UChicago Medicine AdventHealth La Grange 2025 Community Health Needs Assessment

Extending the Healing Ministry of Christ

UChicago Medicine | AdventHealth

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Letter from Leadership

At AdventHealth, we have a sacred mission of Extending the Healing Ministry of Christ. That obligation goes beyond our hospital walls and reaches into our communities. Our commitment is to address the health care needs of our community with a wholistic focus, one that strives to heal and restore the body, mind and spirit. We want to help our communities get well and stay well.

Every three years, AdventHealth hospitals across the nation complete a Community Health Needs Assessment. During this assessment, we talk and work with community organizations, public health experts and people like you who understand our communities best. This in-depth look at the overall health of our communities and the barriers to care they experience helps AdventHealth better understand the unique needs in the various communities we serve.

We use this information to create strategic plans that address the issues that impact our communities most. At AdventHealth, we know that a healthy community is not a “one size fits all” proposition—everyone deserves a whole health approach that meets them where they are and supports their individual health journey.

This work would not be possible without the partnership of public health experts, community organizations and countless community members who helped inform this report. Through these ongoing partnerships and collaborative efforts, AdventHealth will continue to create opportunities for better health in all the communities we serve.

In His service,
Dave Tkachuck
President & CEO, UChicago Medicine AdventHealth La Grange

Our commitment is to address the health care needs of our community with a wholistic focus, one that strives to heal and restore the body, mind and spirit.

Executive Summary

UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale conducted their CHNA jointly. The Hospitals have a shared service area and historically partner in their initiatives. This ongoing collaboration has allowed the Hospitals shared service area to benefit from an alignment of resources between the two facilities and created a strategic approach to maximizing and improving outcomes.

Adventist Midwest Health dba UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale will be referred to in this document as UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale or "The Hospitals." UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale conducted a community health needs assessment from February 2024 to June 2025. The goals of the assessment were to:

- Engage public health and community stakeholders, including low-income, minority and other underserved populations.
- Assess and understand the community's health issues and needs.
- Understand the health behaviors, risk factors and social determinants that impact health.
- Identify community resources and collaborate with community partners.
- Publish the Community Health Needs Assessment.
- Use the assessment findings to develop and implement a 2026–2028 Community Health Plan based on the needs prioritized in the assessment process.

Community Health Needs Assessment Committee

To ensure broad community input, UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospitals through the assessment process. The CHNAC included representation from the Hospitals, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met twice in 2024. They reviewed primary and secondary data and helped to identify the top priority needs in the community.

See Prioritization Process for a list of CHNAC members.

Data

UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale in collaboration with the AdventHealth Corporate Team collected both primary and secondary data. The primary data included community surveys and stakeholder interviews. Secondary data included internal hospital utilization data (inpatient, outpatient and emergency department). This utilization data showed the top diagnoses for visits to the Hospitals from 2022–2024. In addition, publicly available data from state and nationally recognized sources were used. Primary and secondary data was compiled and analyzed to identify the top 12 needs.

See Process, Methods and Findings for data sources.

Community Asset Inventory

The next step was to create a community asset inventory. This inventory was designed to help the CHNAC understand the existing community efforts being used to address the twelve needs identified from the aggregate primary and secondary data. This inventory was also designed to prevent duplication of efforts.

See Available Community Resources for more.

Selection Criteria

The CHNAC participated in a prioritization process after a data review and facilitated discussion session. The identified needs were then ranked based on clearly defined criteria.

See Prioritization Process for more.

The following criteria were considered during the prioritization process:

A. Impact on Community

What are the consequences to the health of the community of not addressing this issue now?

B. Resources

Are there existing, effective interventions and opportunities to partner with the community to address this issue?

C. Outcome Opportunities

Do interventions addressing this issue have an impact on other health and social issues in the community?

Priorities to Be Addressed

The priorities to be addressed are:

1. Cancer
2. Mental Health
3. Health Care Access and Quality

See Priorities Addressed for more.

Approval

On March 26, 2025, the UChicago Medicine AdventHealth La Grange board and the UChicago Medicine AdventHealth Hinsdale board approved the Community Health Needs Assessment findings, priority needs and final report. A link to the 2025 Community Health Needs Assessment was posted on the Hospitals' website prior to June 30, 2025.

Next Steps

UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale will work with the CHNAC to develop a measurable implementation strategy called the 2026–2028 Community Health Plan to address the priority needs. The plan will be completed and posted on the Hospitals' website prior to November 15, 2025.

About AdventHealth

UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale are part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 100,000 talented and compassionate team members serve over 8 million patients annually. From physician practices, hospitals and outpatient clinics to skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, whole-person care at more than 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in new technologies, research and the brightest minds to redefine wellness, advance medicine and create healthier communities.

In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are shaping the future of health care.

Amwell, a national telehealth leader, named AdventHealth the winner of its Innovation Integration Award. This telemedicine accreditation recognizes organizations that have identified connection points within digital health care to improve clinical outcomes and user experiences. AdventHealth was recognized for its innovative digital front door strategy, which is making it possible for patients to seamlessly navigate their health care journey. From checking health documentation and paying bills to conducting a virtual urgent care visit with a provider, we're making health care easier—creating pathways to wholistic care no matter where your health journey starts.

AdventHealth is also an award-winning workplace aiming to promote personal, professional and spiritual growth with its team culture. Recognized by Becker's Hospital Review on its "150 Top Places to Work in Healthcare" several years in a row, this recognition is given annually to health care organizations that promote workplace diversity, employee engagement and professional growth. In 2024, the organization was named by Newsweek as one of the Greatest Workplaces for Diversity and a Most Trustworthy Company in America.

About UChicago Medicine AdventHealth La Grange

UChicago Medicine AdventHealth is a connected system of care for every stage of life and health. A shared vision, common values, focus on whole-person health and commitment to making communities healthier unify the system's four hospitals located in Bolingbrook, Glendale Heights, Hinsdale and La Grange. The system also includes nearly 50 primary and specialty practice locations and two multispecialty ambulatory centers. In January 2023, The University of Chicago Medicine and AdventHealth launched a joint venture, bringing academic medicine to the western suburbs. The partnership builds on UChicago Medicine's national reputation for specialty and subspecialty care and AdventHealth's exceptional quality and rich legacy of whole-person care. UChicago Medicine AdventHealth La Grange is a 177-bed, full service medical facility that provides high-quality, compassionate and family-centered medical care to the residents of La Grange and the surrounding communities. UChicago Medicine AdventHealth La Grange offers emergency medical and surgical services, medical lab and imaging services, heart and vascular care, cancer care, orthopedic and neurological care, obstetrical and women's care and pediatrics. UChicago Medicine AdventHealth La Grange has earned a number of nationally recognized awards and safety grades, particularly for its state-of-the art cancer center, Level III Perinatal Care Designation, ANCC Magnet Designation, Joint Commission Hospital, Behavioral Health and Home Health accreditation, Joint Commission Advanced Primary Stroke Center Certification, ED Level II Trauma, Blue Distinction Specialty Care for Hip and Knee Replacement and Blue Distinction+ Specialty Care for Spine.

