Community Health Needs Assessment for UI Health Hospital & Clinics

Office of the Vice Chancellor for Health Affairs
Community Engagement & Neighborhood Health
Health Policy & Strategy
Population Health Sciences

Healthy City Collaborative & Partners Council for Community Health
June 14, 2016, 10-12pm
909 S. Wolcott Avenue, Conference Room 6175

GOALS FOR TODAY

1. Provide background to the CHNA
2. Review results of UNISON and identify the health needs in our UI Health communities
3. Solicit input on priorities for improving health
4. Discuss partnerships and next steps to implement solutions

HEALTHY CHICAGO 2.0 (2016-2020)

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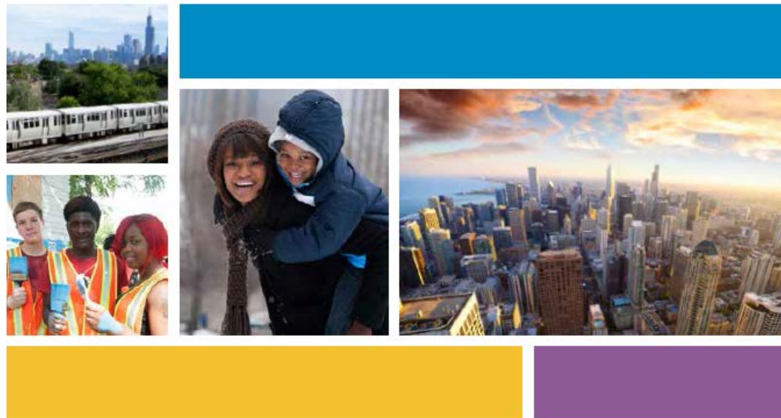
PARTNERING TO IMPROVE HEALTH EQUITY

2016 - 2020



Healthy Chicago 2.0 areas of focus:

1. Increasing life expectancy
2. Reducing obesity
3. Reducing preventable hospitalizations
4. Reducing discrimination
5. Improving overall health
6. Reducing economic hardship
7. Increasing opportunities for children to live healthy lives
8. Institutionalizing a *Health in All Policies* approach
9. Becoming a *Trauma-Informed City*

UIC

Purpose:

- Identify and prioritize the health needs of the communities in UI Health's primary service area
- With input from public health experts and collaboration from community members, develop and adopt an implementation plan to address the high priority health needs

Key Dates for 2016 CHNA:

- Complete needs assessment: June 30, 2016
  - University of Illinois Community Assessment of Needs (UI-CAN) 2016: Toward Health Equity
- Develop and adopt an implementation plan: November 15, 2016

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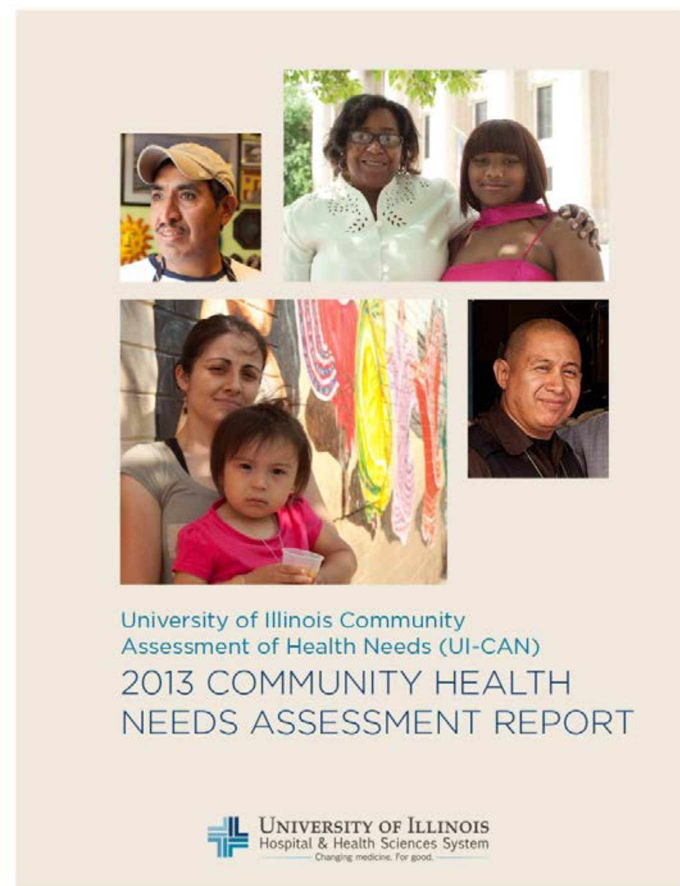
2013 UNIVERSITY OF ILLINOIS COMMUNITY ASSESSMENT OF HEALTH NEEDS (UI-CAN)

