

RUSH UNIVERSITY MEDICAL CENTER

Community Health Needs Assessment Report



Adopted on June 8, 2016

3	Introduction
4	Executive Summary
7	Rush University Medical Center Overview and Community Definition
7	Rush Overview
8	Rush's Community
14	Community Snapshots
14	Guide to Community Snapshot Content
16	Austin
20	West Garfield Park
24	East Garfield Park
28	North Lawndale
32	South Lawndale
36	Lower West Side
40	West Town
44	Near West Side
48	Forest Park
52	Oak Park
56	River Forest
60	Endnotes
62	Appendix 1
	Health Impact Collaborative of Cook County Central Region Community Health Needs Assessment Executive Summary
73	Appendix 2
	Rush Community Health Needs Assessment Collaborators

IRS Form 990, Schedule H Compliance

Under the provisions of the Patient Protection and Affordable Care Act of 2010, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting for nonprofit hospitals. The following table highlights the elements of this CHNA that relate to elements requested as part of nonprofit hospital reporting on IRS Form 990 Schedule H.

IRS Form 990, Schedule H Element	Rush University Medical Center	Rush Oak Park Hospital
Part V Section B Line 1a A definition of the community served by the hospital facility	Page 8	Page 8
Part V Section B Line 1b Demographics of the community	Page 9	Page 9
Part V Section B Line 1c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Pages 19, 23, 27, 31, 35, 39, 43, 47	Pages 19, 51, 55, 59
Part V Section B Line 1d How data was obtained	Pages 1, 14-15	Pages 4, 12-15
Part V Section B Line 1f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups	Pages 5, 10-13, 18-19, 22-23, 26-27, 30-31, 34-35, 38-39, 42-43, 46-47	Pages 5, 10-13, 18-19, 50-51, 54-55, 58-59
Part V Section B Line 1g The process for identifying and prioritizing community health needs and services to meet the community health needs	Pages 4-5	Pages 4-5
Part V Section B Line 1h The process for consulting with persons representing the community's interests	Pages 4-5	Pages 4-5
Part V Section B Line 1i Information gaps that limit the hospital facility's ability to assess the community's health needs	Page 6	Page 6

Introduction



Rush University Medical Center became part of Chicago's West Side the same way many of its neighbors did: The first incarnation of Rush Medical College moved west after its original campus, established in the Loop in 1837, was destroyed by the Great Chicago Fire of 1871.

In 1873, the medical college combined operations with the Central Free Dispensary, a free clinic for patients on the West Side. The union of the two institutions gave Chicago's underserved populations access to medical care and provided the college with patients for its teaching program. Together, the college and the dispensary created Presbyterian Hospital in 1883, a collaboration that continued until the college deactivated its charter in 1942. In 1956, Presbyterian merged with the 92-year-old St. Luke's Hospital.

In 1969, Rush Medical College reactivated its charter and merged with Presbyterian-St. Luke's Hospital to form Rush-Presbyterian-St. Luke's Medical Center; the institution changed its name to Rush University Medical Center in 2003. Rush Oak Park Hospital, which had been serving its community for 90 years as an affiliate of the Roman Catholic Church sponsored by the Wheaton Franciscan Sisters, partnered with Rush beginning in 1997 and was fully acquired by Rush University Medical Center in 2013.

When St. Luke's and Presbyterian Hospitals merged, the new institution adopted the symbol of the double anchor cross, which Rush still uses today. An ancient symbol associated with hope, faithfulness and courage in the face of life's storms, the anchor cross serves as a constant reminder of Rush's place as an anchor

institution for the West Side communities of Chicago, extending from the city's Near West Side to the suburbs of Forest Park, Oak Park and River Forest.

Anchor institutions consciously apply their human and capital resources to better the long-term welfare of the communities in which they are located. In Rush's case, our faculty, staff and students are committed to improving the well-being of their neighbors on the West Side of Chicago and the western suburbs.

While Rush's drive to improve community health has been part of our DNA from the beginning, it is a constant challenge to address the pervasive, ever-changing forces that affect our communities' well-being — and to find new ways to address the long-standing structural issues that have an impact on health. Sometimes, the community must lead. Sometimes, Rush must lead. Sometimes, other anchor institutions must lead. But to achieve collective action, all of the community's stakeholders must work together.

In this interdependent relationship, our communities give hope and support to Rush's mission; Rush gives hope and support to our communities; we join together in our efforts to reduce the structural, economic and social causes of suffering. And we work to bring one another solace and comfort along difficult journeys.

Together, we continue to create resilient, healthy communities on Chicago's West Side.



Executive Summary

A Community Health Needs Assessment (CHNA) is a comprehensive, multifactorial assessment mandated by federal regulatory requirements under Section 9007 of the Affordable Care Act and enforced by the Internal Revenue Service (IRS). Every three years, nonprofit hospitals are required to define their respective service areas and to determine those areas' main community health needs.

In 2013, Rush conducted its first Community Health Needs Assessment, covering fiscal years 2014 through 2016, and presented it as two separate reports — one for Rush University Medical Center and one for Rush Oak Park Hospital. Rush University Medical Center identified eight needs in its service area: the social determinants of health; access to health services; physical activity, nutrition and weight control; diabetes; heart disease and cardiovascular risk factors; women's health; mental health; and asthma and chronic respiratory diseases. Rush Oak Park Hospital identified its communities' main needs as access to health services; chronic disease (particularly heart and lung disease and diabetes) and related risk factors; and mental health and addiction.

Over the last 18 months, multiple stakeholders have engaged in significant reflection in preparation for this second iteration of the CHNA. At Rush, the process was led by the Center for Community Health Equity (www.healthequitychicago.org), coordinated by the Office of Community Engagement and Practice, and overseen by the Building Healthy Communities Steering Committee. First, the Rush team reviewed its

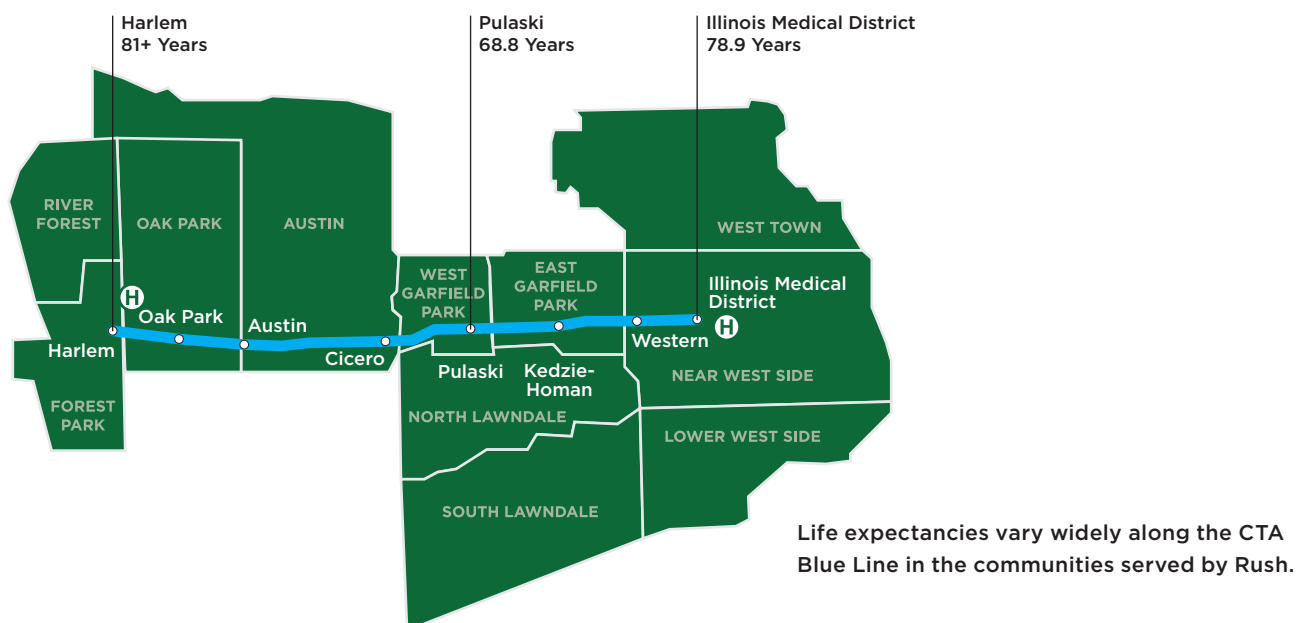
initial CHNA reports, benchmarked them against others produced three years ago in the region and assessed whether the reports contained the right content to enable us to make an impact.

Next, we sought to include more stakeholders in our process of developing the CHNA. We began by gathering input from community members as well as from Rush faculty, students and staff (especially those who live in our service area). We sought perspective from our colleagues at health systems and public health entities in the area; community leaders and members; our colleagues in the Center for Community Health Equity based at Rush University and DePaul University; and those participating in the Health Impact Collaborative of Cook County, a collaborative group convened by the Illinois Public Health Institute and consisting of 26 hospitals, seven health departments and more than 100 community-based organizations.

As we developed our recommended actions for the next iteration of the CHNA, we again sought input from our key stakeholders. We strove for a transparent, diverse and inclusive process throughout, which led to five significant changes in this CHNA that covers fiscal years 2017 through 2019:

- Because the IRS recommends collaborative efforts, we decided to create a single report and action plan for Rush University Medical Center and Rush Oak Park Hospital.
- An internal committee revisited Rush's initial service area definition, examined updated health service utilization trends and developed a new service area definition that follows IRS guidelines. Our updated service area includes all 10 Rush University Medical Center and Rush Oak Park Hospital communities assessed in 2013, plus the Austin community area. Located directly between what we had previously defined as the separate Rush University Medical Center and Rush Oak Park Hospital service areas, Austin is the community that links us into one larger service area.
- We decided to use multiple sources of data that were collected, curated and interpreted locally rather than depending on the reports of consultants who might lack a strong regional understanding.
- Because people tend to identify as residents of their neighborhoods or community areas rather than as residents of a particular ZIP code, we decided to make the information more meaningful by presenting it by community area.





