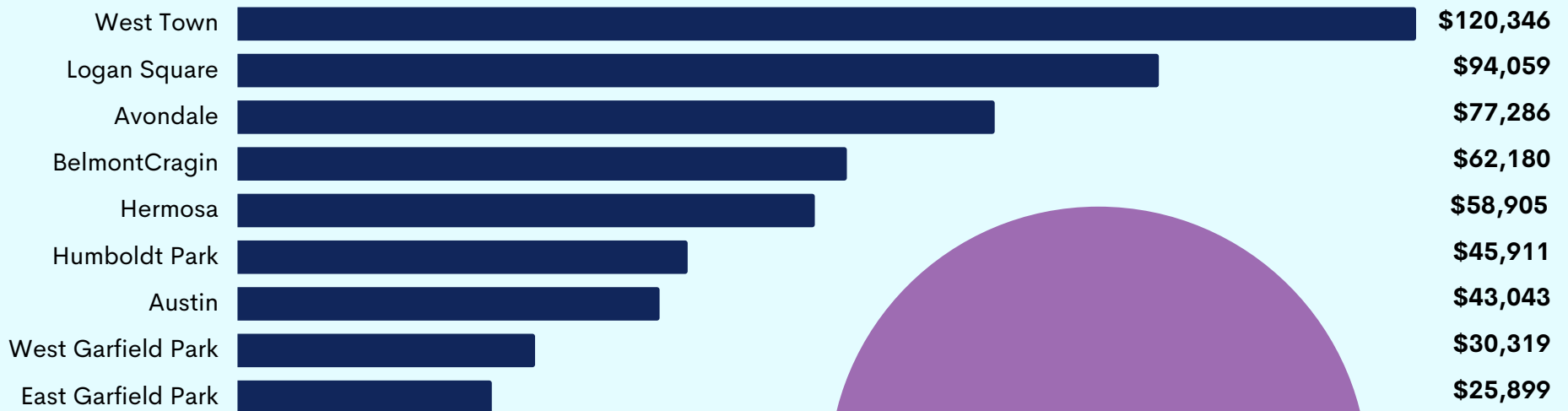
US Census, American Community Survey, 2016-2020

FIGURE 3.
AGE DISTRIBUTION, HUMBOLDT PARK'S SERVICE AREA, 2016-2020



There is substantial variation in median income within Humboldt Park Health's service area (Figure 4). The median income in Austin (\$43,043) is nearly \$80,000 less than the median income in West Town. In addition, poverty rates are highest in East and West Garfield Park.

FIGURE 4.
MEDIAN HOUSEHOLD INCOME IN THE LAST 12 MONTHS IN HUMBOLDT PARK'S SERVICE AREA



US Census, American Community Survey, 2016-2020

SUMMARY OF COLLABORATIVE NEEDS ASSESSMENT RESULTS AND DATA SPECIFIC TO HUMBOLDT PARK HEALTH'S SERVICE AREA

Summary of Collaborative Health Equity Approach to CHNA

The Alliance for Health Equity's collaborative CHNA combined robust public health data, community input, existing research, existing plans, and existing assessments to document the health status of communities within Chicago and Suburban Cook County and to highlight systemic inequities that are negatively impacting health. The CHNA also provided insight into community-based assets and resources that would benefit from support and leverage during the implementation of health improvement strategies.

Humboldt Park Health partnered with the Alliance for Health Equity, other hospitals, the Chicago Department of Public Health, Cook County Department of Public Health, and community organizations to complete this collaborative CHNA between March 2021 and March 2022, during a time that communities across our county, country, and globe have been experiencing profound impacts from the COVID-19 pandemic. The health, economic, and social impacts of the pandemic are strongly present in what we heard from community members and healthcare and public health workers over the course of the assessment.