2013 UI-CAN high priority areas:

1. Access to healthcare services (including medical, mental health, oral health, and vision)
2. Follow-up care
3. Chronic conditions and factors
4. Cancer screening



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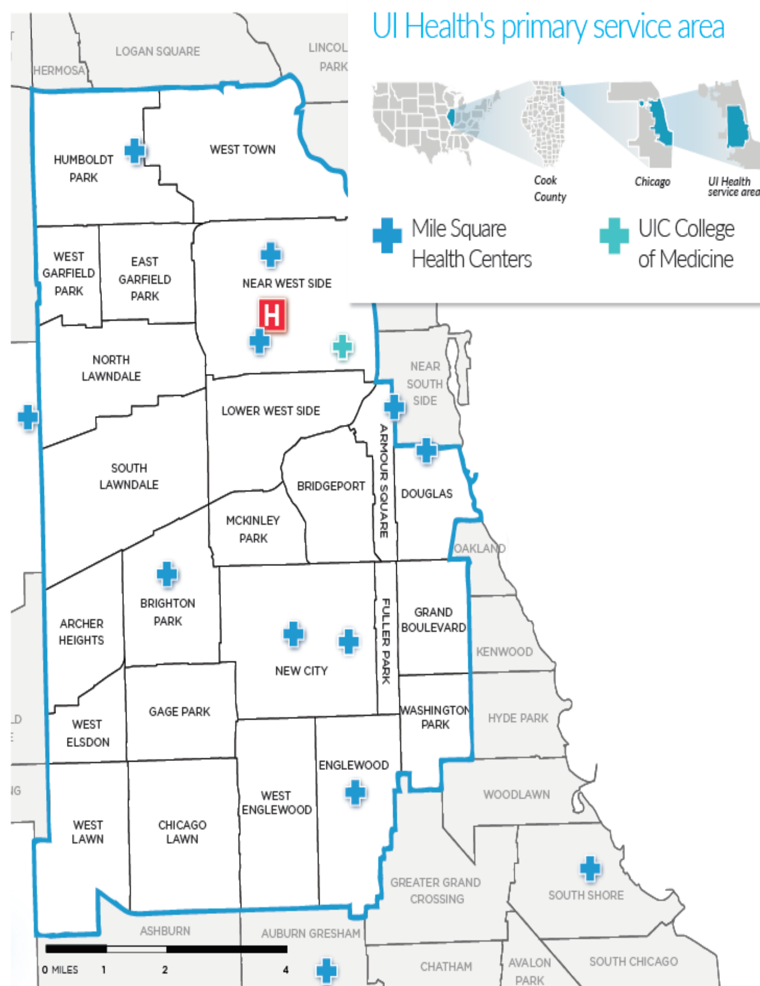
UNIVERSITY OF ILLINOIS SURVEY ON NEIGHBORHOOD HEALTH (UNISON)



Background:

- 2013 Community Health Needs Assessment (UI-CAN) identified gaps in health status and indicator data
- Developed survey to assess current health status and inform future health needs of UI Health communities

Survey:

- Random sample of 454 individuals living in primary service area (PSA) for UI Hospital & Clinics
- 24 community areas in West and South Sides, Chicago
- In-home interviews and biometrics (height, weight, blood pressure) conducted in 2013 and 2014 by Survey Research Laboratory at University of Illinois at Chicago

