



Healthcare Foundation of
Northern Lake County

October 7, 2016

Dear Community Partners,

On reading the report of HFNLC's community needs assessment, one HFNLC Board member reflected, "It's is like a tale of two counties." I understood. Dickens' *A Tale of Two Cities*, set in France and England, paints a similarly vivid picture of inequality and injustice.

According to the U.S. Census Bureau, Lake County is among the richest counties in America. Yet compared to the rest of the county, northern Lake County communities experience higher levels of poverty and lower levels of educational attainment. A large portion of non-Whites concentrate in this area, as well as the majority of individuals in Lake County with limited English proficiency and those without U.S. citizenship. These demographic factors are significant, according to public health experts. They are drivers of health status and therefore critical to understanding the health issues and needs confronting this population. Chronic diseases, such as obesity, diabetes, cardiovascular disease, mental illness and substance abuse are significant challenges for our population.

Access to healthcare in northern Lake County, HFNLC's primary concern, is also a challenge. The report identifies several reasons why people with such great needs have difficulty receiving care, including an insufficient number of care providers; lack of insurance; high out-of-pocket costs; lack of understanding how insurance and healthcare systems work; and uncertainty about the future of public funding for services.

But the picture is not entirely bleak! Despite many challenges, nonprofit organizations in northern Lake County are already working together more effectively to address community members' needs and gaps in healthcare infrastructure. The report offers recommendations to help HFNLC and our community partners further seize the opportunities present at this moment.

Please read the attached report. We hope you will use it to guide discussions and decisions for how we—as a community—might focus our limited resources to make the most positive impact on health.

Sincerely,

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Healthcare Foundation of Northern Lake County

2016 Community Needs Assessment

September 2016

Prepared by Pratt Richards Group

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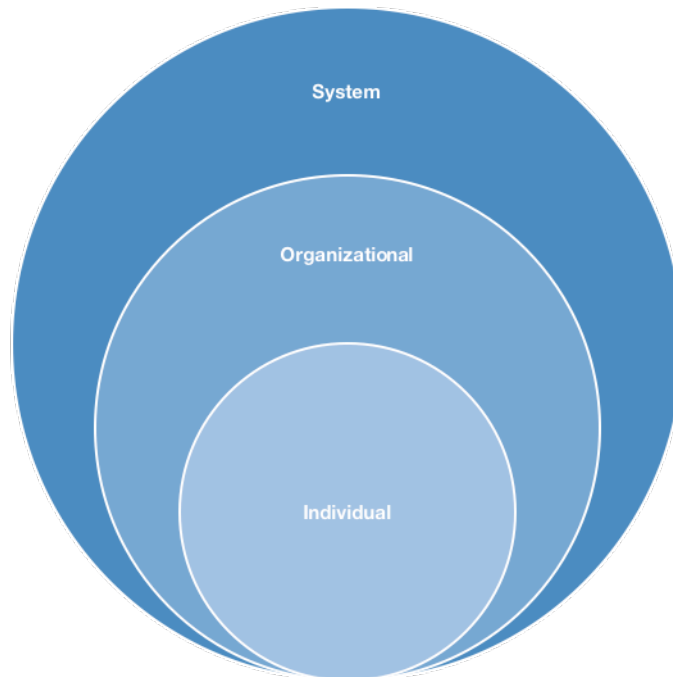
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I. Introduction

The Healthcare Foundation of Northern Lake County (HFNLC) conducts a tri-annual community needs assessment documenting significant trends in the health status of Lake County residents. This report provides a snapshot of the healthcare realities within the HFNLC service area, with a particular focus on *access to healthcare*. Findings in this assessment are presented in three overarching sections:

- **Individual**– A description of the key demographic factors and conditions affecting the health of residents within the HFNLC service area
- **Organizational**– A description of the operational realities of nonprofits working within the HFNLC service area, and the implications for service provision
- **System**– A description of the larger system of providers in this region, with a special focus on service gaps and barriers related to access

Levels of Analysis



These three levels of analysis borrow from an established public health framework known as ecological systems theory, which connects individual change with organizational and systemic realities. In addition, the categories loosely map to HFNLC's Theory of Change Framework (See Appendix A) and funding approach which seeks to build capacity at program, organizational and

systems levels. In structuring the report with similar categories, the data contained herein can more directly guide the Foundation's program development in the coming years.

2016 is an opportune moment to be conducting this assessment. The Lake County Health Department is engaged in a Mobilizing for Action through Planning and Partnerships (MAPP) process, surfacing key data and trends related to the health of Lake County residents and developing a public health action plan for the county. Additionally, other key stakeholders have recently conducted assessments or studies of the healthcare landscape in Lake County, including North Shore University Health System, Erie Family Health Center, the Robert Wood Johnson Foundation, and the Lake County Community Foundation. Given this, there is no shortage of data from which to draw conclusions about Lake County as a whole.

Bearing in mind the available health-related data from reliable sources, it is important to note what distinguishes HFNLC's community needs assessment from other community needs assessments. This effort reflects HFNLC's vision of improving access to healthcare, and is focused in the following ways:

- 1) Whenever possible, data collection and review is limited to the 14 ZIP codes in which the Foundation does the vast majority of its work.
- 2) The experience and insights of a cohort of nonprofit providers that are part of the HFNLC grantee population are explored.

While the report also incorporates information from and about healthcare providers, or about the health of the county as a whole, the primary aim is to highlight the needs of the HFNLC service area. As the ZIP codes served by HFNLC comprise the areas of the county with the greatest need, the report also sheds light on the most acute needs within the county.

Finally, this report underscores a trend that is both evident in other recent Lake County needs assessments, and relevant to HFNLC's mission of increasing access to the underserved: *The individuals in the HFNLC service area continue to be among the most vulnerable with regard to health outcomes, and continue to face the greatest barriers to healthcare access.* The report attempts to draw attention to these disparities whenever possible, and the recommendations highlight important leverage points for the Foundation to consider as it seeks to address these disparities.

II. Methodology

This report is designed to paint a picture of the healthcare needs within the HFNLC service area – beginning with the individuals and their health status, and moving then to explore the needs and status of the organizations serving these individuals, and, finally, to the challenges and realities of the healthcare system more broadly. Some key issues, such as behavioral health, will be explored across various levels of change. The report aims to balance quantitative and qualitative findings to provide a holistic and comprehensive assessment of community needs in northern Lake County.

This report drew upon several sources of data to compile a picture of healthcare needs in the HFNLC service area in 2016. These data sources, which included Community Commons, MAPP/ Live Well Lake County, and interviews and focus groups conducted by Pratt Richards Group (PRG), are described below.

Community Commons

Developed by the Center for Applied Research and Environmental Systems (CARES), a distinguished mapping and data visualization center at the University of Missouri, Community Commons is an interactive mapping, networking, and learning resource. This report draws heavily on the data sources compiled and built into the CARES' Community Health Needs Assessment (CHNA) toolkit, a web-based platform that enables the user to look at a variety of indicators within a user-identified area. The indicators include health outcomes and also address many social determinants of health.

Much of the Community Commons data references the American Community Survey (ACS). This is a continuous survey disseminated nationwide with the intent of providing communities with reliable and timely demographic, housing, social and economic data. This survey has replaced the decennial census. However, due to the fact that data is shared more frequently, there is less time to capture the same number of households. ACS combines data from multiple years to produce reliable estimates for small counties, neighborhoods, and other local areas. One-year estimates for geographic areas with large populations are released, whereas areas with minimum population thresholds will see data representing three-year and five-year estimates (U.S. Census Bureau, 2008).

MAPP/ Live Well Lake County

This year the Lake County Health Department and Community Health Center (LCHD/CHC) undertook a Mobilizing for Action through Planning and

Partnerships (MAPP) process to develop a public health action plan for the county. This comprehensive process included a four-phase assessment (including: Forces of Change, Local Public Health Systems Assessment, Community Health Status Assessment, and Community Themes and Strengths Assessment), which was designed to surface the key health issues facing the Lake County population as a whole. HFNLC has had a strong connection to Live Well Lake County, with the Foundation's Executive Director co-chairing the Live Well Lake County Steering Committee. The LCHD/CHC staff provided early data from this process to PRG, as well as data specific to the HFNLC service area. A graphic of the process, including the separate assessments, can be found in Appendix B.

Additional Research

This community needs assessment includes findings from a host of external reports and existing needs assessments created within the last three to four years. Field-level reports were used both as actual data sources, as well as guiding frameworks for types of data to include in this needs assessment. A list of these reports can be found in Appendix C.

Interviews

As HFNLC works most directly with nonprofit partners active in its service area, a series of interviews with the leaders of these nonprofit organizations were conducted by PRG. These interviews inquired both about providers' assessment of the healthcare needs of Lake County residents, as well as their organizational capacity to meet these needs. Finally, the interviews focused on the capacity of the system to work in a coordinated manner to address these needs. A version of our interview protocol, as well as the list of interviewees, can be found in Appendix D.

Focus Groups

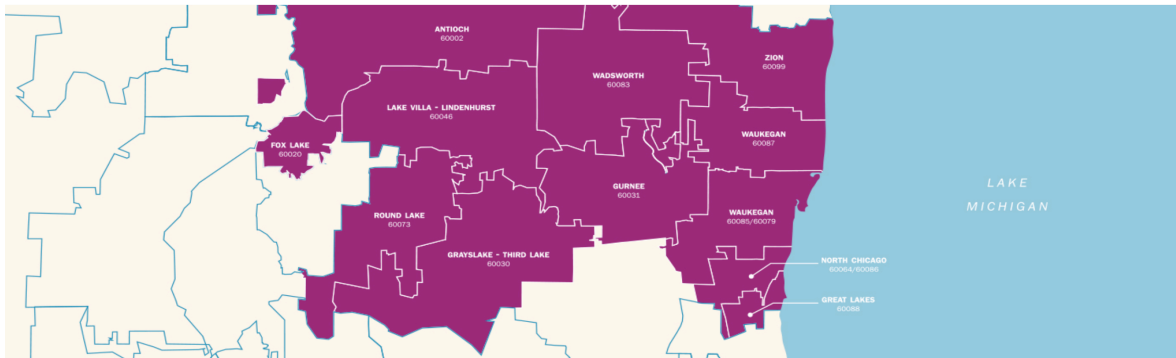
To hear directly from both users of, and practitioners within, the HFNLC service area, PRG conducted four focus groups with residents and community health workers. Two of these focus groups were conducted in Spanish. Working in partnership with the Waukegan Public Library, Erie HealthReach Family Health Center, the Antioch Area Healthcare Accessibility Alliance, and Mano a Mano Family Resource Center, HFNLC heard from 38 individuals about their interactions with the healthcare system. For a list of the focus group locations, profile and number of attendees, as well as the focus group protocol, please see Appendix E.

PRG used an iterative process to surface the key themes and storylines of this report. PRG consultants attended Live Well Lake County Steering Committee

meetings to understand key data points as they emerged from the various assessments being conducted through this process. Interview protocols were developed in response to this data, and considered the findings from other research named above. Focus groups and interviews were conducted by PRG, and initial analysis of this qualitative data was used to identify points of synthesis with quantitative data. Finally, as the key themes in this report began to emerge, a final round of quantitative data collection was undertaken to further explore or explicate key ideas.

HNFLC Service Area

The data within this report is focused primarily on the 14 ZIP codes that constitute northern Lake County and the HFNLC service area (see map below). However, when ZIP code-level data is not available, county-level data is reported instead. Of note, the county-level data often masks chronic health challenges for the population within the HFNLC service area, and provider shortages can also appear less severe than they actually are.



ZIP Code	City
60002	Antioch
60020	Fox Lake
60030	Grayslake – Third Lake
60031	Gurnee
60046	Lake Villa – Lindenhurst
60064, 60086*	North Chicago
60073	Round Lake
60083	Wadsworth
60085, 60079*	Waukegan
60087	Waukegan
60088	Great Lakes
60099	Zion

*Note: Community Commons does not capture these ZIP codes.

III. Individual Lens: Demographics & Health Status

HFNLC partners with organizations that serve the most vulnerable communities in northern Lake County. Some of these underserved and vulnerable populations include racial or ethnic minorities, children, immigrants, elderly, and underinsured. As public health literature highlights, income, education, race and ethnicity are key drivers of health outcomes. Given this, it is important to begin with a discussion of key demographics of HFNLC service area, with a focus on the key factors which influence health outcomes. From here, the discussion will pivot towards the health status of those living in northern Lake County.

Demographics of the HFNLC Service Area

Income

Poverty is the single biggest factor contributing to adverse health outcomes, and there is a direct correlation between worsening health outcomes and severity of poverty (Foege, 2010). In addition to poverty alone, the presence of income inequality in a given community or region negatively impacts social cohesion resulting in stress, fear, and insecurity (Mendelson, 2014). The Index of Disparity (ID), adopted by researchers at the National Center for Health Statistics and the National Institute of Health, measures the magnitude of variation across groups. Per capita income across race and ethnicity in Lake County yields a disparity index score of 39, falling on the highest end of “some disparity” (US Census 2010-2014) and suggesting an additional stressor on the poorest Lake County residents.