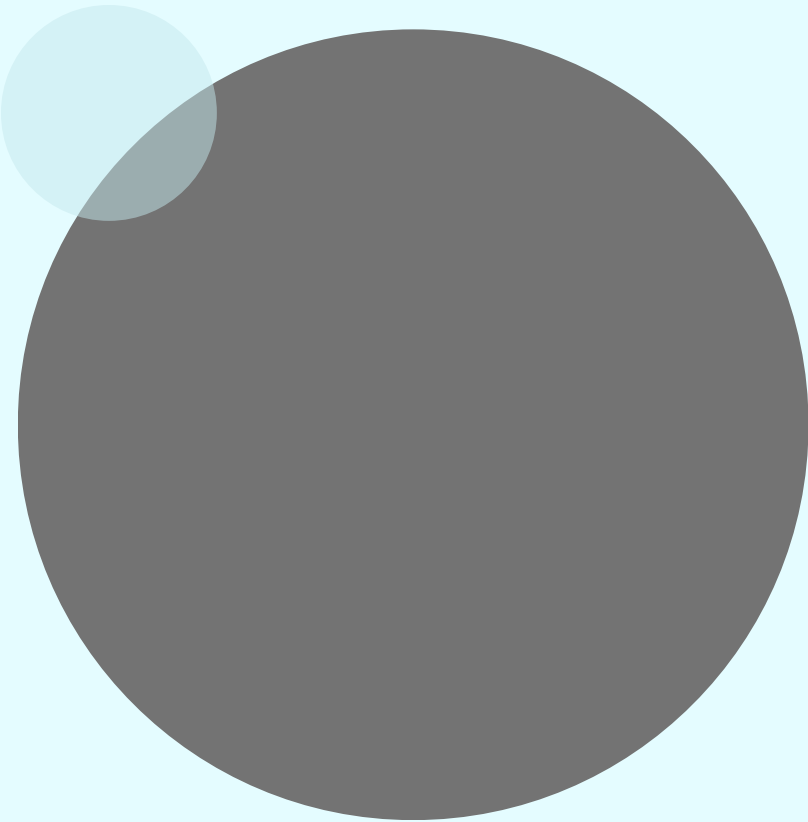


The 2022 Community Health Needs Assessment is the third collaborative CHNA in Cook County, Illinois. The Illinois Public Health Institute (IPHI) acts as the backbone organization for the Alliance for Health Equity. IPHI works closely with the steering committee to design the CHNA to meet regulatory requirements under the Affordable Care Act and to ensure close collaboration with the Chicago Department of Public Health (CDPH) and Cook County Department of Public Health (CCDPH) on their community health assessment and community health improvement planning processes. For this CHNA, the Alliance for Health Equity has taken a very intentional approach to build on the previous collaborative CHNA work (2016, 2019), Healthy Chicago 2025 (2020), and Suburban Cook County WePLAN (2022).

Primary and secondary data from a diverse range of sources were utilized for robust data analysis and to identify community health needs in Chicago and Suburban Cook County. IPHI worked with the CHNA committee and steering committee to design and facilitate a collaborative, community-engaged assessment. As with the 2018-2019 collaborative CHNA, this 2022 CHNA process is adapted from the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-engaged strategic planning framework that was developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Both the Chicago and Cook County Departments of Public Health use the MAPP framework for community health assessment and planning. The MAPP framework promotes a system focus, emphasizing the importance of community engagement, partnership development, and the dynamic interplay of factors and forces within the public health system. AHE chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity.

Primary data for the CHNA was collected through three methods:

- **Community input surveys**
- Community resident focus groups
- Social service provider focus groups



In alignment with the purpose, vision, and values, the Alliance for Health Equity prioritizes engagement of community members and community-based organizations as a critical component of assessing and addressing community health needs. Community partners have been involved in the assessment and ongoing implementation process in several ways both in providing community input and in decision making processes (page 9 of Countywide CHNA Report). The community-based organizations engaged in the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing and homeless services, food access and food justice, community safety, planning and community development, immigrant rights, youth development, community organizing, faith communities, mental health services, substance use services, policy and advocacy, transportation, older adult services, health care services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, youth, older adults and caregivers, LGBTQ+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults.