- We aligned our recommendations with those of other health systems and the public health departments that serve our community, so that we can achieve maximum collective impact.

This process revealed significant variations in the hardships faced by the people who live in Rush's service area. Decades of structural racism and economic deprivation in the neighborhoods of Chicago's West Side have led to racial segregation and concentrated poverty, with devastating effects on those who live there. For example, median household income in North Lawndale is \$23,066, and in River Forest it is \$113,317. The rate of unemployment ranges from 27.4 percent in West Garfield Park to 5.4 percent in River Forest. In South Lawndale, 34.8 percent of residents lack health insurance; in River Forest, 3.7 percent are uninsured.

These variations lead to complex health impacts. In one ride on the CTA Blue Line from Rush University Medical Center's campus to Rush Oak Park Hospital, you'll encounter life expectancy variations that range from 78.9 years near the Illinois Medical District stop to 68.8 years near the Pulaski stop and back up to more than 81 years in Oak Park near the Harlem stop.

Based on our work with key stakeholders to reflect on this data, and working in partnership with the Health Impact Collaborative of Cook County, we have identified the following four main needs in the Rush service area:

1. Reducing inequities caused by the social, economic and structural determinants of health
2. Improving mental and behavioral health
3. Preventing and reducing chronic disease risk factors
4. Increasing access to care and community services

The above four needs have been accepted by multiple community and health system-based stakeholders and have been approved by Rush's Board of Trustees. We will collaborate and align our work with that of the Health Impact Collaborative of Cook County, Healthy Chicago 2.0 and Cook County WePLAN.

We recognize that all four areas represent complex issues that require collective action; we anticipate that a majority of our efforts will go toward reducing inequities, with the remaining three needs making up the rest of our work. We have heard repeatedly from all of our stakeholders that people who have mental and behavioral health issues are disproportionately affected by the other needs, so we are aware that our work to improve all four areas will have an impact on this vulnerable population.

The body of this report begins with background information about Rush. Next, we present the data summary for our defined service area, along with a guide to the selected measures we have used to determine our highest needs. This data highlights the vast differences among communities in our service area, as evidenced by factors such as population

size and makeup; composites of social and structural determinants of health, such as the Child Opportunity Index; levels of crime, which influence feelings of safety that are crucial to good mental health; and the percentage of people who have health insurance, which is an indicator of the accessibility of health care. Finally, we provide information about the impact of these metrics on health outcomes that include life expectancy and — equally as important — years of potential life lost.

We follow the general community description with a close-up snapshot of each of the 11 communities in Rush's service area. Each snapshot contains a look at the community's history and present state, its barriers to improved health, the impacts of these barriers and the resources the community contains that can help make life better. These profiles incorporate qualitative data that includes quotes from community residents and leaders interviewed in focus groups, as well as data collected in surveys done in the communities. We acknowledge some limitations with our data, including gaps in community-level data — especially for some of the composite social and structural determinants in our suburban communities — as well as a lack of systematic, quantitative information about mental health at a community level.

In Appendix 1, we provide the executive summary of the Health Impact Collaborative of Cook County Central Region Community Health Needs Assessment, in which Rush's communities are embedded. Appendix 2 contains a full list of our collaborators in the process of developing this assessment.

This second Rush CHNA provides the basis for a systematic approach to improvement, using multiple sources of qualitative and quantitative data to assess the health status, behaviors and needs of residents in our service area. It has been interpreted by a diverse set of stakeholders in a transparent process. It represents the continuation of a conversation that began on the West Side of Chicago nearly 150 years ago — a conversation that has growth in depth and purpose. And it lays a foundation for the next steps in a long-standing community collaboration.



Rush University Medical Center Overview and Community Definition

RUSH OVERVIEW

Rush Medical College, Chicago's first medical school, was chartered two days before the city was formally incorporated in 1837. Rush has been part of the Chicago landscape — and deeply embedded in the community — longer than any of the city's other health care institutions.

Today, Rush is a not-for-profit health care, education and research enterprise that includes the following:

- **Rush University Medical Center**, a 664-bed hospital that serves adults and children and includes the Johnston R. Bowman Health Center, which provides medical and rehabilitative care to older adults and people with short- and long-term disabilities. The Medical Center is the hub of our patient care and is closely connected to Rush University; in fact, all of the university's programs are taught by physicians, nurses and other faculty and staff from the Medical Center.
- **Rush University**, a university focusing exclusively on the health sciences, where nearly 2,000 students pursue degrees and certificates in medicine, nursing, allied health, health systems management and biomedical research. The university shares the Medical Center's campus and is home to one of the nation's top-ranked nursing colleges as well as competitive graduate programs in allied health, health systems management and biomedical research. Rush also offers many highly selective residency and fellowship programs in medical and surgical specialties and subspecialties.

The university's practitioner-researcher-teacher model gives students the opportunity to learn from world-renowned instructors who generate new knowledge and practice what they teach. And patients benefit from the work of those who not only continue to find novel solutions to vexing public health issues, but also teach the next generation of health professionals.
- **Rush Oak Park Hospital**, an Illinois not-for-profit, short-term, general acute care hospital seven miles west of our Chicago campus in the village of Oak Park. Rush Oak Park Hospital offers numerous specialties of care, some of which are provided by specialists from Rush University Medical Center.

- **Rush Health**, a network of health care providers — primarily hospitals and physicians — whose members work together to improve quality of health care. Rush University Medical Center, Rush Oak Park Hospital and most of the physicians on the hospitals' medical staffs are members of Rush Health.

While most academic medical centers' hospitals and medical schools are separate corporate entities with complex structures and often competing priorities, Rush's hospitals, university and physician group operate under the same leadership. Our unique structure makes it easier for us to apply what we learn through the university's research and educational activities to help improve our care delivery and strengthen our community engagement.

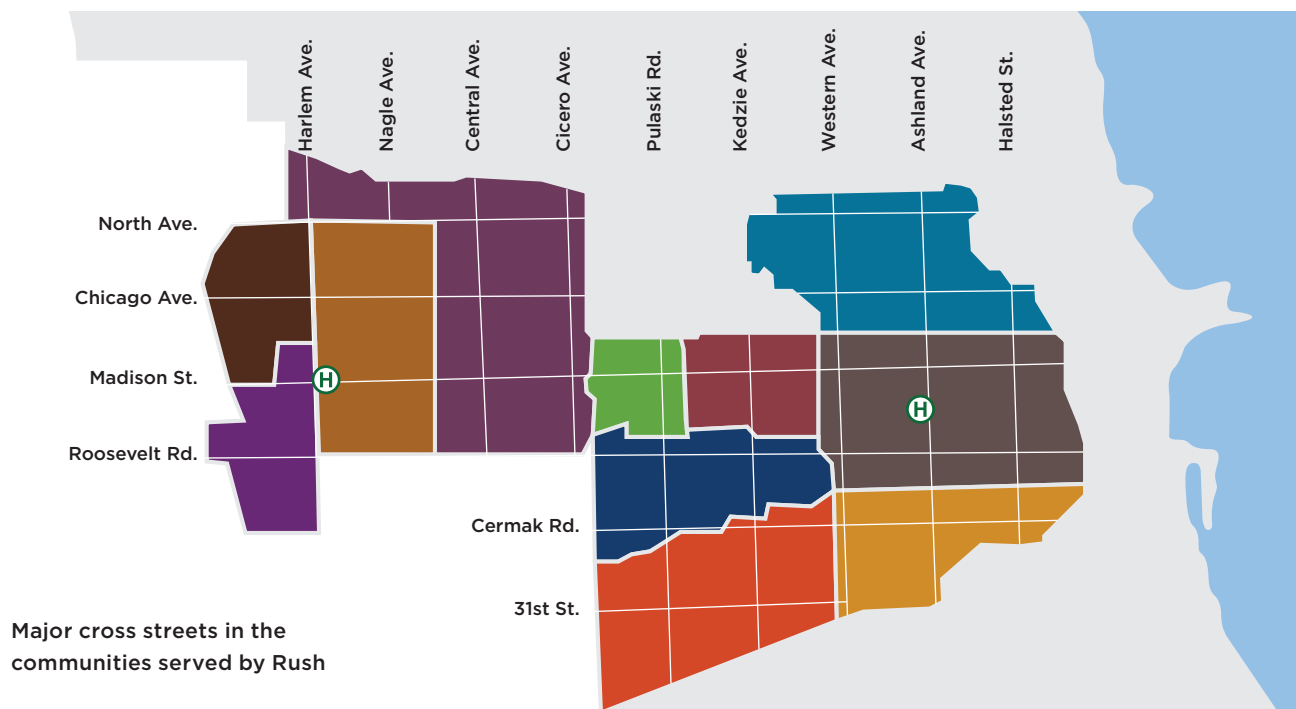
Rush is the apex of a comprehensive health delivery system designed to serve some 1.5 million people, both through its own resources and through its affiliation with community health care institutions in Illinois and Indiana. Through the work of more than 9,000 employees and almost 2,000 trainees and students, Rush is a focal point for collaboration among clinicians, researchers and educators in a multidisciplinary arena

Rush's mission

The mission of Rush is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research, and community partnerships.

Rush's vision

Rush will be the leading academic health system in the region and nationally recognized for transforming health care.



that supports extensive programs in patient care, education and research.