Figure 1 - Lake County's Disparity Index

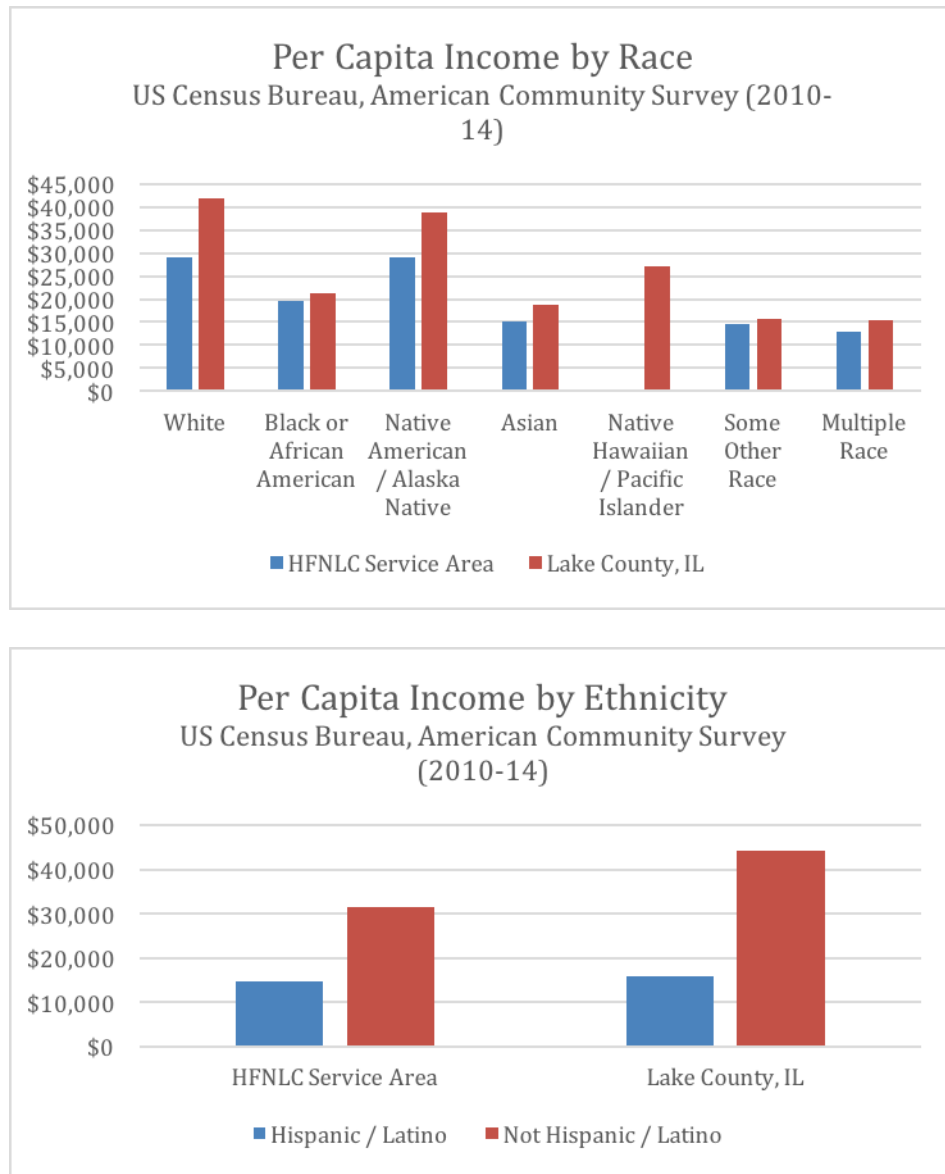
Disparity Index Score	Level of Disparity	Lake County's ID
0	No Disparity	39
1-40	Some Disparity	
Over 40	High Disparity	

It is important to note that HFNLC is focused on increasing *access* to healthcare, rather than health *equity*. However, the disparity score points toward a host of challenges faced by the underserved and vulnerable population within the HFNLC service area – including health care access. The high poverty rates within the HFNLC population, as well as the degree of income inequality across the county are at the foundation of the barriers to access faced by Lake County's most vulnerable communities.

Further, it is helpful to explore the rates of per capita income by race and ethnicity (See Figure 2), components of the Disparity Index. The data shows differences across racial groups, with people of color earning approximately 50% less than Whites. The inequalities are even greater when per capita

income is viewed by ethnicity. Per capita income of non-Hispanics or Latinos is nearly three times that of individuals who identify as Hispanic or Latino in Lake County overall. Additionally, there is a disparity between the earnings of Whites in HFNLC service area and Whites in Lake County as a whole, underscoring that the HFNLC service area is particularly challenged with income generation, regardless of the race of the resident.

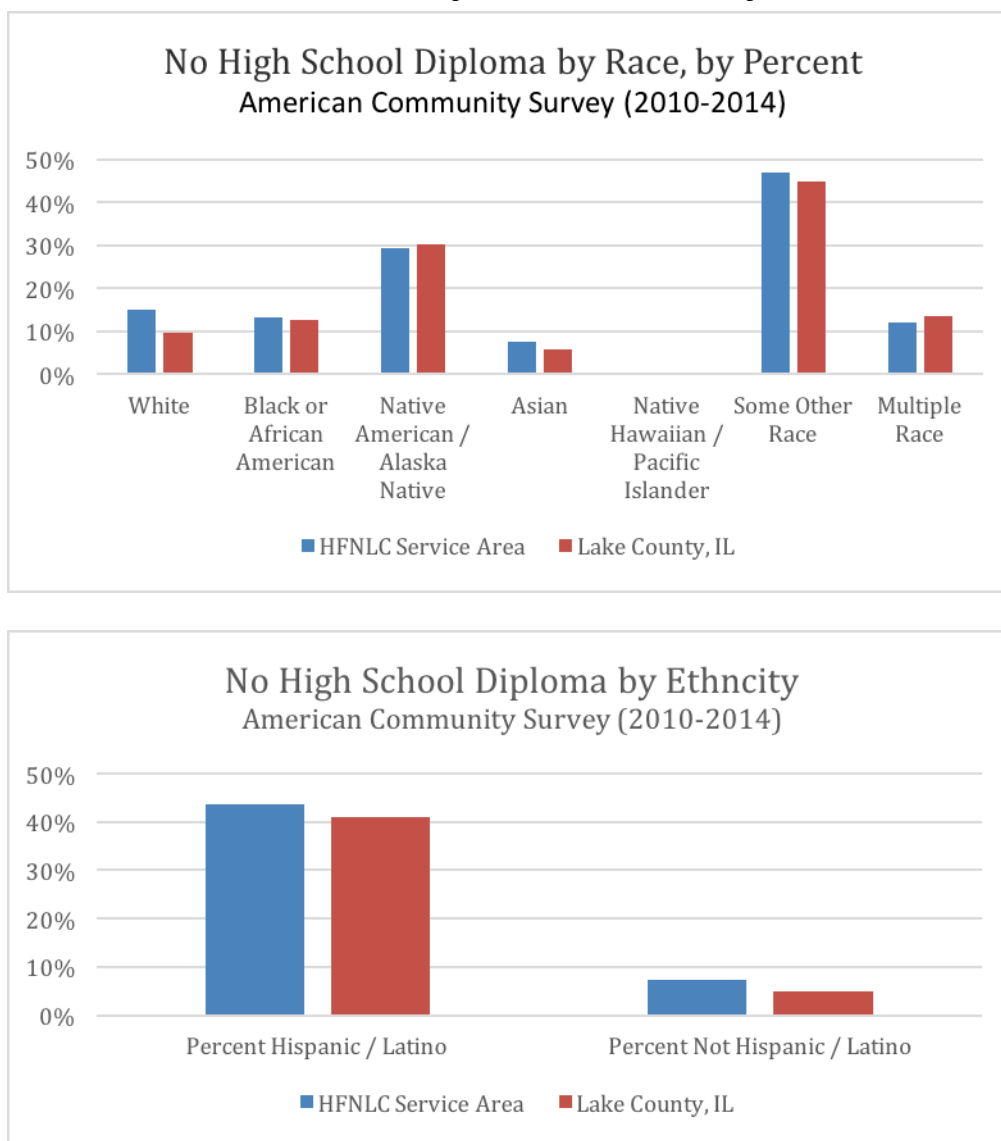
Figure 2 - Per Capita Income by Race and Ethnicity



Education

The level of educational attainment of individuals within the HFNLC service area is also important to consider. Like income, education is key predictor of health outcomes and a demographic factor critical to understanding the needs of this population. According to the American Community Survey (2010-2014), three out of four individuals in Lake County who are 25 and older with no high school diploma live within the HFNLC service area. Additionally, the greatest concentration of the population with limited education is in Waukegan, North Chicago, Round Lake and Zion. This is consistent with data from Figure 3 below, which shows that people of color, and the Hispanic/Latino community in particular, have the lowest level of educational attainment within the HFNLC service area.

Figure 3 - Educational Attainment by Race and Ethnicity



Race and Ethnicity

Finally, review of the demographic data related to race and ethnicity is critical for understanding the communities within the HFNLC service area. The following charts (Figures 4-7) show several important insights:

- **The distribution of non-white individuals living in Lake County is highly concentrated in the HFNLC service area.** Although only 7% of Lake County residents are Black, nine out of ten individuals identifying as Black live within the HFNLC service area (12% of the HFNLC service area's population overall). As illustrated in Figure 3 below, this trend is also true for most individuals of color in Lake County.
- **More than three out of four of Lake County's Hispanics or Latinos live in the HFNLC ZIP codes.** This includes those who are captured in the US Census, and all individuals living in that area, regardless of immigration status (The Leadership Conference on Civil and Human Rights and the Leadership Conference Education Fund, 2016).
- **Two out of three individuals in Lake County without U.S. Citizenship live in the HFNLC area.** Data does not specify whether these individuals are here as legal permanent residents or with another immigration status.
- **Two out of three individuals in Lake County who lack fluency in English live in the HFNLC Area.** These residents may require extra support in navigating social services and communicating and addressing the complexities of their overall health.

Figure 4 - Distribution of Population by Race

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
HFNLC Service Area	273,284	44,188	19,013	1,084	81	23,669	12,444
Lake County, IL	560,800	48,626	45,941	1,397	353	27,571	18,482
% in HFNLC Area	49%	91%	41%	78%	23%	86%	67%

Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Figure 5 - Distribution of Hispanic or Latino Population in Lake County

Report Area	Hispanic or Latino	Non-Hispanic
HFNLC Area	111,536	262,227
Lake County, IL	143,841	559,329
% Living in HFNLC	78%	47%

Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Figure 6 - Distribution of Foreign Born Population and Citizenship Status

Report Area	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population
HFNLC Area	30,442	42,633	73,075
Lake County, IL	62,018	67,347	129,365
% Living in HFNLC	49%	63%	56%

Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Figure 7 - Distribution of Limited English Proficiency (LEP) Residents of Lake County

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Percent Population Age 5+ with Limited English Proficiency
HFNLC Area	347,173	46,272	13%
Lake County, IL	659,159	68,904	10%

Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

The demographic characteristics of income, education, race and ethnicity are important for developing a baseline understanding of the population living in Lake County. As evidenced by this discussion, the HFNLC service area is largely comprised of communities with low educational attainment and limited income. A large portion of non-Whites concentrate in this area, as well as the majority of individuals in Lake County with limited English proficiency and without citizenship status. These factors are significant as they are drivers of health status and therefore critical to understanding the health issues and needs confronting this population.

Health Status of the HFNLC Service Area

Chronic Health Issues

The population served by the Foundation and its grantees faces a number of significant health challenges. Building on the previous discussion related to demographics, this section will explore the health status of the HFNLC service area at a more micro level, including the key diseases and health issues facing the population.

Largely because data does not readily exist at the ZIP code level, the findings from the Live Well Lake County MAPP process are helpful for understanding the key health issues in this part of the county. Specifically, the Community Health

Status Assessment (CHSA), one of the primary MAPP assessments, identified four priority health issues impacting the overall health status of all Lake County residents.

CHSA Priority Issues:

- 1) Obesity
- 2) Diabetes
- 3) Cardiovascular Disease/Hypertension
- 4) Behavioral Health

The Center for Disease Control and Prevention's county-level data largely mirrors the chronic health challenges emerging from the CHSA (with two exceptions: inclusion of asthma, and exclusion of behavioral health). Obesity, Diabetes, and Cardiovascular Disease/Hypertension surface as some of the most chronic health issues for individuals in Lake County. The percent of Lake County residents affected with these health issues is shown in Figure 8.

Figure 8 – Chronic Health Issues in Lake County

Disease	Population	Percent of Lake County Population affected
Obesity (BMI>30) ²	Adults 20+	28.4%
High Blood Pressure ¹	Adults 18+	26.1%
Asthma ¹	Adults 18+	13.8%
Diabetes ²	Adults 20+	8.4%
Heart Disease ¹	Adults 18+	2.8%

1. Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
2. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Behavioral Health

Behavioral health (encompassing both mental health and substance abuse disorders) is a significant issue for individuals within the HFNLC service area. As noted in the *Community Action Plan for Behavioral Health 2016-2020*, northern Lake County in particular struggles with a variety of mental health and substance abuse issues. This 2015 report notes the following trends for residents in the HFNLC service area:

- In northern Lake County, 21,700 individuals report needing but not receiving treatment for alcohol use in the past year. An estimated 79,500

individuals in northern Lake County met the definition of binge alcohol use.

- Over 12,000 adults in northern Lake County report having experienced severe mental illness in the past year. About 6 percent of adults and nearly 8 percent of 18-25 year olds have had at least one major depressive episode in the past year. Almost 4 percent of adults and more than 6 percent of 18-25 year olds reported serious thoughts of suicide in the past year.

These trends continue, as evidenced by selection of mental health as one of the top four chronic health issues in the CHSA. When the CHSA asked survey respondents if they had ever thought about committing suicide, 12% of Lake County residents said that they had contemplated suicide, and 2% noted that they had attempted suicide. The Community Themes and Strengths Assessment (CTSA) also identified mental health and substance abuse as priority issues. For example, in Great Lakes (ZIP code 60008), 25% of respondents named Mental Health Issues and Suicide as one of the top three health issues for their community. In addition, every ZIP code within the HFNLC service area rated Substance Use Disorder as one of the top three health issues. Further, an increase in opioid use has prompted a countywide response and the launching of a new cross-sector initiative to address this challenge.

In addition, PRG's interviews and focus groups surfaced the growing challenge behavioral health poses for northern Lake County. Participants in each of the four focus groups noted a growing demand for mental health services. In addition to speaking personally about the stigma of admitting to depression or seeking treatment for addiction, they discussed the growing prevalence of mental health and substance abuse challenges for themselves and their communities. A community health worker noted that the fire department in their town currently receives 2,800 calls a year, and 12% are for mental health issues. County level data supports this qualitative data as well. Currently, according to the Lake County Health Department, the rate of death due to intentional self-harm, a key indicator of mental health, is 9.9 (per 1000) in Lake County. This represented one of the top ten causes of death in the county from 2010 to 2014.