Overview of Data Categories

Assessment findings were organized in six areas:

- overview of health inequities
- mental health and substance use disorders
- access to quality health care and community resources
- COVID-19
- social and structural determinants of health
- chronic conditions – risk factors, prevention, and management

Epidemiologists from the Cook County Department of Public Health (CCDPH) and Chicago Department of Public Health (CDPH) and Metopio are invaluable partners in identifying, compiling, and analyzing secondary data for the CHNA. IPHI and the Alliance for Health Equity steering committee worked with CDPH and CCDPH to refine a common set of indicators based on an adapted version of the County Health Rankings and Roadmaps Model. Secondary data used in the CHNA were compiled from a range of sources. Additional information can be found in Figures 6 and 7 (p. 11) of the Countywide CHNA report.

PRIMARY DATA: COMMUNITY INPUT SURVEY AND FOCUS GROUPS

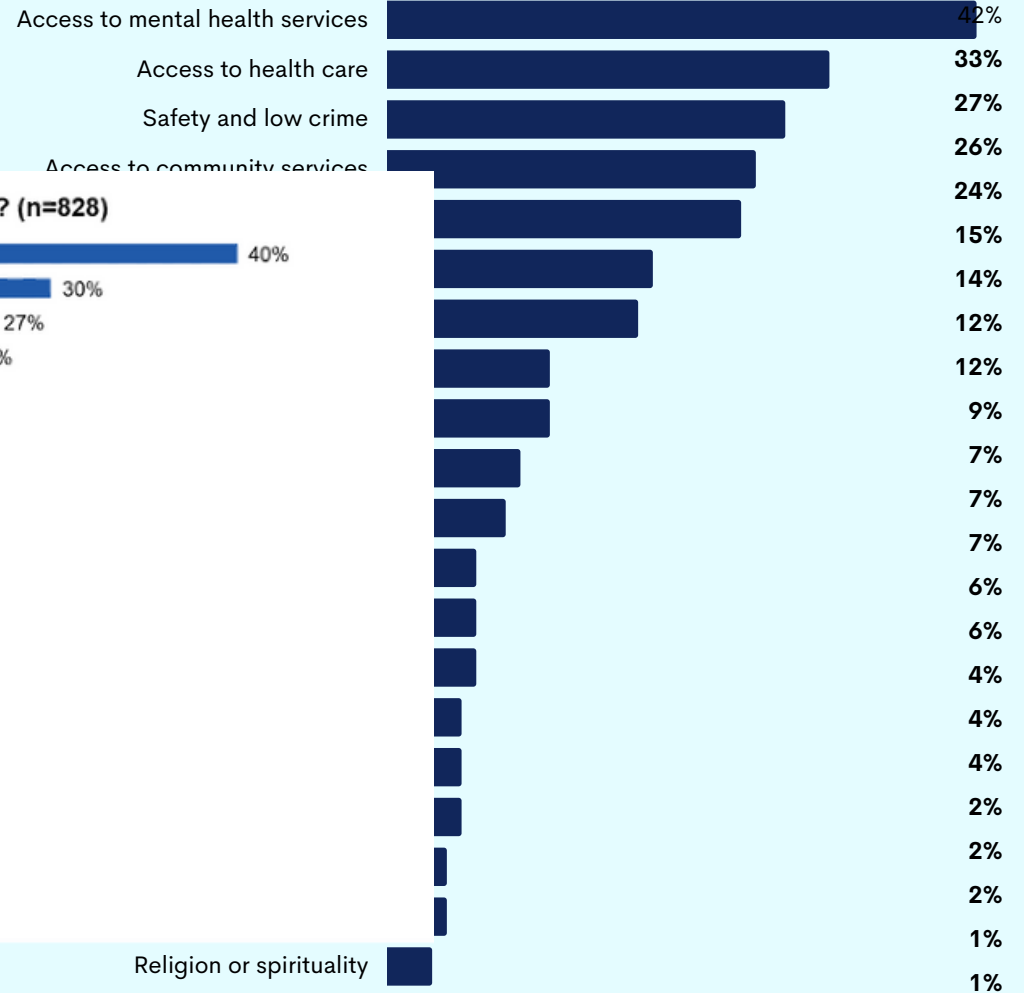
Community input is the most important data input into the Alliance for Health Equity Community Health Needs Assessment. Particularly in the context of the current COVID-19 pandemic, first-hand information from communities most impacted by inequities is the most up-to-date data we have available about priority community health needs. The Alliance worked closely with Humboldt Park Health and other health systems to collect in-depth community data through a community input survey and focus groups. Seventeen focus groups were conducted in Humboldt Park Health's service area and 828 surveys were collected.