In addition, Rush maintains a strong commitment to the community. Many students, faculty and staff at Rush generously donate their time and skills both within and outside the Medical Center. Their efforts include numerous health outreach projects in which Rush collaborates with neighborhood clinics, churches, schools and other organizations to provide health screenings and vital health education for underserved children and adults.

RUSH'S COMMUNITY

Rush's community is defined in part by geography.

In Rush's 2013 CHNA, Rush's defined community included the Chicago community areas of the Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale and South Lawndale. Rush Oak Park Hospital conducted its own 2013 CHNA covering its service areas of Forest Park, Oak Park and River Forest.

This 2016 CHNA includes both Rush University Medical Center and Rush Oak Park Hospital, reflecting Rush's operation as a single entity with multiple locations. An internal task force recommended that Rush's community definition for the 2016 CHNA add the Austin community, for three reasons: it has significant community health needs; it has high potential for Rush University Medical Center to develop effective

partnerships there; and there is already an ongoing relationship among the community's residents, Rush University Medical Center and Rush Oak Park Hospital.

Because the Austin neighborhood is physically located between Rush University Medical Center and Rush Oak Park Hospital, adding Austin also creates a community "bridge" between the two — and gives Rush the opportunity to support the neighborhood's health through both locations.

Rush's community is layers of history. The West Side communities of Chicago have long been a landing point for immigrants and migrants. What is now Ogden Avenue began as a Native-American footpath through the prairies west of the Chicago River. Early settlers from Europe settled in this then-rural region as a young Chicago was growing in the 1800s. With the Great Chicago Fire of 1871 starting in the Near West Side and spreading eastward, the area west of the river became a haven for people fleeing the destruction of the city. Later, new immigrants came to the West Side seeking opportunities for growth and development, beginning a generational migration west as the city and county grew.

As each group became more successful and more mobile, new groups of immigrants and migrants took their places in the older communities — from Irish, Scandinavians, Czechs and Poles to African Americans during the Great Migration from southern states to Latinos from Mexico — all seeking better opportunities. Each group brought its skills and capabilities to

change their lives and those of their descendants. Each has adjusted to the stresses of cultural shifts and assimilation pressures. Each has struggled to make a better life for future generations. And each group has added its own value to build social capital in the communities.

Rush's community can be a place for people to thrive. A U.S. Department of Health and Human Services planning guide published in 2001 put it succinctly: "A healthy community is one that embraces the belief that health is more than merely an absence of disease. A healthy community includes those elements that enable people to maintain a high quality of life and productivity."¹

The CHNA process that is now part of the Affordable Care Act has invited health care institutions to think about their communities in a way they never have before — as partners in the building and strengthening of the elements that create healthy communities and support community members' health.

These elements include the **social and structural determinants of health**, defined by the World Health Organization as "the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life."²

These determinants have a profound impact on how people feel about their well-being. For example, issues like crime influence people's feeling of safety in their neighborhoods; in turn, their perceptions of being unsafe affect their mental health. Unfortunately, there are limited ways to measure mental health at the community level at this time, which limits our ability to understand the full impact of social and structural determinants on people's health.

The communities Rush serves demonstrate a wide range of health and well-being because they are home to a wide range of social and structural determinants of health, including educational attainment, economic resources, crime rates and access to health care.

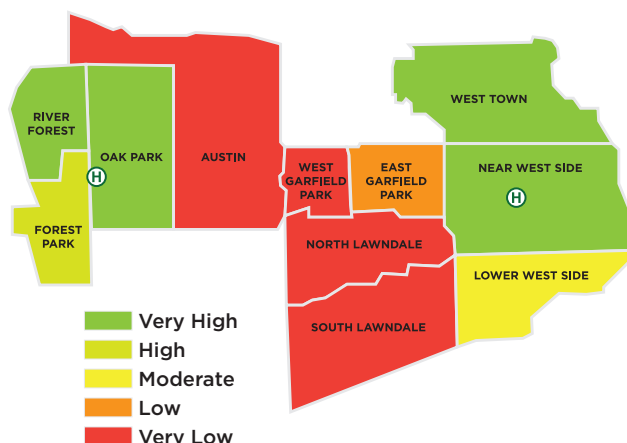
RUSH COMMUNITY AREA DEMOGRAPHICS³

The people Rush serves come from a widely varying range of racial, ethnic and age groups; many are immigrants who speak languages other than English. The table below outlines the demographics of all 11 of Rush's community areas.

	Austin	West Garfield Park	East Garfield Park	North Lawndale	South Lawndale	Lower West Side	West Town	Near West Side	Forest Park	Oak Park	River Forest
Total Population, 2010 Census	97,997	18,724	20,696	36,169	69,951	35,353	84,559	55,877	14,202	51,902	11,183
Population Density, Pop./Square Mile	13,711.0	14,462.2	10,707.7	11,267.6	15,235.7	12,085.2	18,479.7	9,828.6	5,913.3	11,042.2	4,514.7
Population Change, 2000-2010	-19.3%	-27.9%	-1.5%	-16.3%	-14.9%	-23.1%	-6.3%	15.4%	-9.7%	-1.2%	-4.0%
Race and Ethnicity											
White, %	4.5	1.5	3.4	1.9	3.7	12.4	57.8	42.2	46.9	64.7	81.7
Hispanic/Latino	9.4	0.8	2.5	6.0	84.5	81.6	28.4	10.5	10.0	6.2	4.4
Black	84.7	97.1	93.0	90.7	11.5	3.8	7.7	31.0	33.1	20.8	5.9
Asian	0.5	0.1	0.4	0.2	0.2	1.1	3.9	14.2	7.9	5.0	5.5
Other	0.9	0.4	0.7	1.1	0.2	1.1	2.3	2.1	2.1	3.3	2.5
Age Cohorts											
19 and Under, %	30.5	35.4	34.8	37.5	31.7	27.7	17.5	19.0	18.9	26.1	32.5
20-34	20.5	23.5	21.8	22.7	29.2	31.2	43.1	43.5	24.2	18.8	12.2
35-49	19.2	17.2	18.3	15.2	21.1	20.3	22.3	18.7	22.3	23.4	16.9
50-64	18.5	14.2	15.6	16.2	12.3	12.8	10.8	12.2	22.7	20.9	24.5
65+	11.2	9.7	9.4	8.3	5.7	7.9	6.2	6.6	12.0	10.8	13.9

WHERE THE OPPORTUNITIES LIE

Child Opportunity Index Rankings in Rush's Community Areas⁴



The Child Opportunity Index (COI), created in a collaboration between the diversitydatakids.org project and the Kirwan Institute for the Study of Race and Ethnicity, compares neighborhood-based opportunities that influence children's health and development.

The COI is a measure of relative opportunity across all neighborhoods in a metropolitan area. The researchers consider 19 metrics within three areas.

Educational opportunities, including the following:

- Adults 25 and older with college education
- Student poverty rates
- Percentages of students receiving free and reduced-priced lunches
- Fourth-grade reading proficiency rates
- Fourth-grade math proficiency rates
- Early childhood education neighborhood participation rates
- High school graduation rates
- Proximity to early childhood education

Health and environmental opportunities, including the following:

- Retail healthy food within reasonable walking distance
- Proximity to toxic waste release sites
- Volume of nearby toxic release
- Proximity to parks and open spaces
- Housing vacancy rate
- Proximity to health care facilities

Social and economic opportunities, including the following:

- Neighborhood foreclosure rates
- Percentages of residents below poverty
- Unemployment rate
- Public assistance rate
- Proximity of employment

Children who live in areas of low opportunity have an increased risk for a variety of negative health indicators (e.g., premature death), are more likely to be exposed to serious psychological distress and are more likely to perform poorly in school. COI scores in Rush's communities range from "very low" in four neighborhoods to "very high" in four other neighborhoods. This map of COI rankings in Rush's service area provides a visual representation of where we can identify the most significant opportunities for improving community health.



SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH IN RUSH'S COMMUNITIES

The first table below compares seven key social and structural determinants of health in Rush's communities. The second shows four of the health impacts of those determinants.

Determinants of health

Indicator	Austin	West Garfield Park	East Garfield Park	North Lawndale	South Lawndale	Lower West Side	West Town	Near West Side	Forest Park	Oak Park	River Forest
City of Chicago Hardship Index (Tertile) ⁵	High	High	High	High	High	High	Low	Low	N/A	N/A	N/A
Age 16+ Unemployed ⁶	22.5%	27.4%	20.2%	24.6%	16.7%	16.1%	7.1%	10.6%	11.7%	7.8%	5.4%
Median Household Income	\$31,912	\$25,133	\$25,197	\$23,066	\$31,516	\$35,690	\$69,640	\$67,446	\$51,055	\$78,802	\$113,317
Age 25+: High School Diploma or Higher	75.5%	74.5%	79.0%	71.8%	44.3%	60.9%	87.6%	90.4%	93.4%	96.5%	97.5%
Housing Vacancy Rate	16.1%	30.6%	21.1%	27.2%	20.5%	14.1%	9.0%	10.9%	9.0%	9.9%	9.6%
Homicide Rate per 1,000 ⁷	0.30	0.83	0.49	0.45	0.13	0.17	0.10	0.09	0.00	0.00	0.00
Health Care Coverage: Percent Uninsured ⁸	21.4%	22.4%	18.5%	17.8%	34.8%	32.1%	15.8%	10.0%	15.2%	7.0%	3.7%

Impact of determinants

Indicator	Austin	West Garfield Park	East Garfield Park	North Lawndale	South Lawndale	Lower West Side	West Town	Near West Side	Forest Park	Oak Park	River Forest
Life Expectancy at Birth, Years ⁹	71.9	68.8	71.7	72.1	82.2	81.4	79.5	78.9	78.5	81.2	83.5
Infant Mortality Rate per 1,000 live births ¹⁰	13.3	19.0	11.0	14.1	5.9	9.1	5.1	5.4	9.2	4.4	2.8
Years of Potential Life Years Lost Rate per 100,000 Age ≤75 ¹¹	14,206	18,401	15,648	15,106	5,114	6,073	5,249	6,778	6,094	4,449	4,230
Age-Adjusted Mortality Rate per 100,000 Population ¹²	1,082.5	1,254.4	1,127.0	1,061.9	588.0	632.9	738.0	793.4	789.2	655.2	536.6

DETERMINANTS OF HEALTH

City of Chicago Hardship Index

The City of Chicago's hardship index ranks each community area's socioeconomic hardship on a scale of 0-100, with a higher number representing a greater level of hardship.