UChicago Medicine AdventHealth La Grange is a 177-bed, full service medical facility that provides high-quality, compassionate and family-centered medical care to the residents of La Grange and the surrounding communities.

Community Overview

Community Description

Located in Cook and DuPage Counties, Illinois, UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale define their community as the Primary Service Area (PSA), the area in which 75–80% of its patient population lives. This includes twenty-nine zip codes across Cook County and DuPage County.

Demographic and community profile data in this report are from publicly available data sources such as the U.S. Census Bureau and the Center for Disease Control and Prevention (CDC), unless indicated otherwise. Data are reported for the Hospitals' PSA, unless listed differently. Data are also provided to show how the community compares locally, in the state, and at a national level for some indicators.

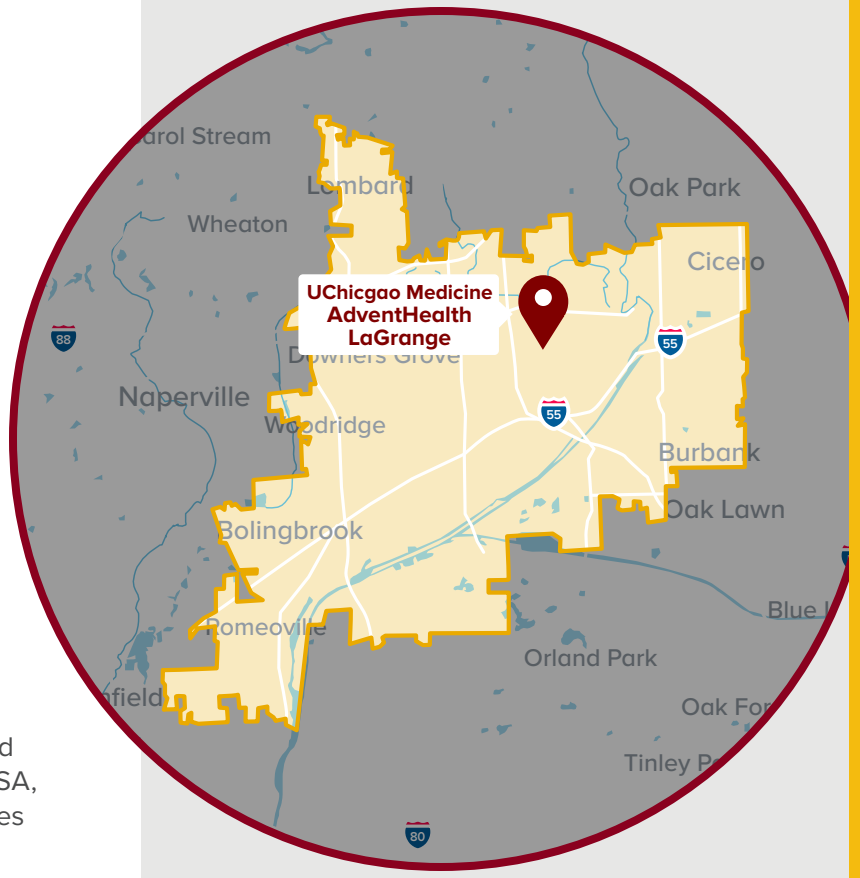
Community Profile

Age and Sex

The median age in the Hospitals' community is 39.7, higher than that of state which is 38.7 and the US, 38.5.

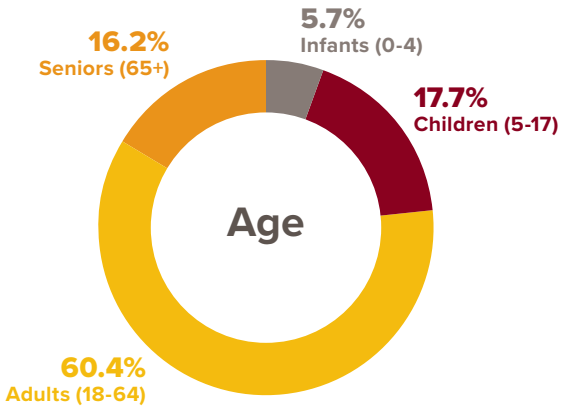
Females are the majority, representing 50.4% of the population. Middle-aged men, 40–64 are the largest demographic in the community at 16.5%.

Children make up 23.4% of the total population in the community. Infants, those zero to four, are 5.7% of that number. The community birth rate is 54.3 births per 1,000 women aged 15–50. This is higher than the U.S. average of 51.6, and higher than that of the state, 51. In the Hospitals' community, 8% of children aged 0–4 and 6.3% of children aged 5–17 are in poverty.



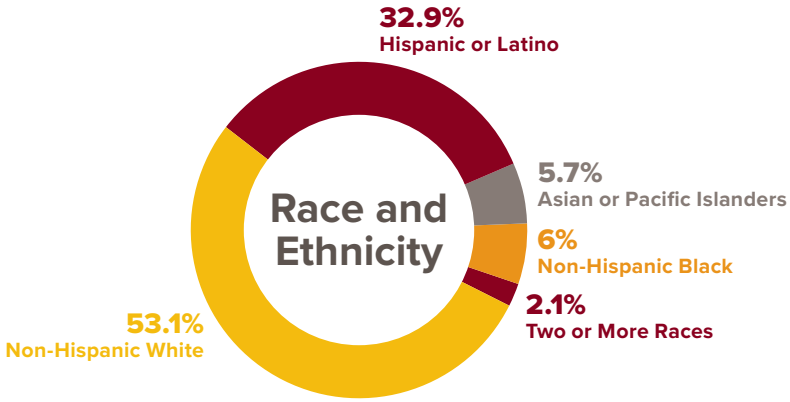
Located in Cook and DuPage Counties, Illinois, UChicago Medicine AdventHealth La Grange and UChicago Medicine AdventHealth Hinsdale define their community as the area in which 75–80% of its patient population lives.