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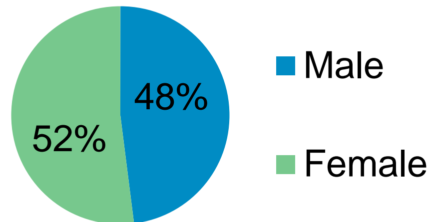
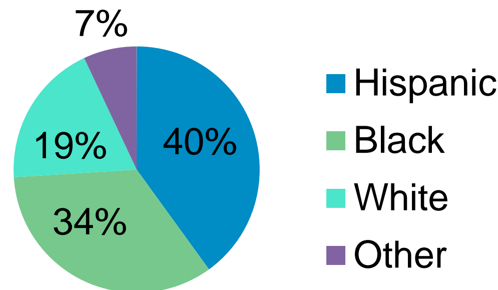
RESIDENTS IN UI HEALTH'S PRIMARY SERVICE AREA

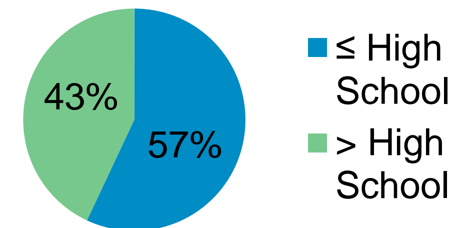
Gender



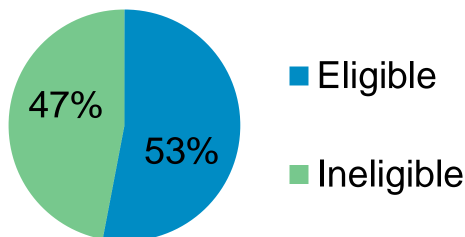
Race/ethnicity



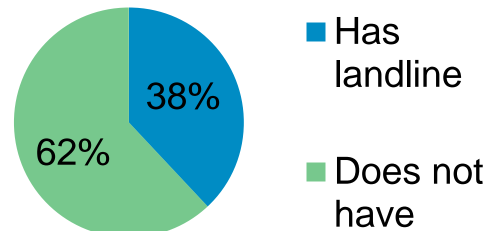
Education



Medicaid



Landline telephone



- Mean age: 40.3 years
- 93% have cell phone
  - 70% smartphone
  - 29% are pre-paid or pay as you go (more common among blacks)

SELF-REPORTED SMOKING STATUS

- Smoking is the leading cause of preventable disease and death in the U.S.
- Accounts for 480,000 deaths or 1 in 5 deaths in U.S.

Current smoker (National)
UI Health Primary Service Area (PSA)