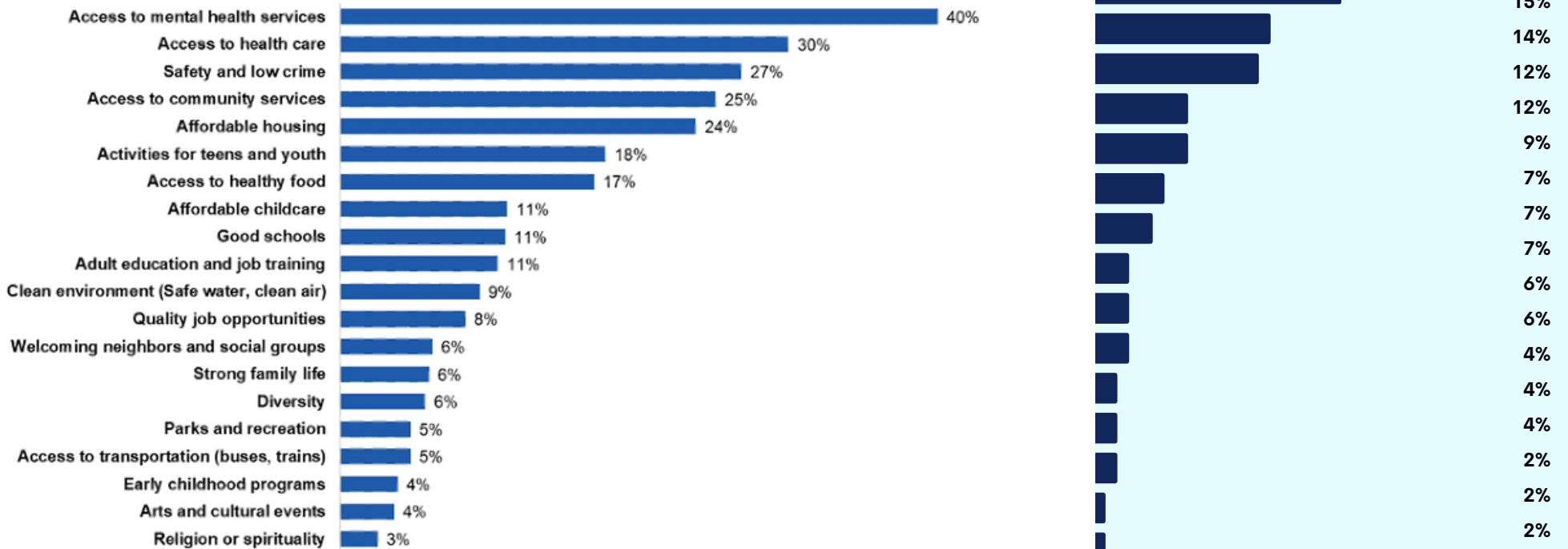
Community Input Survey

The community input survey was a qualitative tool designed to understand community health needs and assets from community members, with a focus on hearing from community members most impacted by health inequities.

WHAT ARE THE MOST IMPORTANT HEALTH NEEDS IN YOUR COMMUNITY?



What is needed to support improvements in the health needs you chose? (n=828)