Seniors, those 65 and older, represent 16.2% of the total population in the community. Females are 16.1% of the total senior population.



Race and Ethnicity

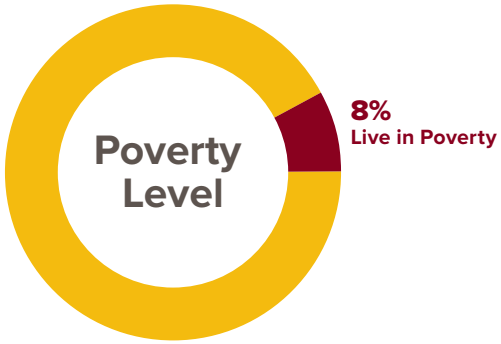
In the Hospitals' community, 53.1% of the residents are non-Hispanic White, 6% are non-Hispanic Black and 32.9% are Hispanic or Latino. Residents who are of Asian or Pacific Islander descent represent 5.7% of the total population, while 2.1% are two or more races.



Economic Stability

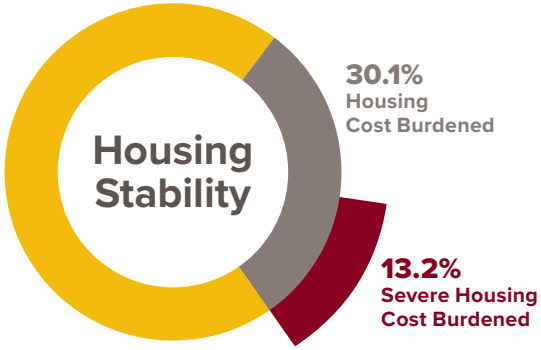
Income

The median household income in the Hospitals' community is $87,737. This is above the median for both the state ($71,917) and the US ($68,906). Although above the median, 8% of residents live in poverty, the majority of whom are under the age of 18.



Housing Stability

Increasingly, evidence is showing a connection between stable and affordable housing and health.[1] When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Having less access can result in more negative health outcomes. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50%. In the Hospitals' PSA, 30.1% of residents are experiencing housing cost burden.



1 Severe housing cost burden* | County Health Rankings & Roadmaps

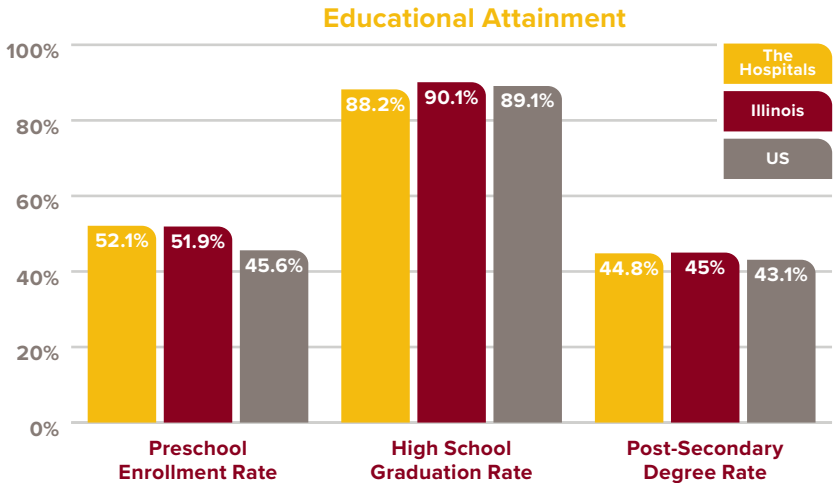
Education Access and Quality

Research shows that education can be a predictor of health outcomes, as well a path to address inequality in communities.[2] Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

In the Hospitals' community, there is an 88.2% high school graduation rate, which is lower than both the state, (90.1%) and national average (89.1%). The rate of people with a post-secondary degree is lower in the Hospitals' PSA than in the state (45%) and higher than the national rate (43.1%).

Early childhood education is uniquely important and can improve children's cognitive and social development. It helps provide the foundation for long-term academic success, as well as improved health outcomes. Research on early childhood education programs shows that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.[3]

In the Hospitals' community, 52.1% of three- and four-year olds were enrolled in preschool. Although higher than both the state (51.9%) and the national (45.6%) average, there is still a large percentage of children in the community who may not be receiving these early foundational learnings.



2 The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015 | Archives of Public Health | Full Text (biomedcentral.com)

3 Early Childhood Education | U.S. Department of Health and Human Services

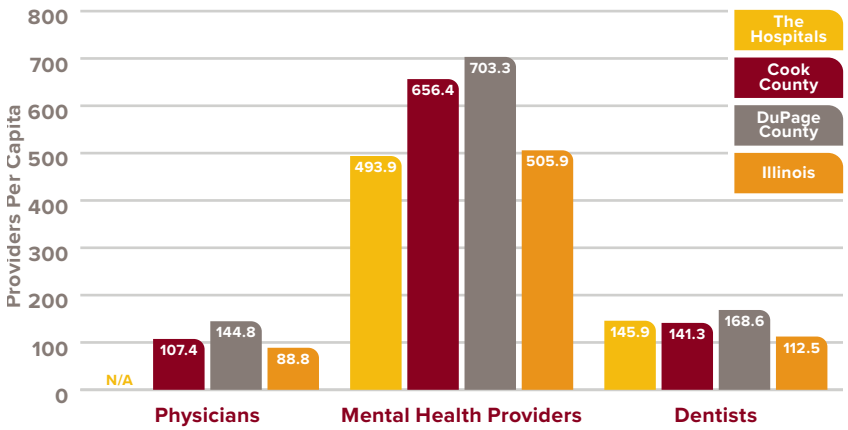
Health Care Access and Quality

In 2022, 8.2% of community members aged 18–64 were found to lack health insurance. Without access to health insurance, these individuals may experience delayed care, resulting in more serious health conditions and increased treatment costs. Although health insurance coverage levels can be a strong indicator of a person's ability to access care, there are other potential barriers that can delay care for many people.[4]

Accessing health care requires more than just insurance. There must also be health care professionals available to provide care. When more providers are available in a community access can be easier, particularly for those experiencing transportation challenges. In the counties that the Hospitals serve, DuPage County has the most care providers available per capita (144.8), higher than the state average (81.1).