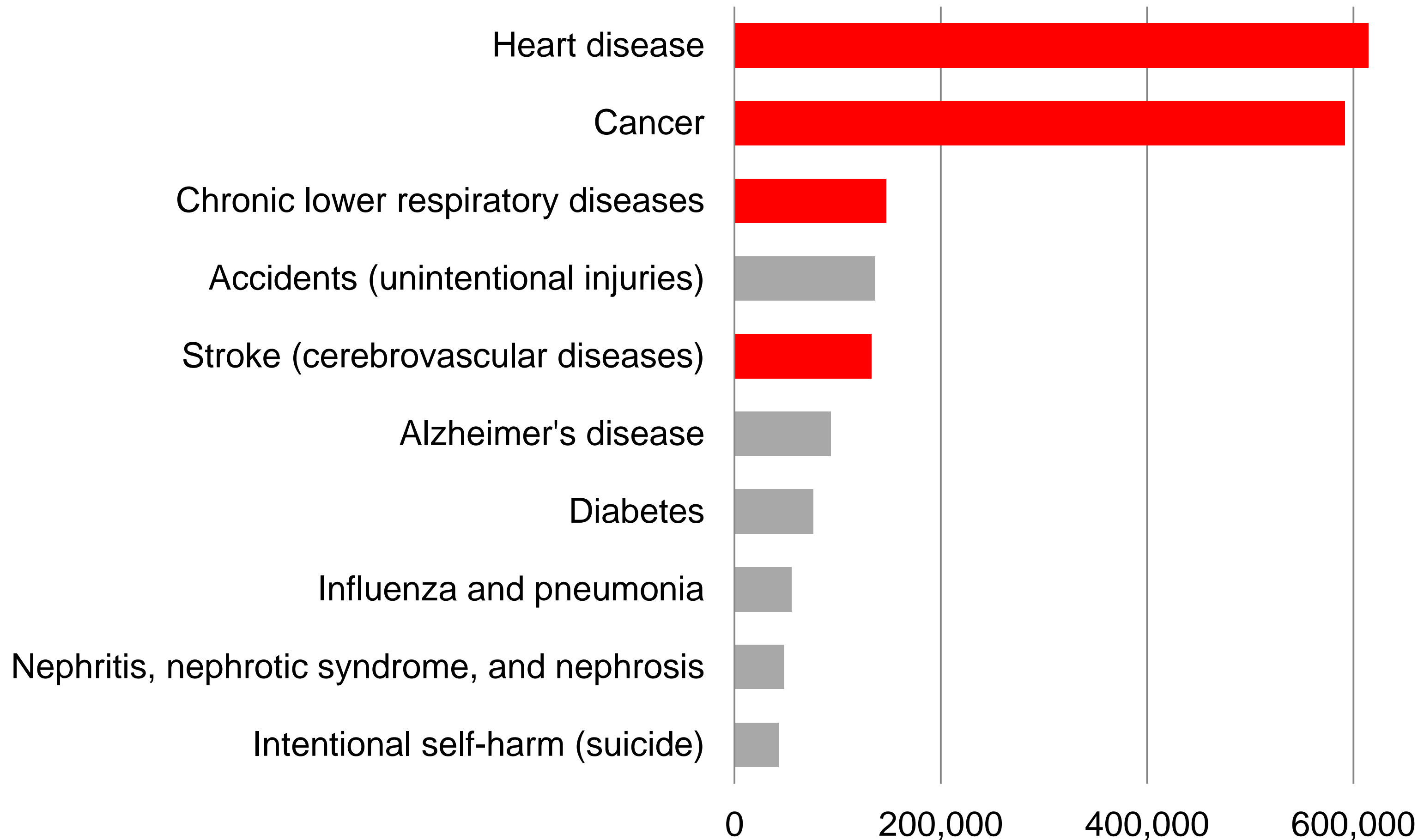
Percent smokers

45%
40%
35%
30%
25%
20%
15%
10%
5%
0%

Overall
White
Black
Hispanic

Source: US Centers for Disease Control and Prevention