As will be explored in the Section Five (Systems Lens), documenting and treating behavioral health continues to be a struggle largely due to stigma around this issue. Compounding reluctance to name the disease, MAPP data from the CHSA indicates that for those with insurance in Lake County, 27% are unaware of whether or not mental health services are covered, and 45% are unaware about coverage for substance abuse services. This issue of health insurance and literacy will be discussed in greater depth later in this section.

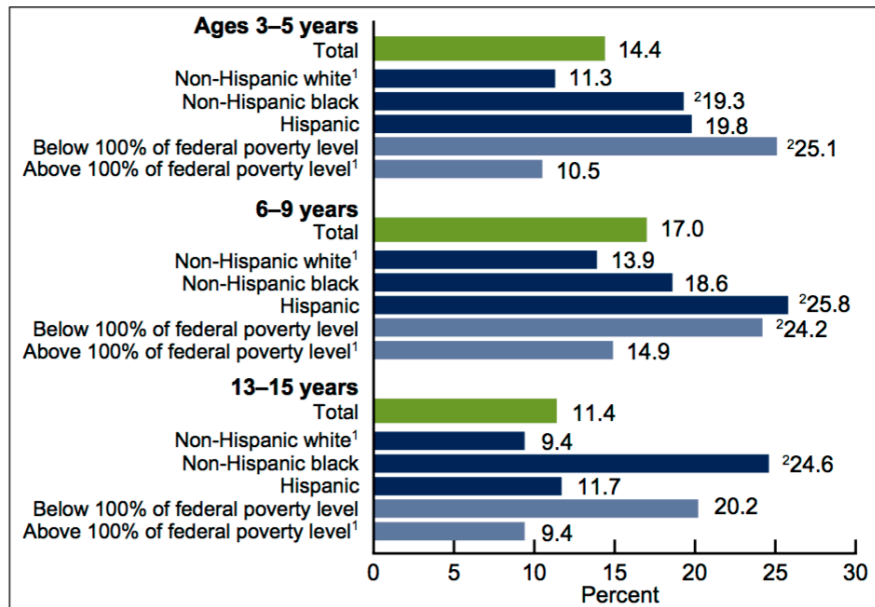
Dental Care

PRG interviews and focus groups suggest that dental health is a challenge for those living in the HFNLC service area. Routine, preventative care is not accessible to many in this population, which can result in significant dental problems requiring more extensive treatment. Focus group participants noted the challenging experience of seeking dental care, describing it as intermittent and insufficient. For example, an individual spoke about having teeth pulled after long periods of neglect. Section Five will explore the systemic, infrastructure challenges related to dental health.

Data related to dental health is not available at the service area-level, and Lake County data does not provide insight into the dental-related health problems experienced by the HFNLC population. That said, given the demographics of the HFNLC service area (largely non-White, low income, and limited educational attainment), it is helpful to review national data on dental health for this population. Evidenced in the Figure 9, untreated dental problems (i.e. prevalence of dental caries) are more common for low income and non-White populations. Thus, given northern Lake County's similar demographics, it is likely that similar disparities in dental care would be evident in the HFNLC service area as well.

Figure 9- Dental Care by Race, Ethnicity, and Poverty Level (National Data)

Prevalence of untreated dental caries among by children and adolescents, by age, race, ethnicity, and poverty level; United States 2009-2010



¹Reference group.

² $p < 0.05$.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2009-2010.

Health Insurance and Literacy

Health insurance and literacy related to the healthcare landscape are other key issues affecting the health status of individuals in Lake County. Distinct from the chronic health diseases and issues (obesity, diabetes, hypertension/ cardiovascular disease, behavioral health, and dental care), lack of insurance literacy, or lack of healthcare literacy more generally, are barriers to access that impact an individual's ability to receive quality healthcare and maintain a positive health status.

As will be discussed in the next section, the insurance landscape has changed dramatically as a result of the implementation of the Affordable Care Act (ACA). With the expansion of Medicaid through the ACA, the gap in uninsured has narrowed. Illinois changed criteria allowing individuals who make less than 138% of the Federal Poverty Level qualify for Medicaid. This, along with broad campaign initiatives to register individuals for benefits, has helped to increase coverage rates for Lake County residents.

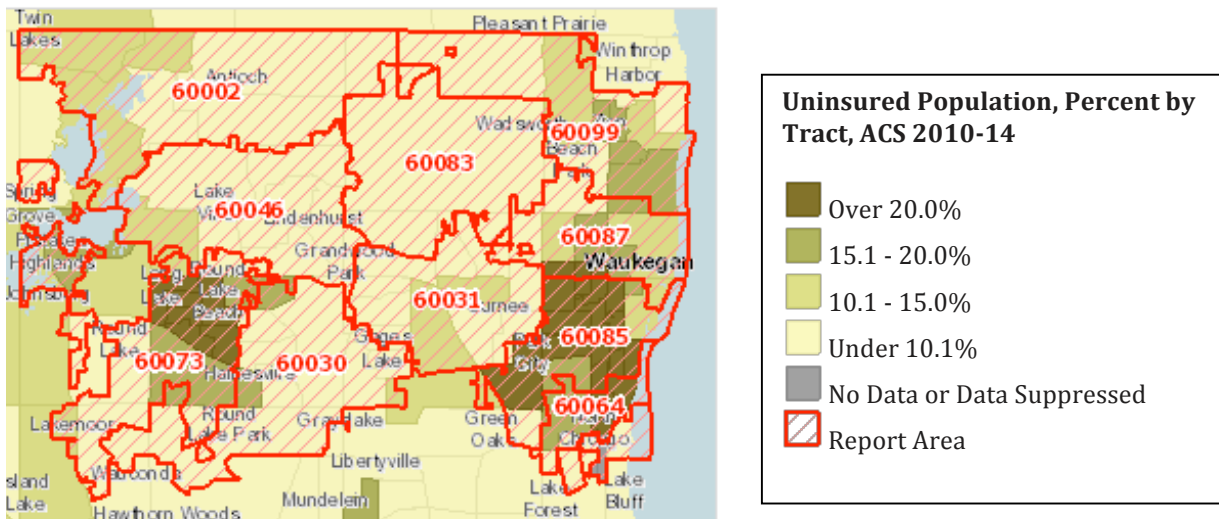
While insurance coverage rates have increased at the state level, the number of uninsured within the HFNLC service area continues to remain higher than the county overall (See Figure 10). Figure 11 shows the specific rates of uninsured by ZIP code within the HFNLC service area. In particular, a significant number of Latinos remain uninsured (See Figure 12). PRG's interviews suggest that literacy related to the ever-changing health insurance landscape is a challenge, particularly for those who have recently become insured. Newly insured individuals often do not understand how to navigate the system and engage their primary care benefits.

Figure 10 – Uninsured Population

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
HFNLC Service Area	360,549	52,583	14.58%
Lake County, IL	687,607	75,006	10.91%

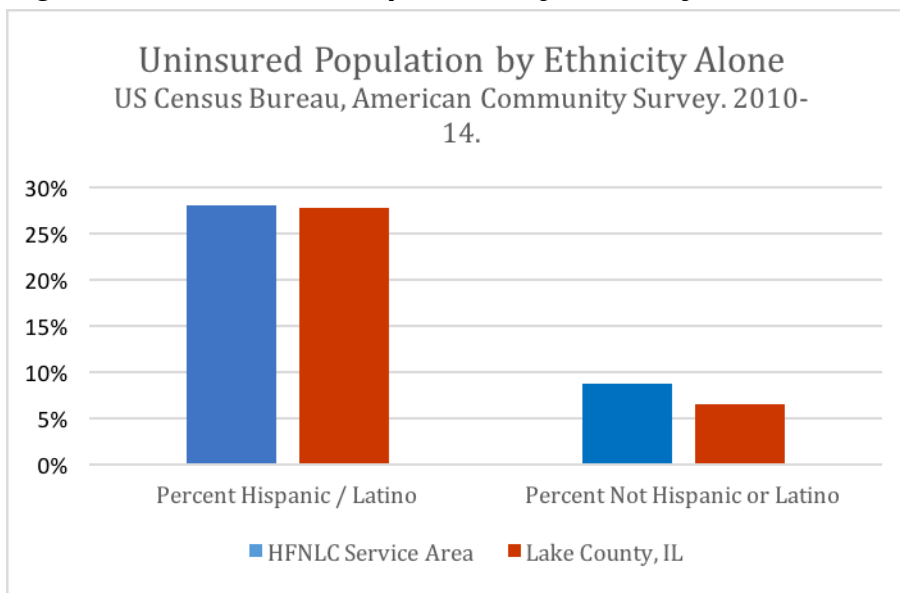
Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Figure 11 – Uninsured Population within HFNLC ZIP Codes



Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Figure 12 – Uninsured Population by Ethnicity

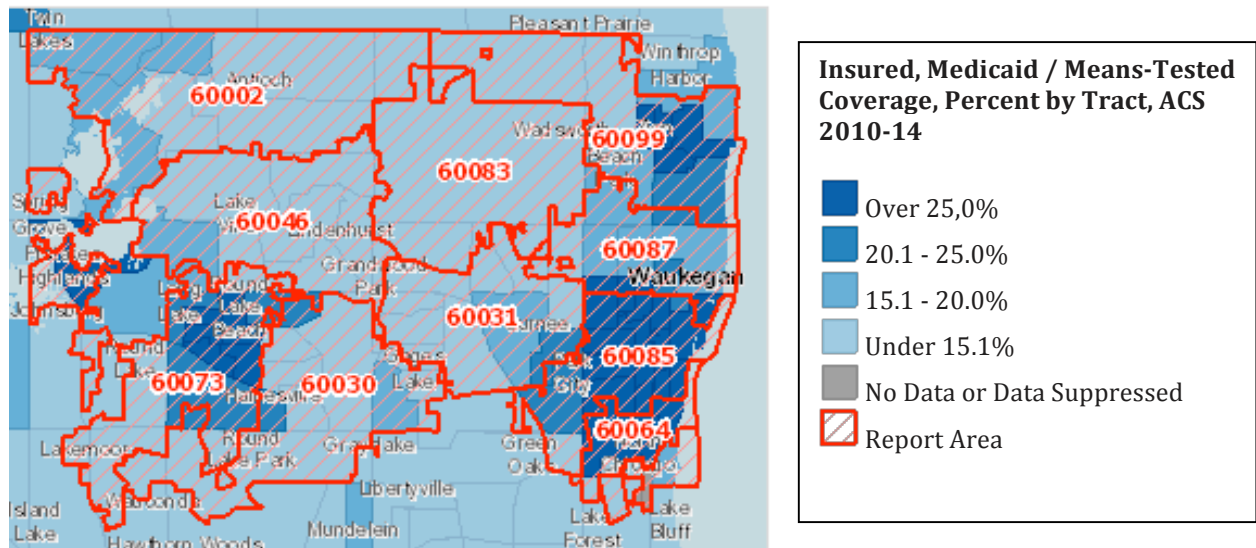


Another indicator that provides important context about the health status of the HFNLC population is the percentage of insured persons with Medicaid coverage. This rate is higher in the HFNLC service area than in Lake County overall. These rates for the HFNLC service area as a whole and the county are shown in Figure 13, and the subsequent map provides a more detailed view by ZIP code. It is important to note that immigrants without legal documentation are not eligible for Medicaid (unless they are pregnant) nor are they permitted to buy insurance through the Illinois Health Insurance Marketplace. To that end, this population represents a second vulnerable group, without access to Medicaid, which is not represented in this data.

Figure 13 – Insured with Medicaid

Report Area	Percent with any health insurance	Percent of insured population with Medicaid
HFNLC Service Area	85%	22%
Lake County, IL	89%	15%

Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract



Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Available data shows an encouraging trend toward increasing Medicaid enrollment in the HFNLC service area and the state as a whole. According to ZIP code data from the U. S. Department of Health and Human Services (DHHS) Office of the Assistant Secretary of Planning and Evaluation (ASPE), approximately 10,000 eligible individuals in the HFNLC service area selected plans on the federal marketplace in 2015. In addition, a March 2016 brief available at [Medicaid.gov](#) shows a 19.73% increase in Medicaid enrollment in Illinois since the first Open Enrollment Period in October 2013. In short, the number of people with some kind of insurance coverage is growing.

However, as noted previously, simply having insurance does not guarantee access to the healthcare system. As will be explored later in this report, providers interviewed for this report noted that both a lack of insurance literacy, as well as high deductibles or copays, mean that residents are not leveraging their insurance coverage in optimal ways. One provider underscored this challenge in an interview:

This last year was even bigger than I anticipated given who chose to enroll. But I just heard from [a peer organization] now we are starting to see people choose

to remain uninsured this round. It's due to the high deductible. These are people above the Medicaid level and who needed to get subsidies on marketplace. Now, one to two years in, they never made their way through out of pocket costs to get the insurance benefits. There is also confusion... around health insurance literacy – what is preventative, what is covered?

In sum, the individuals in the HFNLC service area continue to represent populations likely to struggle with poor health outcomes – including chronic diseases as well as behavioral and dental health issues. According to ecological systems theory, and the HFNLC Theory of Change, these individuals' health challenges are inextricably connected to the larger system of care, and the quantity and quality of organizations that make up that system. The next two sections will explore the needs of organizations and the larger healthcare system in northern Lake County.

IV. Organizational Lens: Challenges and Needs

Nonprofit healthcare providers, the key partners for HFNLC, play an important role within the healthcare landscape of northern Lake County. These organizations provide critical services for those who are not served by for-profit providers. They offer free or low-cost services in areas such as behavioral health and for victims of sexual trauma, who would otherwise be unable to access these services. These organizations are also among the only entities that serve the large population of immigrants without legal documentation and uninsured individuals in northern Lake County.

And while demand for their services continues to grow, nonprofit healthcare providers are caught in a time of difficult transition. Uncertainty about the future of public funding is forcing them to cut programming and limit important prevention initiatives. In addition, while the Affordable Care Act has allowed more individuals to access insurance, this pool of patients is ever changing due, in part, to the annual redetermination period. Linked to this continually changing landscape are implications for organizations that must respond to the fluctuating patient population and increasing administrative demands. Moreover, staffing demands are particularly acute in light of a general workforce shortage. Finally, as the HFNLC service area continues to diversify, the need for culturally competent organizations continues to grow.