Routine checkups can provide an opportunity to identify potential health issues and when needed develop care plans. In the Hospitals' community, 75.4% of people report visiting their doctor for routine care.

Available Health Care Providers

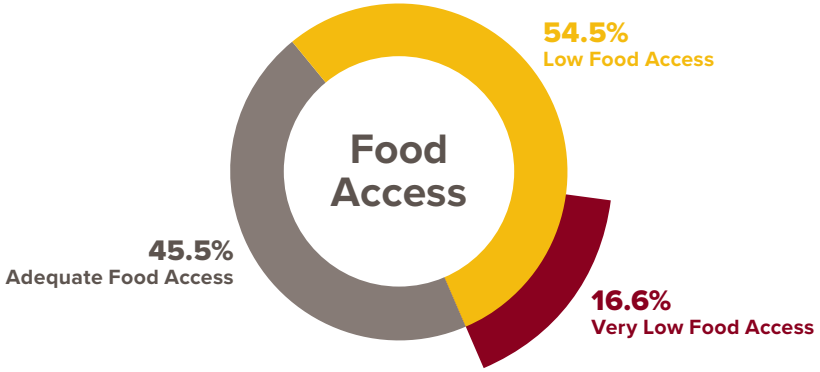


4 Health Insurance and Access to Care | CDC

Neighborhood and Built Environment

Increasingly, a community's neighborhoods and built environment are shown to impact health outcomes. If a neighborhood is considered to have low food access, which is defined as being more than ½ mile from the nearest supermarket in an urban area or ten miles in a rural area, it may make it harder for people to have a healthy diet. A very low food access area is defined as being more than one mile from your nearest supermarket in an urban area or 20 miles in a rural area.

A person's diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet.[5] In the Hospitals' community, 54.5% of the community lives in a low food access area, while 16.6% live in a very low food access area.



People who are food insecure, who have reduced quality or food intake, may be at an increased risk of negative health outcomes. Studies have shown an increased risk of obesity and chronic disease in adults who are food insecure. Children who are food insecure have been found to have an increased risk of obesity and developmental problems compared to children who are not.[6] Feeding America estimates for 2022[7] showed the food insecurity rate in Cook County as 12.1% and in DuPage County as 9%.

Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public

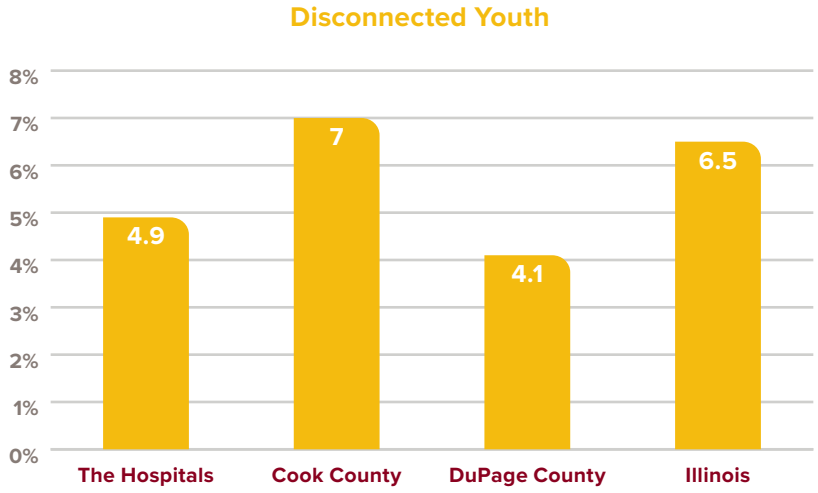
5 Heart Disease Risk Factors | CDC
6 Facts About Child Hunger | Feeding America
7 Map the Meal Gap 2022 | Feeding America

transportation can be essential to access health care, healthy food and steady employment. In the community, 5.6% of the households do not have an available vehicle.

Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being.[8] When faced with challenges outside of their control, positive relationships with others can help reduce negative impacts. People can connect through work, community clubs or others to build their own relationships and social supports. There can be challenges to building these relationships when people don't have connections to create them or there are barriers, like language.

In the community, 4.9% of youth aged 16-19 were reported as disconnected, meaning they were neither enrolled in school nor working at the time. Disconnected youth are also referred to as opportunity youth, marginalized youth, disengaged youth, and NEET (Not in Education, Employment, or Training). The percentage of disconnected youth was highest in Cook County at 7.1%.



Also, in the community 25.7% of seniors (age 65 and older) report living alone and 10.1% of residents report having limited English proficiency. All these factors can create barriers to feeling connected in the community.

8 Social and Community Context - Healthy People 2030 | U.S. Department of Health and Human Services

Social Determinants of Health

According to the CDC, social determinants of health (SDOH) are the conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Social determinants of health are increasingly seen as the largest contributing factor to health outcomes in communities throughout the country.

The Hospital categorized and analyzed SDOH data following the Healthy People 2030 model. This approach was chosen so the Hospital could align its work with national efforts when addressing social determinants of health when possible. For the purposes of CHNA, the Hospital will follow this model for reporting any related data.

The Healthy People 2030 place-based framework outlines five areas of SDOH:

Economic Stability

Includes areas such as income, cost of living and housing stability.

Education Access and Quality

This framework focuses on topics such as high school graduation rates, enrollment in higher education, literacy and early childhood education and development.

Health Care Access and Quality

Covers topics such as access to health care, access to primary care and health insurance coverage.

Neighborhood and Built Environment

Includes quality of housing, access to transportation, food security, and neighborhood crime and violence.

Social and Community Context

Focuses on topics such as community cohesion, civic participation, discrimination and incarceration.

Process, Methods and Findings

Process and Methods

The Process

The health of people living in the same community can be very different, because there are so many influencing factors. To understand and assess the most important health needs of its unique community and the people in it, the Hospitals solicited input directly from the community and from individuals who represent the broad interests of the community. A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location. The Hospitals also collected publicly available and internal hospital utilization data for review.

Community Input

The Hospitals collected input directly from the community and from community stakeholders, including individuals working in organizations addressing the needs and interests of the community.

Input was collected through focus groups and two different surveys: the community health survey and the stakeholder survey.

Community Health Survey

- The survey was provided in both English and Spanish to anyone in the community and accessible through weblinks and QR codes.
- Links and QR codes were shared through targeted social media posts and with community partners, including public health organizations. Partners were

A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location.

provided links to the survey, with the request that it be sent to electronic mailing lists they maintained, and, when possible, shared on their own social media channels.