LEADING US CAUSES OF DEATH IN 2014



Source: US Centers for Disease Control and Prevention

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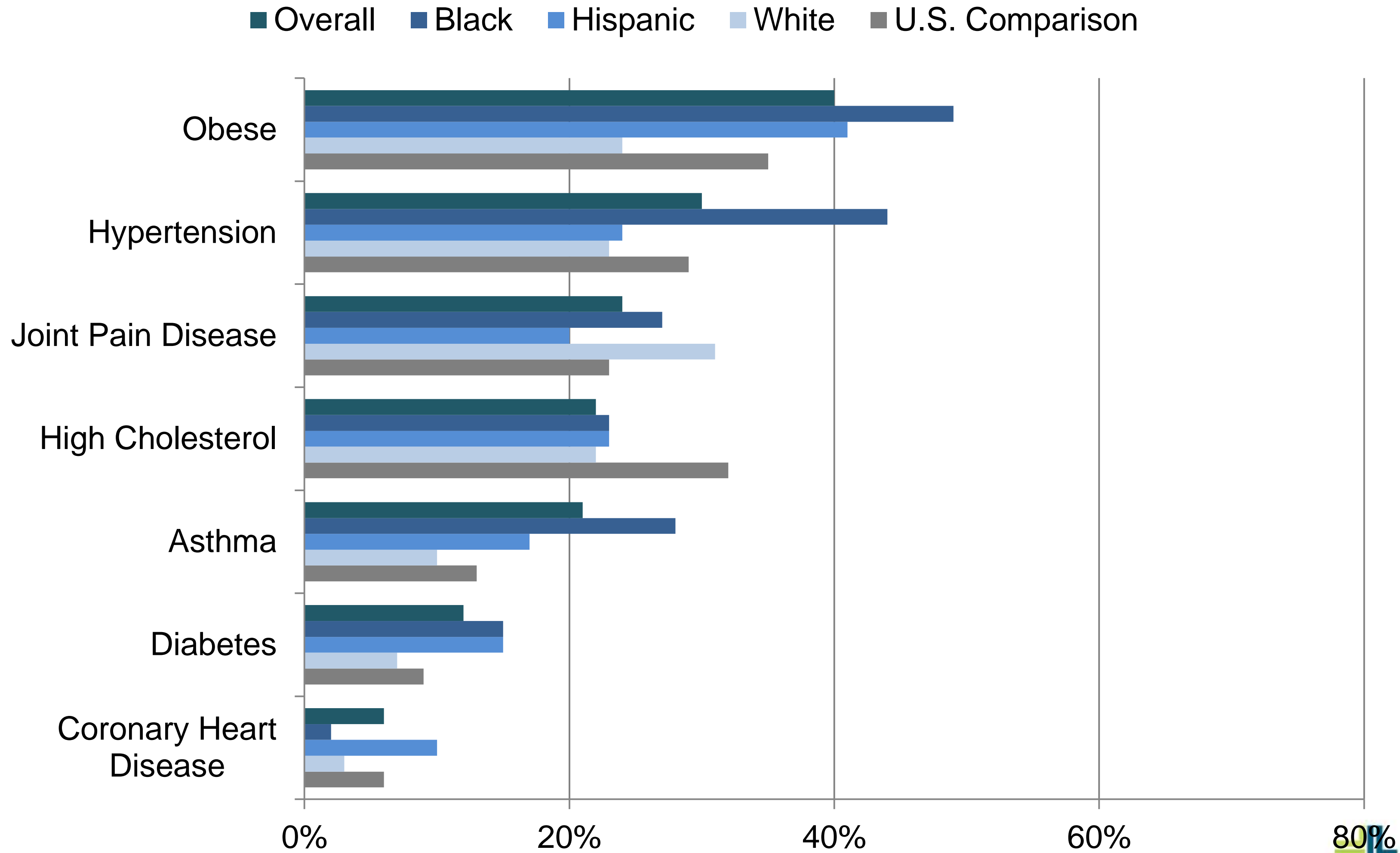
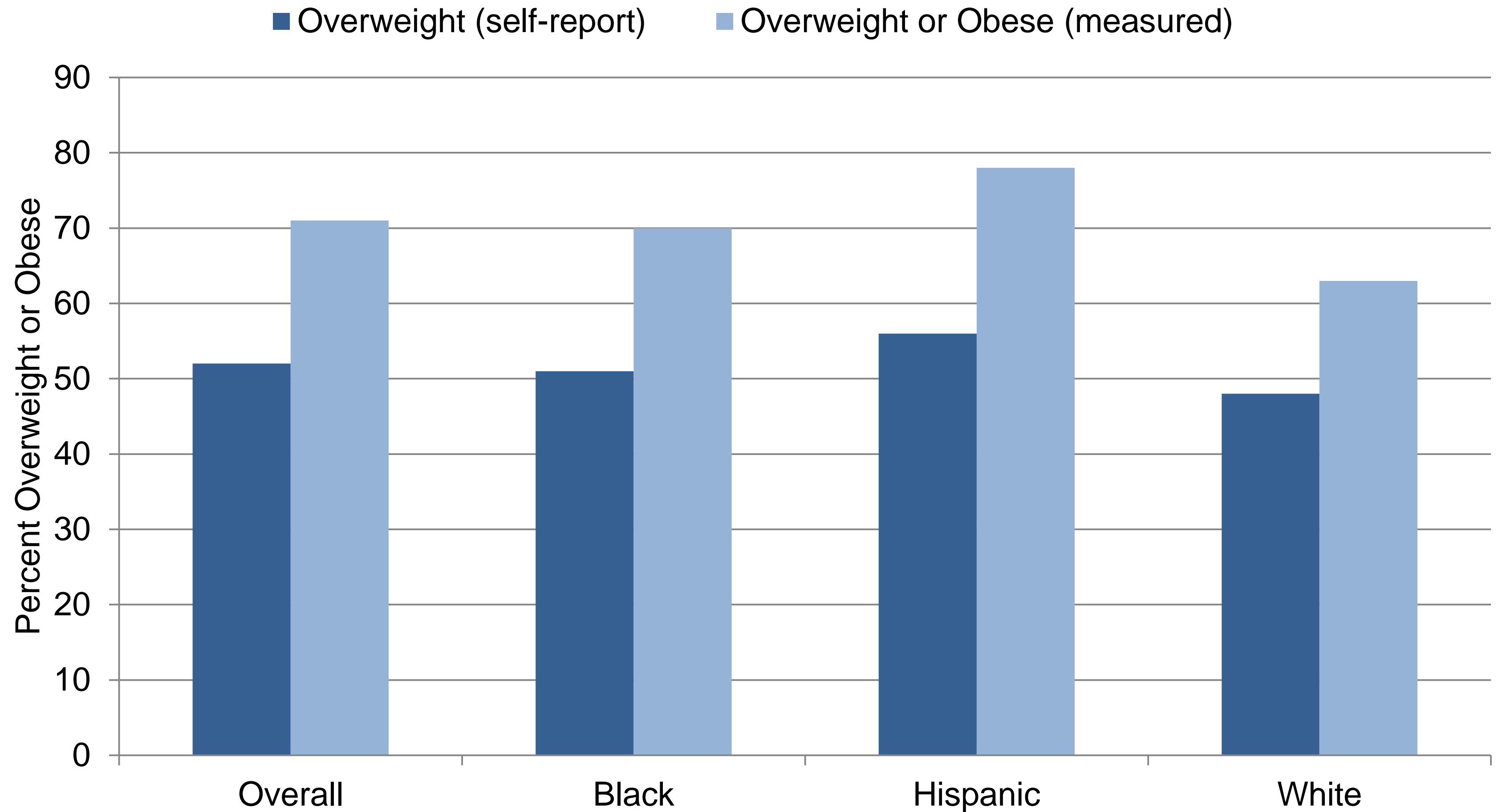
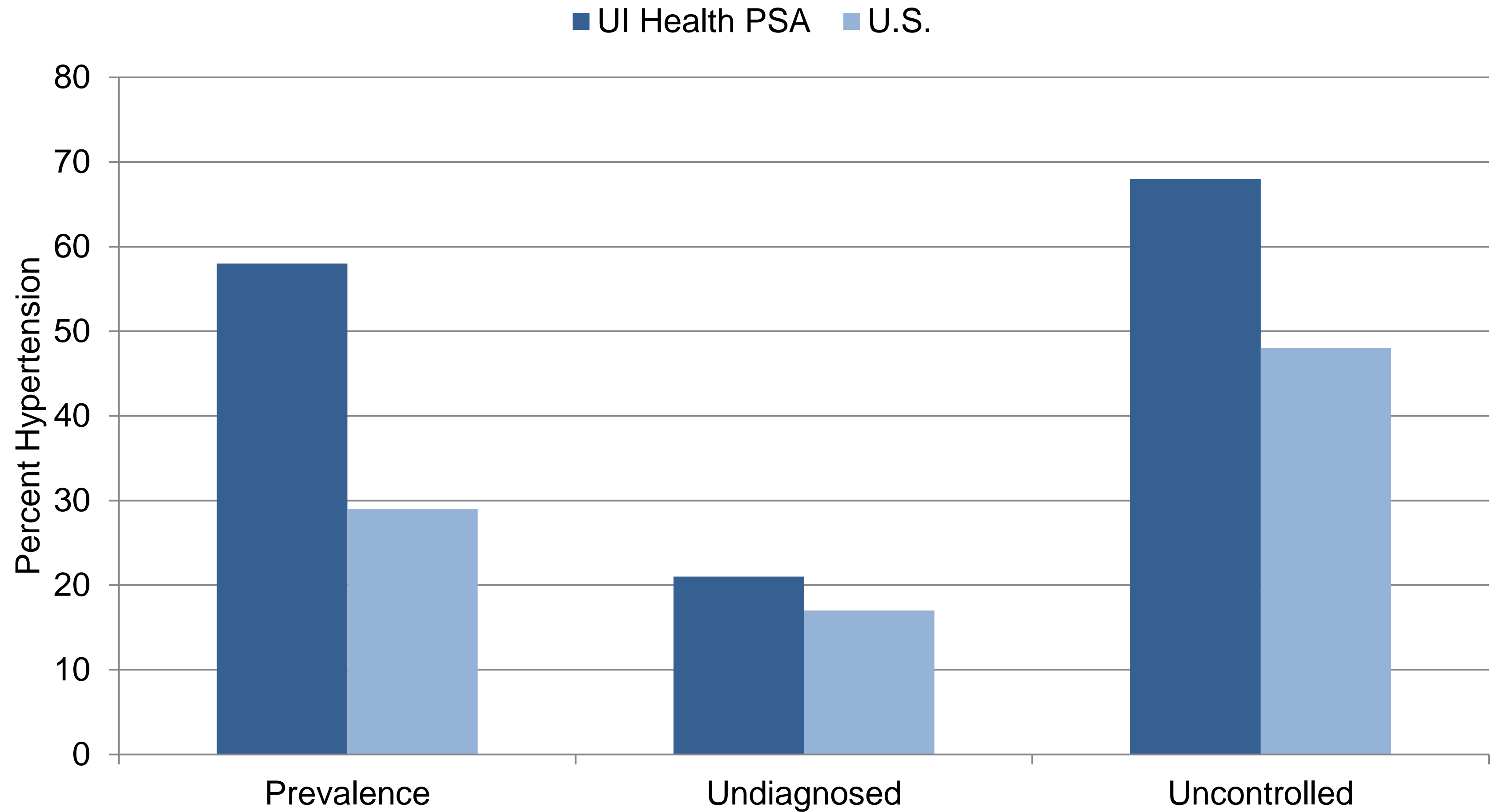
TOP SEVEN PHYSICAL HEALTH CONDITIONS