While struggling with the above issues, the majority of HFNLC partner organizations currently collaborate in some way with one another but would like to find further ways to collaborate and coordinate care. In light of this articulated desire, social network maps were developed for this assessment and are included in appendix F. It is clear from these social network maps that are several “hub” organizations that could provide a foundation for further collaboration.

This section explores several key factors that are impacting the capacity of HFNLC’s partner organizations, including: the state budget crisis, insurance-related challenges, and workforce development and cultural competencies. The data in this portion of the report draws largely from the interviews that PRG conducted with nonprofit healthcare providers.

State Budget Crisis

As of July 1, 2016, Illinois entered a second year of operating without an approved state budget, with only temporary funding measures in place. This budget crisis has severe implications for health and human service providers in Illinois. While many organizations were able to creatively survive the first year

with programs intact – mostly through securing loans and using lines of credit, unpaid bills from the state mean that they can no longer continue to pay staff and operate programs.

A variety of advocacy organizations have been working to document the impact of this crisis across the state. A United Way of Illinois survey of 211 human service organizations in the Chicagoland region reveals that 88% of respondents report reducing the number of clients served in response to the budget crisis. While statistics specific to cuts for Lake County organizations are not yet available, nonprofit organizations interviewed for this report offered several examples of the ways in which these cuts are affecting service provision.

(Our Healthcare) Navigators were contracted through state with federal pass-through dollars so I worry a lot that this resource will go away. They are such a critical resource in getting connected to care and we don't know as of now [what will happen]. Lake County may have some resources, but they are not significant.

We experienced over \$300,000 in cuts this past year which meant I had to cut services that were not as close to life endangerment – mainly counseling, which is so essential to the healing process and self-sufficiency... The other piece is that we weren't getting paid. We are a \$2.1 million organization, and 51% of our money came from state. We are still not getting paid. We had to borrow money to make this work.

We have a contract with the state to provide services, but for 9 months, because the budget hasn't passed, we're not being paid. So it's a concern of mine that if I have to stop providing these services because I can no longer pay for them that's going to be a problem for access to care. The Lake County Health Department has the same contracts that I do. If no one gets paid, no one can care for these people and they're probably going to end up in jail. And their families could end up on public aid. So have we really saved the state money by doing this?

In brief, many healthcare organizations are facing difficult decisions. How quickly the budget crisis resolves itself in the coming months will dictate the severity of the programmatic cuts facing Lake County providers and their service populations. That said, the detrimental effects of this impasse are already being felt.

Insurance Related Challenges

The state budget crisis is coming at a particularly difficult time for nonprofit providers as they struggle with additional fiscal challenges. As evident from the initial section of the report, the Affordable Care Act has resulted in an increasing number of individuals accessing insurance and healthcare. Nonprofit providers,

however, have been challenged to meet the administrative demands that a more diversified insurance environment has placed on their organizations (from both the ACA and Medicaid Managed Care). Behavioral health providers are struggling in this area, and their core financial model appears unsustainable. As one provider explained, “With the ACA we were under the impression that we would be able to see Medicaid clients. We did an analysis of our costs and basically it’s impossible for us to provide those services with the costs. We do have a lot of clients that want services, but the Medicaid reimbursement rate is very low. The more clients you serve, the more money you lose. Nonprofits are like any other business. I have to look at sustainability. We have been around 18 years and I cannot jeopardize my agency.” This sentiment was echoed by another behavioral health provider who noted, “It affects us. It’s a bad business model to provide services that cost more than the client can pay. I live in a world where the business model is not good. It’s always going to be that case for this population.”

In addition to the fundamental flaw in their business model, these organizations and others find that trying to deal with a host of insurance agencies stresses their staff resources and often requires a particular skill set not possessed by current employees. As one provider observed, “[Our doctor] is getting faxes from the insurance companies to fill out information and send to the insurance companies. But we think, ‘you need to pay us to do this.’ [The insurance company] has rooms of care coordinators and it doesn’t make sense [for us to do this work].”

In addition to these administrative obstacles tied to insurance, organizations are further challenged by staffing concerns stemming from a shortage of qualified healthcare workers. The following section discusses workforce challenges that are present in the HFNLC service area.

Workforce Development and Cultural Competency

A shortage within the healthcare workforce, and specifically qualified, culturally and linguistically competent workers continues to challenge nonprofit healthcare providers. The shortage identified by current practitioners is made more urgent by the fact that there will be growing demand for healthcare workers in Illinois. The Illinois Department of Employment Security (IDES) projects an increased demand for all healthcare professions in the coming decade. Specifically, IDES projects the highest increase in employment demand for “other healthcare practitioners” (annual compound growth rate of 4.51%) and home healthcare services (annual compound growth rate of 6.22%) over the next decade.

The current and projected shortage was further underscored by MAPP data from the Local Public Health System Assessment (LPHSA). Findings from this

assessment highlight both workforce development and cultural competency as priority issues to be addressed. Figure 14 shows the ratings of specific aspects of workforce development, as well as key weaknesses and opportunities that were identified.

Of note, the majority of workforce development activities, particularly in the areas of: assessment, training and development; life-long learning, and public health leadership development received moderate scores (26-50% of activity is met), as opposed to significant (51-75% of activity met), or optimal (76-100% of activity met) for many other areas. In addition, education and training on cultural competency received a minimal ranking (1-25% of activity met).

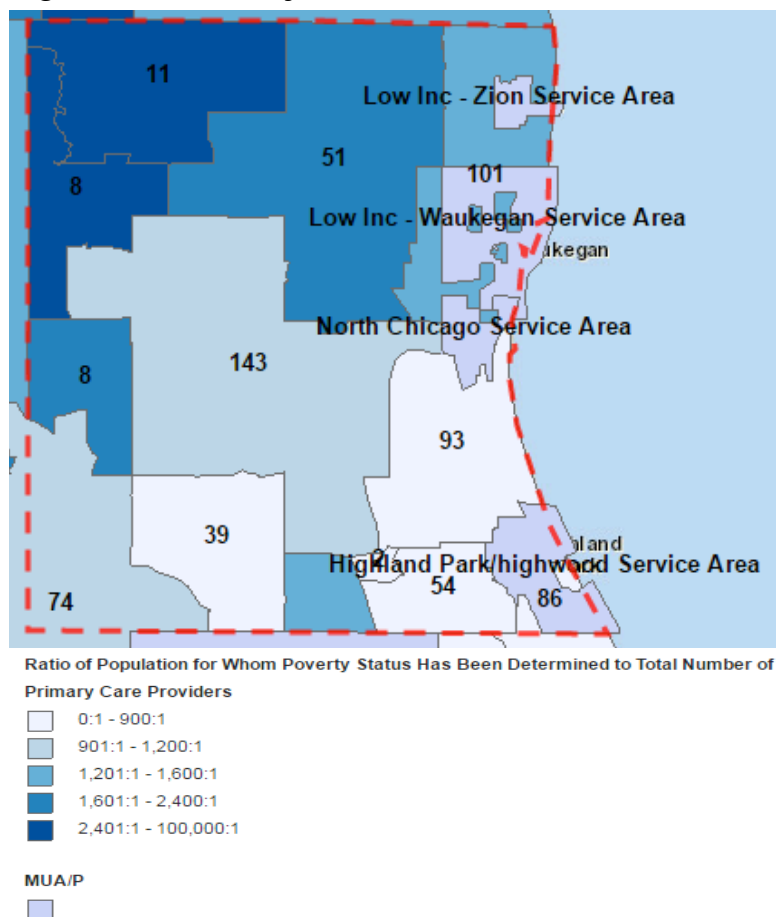
Figure 14 - LPHSA Findings on Workforce Development

8.1 Workforce Assessment, Planning and Development		
8.1.1 Assessment of the LPHS workforce	Moderate	40%
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	Moderate	28%
8.1.3 Dissemination of results of the workforce assessment/gap analysis	Significant	55%
Overall Score for Model Standard	MODERATE	41%
8.2 Public Health Workforce Standards		
8.2.1 Awareness of guidelines and/or licensure/certification requirements	Significant	65%
8.2.2 Written job standards and/or position descriptions	Significant	55%
8.2.3 Performance evaluations	Significant	55%
Overall Score for Model Standard	SIGNIFICANT	58%
8.3 Life-Long Learning through Continuing Education, Training, and Mentoring		
8.3.1 Identification of education and training needs for workforce development	Significant	55%
8.3.2 Opportunities for developing core public health competencies	Moderate	50%
8.3.3 Educational and training incentives	Moderate	50%
8.3.4 Collaboration between organizations and the LPHS for training and education	Moderate	45%
8.3.5 Education and training on cultural competency and social determinants of health	Minimal	25%
Overall Score for Model Standard	MODERATE	45%
8.4 Public Health Leadership Development		
8.4.1 Development of leadership skills	Moderate	50%
8.4.2 Collaborative leadership	Significant	51%
8.4.3 Leadership opportunities for individuals and/or organizations	Moderate	50%
8.4.4 Recruitment and retention of new and diverse leaders	Moderate	30%
Overall Score for Model Standard	MODERATE	45%

Weaknesses in Workforce Development	Opportunities for Improvement
<ul style="list-style-type: none"> • Lack of lifelong learning opportunities • Lack of cultural competency • Gap in the mental health workforce • Lack of clinical training opportunities and workforce development training in hospitals • No certification available for patient safety training 	<ul style="list-style-type: none"> • Conduct projected workforce needs assessment • Increase number of clinical training locations in county • Create shared vision for workforce development • Increase leadership development • Develop training opportunities for veterans • Certification for community health workers • Leverage fee for service training opportunities

In addition to these MAPP findings, county-level data also points to the challenges related to workforce in the HFNL service area. Figure 15 shows the ratio of Lake County residents for whom poverty status has been determined to the total number of primary care providers. As evidenced by the blue colors in the map, the HFNL service area has ratios that are among the most severe - with a combination of high poverty status and limited primary care providers. Of note, the numbers highlighted within the map below represent the specific number of primary care providers in that area.

Figure 15 – Poverty Status to Provider Ratio & Medically Underserved Areas



Source: US Health Resources and Services Administration's Data Warehouse tool.
Updated 6/19/2015.

In addition, Figure 15 highlights several HFNLC areas that have been designated Medically Underserved Areas/Populations (MUA/P), including: Waukegan and Zion, and North Chicago. The MUA/P data is based on the Index of Medical Underservice (IMU). The IMU index incorporates four variables, including: ratio of primary medical care physicians per 1,000, infant mortality rate, percent of population with incomes below the poverty level, and percent of population age 65 or over. Again, this underscores the workforce shortage in the HFNLC service area.

The inadequate supply of healthcare workers, and in particular, healthcare workers that are culturally competent and sensitive are underscored in the following observations from focus group participants. In addition, there is currently a limited availability of bilingual providers as well as interpreter services to assist patients.

We have workforce issues. Primary care is hard to recruit for and behavioral medicine. It comes at a time when the delivery of healthcare is becoming more and more about a circle of care around a patient.

We want better quality personnel and providers. They seem frustrated and tired when caring for me.

They wish that people who worked in clinics were better prepared. Sometimes they seem burned out. And that the providers would be as qualified as in private clinics, and that the providers spoke Spanish. Often the translation is not accurate.

If people work in healthcare, it needs to be a vocation – not just a way to earn a living.

As noted previously, the LPHSA ranked education and training on cultural competency lowest among all aspects of workforce development. This piece of data aligns with PRG interviews and focus groups which identified culturally competent local healthcare workforce as a critical challenge for the county. As one provider noted, “We have a gap in culturally competent Latino services throughout the county.” In the words of another, “One’s culture and environment is so key with what’s going on with them from a behavioral health perspective and treatment perspective. We don’t have the way to meet these needs in a culturally and linguistically competent way in addition to making it affordable.”

Building a Network

In light of the challenges named above, many interviewees expressed a greater interest in coordination of care between existing agencies. In addition, many felt greater coordination of care would be the single biggest service to their patients. To understand the extent of collaboration that currently exists, HFNLC partners (n=28) were surveyed to understand the number and type of relationships that currently exist between organizations. This data was then entered into social network analysis software to create a picture of the type of linkages that currently exist in the HFNLC service area. The maps can be found in Appendix F, and several overarching observations are noted below.

Organizational Network Mapping: Key Insights

- 1) There are several key organizations that seem to be hubs of activity. These organizations are important to note as HFNLC considers responding to requests for more efforts to coordinate care.
- 2) The majority of the arrows in the maps are bi-directional which suggests that organizations are working in truly collaborative ways – benefitting from one another’s strengths.
- 3) As the type of relationships progress in intensity from active referral, to information sharing, to problem solving, to full-fledged program partnership, the number of linkages become fewer. This finding suggests that while organizations are collaborating in more traditional ways (referral, information sharing), deeper types of collaboration (problem solving and program partnerships) are relatively rare.
- 4) In addition to considering the hubs of activity, it is also worth noting the organizations that appear to be less networked.

In conclusion, while there is a strong network in place in northern Lake County, and a high willingness to collaborate, many of the individual organizations making up these collaborations are in a tenuous financial position as a result of the state budget crisis and insurance-related challenges. To that end, it may be an opportune moment for HFNLC to deepen its investment in the organizational capacity outcomes named in its Theory of Change.

This report began with an exploration of the needs of northern Lake County from an individual lens, focusing on key demographics and health status for the HFNLC population. It then highlighted the challenges and needs from an organizational perspective, including the impact of the state budget crisis, the ACA and the changing insurance landscape, as well as workforce and cultural competency. From here, the report will push out one layer further - towards a discussion of the systems-level issues and opportunities for the HFNLC service area.

V. Systems Lens: Key Issues & Opportunities

Considering community need in the HFNLC service area from a broader healthcare system perspective, three key challenges surfaced in PRG's data collection and analysis. These challenges included: limitations of the regional healthcare infrastructure, a lack of available transportation, and insufficient coordination of care and data sharing. Of note, some of the health care issues detailed in Section Three (Individual Lens) are explored further in this section, including behavioral health and dental care. However, while Section Three detailed individual-level health status, this section explores these health issues from the systems perspective, considering available facilities, access to transportation, and data sharing.