- Paper surveys were given to partners to place at their organizations with the goal of reaching those who might not have access otherwise and who experience barriers to responding electronically. Responses from paper surveys were recorded using survey weblinks.

Stakeholder Survey

- Participants were asked to provide input on health, and barriers to health, that they saw in the community.
- Surveys were sent to individuals working at community organizations, including public health organizations, that work to improve the health and well-being of the community.
- Efforts were focused on stakeholders who represent or serve underserved, underrepresented communities that are lower income, and are more likely to be impacted by the social determinants of health.

Focus Group

- Conducted by UChicago Medicine AdventHealth Community Health Team
- Prioritized hearing from community members on the need for more accessible and inclusive healthcare services for marginalized communities.
- Focused on accessibility for medication and healthcare services particularly for the elderly.
- Focus group participants were asked to assist in developing action items to address outreach efforts and concerns in the community.
- Materials for discussions were provided in both English and Spanish

Public and Community Health Experts Consulted

A total of nine stakeholders provided their expertise and knowledge regarding their communities, including:

Name	Organization	Services Provided	Populations Served
Stephanie Evans, Director of Emergency Services	Beds Plus	Housing, Employment assistance, Food assistance, Financial support	Infant, Children, Adolescents, LGBTQIA+, Elderly, People with disabilities, Women, Homeless, Low income, Veterans, General public
Martha Sonka, Suburban Constituent Services	Senator Mike Porfirio District 11	All	All
Tina Rounds, Chief Executive Officer	BEDS Plus, Inc.	Housing	People with disabilities, Homeless, Low income, Veterans
Wendy Michalski, Executive Director	HCS Family Services	Food assistance	Infant, Children, Adolescents, LGBTQIA+, Elderly, Parents or Caregivers, People with disabilities, Women, Homeless, Low income, Veterans, General public
Becky McFarland, Population Health Coordinator	DuPage County Health Department	Health care/public health, Education/youth services, Mental health, Behavioral health, Food assistance, Benefits Navigation	Infant, Children, Adolescents, LGBTQIA+, Elderly, Parents or Caregivers, People with disabilities, Women, Homeless, Low income, Veterans, General public
Robert Knuepfer, Pastor	Union Church of Hinsdale	Health care/public health, Education/ youth services, Transportation, Housing, Domestic violence, Mental health, Behavioral health, Food assistance, Employment assistance, Financial support	Infant, Children, Adolescents, LGBTQIA+, Elderly, Parents or Caregivers, People with disabilities, Women, Homeless, Low income, Veterans, General public
Jenny Bechtold, Executive Director	Park District of La Grange	Parks/Facilities, Recreation Programming, Open Space	Infant, Children, Adolescents, LGBTQIA+, Elderly, Parents or Caregivers, People with disabilities, Women, Low income, Veterans, General public
Barb Kohley, Program Manager, Aging Well Neighborhood	Aging Care Connections	Health care/public health, Senior Services, Food assistance	Elderly, Parents or Caregivers, LGBTQIA+, Women, Low income, Veterans, General public, Seniors
Kris Lonsway, Co-chair; CMF board member	Healthy Countryside initiative; Community Memorial Foundation	Health care/public health, Education/youth services, Financial support, Mental health, Behavioral health, Food assistance	Infant, Children, Adolescents, LGBTQIA+, Elderly, Parents or Caregivers, Women, Low income, General public

Secondary Data

To inform the assessment process, the Hospitals collected existing health-related and demographic data about the community from public sources. This included data on health conditions, social determinants of health and health behaviors.

The most current publicly available data for the assessment was compiled and sourced from government and public health organizations including:

- US Census Bureau
- Centers for Disease Control and Prevention
- Feeding America
- County Health Rankings
- The State Health Department
- National Cancer Institute

Hospital utilization data for uninsured or self-pay patients who visited the Hospitals for emergency department, inpatient or outpatient services in 2022 – 2024 was also used in the assessment. The top ten diagnosis codes were provided by the AdventHealth IT team.

The Findings

To identify the top needs, the Hospitals analyzed the data collected across all sources. At the conclusion of the data analysis, there were twelve needs that rose to the top. These needs were identified as being the most prevalent in the community and frequently mentioned among community members and stakeholders.

The significant needs identified in the assessment process included:

Cancer

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and multiply (through a process called cell division) to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place. Sometimes this orderly process breaks down, and abnormal or damaged cells grow and multiply when they shouldn't. These cells may form tumors, which are lumps of tissue. Tumors can be cancerous or not cancerous (benign).

Diabetes

Diabetes is a serious disease when the body doesn't make enough insulin or can't use it well. Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

Heart Disease and Stroke

People with high blood pressure, or hypertension, are more likely to have coronary heart disease, stroke, heart failure, and kidney disease. Strategies to help people eat healthier, lose weight, and get more physical activity can reduce the risk of high blood pressure.

Mental Health

Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day. Mental health includes our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Obesity

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

Drug and Alcohol Use

Healthy People 2030 focuses on preventing drug and alcohol misuse and helping people with substance use disorders get the treatment they need. Substance use disorders can involve illicit drugs,

prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Physical Activity

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active—like providing access to community facilities and programs—can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

Tobacco Use

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Economic Stability

When families have to spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. This is linked to increased stress, mental health problems, and an increased risk of disease. Expanding policies that make housing more affordable can help reduce the proportion of families that spend more than 30 percent of their income on housing.

Education Access and Quality

People with higher levels of education are likely to be healthier and live longer. Interventions to increase high school graduation rates and ensure that students are proficient in math and reading can help boost overall achievement. To promote physical health and well-being for children and adolescents, schools can provide safe and supportive environments, healthy foods, health education, and physical education. They can also offer access to health care and mental health services and help students manage chronic conditions.

Health Care Access and Quality

Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care, and medications), and medical debt is common among both insured and uninsured individuals. People with lower incomes are often uninsured, and minority groups account for over half of the uninsured population.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

Neighborhood and Built Environment—Food Security

Food security exists when all people have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences at all times. A lack of food security has been linked to negative health outcomes in children and adults, as well as potentially causing trouble for children in schools.

Priorities Selection

The CHNAC, through data review and discussion, prioritized the health needs of the community to a list of twelve. Community partners on the CHNAC represented the broad range of interests and needs, from public health to the economic, of underserved, low-income and minority people in the community. During the fall of 2024, the CHNAC met to review and discuss the collected data and select the top community needs.