The index measures the following socioeconomic indicators of public health significance:

- The percentage of occupied housing units with more than one person per room
- The percentage of households living below the federal poverty level
- The percentage of people over 16 who are unemployed
- The percentage of people over 25 without a high school diploma
- The percentage of the population that is under 18 or over 64
- Per capita income

Hardship index scores in the Chicago neighborhoods Rush serves range from 10 in West Town to 96 in South Lawndale. These scores are standardized according to the data for Chicago's 77 community areas, and therefore cannot be compared to other cities' hardship index scores. Accordingly, you will not see hardship index scores for Forest Park, Oak Park and River Forest in this document; instead, this table includes data on these communities' unemployment, income, education and housing vacancy rates.

Age 16+ Unemployed

A community's rate of unemployment among those age 16 and older is a strong indication of its health. Unemployment in Rush's communities ranges from a low of 5.4 percent in River Forest to a high of 27.4 percent in West Garfield Park.



Median Household Income

While every community contains a range of household incomes, differences in median household income are some of the most basic measures of economic inequities. In Rush's communities, median household income ranges from just over \$23,000 in North Lawndale to more than \$113,000 in River Forest.

Age 25+: HS Diploma or Higher

The more educated people are, the better their economic and physical health tend to be. In South Lawndale, about 44 percent of the population has at least a high school diploma; in River Forest, more than 97 percent do.

Housing Vacancy Rate

High rates of vacant housing (e.g., abandoned houses) in a community are often a reflection of low property values, and can also affect crime rates and civic participation; extremely low vacancy rates can indicate that many people are priced out of scarce housing. More than 30 percent of the housing in West Garfield Park is vacant, while in West Town and Forest Park the rate is 9 percent.

Homicide Rate per 1,000

High crime rates have a profound effect on people's feeling of safety in their neighborhoods, which in turn affects mental health by increasing stress levels. Stress can also affect physical health by exacerbating chronic conditions such as hypertension, obesity and asthma. In addition, high crime rates can discourage people from healthy behaviors like exercising outdoors and walking or bicycling to work and school. Of the communities in Chicago, West Garfield Park's homicide rate is the highest at .83 per 1,000 people, while on the Near West Side the rate is .09 per 1,000 people.

Health Care Coverage: Percent Uninsured

People who lack health insurance have worse access to health care than people who are insured and often go without care because of cost. Those without insurance are also less likely to have a primary care physician, receive preventive care or receive regular help managing chronic conditions. In South Lawndale, nearly 35 percent of people have no insurance; in River Forest, 3.7 percent are uninsured.

IMPACT OF DETERMINANTS

Life Expectancy at Birth, Years

There may be no more dramatic illustration of the social and structural determinants of health than the number of years people in particular neighborhoods can expect to live. A baby born now in West Garfield Park has a life expectancy of just under 69 years, while in River Forest the life expectancy is 83.5 years. Chicago's disparities in life expectancy between neighborhoods are some of the highest in the nation.

Infant Mortality Rate per 1,000 Live Births

Infant mortality rates not only reflect the accessibility and quality of health care for pregnant women and infants, but high rates can also be indicators of issues such as maternal alcohol, tobacco and illegal drug use that can result in low birth weights or premature deliveries. In West Garfield Park, the infant mortality rate is 19 per 1,000 live births, and in River Forest the rate is 2.8 per 1,000 live births.

Years of Potential Life Years Lost Rate per 100,000 Age ≤75

When people die young, their communities lose their potential social and economic contributions too soon. The “years of potential life lost” (YPLL) measurement shows how premature death affects a neighborhood by estimating the average time a person would have lived if he or she had not died before the average lifespan of 75 years, then adding up those years to create a community total. YPLL is calculated by adding the sum of the differences between the average life expectancy of 75 and the ages of death for those who die before 75, divided by the total population at or below age 75, and multiplied by 100,000.

In Rush's communities, West Garfield Park sees the highest number of YPLL annually, with more than 18,000 years of life lost; River Forest's annual YPLL of 4,230 is the lowest.

Also, people who have mental illness, who account for many of each community's most vulnerable residents, are heavily affected by the social and structural determinants of health. According to a 2014 study, this population's YPLL is significantly higher than that of people who do not have mental illness; study participants who had mental illness lost 3.8 more average years of potential life than those without it (17.9 vs. 14.1 average years of potential life lost).¹³

Age-Adjusted Mortality Rate per 100,000 Population

Because causes of death occur at different rates in different age groups — for example, older populations will likely have more occurrences of cardiovascular disease and cancer than younger groups — age-adjusted mortality rates enable us to fairly compare death rates between populations. In West Garfield Park, the age-adjusted mortality rate is 1254.4 per 100,000 people, and in River Forest is 536.6 per 100,000 people.



Community Snapshots

GUIDE TO COMMUNITY SNAPSHOT CONTENT

Each community snapshot contains information that includes the following:

Neighborhood profile

Information about community history was sourced largely from the Encyclopedia of Chicago (encyclopedia.chicagohistory.org), a collaboration among the Chicago History Museum, the Newberry Library and Northwestern University.

Additional sources included the Historical Society of Oak Park and River Forest (oprhistory.org) and community organization websites such as those of Austin Coming Together (austincomingtogether.org), Breakthrough Ministries (breakthrough.org), Vox60130 (vox60130.org), the Resurrection Project (resurrection.org), the Near West Side Community Development Corporation (nearwestsidecdc.org), the North Lawndale Community Coordinating Council (nlcccplanning.org), Bethel New Life (bethelnewlife.org), the Oak Park-River Forest Community Foundation (oprfcf.org), Enlace Chicago (enlacechicago.org) and the Greater West Town Community Development project (gwtwp.edu).



Health Impact Collaborative of Cook County survey results

In a Health Impact Collaborative of Cook County (HIC) survey, residents of neighborhoods in Rush's service area provided feedback about topics that included their perceptions about their communities' health and safety as well as their own health and use of health care services. Because of the survey's small sample size in each neighborhood, responses were grouped into four ZIP code clusters: 1) Austin, East Garfield Park and West Garfield Park; 2) the Lower West Side, North Lawndale and South Lawndale; 3) West Town and the Near West Side; and 4) Forest Park, Oak Park and River Forest.

Rush University Medical Center focus group comments

The Office of Community Engagement and Practice at Rush University Medical Center (RUMC) conducted 11 focus groups with residents and 10 interviews with community leaders in the city and suburban communities served by Rush University Medical Center and Rush Oak Park Hospital. The discussions solicited participants' input about their communities' strengths and challenges, as well as their vision for their communities' futures.

City communities: A total of 60 residents participated in focus groups across the eight city communities. Group sizes ranged from four to 11 participants, with an average of eight people per group. Nine city-based community leaders were also interviewed.

Suburban communities: A total of 24 residents participated from three suburban communities. Group sizes ranged from five to 14 participants, with an average of eight people per group. One community leader, from Oak Park, was also interviewed.

City of Chicago Hardship Index

The City of Chicago's hardship index ranks each community area's socioeconomic hardship on a scale of 0-100, with a higher number representing a greater level of hardship. Because these scores are standardized according to the data for Chicago's 77 community areas, Forest Park, Oak Park and River Forest do not have scores, but for each of these three communities we have included data on measures factored into the calculations for Chicago's rankings.

Child Opportunity Index

The Child Opportunity Index compares neighborhood-based educational; health and environmental; and social and economic opportunities that influence children's health and development.

Crime data

Crime data for Chicago neighborhoods comes from the Chicago Police Department as aggregated at www.chicagohealthatlas.org; for suburban communities, it comes from Federal Bureau of Investigation, FBI Uniform Crime Reports as aggregated at assessment.communitycommons.org.

Health insurance data

Health insurance data comes from the 2008-2012 American Community Survey as aggregated at www.chicagohealthatlas.org; for suburban communities, it comes from the 2010-14 American Community Survey as aggregated at assessment.communitycommons.org.

Years of potential life lost

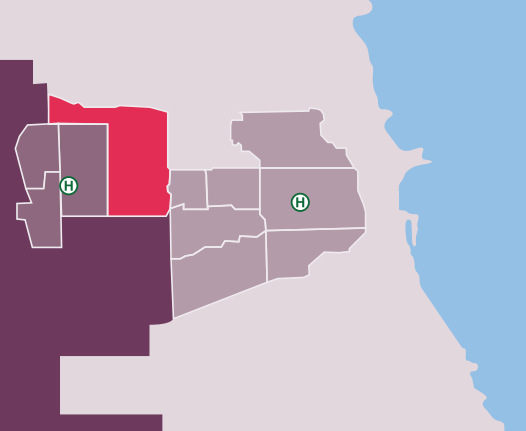
The “years of potential life lost” (YPLL) measurement shows how premature death affects a neighborhood by estimating the average time a person would have lived if he or she had not died before the average lifespan of 75 years, then adding up those years to create a community total. For Chicago neighborhoods, the data comes from the City of Chicago Data Portal at data.cityofchicago.org; for suburban communities, it comes from the Cook County Department of Public Health.