- **Healthcare Infrastructure** – There is a lack of healthcare service providers - hospitals and clinics where low income individuals can access healthcare, especially in the western portion of the HFNLC service area. There are also notable gaps in behavioral health and specialist providers who accept Medicaid.
- **Availability of Transportation** – This challenge is most acute in the western part of the HFNLC service area, where a lack of bus, train, and shuttles make it difficult for individuals to travel to their healthcare providers.
- **Coordination of Care and Data Sharing** - Current limitations related to sharing medical records across different healthcare entities create challenges for patients as well as providers, both from a cost perspective and for continuity of care.

Healthcare Infrastructure

Data suggests that there is limited infrastructure available to support the healthcare needs of the HFNLC service area. Infrastructure is inclusive of primary care providers and specialists (both those who accept Medicaid and those who do not), as well as Federally Qualified Health Center sites. Additionally, behavioral health care and dental health care providers are also included in this discussion related to healthcare landscape. While difficult to discern in available countywide data, the limitations around healthcare infrastructure emerged as a particularly strong theme in the qualitative data, particularly focus groups.

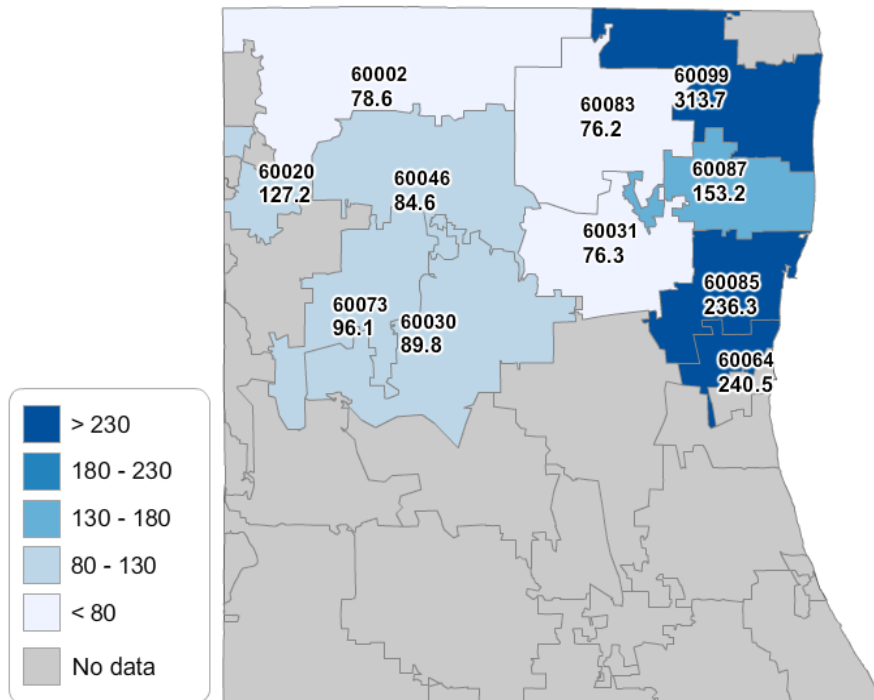
Focus group participants spoke to a lack of accessible hospitals and clinics, particularly in the western portion of HFNLC's service area. One individual commented, "A lot of people go to the minute clinic in Walmart. That is our

emergency room.” Another expressed that, “the infrastructure was developed in the 1980s, when Round Lake was smaller. People are now offered appointments two to three weeks out when they call about acute issues.” Individuals also noted the difficulty they have in locating specialists within the HFNLC service area. The majority noted having to travel significant distances to receive this treatment. To this end, a Waukegan resident called for “Specialists without Borders,” noting that he had to travel to Cook County to see a podiatrist.

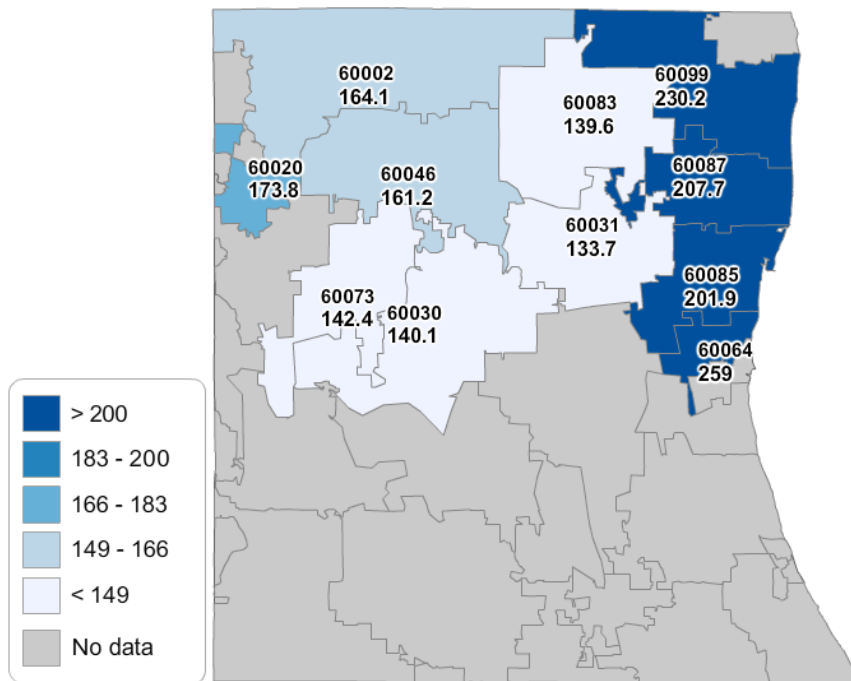
This dependence on local emergency rooms for treatment is captured in the Ambulatory Care Special Condition Maps in Figures 16 below. Three chronic health problems (among the key issues highlighted in Section Three: asthma, diabetes, and hypertension) are potentially preventable, and could be treated outside of the hospital with proper medication and management of care.

Figure 16- Northern Lake County Ambulatory Care Special Condition Maps

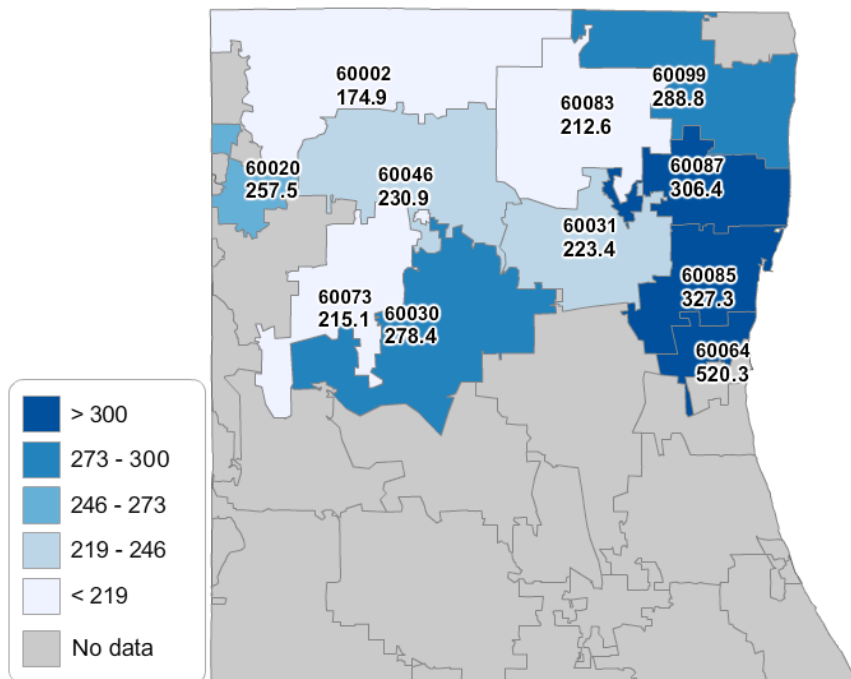
Asthma Hospital Rates Per 100,000 Residents (Ages 18+)



Diabetes Hospital Rates Per 100,000 Residents (Ages 18+)



Hypertension Hospital Rates Per 100,000 Residents (Ages 18+)



Source: Illinois Department of Public Health Vital Statistics, Hospital Discharge Data, 2011-2014

According to focus group participants, there are also a limited number of providers accepting Medicaid in the HFNLC service area. Individuals in one group reported that there is only one private practice current accepting Medicaid in the Waukegan area. Figure 17 shows that the rate of primary care physicians in the HFNLC service area are roughly equivalent to that of Lake County as a whole. However, as noted in the first section, the demographics of the HFNLC service area include Lake County's highest proportion of low-income communities of color. These most vulnerable populations cannot access the majority of these services.

Figure 17- Availability of Primary Care Physicians

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
HFNLC Service Area	373,328	380	101.98
Lake County, IL	702,120	716	102
Illinois	12,875,255	10,168	79
United States	313,914,040	233,862	74.5

Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#). 2012

In addition, Federally Qualified Health Centers (FQHC) are key healthcare resources for individuals who face financial barriers to access. According to the Lake County Health Department and Community Health Center, there are currently 9 FQHCs in Lake County – their eight sites and Erie Family Health Center.

Access to Behavioral Healthcare

Section Three detailed the severity of the behavioral health challenges facing the communities within the HFNLC service area. Data from the LWLC Community Themes and Strengths Assessment (CTSA) provides insight into access to mental health services. In three HFNLC ZIP codes (See Figure 18) respondents named “Access to Mental Health Services for Everyone” as one of the Top 5 Opportunities for Improvement. This reinforces the community perception within the HFNLC service area that it is challenging for many individuals to get needed mental health service.

Figure 18 - CTSA Findings: Access to Mental Health Services

Percent of respondents naming <i>Access to Mental Health Services for Everyone</i> as Top 5 Opportunity for Improvement	
Antioch (60002)	39% (n=64)
Fox Lake (60020)	28% (n=18)
Gurnee (60031)	24% (n=104)

The limited access to mental health care services for the vulnerable populations within the HFNLC service area was a strong theme in focus groups as well. One individual noted, “there aren’t services for them to get help for the problems. It is fine to know that they have a chronic (mental health) problem, but then what is the next step if they can’t get in to see a doctor?” Participants noted that many individuals with a mental health crisis are going to the emergency room, rather than a mental health specialist, and are then being released from the hospital with no follow up plan or medication. In addition, one interviewee noted, “We have a deficit in psychological services – both adult and adolescent psychiatric services.”

Finally, the Substance Abuse and Mental Health Services Administration (SAHMSA) tool also provides insight into the limited mental health treatment options for the HFNLC population. Consider the following information:

- There are 43 substance abuse and mental health facilities in Lake County overall.
- When this number is filtered by language accessibility and acceptance of Medicaid, the number of facilities decrease sharply. There are two substance abuse and two mental health facilities that provide services for any age category in Spanish. Adding Medicaid to that filter, one of the substance abuse sites disappears.*

[*Of note, it is not evident from this resource that the substance abuse services are actually covered by Medicaid, as select services at these sites may or not be covered for varying amount of time/visit. This may also vary depending on covered benefits for various Medicaid Managed Care Plans.]

In sum, the vulnerable populations within the HFNLC service area are lacking access to needed behavioral health treatment options. The lack of facilities is compounded by the individuals’ limited awareness of insurance options and/or insurance coverage, as well as a stigma about confronting mental health problems.

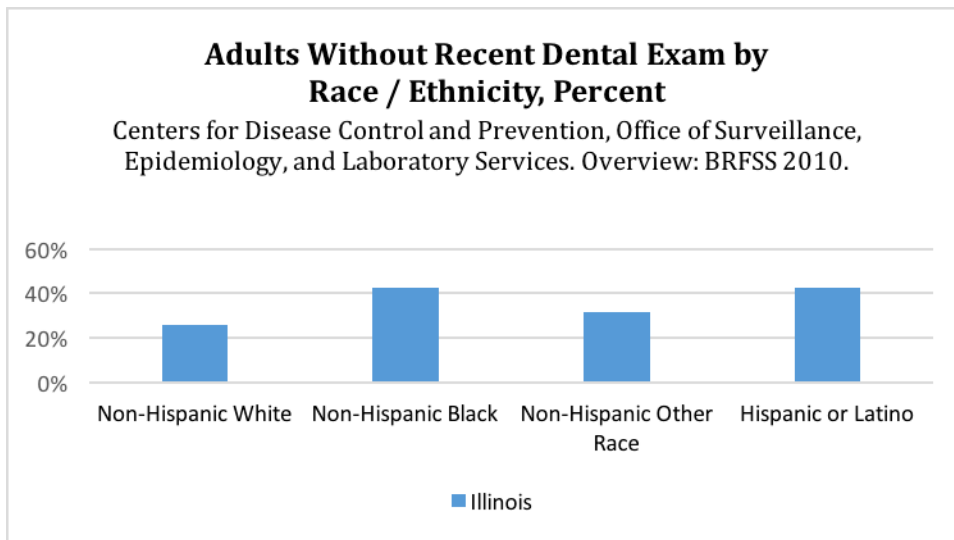
Access to Dental Care

Dental health was noted as one of the key health challenges for the HFNLC service area in Section Three. According to participants in each of the four focus groups, HFNLC's target population is not accessing sufficient dental services. There was a perception among community members that there is currently a lack of dentists available for preventative care, and that it is difficult and costly to have dental work done. One individual noted that "dental prevention services are incredibly important and particularly expensive." Another person noted, "If you are treated for a cavity on one visit, the next earliest appointment they can offer you for the second cavity is in three months."

While there is limited data on dental care provision in Lake County, and particularly the HFNLC service area, the Health Resources and Services Administration Data Warehouse provides some insights the availability of dental care in the region. The tool designates specific areas within the HFNLC service area as Dental Health Professional Shortage Area (HPSA) areas, including Waukegan, Zion and Benton.