Members of the CHNAC included:

Community Members

- Greg DiDomenico, President and CEO, Community Memorial Foundation
- Maria Pesqueira, President, Healthy Communities Foundation
- Elida Ortiz, Director, Cicero Community Collaborative (Youth Crossroads)
- Frank Aguilar, Commissioner, Cook County
- Jennifer Fabian, Executive Director, People's Resource Center
- Kara Murphy, President | CEO, DuPage Health Coalition
- Meg Thompson, Director of Strategic Initiatives, DuPage Health Coalition
- Desiree Scully, Executive Director, Aging Care Connections
- Scott Austgen, VP of Programs, DuPage PADS
- Angela Curran, CEO, Pillars Community Health
- Wendy Michalski, Executive Director, HCS Family Services
- Tina Rounds CEO, BEDS Plus

Community partners on the CHNAC represented the broad range of interests and needs, from public health to the economic, of underserved, low-income and minority people in the community.

AdventHealth Team Members

- Dru Lazarra, Regional Director, Behavioral Health Services, UChicago Medicine AdventHealth
- Heather Hoffman, Regional Director, Clinical Integration, UChicago Medicine AdventHealth
- Bela Nand, MD Chief Medical Officer, UChicago Medicine AdventHealth Hinsdale and La Grange
- Andrea Miller, Chief Nursing Officer, UChicago Medicine AdventHealth Hinsdale and La Grange
- Candace Wroblewski, Director, Case Management, UChicago Medicine AdventHealth Hinsdale and La Grange
- Adam Maycock, Former President | CEO, UChicago Medicine AdventHealth Hinsdale and La Grange
- Michael Kindom, Chaplain Manager, UChicago Medicine AdventHealth Hinsdale
- Fabiola Zavala, Regional Director, Community Health, UChicago Medicine AdventHealth
- Susan Herrmann, Director of Nursing, Magnet UChicago Medicine AdventHealth Hinsdale and La Grange
- Kathleen Downey, VP of Nursing Operations, UChicago Medicine AdventHealth Hinsdale and La Grange
- Rose DeMeo, Director of Operations, Hospice, UChicago Medicine AdventHealth
- Alap Shah, MD Director, UChicago Medicine AdventHealth La Grange Family Medicine
- Leslie Sleuwen, MD UChicago Medicine AdventHealth Hinsdale Family Medicine
- Lyn Burgess, Development Specialist, UChicago Medicine AdventHealth Hinsdale and La Grange

Public Health Experts

- Deloris Walker, Regional Health Officer, Cook County Health Department
- Adam Forker, Executive Director, DuPage County Health Department
- Rebecca McFarland, Population Health Coordinator, DuPage County Health Department

Prioritization Process

To identify the top needs the CHNAC (n=23) participated in a prioritization session. During the session, the data behind each need was reviewed, followed by a discussion of the need, the impact it had on the community and the resources available to address it. CHNAC members then ranked the needs via an online survey.

The CHNAC were asked to select the three needs they thought the Hospital should address in the community.

The following criteria were considered during the prioritization process:

A. Impact on Community

What are the consequences to the health of the community of not addressing this issue now?

B. Resources

Are there existing, effective interventions and opportunities to partner with the community to address this issue?

C. Outcome Opportunities

Do interventions addressing this issue have an impact on other health and social issues in the community?

The following needs rose to the top during the CHNAC's discussion and prioritization session. The needs receiving the most votes were considered the highest priority by the CHNAC.

Top Identified Needs	# of Votes	% of Responses
Healthcare Access and Quality	12	27%
Mental Health	8	18%
Cancer	10	22%
Education Access and Quality	1	2%
Diabetes	4	9%
Economic Stability	3	7%
Neighborhood & Environment—Food Security	3	7%
Heart Disease and Stroke	2	4%
Drug and Alcohol Use	1	2%
Physical Activity	1	2%
Obesity	0	0%
Tobacco Use	0	0%

Available Community Resources

As part of the assessment process, a list of resources or organizations addressing the top needs in the community was created. Although not a complete list, it helped to show where there were gaps in support and opportunities for partnership in the community when the CHNAC chose which priorities to address.

Top Needs	Current Community Programs		Current Hospital Programs
Cancer	• Sunrise Association — Summer Day Camps • Wellness House — Cancer Support Group • Ascension Illinois — Free Mammogram • PAV YMCA — LiveSTRONG at the YMCA • Wellness House — Oncology Nutrition Programs • Compass to Care Inc — Compass to Care Childhood Cancer Foundation	• Compass to Care Inc — Compass to Care Childhood Cancer Foundation • Cook County Department of Public Health Breast and Cervical Cancer Program • DHC — Breast Health Navigator CHW • Illinois Breast and Cervical Cancer Program (VNA)	• Silver Wings Program • Breast Health Navigators • OpenArms (free mammograms) • UChicago Medicine AdventHealth Advanced Cancer Institute
Diabetes	• Age Options Take Charge of Your Diabetes • PAV YMCA — Diabetes Prevention Program	• West Cook YMCA Diabetes Education • DHC Take Charge of Your Diabetes	• Medication Therapy Management Clinic • Medical Mission Clinic — Lifestyle Medicine • Outpatient Diabetes Education
Heart Disease and Stroke	• Age Options Take Charge of Your Diabetes • PAV YMCA — Diabetes Prevention Program	• West Cook YMCA Diabetes Education • DHC Take Charge of Your Diabetes	• Cardiac Rehab Program
Mental Health	• DuPage County Health Department — Crisis National Suicide Prevention 988 • Samaritan Interfaith Counseling Center — Counseling Services — Adult Services • Bridges To A New Day NFP — Counseling Program • Pillars Community Health — Domestic Violence Services — Constance Morris House • Angel Harvey Family Health Center of the Infant Welfare Society of Chicago — Child and Adolescent Counseling Services (CACS) • Pillars Community Health — Buddy's Place/ Childhood Grief	• Ascension Illinois — Ascension Illinois Center for Mental Health — Outpatient Services • Step Up For Mental Health — Step Up For Kids Program • Resilience — Trauma Therapy Services • On the Rox Counseling PC — Counseling • NAMI Metro Suburban Living Room • NAMI Metro Suburban Mental Health First Aid • Youth Crossroads • Cicero Family Services • Pilsen Wellness • Compass • The Loft	• Adolescent Program (mental health) • Adult Program (mental health) • Behavioral Health Collaborative Care Model