Community assets

Community assets are anything in a community that can help improve residents' quality of life — everything from intangibles such as the wisdom and skills of local residents to institutions like schools, churches, libraries and arts organizations; community groups; businesses; parks and natural resources.



Austin



Seven miles west of the Loop on the western border of Chicago, Austin is the largest community area in the city in terms of both size and population. Long a middle-class community with many residents who commuted to work downtown, Austin's demographic, like those of other West Side neighborhoods, began to shift in the 1960s from mostly white to mostly African American, although its population has not declined as much as others'. A neighborhood centerpiece, Columbus Park, drew people to the area after its opening in 1920, deteriorated through the 1960s and was extensively restored in 1992.

In 2015, the Austin Coming Together network of residents and business owners released its "Agenda 2025" plan for coordinating community development and improving Austin's quality of life over the next decade. The plan aims to improve four indicators of community well-being: the percentage of third-grade students in Austin public schools who meet or exceed state reading and math standards; the number of families living below the federal poverty line; the rate of violent crime; and median residential property values.



We are a very strong community. We are a small business-based community in that we have quite a few vibrant small businesses within the ward. We also host one of the largest corporations in the country... Mars, the makers of M&Ms.

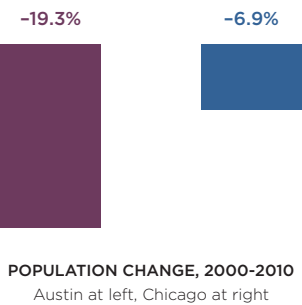
- RUMC focus group participant from Austin

HIC survey participants asked how common violence is in their community: 65% said "extremely" or "very."



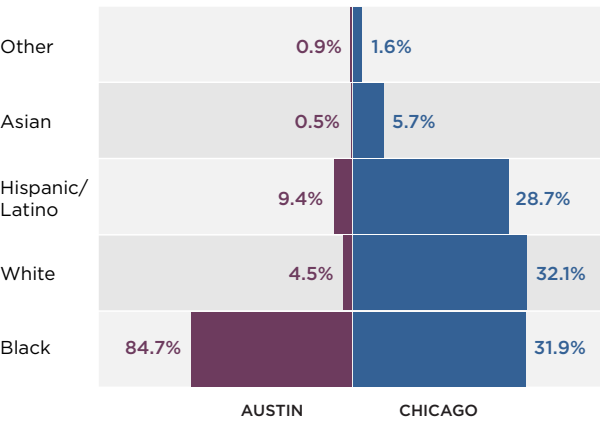
Who lives here?

- 97,997** people live in Austin. The average household size is **3.0** people, compared to an average Chicago household size of **2.6** people.¹
- Austin is more densely populated than Chicago overall, with a population per square mile of **13,711.0** people compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, Austin's population decreased by **19.3%**, placing it in the highest quartile of population decline among the communities served by Rush. In Chicago overall, the population decreased by **6.9%** during the same period.³



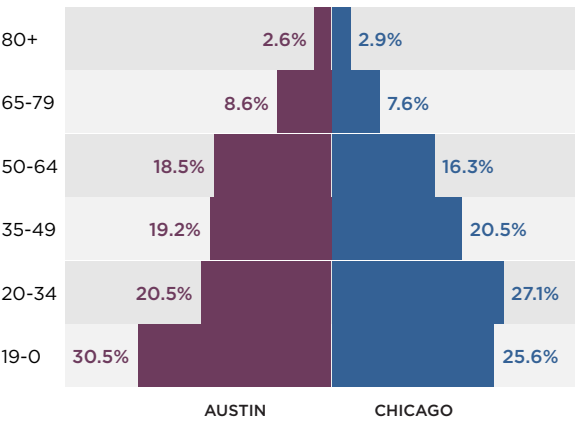
RACE AND ETHNICITY⁴

The population in Austin is mostly African American.



AGE⁵

The population in Austin is very slightly older than the city of Chicago average, with a median age of **34.1** as compared to the citywide average of **33.3**.



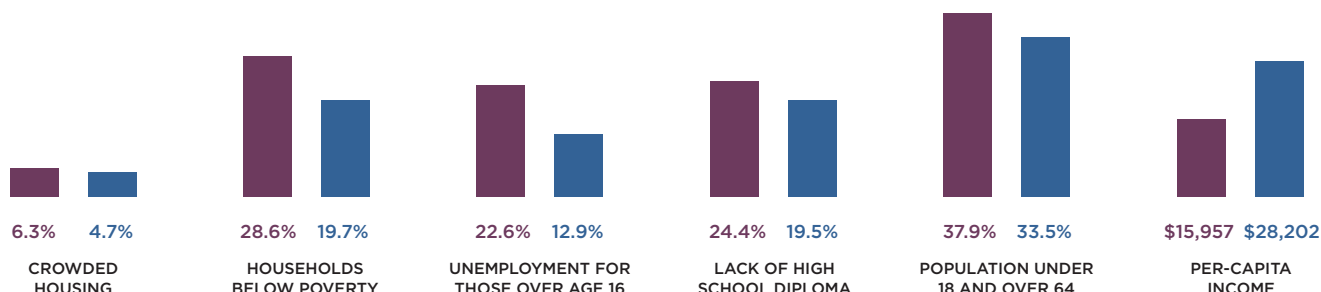
HIC survey participants asked how much neighbors trust and look out for each other: 53.4% said “a little/none/not at all.”



What are the potential barriers to good health?

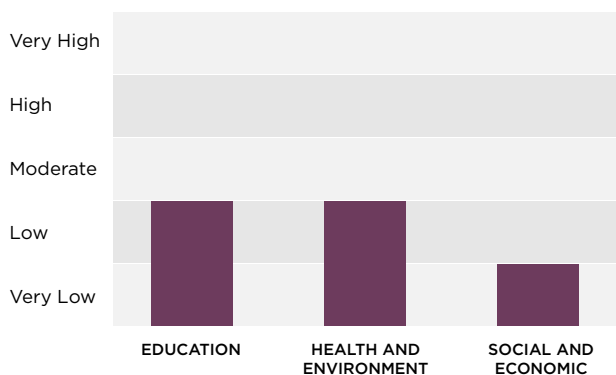
HARDSHIP INDEX⁶

Austin's hardship index is **73**, based on the following statistics (*Austin at left, Chicago at right*):



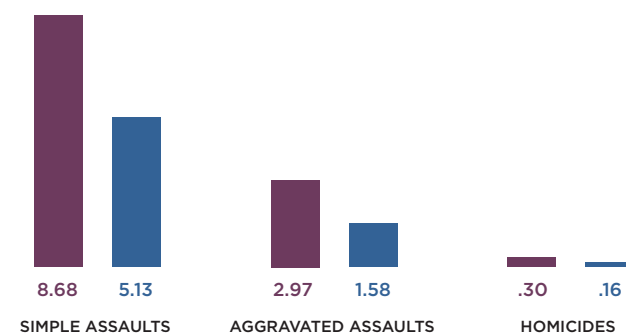
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “low” ranking to Austin’s educational opportunities; “low” to health and environmental opportunities; and “very low” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“very low.”**



CRIME⁸

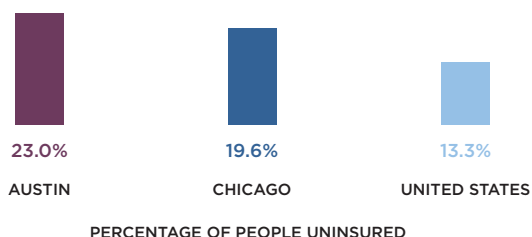
Austin is in the second quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
Austin at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

Austin residents have health insurance at a lower rate than residents of the rest of the city. Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹⁰



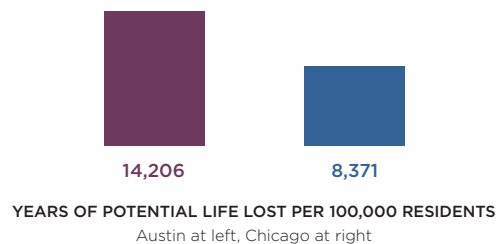
Obamacare and CountyCare did a lot for opening doors for people who previously didn’t have those types of services.

– RUMC focus group participant from Austin

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

Austin ranks **13th** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **14,206**.



What resources make life better?

COMMUNITY ASSETS

Some of Austin's community assets include the following:

Hospital

Loretto Hospital

Grocery store

Aldi

Public parks

Austin Park
Austin Town Hall Park
Columbus Park
Cottonwood Playlot Park
Moore Park
Hubbard Playlot Park
Kinzie Parkway Park
Levin Park
Sweet Clover Playlot Park

Pharmacy

Walgreens

Schools

Little Folks Cottage Kindergarten & Nursery (Private, PK, K)
Little Leaders of Tomorrow (Private, Daycare, PK, K)
West Austin Development Center (Private, Daycare, PK-K)
George Rogers Clark, Depriest, Ellington, Howe, Leland, Spencer (Public, PK-8)
Plato Learning Academy (Contract, K-8)
Catalyst-Circle Rock (Charter, K-8)
Chicago Jesuit Academy (Roman Catholic, All Boys, 6-9)
Michele Clark Magnet High School (Magnet, 6-12)
Douglass (Public, 9-12)
Austin Poly, Austin Business and Entrepreneurship Academy, VOISE (Magnet, 9-12)
Christ the King Jesuit College Preparatory School (Roman Catholic, 9-12)
Academy of Scholastic Achievement (Charter, 10-12)

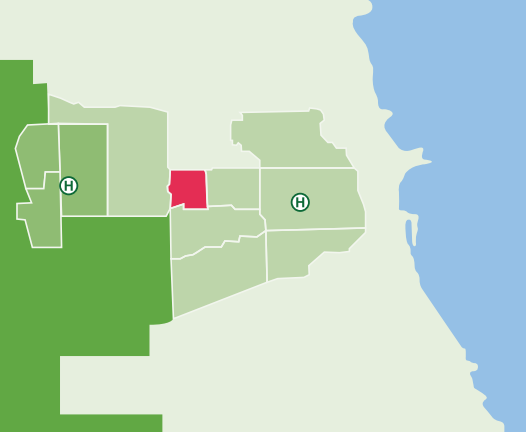
Churches with which Rush has affiliations

Helping Hand M.B. Church
Hope Community Church
No. 2 New Mt. Sinai M.B. Church

Neighborhood organization

Austin Coming Together

West Garfield Park



West Garfield Park, located five miles west of the Loop, is a community marked by change. Its evolution has encompassed the transition from farmland into what was for a time the city's second busiest shopping district; attractions that have included both an infamous 19th-century racetrack and one of Chicago's most beautiful parks; periods of booming residential growth followed by white flight; racial unrest and neighbors coming together.