It is also useful to consider Illinois data on dental care for Black and Hispanic/Latino populations. As show in Figure 19, these racial/ethnic groups are more likely to lack dental care than Whites. Based on this data, and given that northern Lake County has the highest concentration of non-White individuals in Lake County, it can be inferred that there are a sizable number of individuals lacking dental care in the HFNLC service area.

Figure 19- Dental Care in Illinois by Race and Ethnicity



While available data suggests there may be dental care shortages in the HFNLC service area, interviews with nonprofit partners tells a slightly different story. As one service provider noted, “We don’t really have a dental shortage. I think access to dentistry is a challenge both in qualitative and quantitative numbers. But dental is not a top issue.” It was the perception of another interviewee that there are currently low-cost dental services available that are not being taken advantage of – for example, dental clinics that are run without reaching their maximum capacity of patients. Lack of access to information about these services, as well as difficulty securing transportation to these appointments may be some issues underlying the perceived gap in dental care provision.

Availability of Transportation

In addition to the critical infrastructure challenges, transportation was named as one of the primary impediments to accessing healthcare in the HFNLC service area. Noted in focus groups as well as interviews, the lack of bus, train, and shuttle options make it difficult for individuals to travel to the healthcare providers – particularly in the western part of the HFNLC service area. For a map of public transportation coverage in Lake County, see Figure 20. Of note, medical transport fills up quickly, and often is not timed with appointments. Consider the following comments about the transportation challenges facing the residents in this part of the county:

One of the biggest issues is transportation. In Zion, 140 people live in our shelter. There is very little public transportation. Buses run twice a week. If you want to be in Waukegan and want to get back past 6 p.m., it is not possible. This is one of our biggest challenges.

Transportation is a big issue in Lake County. The bus system is not that great and doesn’t reach into parts of county. You have to have car here or else you are quite isolated.

Another barrier is transportation. I have heard horrible stories about this. There is no public transportation. Ability to have non-emergency transportation is limited. Very real in Lake County.

The (healthcare) plans say that they’ll help with transportation, but it’s very difficult to find out how to arrange the help.

The limitations of public transportation within the HFNLC service area have an impact on the residents’ ability to access care. This is often pronounced when patients are seeking specialty care, as referrals are frequently made to facilities that are farther away. As one focus group participant noted, “It is hard with HMOs. People have trouble with transportation, and have to travel farther.”

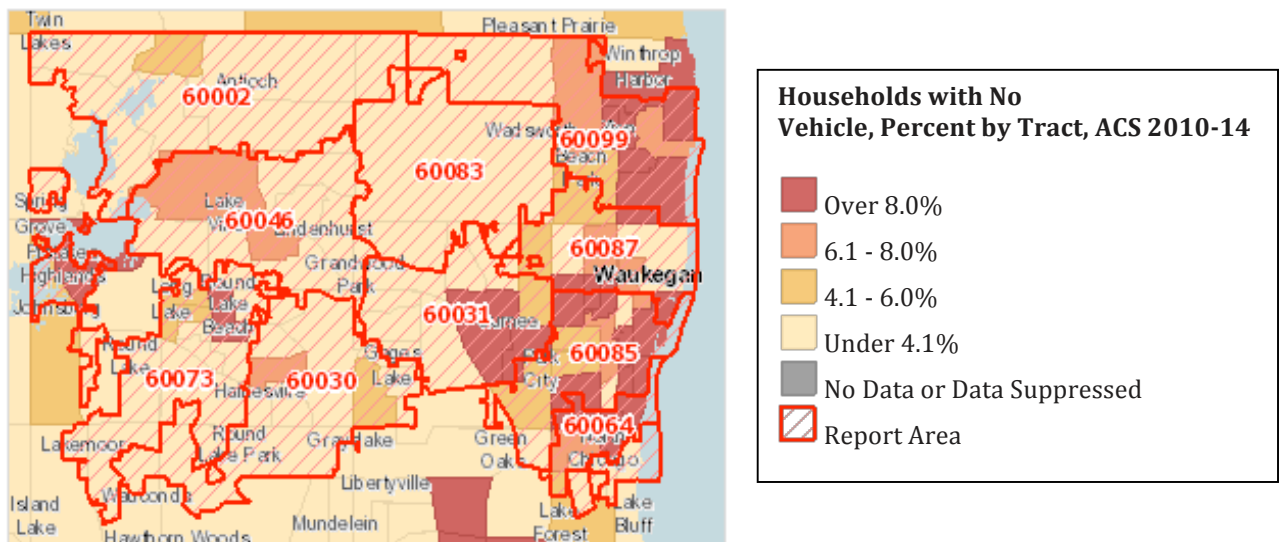
Another individual noted that “with Medicaid, it’s hard to see local specialists. You have to go to Chicago.”

Additionally, while most households do have at least one motor vehicle, the distribution of those who do not have a vehicle falls largely within the HFNLC service area. The map in Figure 20 shows the HFNLC ZIP codes, including Round Lake Beach and Gurnee, with the greatest number of households with no vehicle. This lack of vehicles, combined with a limited public transportation system, serve as significant barriers to accessing needed healthcare services.

Figure 20 - Households with No Motor Vehicle

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
HFNLC Service Area	123,189	7,680	6.23%
Lake County, IL	241,846	12,000	4.96%
Illinois	4,778,633	515,427	10.79%

Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract



Data Sharing and Coordination of Care

Finally, the coordination of care and data sharing between healthcare providers is also an area for growth in northern Lake County. Current limitations related to sharing medical records across different healthcare entities create challenges

for patients, both from a cost perspective and for their continuity of care. Relevant feedback related to the need for greater collaboration and data sharing is highlighted below. Of note, when asked about their desired area of change, many providers noted that the system could benefit from greater efforts to share medical records.

People in the Lake County system have to stay within one clinic because of where their records are located.

I think we are going to get to the point where (nonprofit providers) can share data better with the hospitals. We are not there yet, but if hospitals can get on board then we can share transition of care docs. This requires hospitals to do some things with their IT. We can help look at information from emergency rooms, so we can intervene and follow up... and increase our coordination and referrals.

I would definitely try to increase efficiency. I would want to see what can be done with sharing relevant data through health info exchange or the cloud. That is critical for the county.

(We could) share data through health communication exchanges. That will help in terms of not duplicating care

In addition, nonprofit providers can easily envision a system in which all players across the sector work together to solve some of the systemic challenges facing Lake County residents.

There is room for greater collaboration between managed care companies and social service providers. ... They are working with the bigger hospitals – probably at NorthShore and Advocate all the time. That is easy and obvious, but they are not thinking about the less obvious. They may not realize that the Waukegan Public Library or Mano a Mano are powerhouses and providing key services. There is an awareness problem for the less obvious partners.

I think we are on the right track in formal and informal partnerships around particular health issues. Where public and private sectors join together – hospitals, and FQHCs and social services join together. We have a good culture in Lake County for these multi-sector approaches.

In sum the systems-level challenges related to infrastructure, transportation, and coordination are complex, multi-faceted, and inter-related. For individuals experiencing significant health challenges, and providers overwhelmed by the state budget crisis and evolving insurance landscape, these broader issues serve as an additional compounding layer. The needs and challenges that have been explored in this report (from the individual, organization, and systems lens) both affirm HFNLC's current direction, and offer some new possibilities for leveraging the Foundation's resources. These considerations will be detailed in the section that follows.

VI. Recommendations for HFNLC

This report has detailed the ways in which vulnerable populations in the HFNLC service area continue to be at particular risk for chronic illnesses, poor dental health, and mental health crises. Moreover, the ZIP codes served by HFNLC's community partners continue to be home to many of the county's most vulnerable individuals.

The Foundation's work is to support the organizational and systemic changes necessary to increase access to the healthcare system, rather than to treat individuals directly. With increased access, the hope is that these individuals will be better able to diagnose, address, manage and - in some cases - cure their various health issues. However, even with the introduction of the Affordable Care Act, attendant costs (co-pays, deductibles) and, systemic barriers (availability of providers, transportation), mean that insurance access has not translated immediately into better usage of the system, and ultimately to better health. Challenges persist.

In 2014, HFNLC created a Theory of Change framework (ToC), shown in Appendix A. This ToC focuses on specific ways in which the Foundation's funding can be directed to increase healthcare access within its service area. Broadly construed, the ToC suggests that HFNLC grants will first help organizations grow and sustain their capacity to provide service, and secondly will serve to foster collaboration and increased coordination.

This needs assessment suggests **the HFNLC Theory of Change continues to represent a targeted and relevant way for the Foundation to disperse its grants.** The overall approach continues to be sensible and timely, and focused on many of the key challenges which persist within the context of the HFNLC service area. The focus on capacity building, support of workforce development, and promotion of systemic collaboration are all consistent with the stated needs of the region. Below are several specific outcomes from the current Theory of Change which may deserve special attention and/or funding given the needs that have been identified and explored in this report:

Outcome 1: Partner organizations will operate effective programs and serve a greater number of individuals from across Lake County.

Recommended actions:

With the state budget crisis at hand, many organizations are challenged to meet basic demands and anticipate having to curtail services and reduce the number served. If this impasse continues, these most basic outcomes - among the first named in the Theory of Change - will be at risk. In the past, HFNLC has chosen to respond to organizational needs with a host of capacity building offerings that help to foster organizational

sustainability. Increasing the number of these capacity building offerings, and potentially supplementing them with increased capacity building grant dollars will position organizations to improve fundraising, financial management, governance and more. This, in turn, should help organizations “operate effective programs and serve a greater number of individuals.”

Outcome 2: Partner organizations will collectively innovate and collaborate to face systemic challenges in healthcare.

Recommended actions:

The number one request from providers interviewed for this community needs assessment was for the healthcare organizations in northern Lake County to find greater ways to collaborate. Often this was articulated from a patient-centered perspective, with interviewees wishing that the most vulnerable Lake County residents could have a “one stop shop” for all their healthcare needs.

HFNLC has a good track record of responding to this kind of need. From sparking and supporting organizations like the Antioch Area Healthcare Accessibility Alliance, to driving forward the collaboration behind the Round Lake High School Health and Wellness Center, the Foundation is widely recognized for its ability to bring organizations together. The network mapping conducted for this report may be a helpful tool for considering where to move next. There are clearly several grantee organizations that already serve as hubs of activity, including: Lake County Health Department and Community Health Center, Nicasa, and Mano a Mano Family Resource Center. As a starting point, it may be wise to bring these “hub” organizations together to see what types of collaborations or even consolidation of programmatic services could lead to improved patient experiences and outcomes for the HFNLC population.

That said, it is important to acknowledge that providers are currently spread very thin – with limited resources and increasing demand for services, and efforts to foster collaboration should be mindful of this organizational reality. Below are some specific ideas for fostering collaboration across HFNLC’s partner organizations:

- *Invest in Collaborative Care Models.* Given the shortage of mental health providers, build capacity in the primary care setting by investing in cross-training primary care providers or supporting a remote telemed/consultation network.
- *Support Cross-Sector Collaborations* that address the multi-faceted components of access to care (transportation infrastructure, primary care, navigators, IT, etc.)

- *Support Providers in the Ever-changing Healthcare Market.* Consider offering technical assistance to community-based organizations to aid them in marketing their health programs to payers (i.e. health insurance companies). Such programs may help reduce barriers to accessing care, improve health insurance literacy, and sustain valuable resources that are now dependent on state funding.

Outcome 3: Patients will improve health literacy and have increased knowledge of how to navigate the system.

Recommended actions:

When this outcome was crafted, the ACA was initially being implemented and the reference to literacy focused primarily on chronic disease management and/or preventative care. With more of the HFNLC population becoming insured, however, there is a need to focus on *health insurance literacy* and navigation of the system as a patient with insurance. Understanding where the resources are, which are covered by insurance, and what additional costs may be incurred and benefits derived, are all part of the learning curve for the newly insured. In addition, interviewees for this community needs assessments suggested that existing health navigator programs are those in danger of being discontinued in the face of the budget crisis. HFNLC may consider special support of these programs while the ACA remains in its infancy.

Outcome for Development: Consider explicitly addressing behavioral health in the Theory of Change.

Finally, HFNLC's Theory of Change framework does not name behavioral health specifically, implying that it is understood as part of the "improved clinical outcomes" it hopes partner organizations will achieve for their clients. However, this report suggests that it is a difficult time for behavioral health providers in the HFNLC service area. The provision of sustained mental health or substance abuse services to the under or uninsured appear to be financially unsustainable. And while little data exists on the incidence of mental health issues in the HFNLC area, both focus groups and MAPP data suggest that residents are hungry for more basic support in accessing mental health services. The Foundation could convene providers to further define and plan for this particular challenge in the coming years. Furthermore, it may consider explicitly naming mental health within its Theory of Change to clarify the the Foundation's commitment to working in this space.

Community Needs Assessment Appendices

Pratt Richards Group Team

Pratt Richards Group is a consulting firm that works with nonprofit and philanthropic organizations to align their strategies towards impact. The primary services offered by PRG include strategic planning, research and evaluation.

The HFNLC Community Needs Assessment Project Team consisted of PRG Principals Jenny Ellis Richards and Susie Quern Pratt. Pratt and Richards are founding principals of the firm and have conducted a prior strategic planning and evaluation engagement with HFNLC. For this project they were joined by affiliate Rachel Reichlin, MPH, MSN, RN, CTN-B. Rachel has both a clinical and policy healthcare background and assisted in generating and reviewing the public health data contained in this report.

In addition, PRG would like to offer special thanks to Jen Oisiel and Seth Kidder of the Lake County Health Department for their generosity in sharing and analyzing data from the MAPP process. Jen and Seth not only provided customized analysis, but were helpful in pointing us to alternative data sources as well.

Finally, a thank you to the many residents and health care workers in Lake County who were willing to speak candidly in both focus groups and interviews about their experiences.