Top Needs	Current Community Programs		Current Hospital Programs
Obesity	• Chicago Family Health Center (CFHC) — Nutrition Education • Loyola University Medical Center — FRESH START Diabetes Prevention Program • Saint Anthony Hospital — Diabetes Center	• TCA Health, Inc. — Women, Infants & Children (WIC) • Community and Economic Development Association of Cook County, Inc. (CEDA) — Women, Infants, and Children (WIC) • DHC Access Fit	
Drug and Alcohol Use	• Way Back Inn — Gambling Addiction Services • Woodridge Interventions — Outpatient Addiction Services • Breaking Free Inc — Comprehensive Drug and Alcohol Evaluations • Ascension Illinois — Adult Chemical Dependency Unit • Chicago AA (Area 19 Alcoholics Anonymous) — Online Meetings • Way Back Inn — Adolescent Intensive Outpatient • Human Resources Development Institute, Inc. (HRDI) — Problem Gambling Services	• The South Suburban Council on Alcoholism and Substance Abuse — Addiction and Mental Health Treatment • Behavior Services Center — Substance Abuse Services • DuPage County Health Department — DuPage Narcan Program • Cicero Family Services • Serenity House — Path to Recovery • Pillars Community Health MAR & SUD Counseling • Gateway • Lyons Township Drug Free Coalition • Options	• Inpatient Medical Detox Program • New Day Center (Substance Misuse and Dual-Diagnosis Treatment)
Physical Activity	• PAV YMCA — LiveSTRONG at the YMCA	• Park Districts	
Tobacco Use	• Illinois Tobacco Quitline		• Medication Therapy Management Clinic
Economic Stability	• Northwest Compass — Food Connection Program • Beyond Hunger — SNAP Application Assistance • Catholic Charities Archdiocese of Chicago — Emergency Assistance • Community and Economic Development Association of Cook County, Inc — Hanul Family Alliance Chicago — Low-income Home Energy Assistance Program (LIHEAP) • Saint Blase Church — Food Pantry • Hope's Front Door — Special Assistance Program (SAP) • VNA Health Care — VNA Health Care	• Firman Community Services — Maternal Child Health (MCH) Case Management Program • PCH Employer Support Services • Care For Friends — Care For Friends • Midwest Association for Commercial and Industrial Development (MACID), Inc. — TANF Job Placement • NAMI Employer Support Services • DuPage Health Coalition Medical Debt Care DuPage • People's Resource Center • Solutions for Care • Aging Care Connections	

Top Needs	Current Community Programs		Current Hospital Programs
Education Access and Quality	• Holy Family Ministries — Little Learners Academy • Metropolitan Family Services — DuPage HeadStart Home Base — Early Head Start • Aspire — Comprehensive Education Supports • Easter Seals — Chicagoland & Rockford — Partnering with Parents • Catholic Charities Archdiocese of Chicago — St. Mary of Celle Early Childhood Development Center	• Catholic Charities Archdiocese of Chicago — Immigration and Naturalization Services • Carole Robertson Center: Early Head Start • Educare Of West DuPage: Early Head Start • Metropolitan Family Services — DuPage Head Start Home Base — Early Head Start • Cara Collective — Services for Job Seekers • Seguin • Helping Hands • El Valor • WDSRA	
Health Care Access and Quality	• Veterans Health Administration (VHA) — Edward Hines Jr. VA Hospital — Skilled Home Health Care • Addus Homecare — Delaware — In-Home Care • Loyola University Medical Center — Loyola Medicine Home Care • VNA Health Center — Carol Stream — VNA Health Care • Lexington Health Network — Home Health Care • Rosecrance — Naperville — Rosecrance Parent Café	• Alivio Medical Center — Alivio — Community Health Workers (CHW)/Promotoras de Salud • Senior Services of Will County — Community Care Program • Symphony Care Network — Short-term Rehabilitation • Bridgeway Of Bensenville — Hospice Care • Pillars Community Health • Access Community Health Network • Cook County Health • DuPage County Health Clinic • DuPage Health Coalition • Hamdard Health Center	• UChicago Medicine AdventHealth Home Care • UChicago Medicine AdventHealth St. Thomas Hospice • Medical Mission Clinic
Neighborhood and Built Environment — Food Security	• HOW — Homelessness Prevention and Rapid Re-Housing/Housing Inspection and Location Program • Mutual Ground — Emergency Shelter Services • Southwest Chicago Homeless Services — Summer Services (June — August) • Village of McFarland — Senior Outreach • Little Brothers — Friends of the Elderly (LBFE) — Senior Support • Green Harvest Food Pantry — Green Harvest Food Pantry	• Women Empowered for Tomorrow NFP — Women Empowered For Tomorrow NFP • BedsPlus • Housing Forward • DuPage Pads • People's Resource Center • Hinsdale Community Services • Greater Chicago Food Depository • ICNA Relief • HCS Family Services	

Priorities Addressed

The priorities to be addressed include:

Cancer

In the Hospitals' community, 7.5% of residents report ever having cancer, higher than both the state (6.5%) and national (6.9%) averages. According to primary data from the community survey, 10% of respondents reported having had cancer. When addressing cancer as a priority, the Hospitals can work collaboratively with organizations already addressing this issue to promote prevention activities, such as screenings, to reduce cancer deaths over the next three years.

Interventions to promote evidence-based cancer screenings—such as screenings for lung, breast, cervical, and colorectal cancer—can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

Mental Health

In the Hospitals' community, 18.4% of residents have a prevalence of depression, while 21% of community survey respondents report fair or poor mental health. According to the community survey, 21% of respondents have been diagnosed with a depressive order and 23% have been diagnosed with an anxiety disorder.

Awareness and the need to address mental health disorders has been an ever-present concern in the country. By including mental health as a priority, the Hospitals can align to local, state and national efforts for resources and to create better outcomes opportunities over the next three years.

Health Care Access and Quality

In the Hospitals' community, 8.2% of residents do not have health insurance, which is above the state uninsured rate of 7%. Data from the community survey shows 14.1% of residents in the PSA do not have health insurance, and 24% of community survey respondents said in the past 12 months they needed to see a doctor but could not due to cost. In the PSA, there are fewer mental health providers per capita than both the state and national rates. The Hospital will focus its efforts on initiatives which address health care access and have an equity-based lens and approach. The Hospital will work with others who are addressing this priority.

Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services. Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

Priorities Not Addressed

The priorities not to be addressed include:

Diabetes

In the Hospitals' community, 11.7% of residents have diabetes meanwhile 24% of community survey respondents reported having diabetes. The Hospital did not select diabetes as a priority, as it is not positioned to directly address this in the community at large.

Heart Disease and Stroke

In the Hospitals' community, 5.9% of residents have coronary heart disease, 3.1% have had a stroke, and 29.3% have hypertension. According to secondary data from the community survey, 4% of

respondents have coronary heart disease, 2% have had a stroke, and 33% have hypertension. While these issues are important to address, the Hospital is not currently in a position to address these priorities and will support other organizations whenever possible.

Obesity

In the Hospitals' PSA, 33% of residents have obesity. Although a top concern for stakeholders, the rates of obesity in the PSA are lower than in both the state and nation. The Hospitals did not select obesity as a priority, as it is not positioned to directly address this in the community at large.

Drug and Alcohol Use

According to the community survey, 6.6% of residents report having used prescription pain medication without a doctor's prescription. Additionally, 16% of respondents report having used prescription medication for non-medical use. The Hospitals did not select these issues as a priority, as it is not positioned to directly address this in the community at large.

Physical Activity

In the Hospitals' community, 22.2% of the population reported no physical activity in the last thirty days. Data from the community survey shows 12% of respondents reported no exercise in the last thirty days. The Hospitals believe that a focus on food security can improve outcomes across multiple health conditions, including encouraging healthy nutrition and physical activity.

Tobacco Use

In the Hospitals' community, 12.6% of residents smoke cigarettes, with 7% of community survey respondents reporting smoking cigarettes. Additionally, 2% of community survey respondents reported using e-cigarettes or vapes. The Hospitals did not select these issues as a priority, as it is not positioned to directly address this in the community at large.

Economic Stability

In the Hospitals' community, 30.1% of residents are housing cost-burdened, or spending over 30% of their income on housing costs. According to community survey, 17% of respondents reported being worried they would not have stable housing in the next two months. The poverty rate in the Hospitals' PSA is 8%, with the majority being children under the age of eighteen. The Hospitals did not select these issues as a priority, as it is not positioned to directly address this in the community at large.

Education Access and Quality

In the Hospitals' community, 88.2% of students graduate high school, lower than both the state and national rates. The high school graduation rate among Hispanic students is 78%, which is the lowest among all groups in the PSA. While the CHNAC was in agreement that this is an important issue, they agreed that the Hospitals were better positioned to focus on other issues based on current available resources.

Neighborhood and Built Environment — Food Security

In the PSA, 54.5% of the community has low food access. This is higher than both the state and national rate. Additionally, 10.1% of residents in the Hospital's community report receiving SNAP benefits. On the community survey, 29.5% report receiving SNAP (food stamps) benefits and 25.8% of respondents reported eating less due to money. The Hospitals did not select this issue as a priority as it is not resourced to directly address this in the community but will support other community partners in their efforts.

Next Steps

The CHNAC will work with the Hospitals and other community partners to develop a measurable Community Health Plan for 2026 – 2028 to address the priority needs. For each priority, specific goals will be developed, including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence-based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly, with an annual assessment of progress. A presentation of progress on the plan will also be presented annually to the Hospitals' board.

A link to the Community Health Plan will be posted on AdventHealth.com prior to November 15, 2025.

Community Health Plan

2023–2025 Community Health Plan Review

The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually. The following is a summary of progress made on our most recently adopted plan. The full evaluation is available upon request.

Priority 1: Prevention and Management of Serious Illness

In the 2022 CHNA, the Hospital addressed Prevention and Management of Serious Illness as a priority. This includes addressing social determinants of health and awareness of equity issues, chronic disease and serious illness.

Access to Care and Chronic Disease

In 2020, 7.1% of community members aged 18–64 were found to not have health insurance. A lack of health insurance can lead to delayed care, resulting in more serious health conditions and increased treatment costs. Since adopting the plan, the Hospital has offered two medical mission clinics providing health screenings and education to over 240 community members and connected them to community resources to address health and social needs. In addition, UChicago Medicine AdventHealth Hinsdale has provided financial support to the DuPage Health Coalition and through their Silver Access program provided financial assistance help to families purchasing insurance through the ACA Healthcare Marketplace. Since 2023, 1,166 individuals have benefited from this program.

The Hospital evaluates the progress made on the implementation strategies from the Community Health Plan annually.

Prevention can reduce the risk for diseases and serious illness, while appropriate disease management can improve an individual's health outcomes and quality of life. The hospital has provided educational information on health equity, diabetes and sepsis on social media having had over 18,000 impressions and having an average reach of 220 per post. One Take Charge of Your Diabetes program was offered in collaboration with DuPage Health Coalition.

Food Insecurity

In 2020 Feeding America estimated the food insecurity rate in the Hospital's community as 10.4%. To address this the hospital has collaborated with HCS Family Services who provides food pantry services. HCS Family Services provides food to 360 families on a monthly basis at their Hinsdale and Willowbrook locations. In 2023, 486 patients at the UChicago Medicine AdventHealth Hinsdale Residency Clinic were screened for social determinants of health and of those 168 were referred to the HCS Family Services food pantry. In addition, we collaborated with HCS by providing a variety of wrap around services for clients, including having an onsite SNAP enrollment specialist.

Priority 2: Mental Health and Substance Use

Mental Health and Substance Use were also a priority. During the assessment, 54% of community survey respondents believed mental health issues were in the top three health concerns in DuPage County. Twenty-two percent, believe drug use to also be in the top three health concerns in DuPage County. The Hospital has focused on increasing referrals to mental health community-based organizations. From January 2023 to September 2024, the referral rate is at 20.73%. We continue to collect data and identify community-based resources for patients. The hospital also collaborated with NAMI Metro Suburban to provide a mental health first aid training to 10 faith leaders.

2022 Community Health Needs Assessment Comments

We posted a link to the most recently-conducted CHNA and the most recently adopted implementation strategy, 2023 – 2025 Community Health Plan on our hospital website as well as on AdventHealth.com prior to May 15, 2023 and have not received any written comments.

UChicago Medicine | AdventHealth

Adventist Midwest Health dba UChicago Medicine AdventHealth La Grange

CHNA Approved by the Hospital board on: March 26, 2025

For questions or comments, please contact
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