For decades, West Garfield Park residents who want to improve their community have fought back against the depopulation, crime and poverty that began to affect the neighborhood in the 1950s. They established block clubs and nonprofit organizations such as Bethel New Life, an agency that for nearly four decades has focused on real estate development, affordable housing, social programs and job creation — building on “the people, physical assets and faith base of the community” to strengthen its connections to the rest of the region and create opportunities for those who live there.



...if something don't happen...if somebody don't do something about this soon...what's going on out here is going to continue. And you know it's going to get bigger and bigger. Something's got to be done...

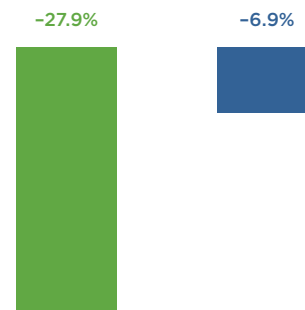
– RUMC focus group participant
from West Garfield Park

HIC survey participants asked how common violence is in their community: 65% said “extremely” or “very.”



Who lives here?

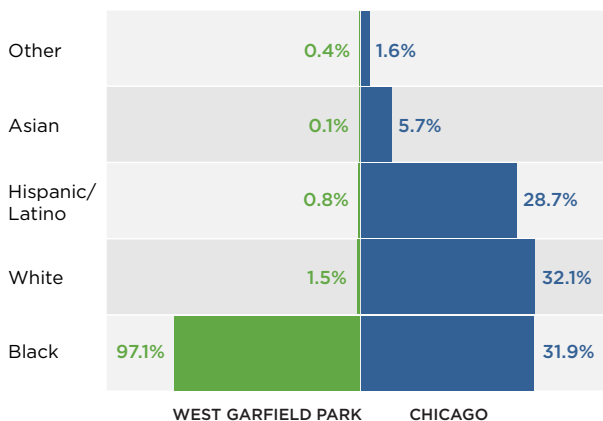
- **18,724** people live in West Garfield Park. The average household size is **3.4** people, compared to an average Chicago household size of **2.6** people.¹
- West Garfield Park is more crowded than Chicago overall, with a population per square mile of **14,462.2** people compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, West Garfield Park's population decreased by **27.9%**, placing it in the top quartile of population decline in Rush's service area. In Chicago overall, the population decreased by **6.9%** during the same period.³



POPULATION CHANGE, 2000-2010
West Garfield Park at left, Chicago at right

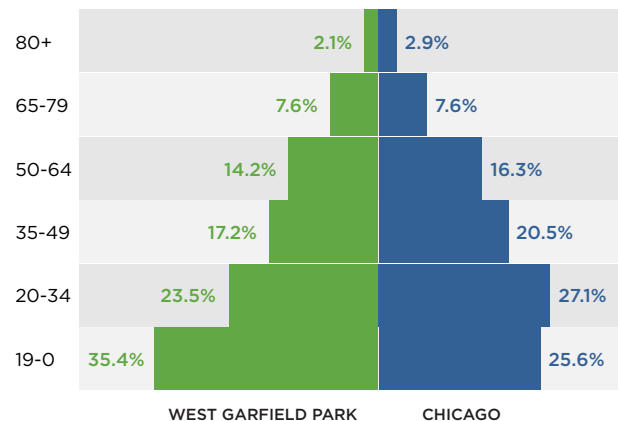
RACE AND ETHNICITY⁴

By a wide margin, the population in West Garfield Park is mostly African American.



AGE⁵

The population in West Garfield Park is younger than the city of Chicago average, with a median age of **28.0** as compared to the citywide average of **33.3**.



And if we could just get a lot of these young guys some work, and young women and young men to work, it will be a big change in the community.

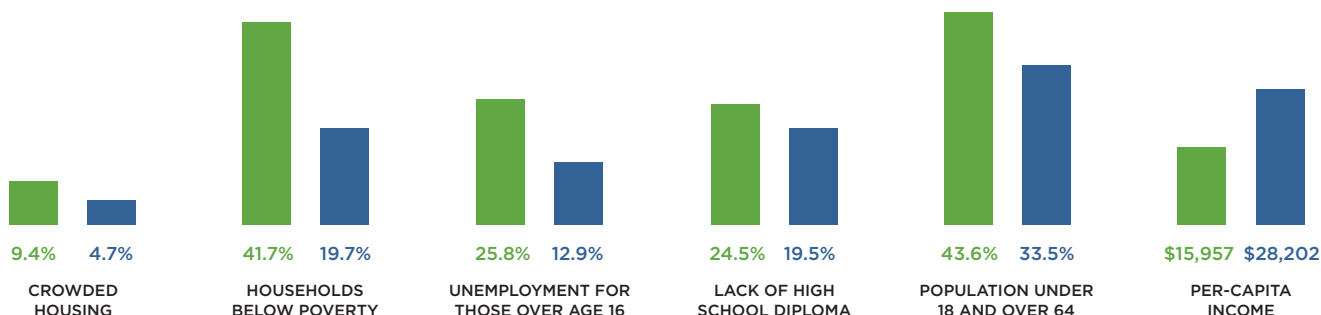
– RUMC focus group participant
from West Garfield Park



What are the potential barriers to good health?

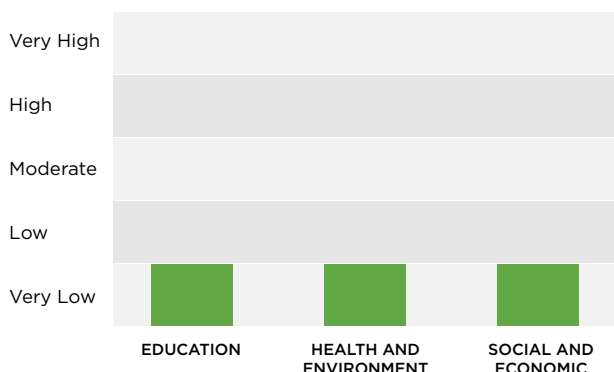
HARDSHIP INDEX⁶

West Garfield Park's hardship index is **92**, based on the following statistics (*West Garfield Park at left, Chicago at right*):



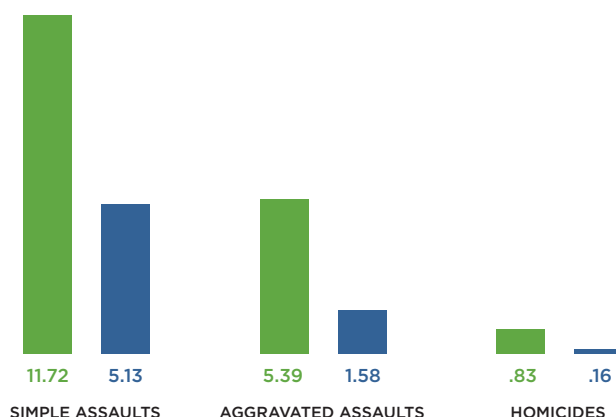
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “very low” ranking to West Garfield Park in all three opportunity areas it measures: education; health and environment; and social and economic. This gives the neighborhood an overall COI ranking of **“very low.”**



CRIME⁸

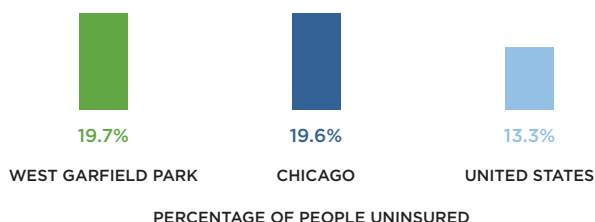
West Garfield Park is in the highest quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
West Garfield Park at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

West Garfield Park residents have health insurance at about the same rate as residents of the rest of the city. However, Chicago's percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹⁰



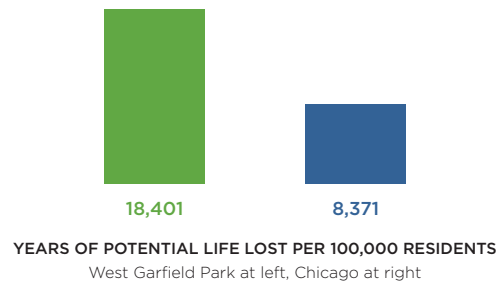
...Our health care, I think it's pretty good. ...You'll get care, but you won't get the best of care, for the simple reason that you don't have private insurance.

- RUMC focus group participant from West Garfield Park

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

West Garfield Park ranks **first** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **18,401**.



What resources make life better?