Appendix A: HFNLC's Theory of Change Framework

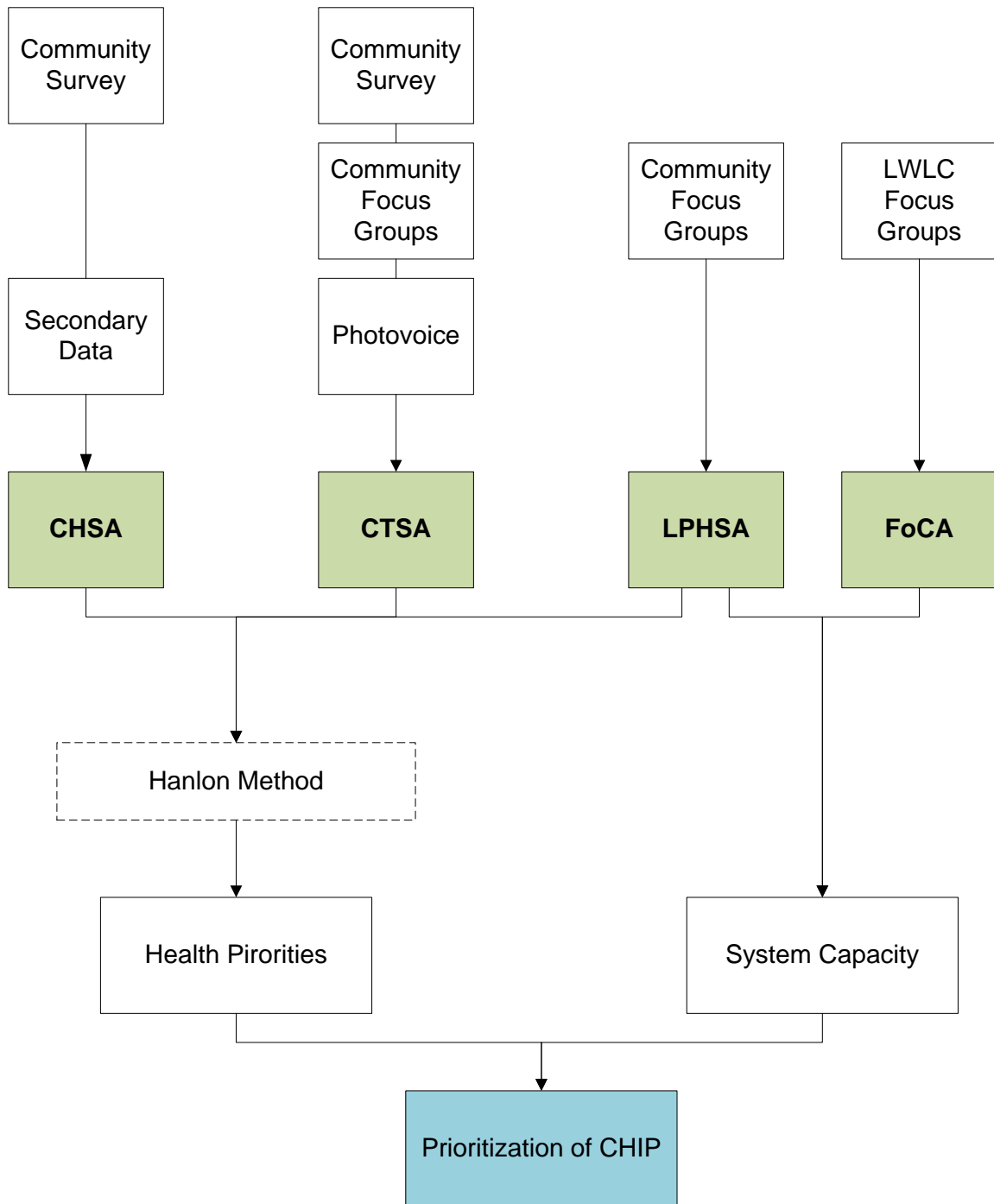


Healthcare Foundation of Northern Lake County Theory of Change: Our Guide to Mutual Success

If We...	THEN...	WHICH WILL LEAD TO...	WHICH WILL IN TURN LEAD TO...
<p>Strategies:</p> <ul style="list-style-type: none"> • Award grants to support efforts that improve access to health services for uninsured and underserved northern Lake County residents • Use funds to fill critical gaps in services and operations that, once addressed, will significantly increase their effectiveness • Ensure that funds are available to the geographic priority areas • Support efforts that are collaborative and promote coordination of care • Actively look out for and help grantees address organizational capacity issues • Be proactive in considering challenges and possible solutions for systemic change • Work collaboratively with grantees to address their education, capacity, and resource needs <p>Values: Collaboration and Strategic Partnerships; Equity; Diversity; Leveraging Best Practices, Linguistically and Culturally Appropriate Services; Measuring Impact; Playing a Leadership Role in the Community</p> <p>STRATEGIES & VALUES</p>	<p>Grantee Organizations will...</p> <ul style="list-style-type: none"> • Operate effective programs reflective of best practices • Reach the "hardest to reach" residents • Be strong in key organizational areas: board development, fundraising, evaluation, etc. • Have linguistically and culturally competent boards and staff • See a decrease in staff turnover • Be collaborative with other key nonprofit, public and private sector partners • Identify key barriers to health care access for their populations <p>IMMEDIATE OUTCOMES</p>	<p>Grantee Organizations that...</p> <ul style="list-style-type: none"> • Are sustainable • Use HFLNC funds to leverage additional resources • Improve coordination of care between primary care physicians, specialists, and case managers • Serve a greater number of individuals across Lake County • Collectively innovate and collaborate to face systemic challenges in healthcare <p>Clients/ Service Targets who...</p> <ul style="list-style-type: none"> • Have healthier behaviors and improved clinical outcomes • Improve health literacy, especially for patients managing chronic health conditions • Increase their knowledge of how to navigate the health system: know when and how to access health care providers and services • Have an identified medical home • Have a greater choice in accessible qualified healthcare providers <p>INTERMEDIATE OUTCOMES</p>	<p>WHICH WILL IN TURN LEAD TO...</p> <p>A reduction in unnecessary treatments; hospitalizations and emergency department visits; and costs to consumers and community</p> <p>Improved health status of uninsured and underserved residents through access to comprehensive and integrated healthcare</p> <p>Increased capacity of non-profit organizations and the healthcare system/ continuum of care</p> <p>LONG-TERM IMPACT</p>

Appendix B: LiveWell Lake County MAPP Process

The following graphic depicts the four key assessments (green boxes below) of the MAPP process and the ways in which they supported the selection of key health issues.



Appendix C: References Consulted

Northshore Community Health Needs Assessment, Retrieved Jan-June 2016 from: <http://www.northshore.org/globalassets/community-and-events/northshore-community-health-needs-assessment-2015.pdf>

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Medicaid and CHIP in Illinois. Retrieved on June 16, 2016: <https://www.medicaid.gov/medicaid-chip-program-information/by-state/stateprofile.html?state=illinois>

Illinois Health Matters: Lake County and the Uninsured (2014). Retrieved on June 10, 2016: Lake: <http://data.illinoishealthmatters.org/uninsured/LakeCounty/>

STILL NEED

United Way of Illinois survey citation, Erie Needs Assessment Citation

Appendix D: Interviewees and Interview Protocol

Interviewees (Alphabetical by organization)

Pat Davenport, Executive Director
A Safe Place

Antioch Area Healthcare
Accessibility Alliance

Jeanne Ang, Director of Community
Health
Advocate Health Care

Dora Maya, President and CEO
Arden Shore Child and Family
Services

Cheri Richardson, Board President
Alliance for Human Services

Maureen Robinson, Associate Dean
Biological and Health Sciences
College of Lake County

Laura Muttini, Executive Director

Gail Wall, Executive Director
Community Youth Network

Joel Williams, Executive Director
PADS Lake County

Lee Francis, President and CEO
Erie Family Health Center

Dr. Michael Welch, President and
CEO
Rosalind Franklin University

Kathy Waligora, Manager Health
Reform Initiative
Everthrive Illinois

Kristi Long, President and CEO
United Way of Lake County

Tony Beltran, Executive Director
Lake County Department of Health
and Community Health

Richard Lee, Executive Director
Waukegan Public Library

Megan McKenna deMejia,
Executive Director
Mano A Mano Family Resource
Center

Laurel Tustison, Executive Director
YouthBuild Lake County

Bruce Johnson, Chief Executive
Officer
Nicasa

Amy Junge, Executive Director
Zacharias Center

Brenda Latz, Board President
Zion Benton Children's Service

Interview Protocol

- 1) What would you say are the key health issues facing the residents of Lake County in 2016? (Probe: Mental/dental)
 - a. How has the implementation of the Affordable Care Act influenced or intensified what you just described?
- 2) Is the current healthcare system of public, nonprofit and for-profit providers, in your opinion, equipped address these issues?
 - a. If not, where are the biggest gaps?
- 3) What changes to the system would allow for greater coordination of care for Lake County residents?
- 4) How, specifically, does your organization fit into the Lake County healthcare system?
- 5) How do issues of access to care affect who you are able to serve?
 - a. Are the barriers to access that you just named common across the county, or just to your client population? (Pull out transportation as issue)
 - b. Would you describe these as systemic barriers or organizational capacity barriers?
- 6) From an organizational standpoint, what increases in your capacity (program or operations) would help increase access to care for your client population?
- 7) Are there institutional partnerships or collaborations that would help increase access to care for your client population?

- 8) Which public health (or other) data is most important to informing your service delivery?
- 9) HFNLC is particularly interested in understanding how the undocumented (and therefore uninsured) access care in Lake County? Is this part of your service population?
 - a. If so, what are the unique challenges of this population, and where – to the best of your knowledge - are they current receiving care if at all?
- 10) Finally – if you could make one significant change to Lake County's healthcare system to increase access to care – what would it be?

Appendix E: Focus Group and Focus Group Protocol

Focus Group Descriptions

Focus Group #1

Waukegan Public Library

Language: Spanish

Waukegan residents and community health workers

11 participants

Focus Group #2

Round Lake Beach

Language: Spanish

Round Lake residents and community health workers

19 participants

Focus Group #3

Waukegan Public Library

Language: English

Waukegan residents

8 participants

Focus Group #4

Antioch Township

Language: English

Antioch public sector and nonprofit representatives

10 participants

Focus Group Protocol

1. Please introduce yourself and tell us how long you have lived in Lake County.
2. What would you say are the biggest health problems facing those in your neighborhood or community? (Probe: diabetes, heart disease, mental health, substance abuse, etc.)
 - a. Are children facing any unique issues?
3. How often (and why) do you typically go to the doctor? (Probe: for regular check-ups only, frequently because of chronic problems, or just in emergencies)
 - a. In general, if a doctor asks you to follow up with them or with another doctor, have you been able to do it? Why/why not?
4. Where do you most often go to access health care services? (Erie, Lake County Health Department, clinic, emergency room, etc)
 - a. Is this convenient for you? How do you typically get there?
 - b. Has transportation ever been a challenge for you in getting to doctors appointments?
5. Would you say that you/your family members have a "medical home" – a place you go to address and coordinate your medical needs?
 - a. Where is this medical home?
 - b. Do you/your family members have a primary care doctor?
6. What has your experience been like when you went to the doctor?
 - a. Did you feel safe? Were you concerned about your privacy and/or safety?

- b. Were you satisfied? Anything you wished would have been different?
- 7. Have you/ your family gone to a specialist – for testing or treatment?
 - a. How did you find this doctor?
 - b. What was your experience like? Did you experience any challenges?
- 8. Can you talk about the costs of medical care for you? With the Affordable Care Act, most people should be able to get insurance. Do you have a clear understanding about your insurance options, and how to enroll?
 - a. If not, what would be helpful to know about?
 - b. Even with this insurance, can you talk about what health care is costing you? Is this cost realistic for your budget?
 - c. Has there ever been a time when the cost of a doctor visit or treatment has kept you from going to the appointment?
- 9. Do you feel like you are aware of the medical resources available to you?
 - a. Anything in particular that you wish you knew about?
 - b. Are there any health care services that you wish you had access to - but don't currently?
- 10. How do you find out information about medical services and/or coverage available to you?
 - a. Is there a particular community organization(s) that you trust to help you with this?
- 11. Is there anything else that you would like to share with us about your health care needs? Anything else that would be helpful for you?

Appendix F: Network Mapping of HFNLC Grantees

The following four graphics depict the various types of relationships that make up the network of nonprofit healthcare providers currently in partnership with HFNLC. In January 2016, HFNLC grantee organizations were asked to complete a questionnaire in January 2016, in which they identified which of the four relationships (identified below) they currently had with each of these peer organizations.

Four maps depicting the four key types of relationships between providers are highlighted on the subsequent pages, followed by a full network map which shows all of these relationships together.

- **Active Referrals – A**

Providers were asked to identify peer organizations in their active referral network (i.e. those they refer to more than once a quarter). This excludes organizations that they refer to less than once a quarter.

- **Information Sharing Group – B**

Providers were asked to identify peer organizations that were part an information-sharing group that they are currently a member of. An information-sharing group is defined as group that has scheduled meetings to share information on a specific theme, topic or client.