OVERWEIGHT AND OBESE



HYPERTENSION



RACE/ETHNICITY DIFFERENCE IN 10 MOST COMMON CONDITIONS

- **Higher prevalence in blacks** compared to whites
  - Hypertension (1.5x)
  - Asthma (2.7x)
- **Higher prevalence in Hispanics** compared to whites
  - Overweight or obese (1.2x)
- **Higher prevalence in blacks and Hispanics** compared to whites
  - Coronary heart disease (≥ 1.7x)
- No significant difference in prevalence by race/ethnicity
  - Joint pain/arthritis
  - High cholesterol
  - Depression
  - Anxiety
  - Diabetes
  - Attention deficit hyperactivity disorder

PRIORITY AREAS OF FOCUS

- Addressing the social determinants of health: education, employment and income, health behaviors (e.g., smoking), housing, family and social support, food, interpersonal violence, transportation, and utility insecurity.
- Improving access to care: availability of high quality care on demand.
- Reducing the risk of chronic disease or the impact of chronic disease on health: asthma, cardiovascular disease (including hypertension), diabetes, mental and behavioral health, obesity, and sickle cell disease.

DISCUSSION

- Recommendations

- Discuss partnerships and next steps to implement solutions

PLEASE LIST YOUR TOP 5 PRIORITIES FOR THE 2016 CHNA

1.

2.

3.

4.

5.

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PLEASE LIST YOUR RECOMMENDATIONS FOR PARTNERSHIPS

NAME: ______________________

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