COMMUNITY ASSETS

Some of West Garfield Park's community assets include the following:

Public parks

Central Playlot Park
Park No. 500
Mason Playlot
Ohio and Harding Park
Orr Park
Sumner Park
Tilton Park
Violet Playlot Park

School-based health centers

Rush School-Based Health Center at Orr Academy High School

Community-based health center

ACCESS Madison Family Health Center

Childcare centers

Chicago Commons Nia Family Health Center
Little Giant's Child Care Center
YMCA Orr Family Development Center

Grocery stores

Aldi
Save-A-Lot

Pharmacies

SNS Pharmacy
Walgreens

Schools

Hefferan, Melody, Sumner, Tilton, Webster (Public, PK-8)
Bethel Christian Education (Lutheran Church-Missouri Synod, K-8)
Orr Academy High School (Public, 9-12)

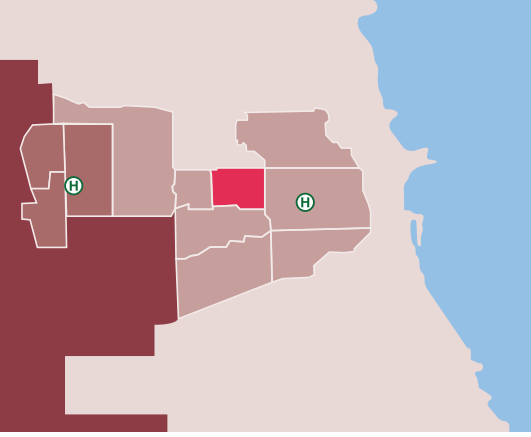
Churches with which Rush has affiliations

Corinthian Temple Church of God in Christ
Garfield Park Community Worship Center
Greater Rock M.B. Church
New Mt. Pilgrim M.B. Church

Neighborhood organization

Bethel New Life - West Side Forward

East Garfield Park



Early in the 20th century, East Garfield Park was a neighborhood where thriving industry and well-kept single-family homes existed side by side — but the Great Depression and two world wars took their toll, with businesses closing and many homes converting to boardinghouses and apartments that grew overcrowded. When African Americans began to move into this community four miles west of the Loop in the 1950s, its racial makeup changed quickly as white residents and business owners hostile to the changes left; between 1950 and 2000, East Garfield Park lost more than two-thirds of its population.

At the same time, residents have come together to serve each other and work for economic development. In the 1960s, the Fifth City Human Development Project, the East Garfield Park Union to End Slums and the East Garfield Park Cooperative were just a few of the organizations that formed. Since 1947, Marillac House has provided important services such as child care, education and recreation programs and senior services. And Breakthrough Ministries offers programs that serve more than 700 neighborhood youth, as well as transitional housing for the homeless and a food pantry that serves more than 70,000 meals each year.



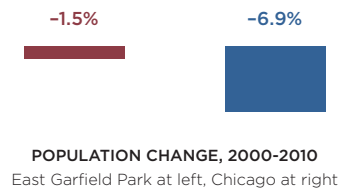
I know that every area has its moments, but there's a lot of up-and-coming in this area. The conservatory, I mean that area is just really booming... And they are really building over there in that area. A lot of people are coming back from the suburbs.

– RUMC focus group participant
from East Garfield Park

HIC survey participants asked how common violence is in their community: 65% said “extremely” or “very.”

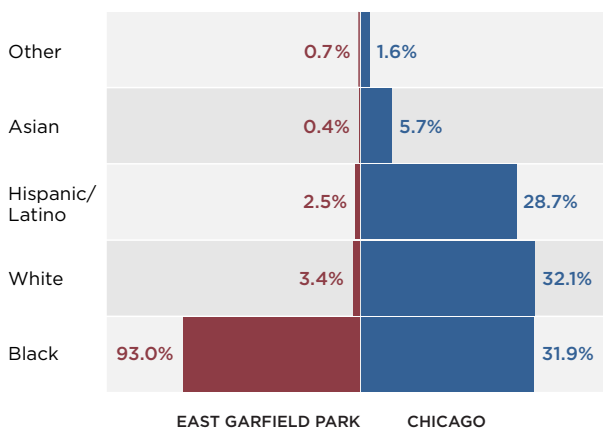
Who lives here?

- **20,696** people live in East Garfield Park. The average household size is **2.9** people, compared to an average Chicago household size of **2.6** people.¹
- East Garfield Park is less dense than Chicago overall, with a population per square mile of **10,707.7** people compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, East Garfield Park's population decreased by **1.5%**. In Chicago overall, the population decreased by **6.9%** during the same period.³



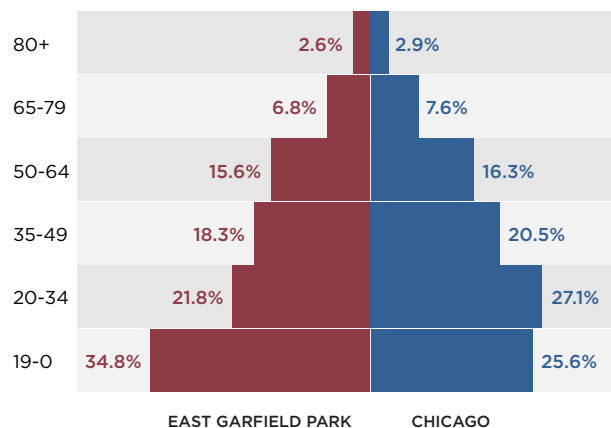
RACE AND ETHNICITY⁴

By a wide margin, the population in East Garfield Park is mostly African American.



AGE⁵

The population in East Garfield Park is slightly younger than the city of Chicago average, with a median age of **30.1** as compared to the citywide average of **33.3**.



I would like for our schools to get the dollars that other schools get so that they can make improvements. I would like to see teachers...who are committed to really helping these children to get a decent education so that they can do something different.

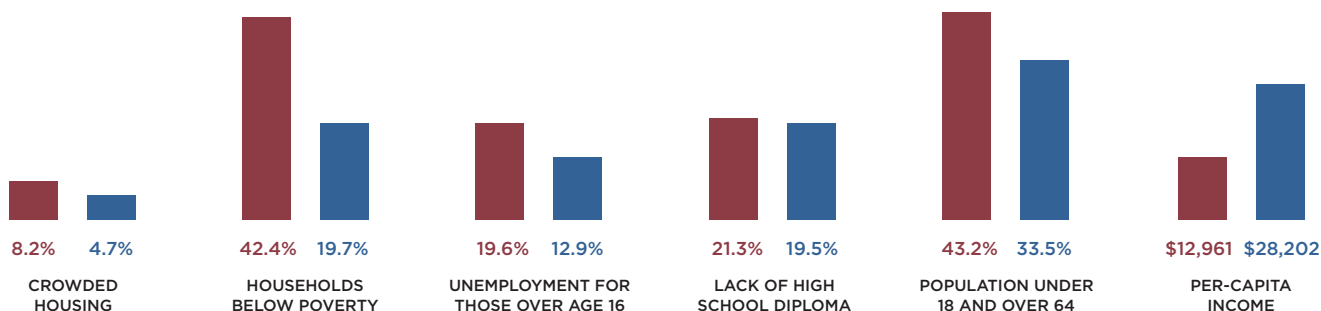
– RUMC focus group participant
from East Garfield Park



What are the potential barriers to good health?

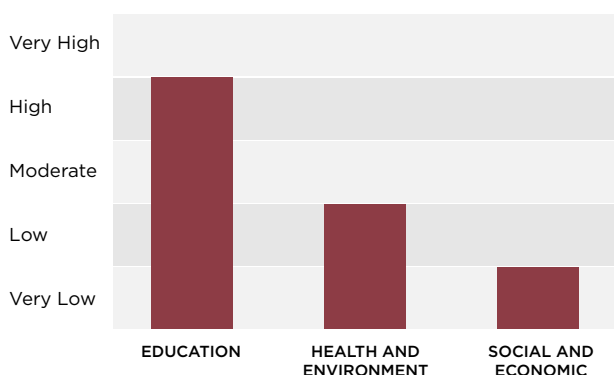
HARDSHIP INDEX⁶

East Garfield Park's hardship index is **83**, based on the following statistics (*East Garfield Park at left, Chicago at right*):



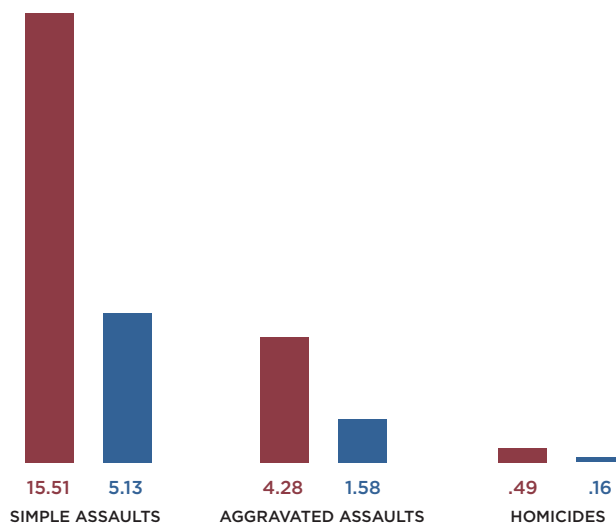
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “high” ranking to East Garfield Park’s educational opportunities; “low” to health and environmental opportunities; and “very low” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“low.”**



CRIME⁸

East Garfield Park is in the third quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.