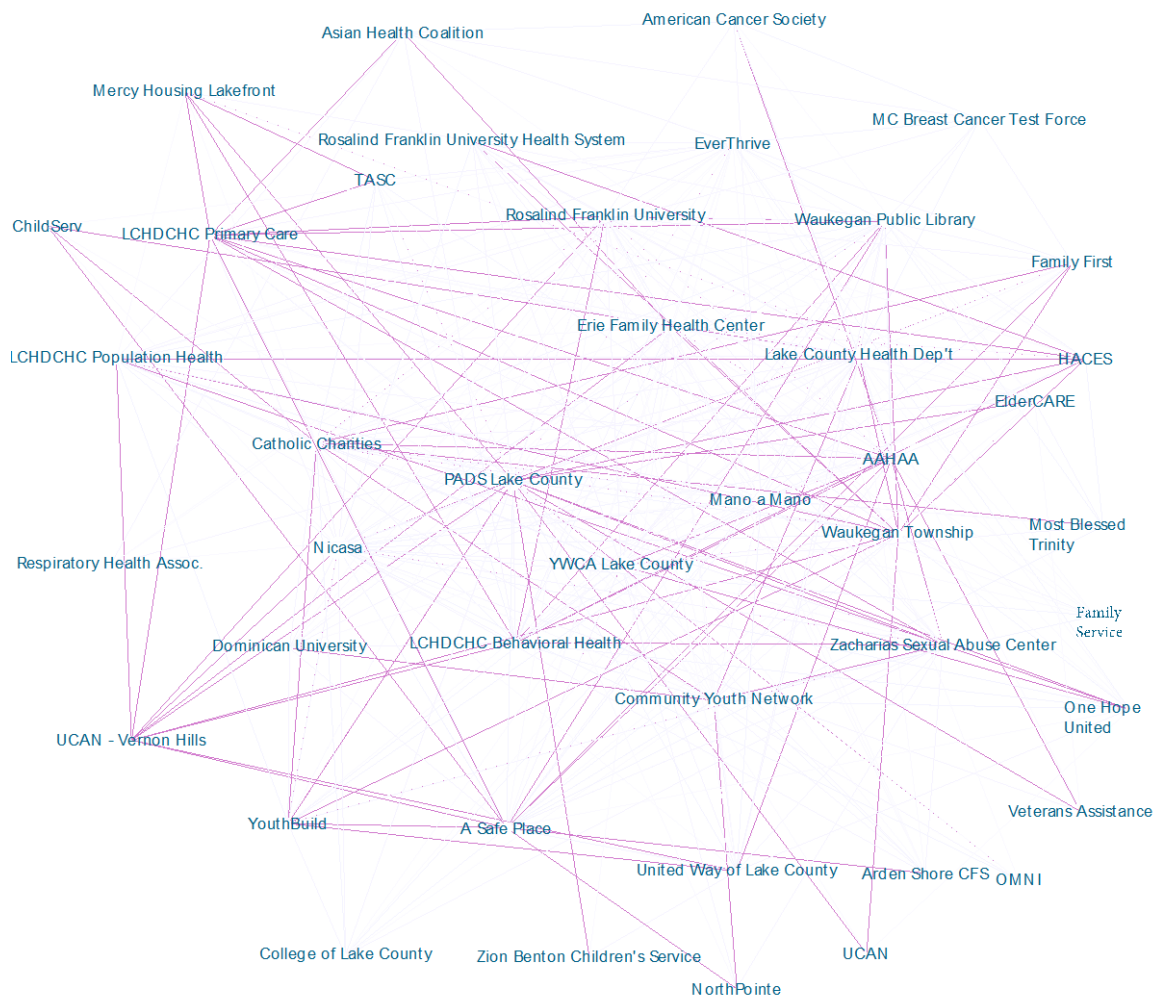
- **Problem Solving Group – C**

Providers were asked to identify peer organizations that were part a problem-solving group that they are currently a member of. A problem-solving group is defined as a group that works together to solve a social issue. The group has defined goals and members are assigned tasks to complete that help meet the agreed upon goals.

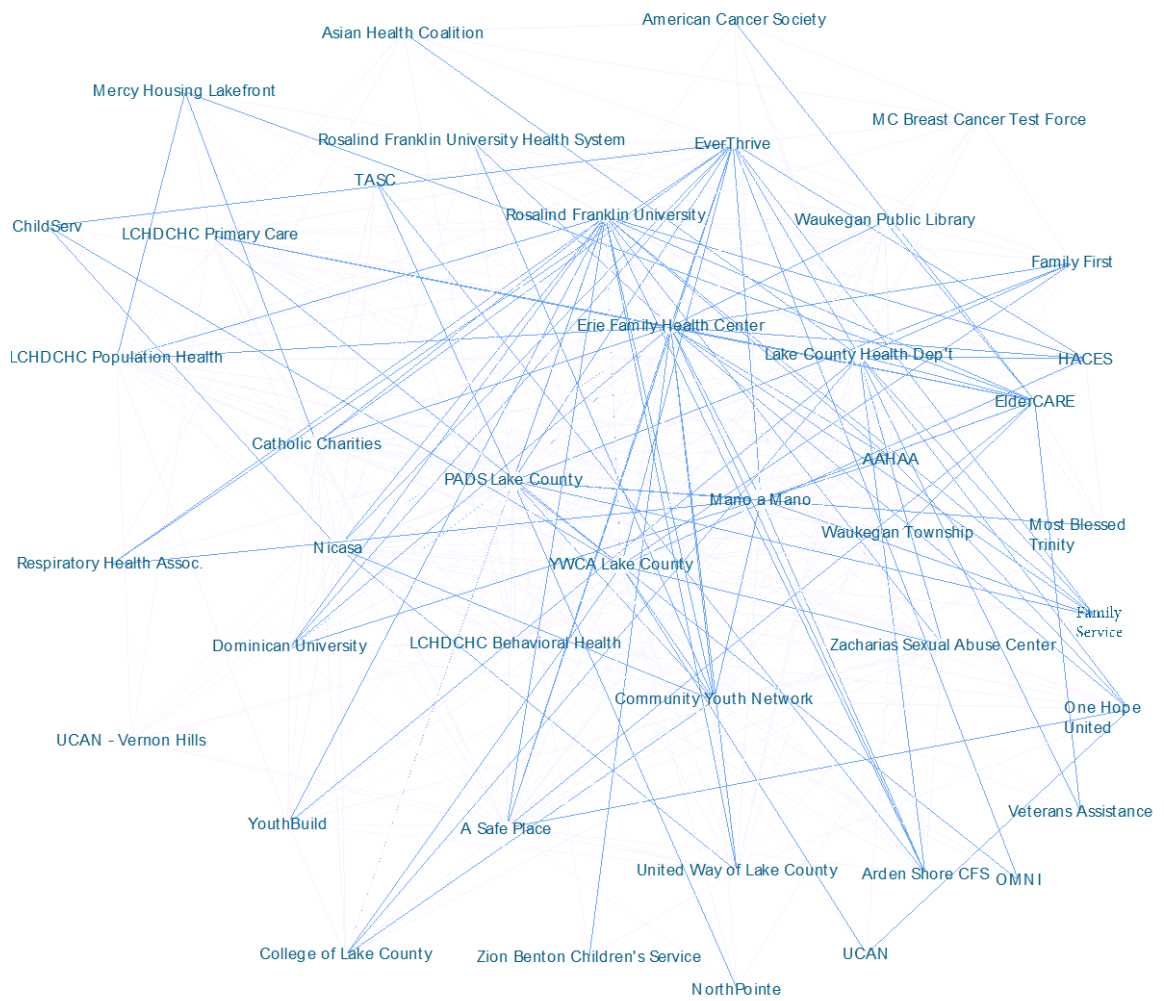
- Programmatic Partnership - D

Providers were asked to identify organizations that they are in a programmatic partnership or collaboration with. Collaborative partnerships are defined as organizations collaborating in the implementation of one or more of programs (note: this may or may not imply shared funding sources for this program).

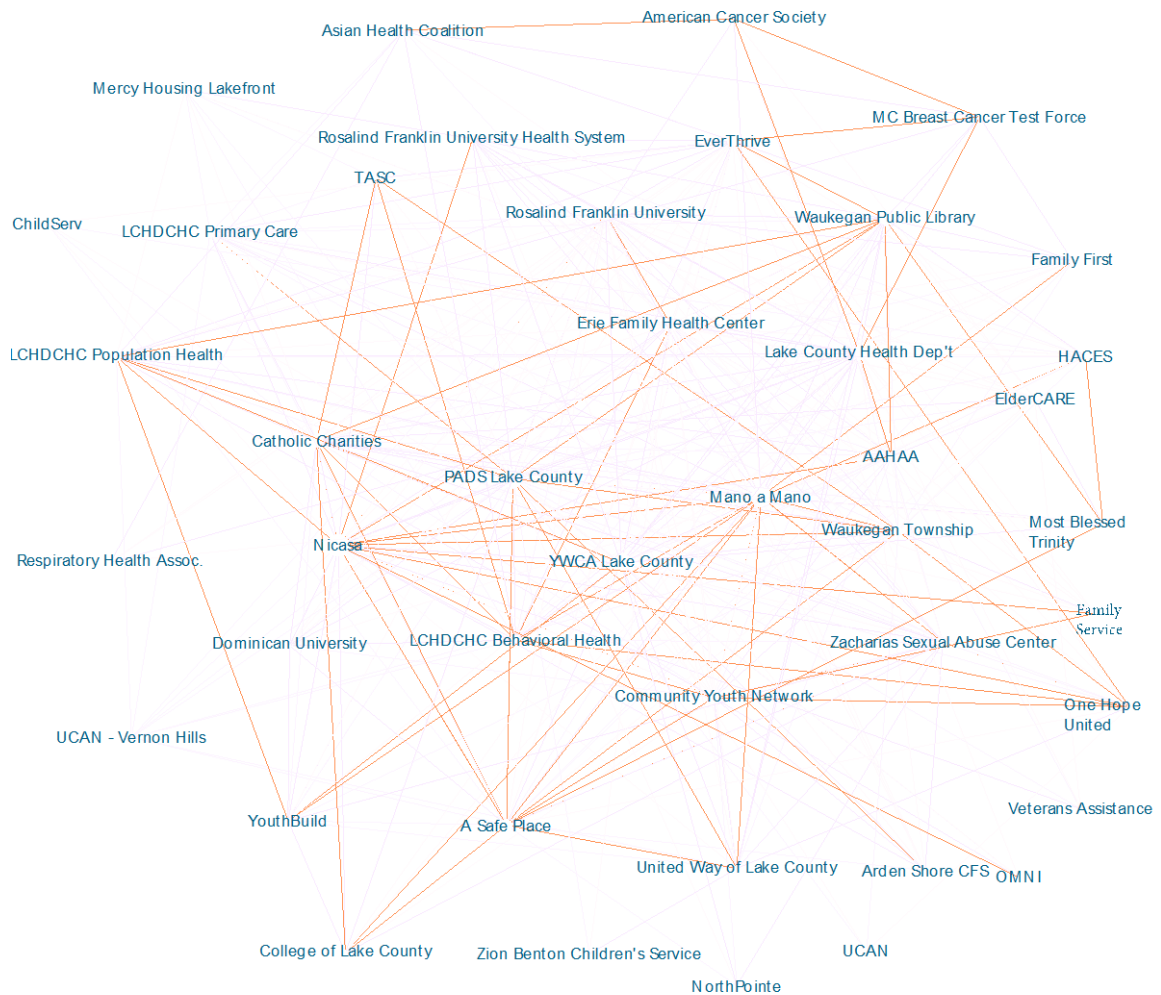
Active Referrals – A



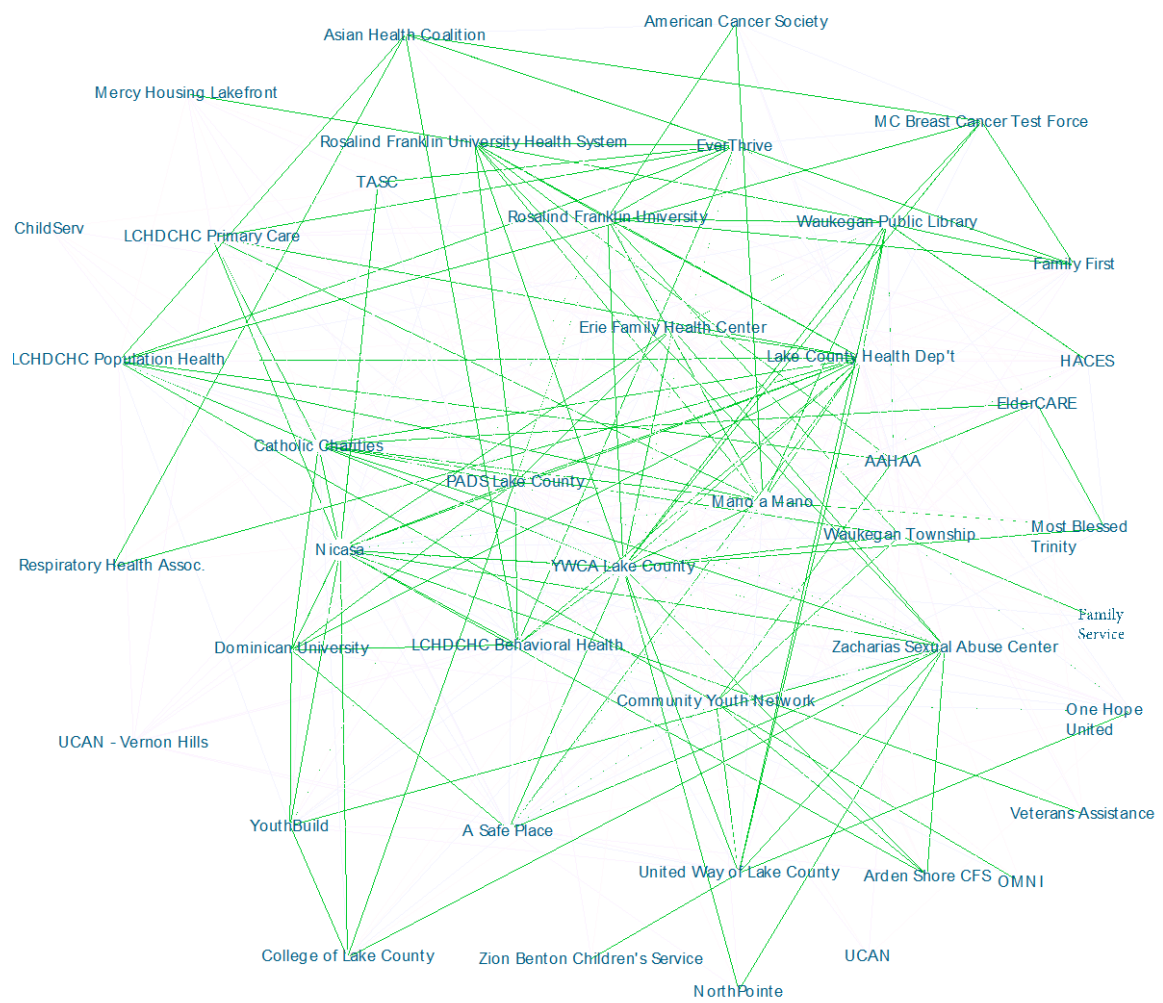
Information Sharing - B



Problem Solving Group – C



Programmatic Partnership – D



Full Network Map