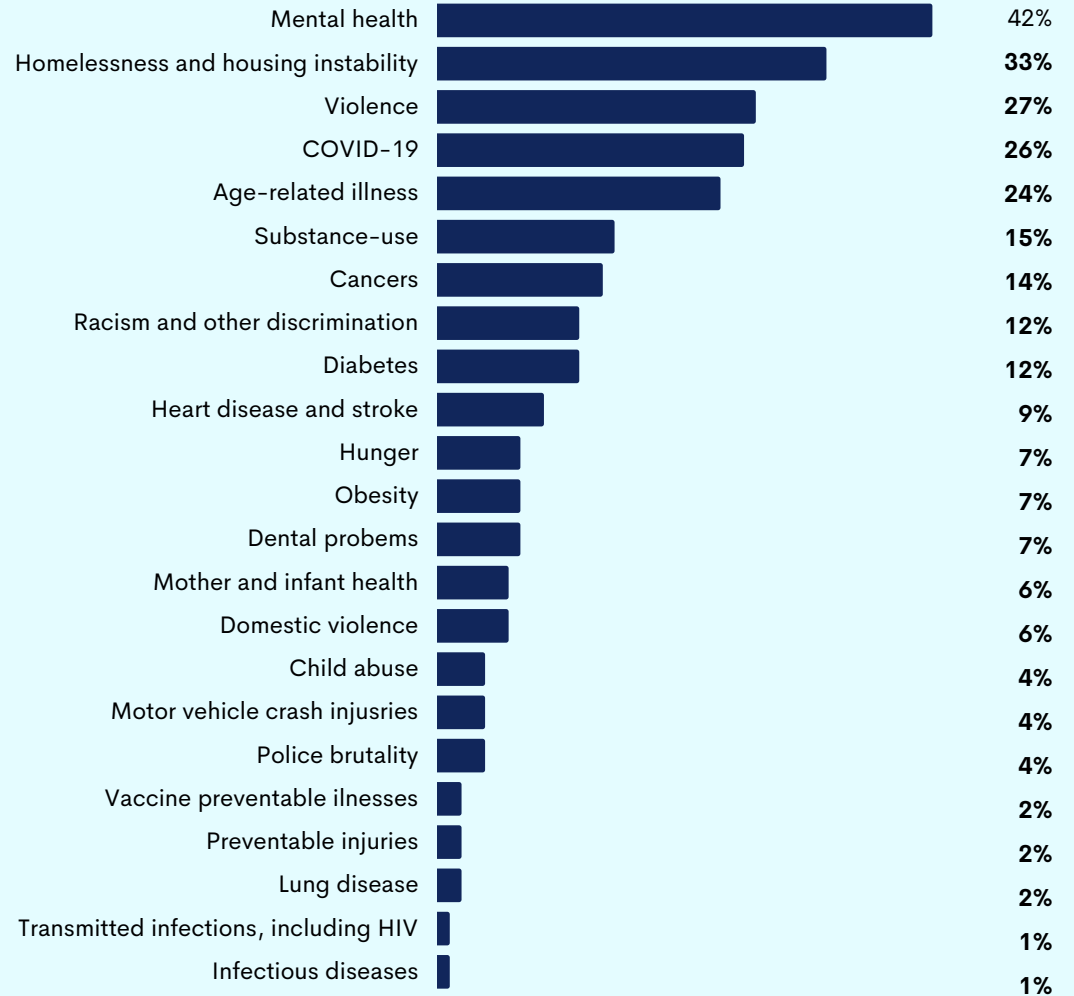
Mental health	12%
Homelessness and housing instability	33%
Violence	27%
COVID-19	26%
Age-related illness	24%

The supports needed to improve health needs within the service area are reflective of the top health needs identified. **As a result, access to mental health services was identified as most needed improvement followed by access to healthcare, safety and low crime, access to community services, and affordable housing.**

FIGURE 6.
COMMUNITY INPUT SURVEY
RESPONSES – WHAT IS NEEDED
TO SUPPORT IMPROVEMENTS IN
HEALTH NEEDS IN HUMBOLDT PARK
HEALTH’S SERVICE AREA?

What are the most important health needs in your community? (n=828)	Top responses selected by 20% or more of respondents
Mental health	40%
Homelessness and housing instability	30%
Violence	27%
COVID-19	25%
Age-related illness	24%

WHAT IS NEEDED TO SUPPORT IMPROVEMENTS IN THE HEALTH NEEDS YOU CHOSE? (N=828)



The top health needs identified in the service area are closely aligned with priority health needs identified for the county overall. However, **mental health was ranked second for the overall county and first within Humboldt Park Health’s service area.**