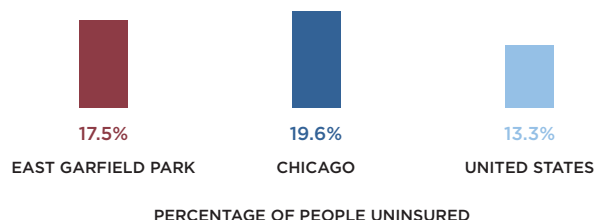


NUMBER REPORTED PER 1,000 RESIDENTS, 2013

East Garfield Park at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

East Garfield Park residents have health insurance at a slightly higher rate than residents of the rest of the city. However, Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹⁰

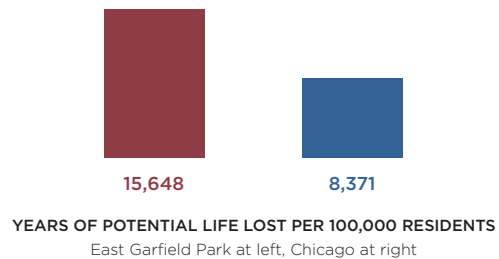


HIC survey participants asked whether they had not sought medical care due to cost anytime in the past 12 months: 30.2% said “yes.”

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

East Garfield Park ranks **seventh** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **15,648**.



What resources make life better?

COMMUNITY ASSETS

Some of East Garfield Park's community assets include the following:

Hospital

RML Specialty Hospital Chicago

Public parks

Barberry Park
Dogwood Playlot Park
Garfield Park
Garfield Park Conservatory
Gladys Playlot Park
Homan Square Park
Horan Park
Kells Playground Park
Magnolia Playlot Park
Mason Playlot Park
Nancy Jefferson Park
Park No. 422
Park No. 489
Roscoe Lee Boler Park
Snapping Turtle
Smith Park
St. Louis Playlot Park

Childcare centers

Dr. Effie O. Ellis YMCA Day Care Center
Fifth City Child Development Institute Inc.
Marillac Social Center

CHA housing

Irene McCoy Gaines Apartments

Mental health center

Bobby E. Wright Comprehensive Community Mental Health Center

School-based health center

Erie Westside Health Center at Laura S. Ward Elementary

Community-based health centers

ACCESS Bethany Family Health Center
Marillac Social Center

Pharmacies

A Caalmad Pharmacy
CVS

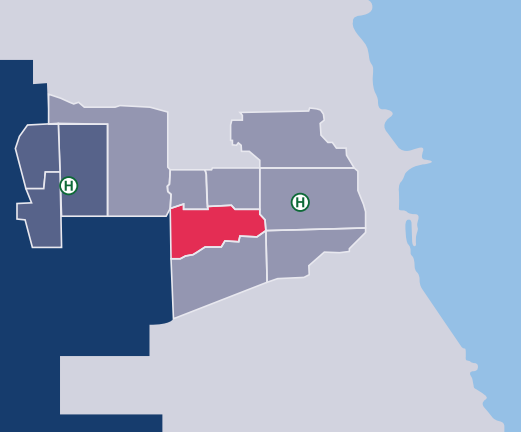
Schools

Beidler, Cather, Dodge, Faraday, Gregory, Kellman, Morton, Ward (Public, PK-8)
Ericson, Jensen (Magnet, PK-8)
Learn-7, Learn-Campbell, Learn-Excel (Charter, K-5)
Polaris, Locke (Charter, K-8)
Learn-Middle (Charter, 6-8)
Manley, Marshall, Raby (Public, 9-12)
Noble-DRW (Charter, 9-12)
Westinghouse (Selective Enrollment, 9-12)
YCCS-West Town (Charter, 10-11)
Providence-St. Mel School (Christian, PK-12)

Neighborhood organizations

Breakthrough
Marillac St. Vincent Family Services

North Lawndale



In 1966, Dr. Martin Luther King Jr. made North Lawndale the base of operations for the Chicago Freedom Movement — the first expansion of his civil rights work from the South to the northern U.S. The neighborhood, less than three miles from the Loop, was roiled in the 1950s and '60s by tensions between new African-American residents, who had difficulty finding work, and white workers who commuted in for jobs at the nearby International Harvester, Western Electric Plant and Sears, Roebuck & Co. After the West Side riots of 1968, many businesses left and housing stock continued to decline as poverty, unemployment and crime grew.

Four decades later, North Lawndale neighbors are working together to realize Dr. King's vision “to make real the promises of democracy...to open the doors of opportunity”¹ through organizations such as the North Lawndale Community Coordinating Council (NLCCC), a group that includes community nonprofits, business owners, elected officials and residents. The NLCCC is currently working with the Chicago Metropolitan Agency for Planning to create the North Lawndale Neighborhood Plan, designed to help bring to life the NLCCC's vision of North Lawndale as “a healthy, vibrant community with a diversified and innovative economy, competitive work force, engaged citizens and infrastructure that supports long-term, sustainable growth.”²



You can see the beauty in the neighborhood and what it could be and what it definitely used to be.

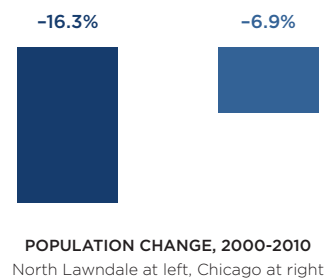
– RUMC focus group participant
from North Lawndale

HIC survey participants asked how common violence is in their community: 72.8% said “extremely” or “very.”



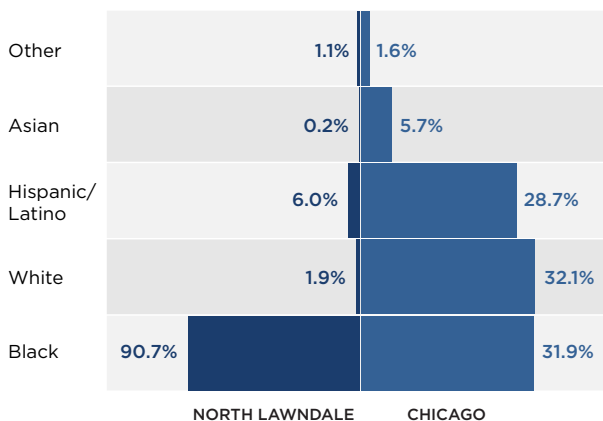
Who lives here?

- **36,169** people live in North Lawndale. The average household size is **3.3** people, compared to an average Chicago household size of **2.6** people.³
- North Lawndale has approximately the same population density as Chicago overall, with a population per square mile of **11,267.6** people compared to **11,841.8** people per square mile in Chicago.⁴
- Between 2000 and 2010, North Lawndale's population decreased by **16.3%**. In Chicago overall, the population decreased by **6.9%** during the same period.⁵



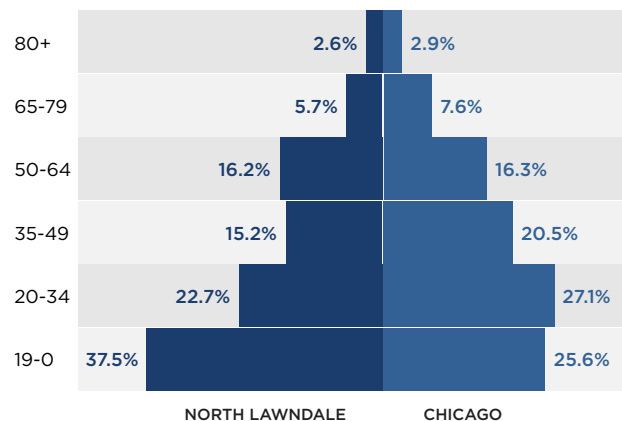
RACE AND ETHNICITY⁶

The population in North Lawndale is mostly African American.



AGE⁷

The population in North Lawndale is younger than the city of Chicago average, with a median age of **28.7** as compared to the citywide average of **33.3**.



If the kids see the grownups coming together they'll come together.
Kids learn how to hate from grownups hating.

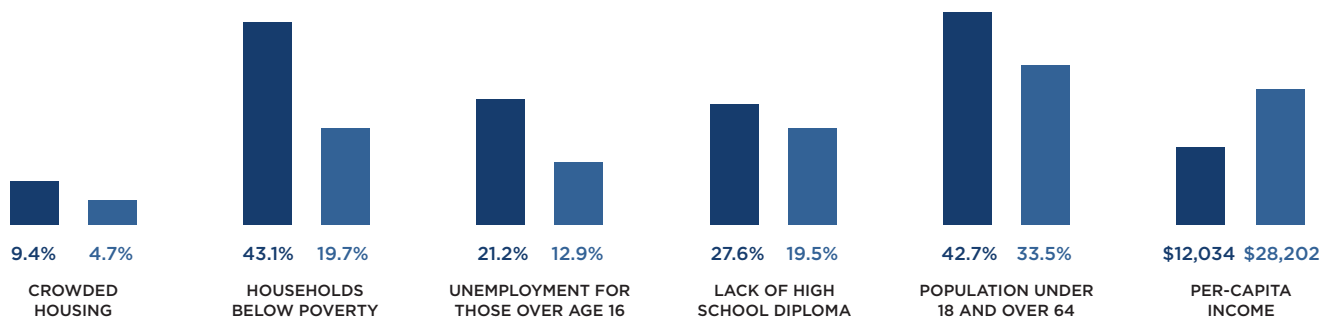
– RUMC focus group participant
from North Lawndale



What are the potential barriers to good health?

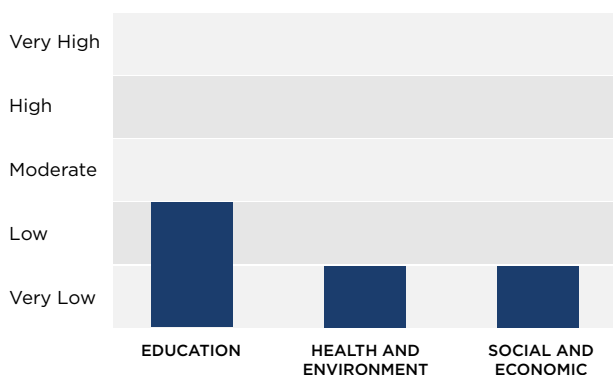
HARDSHIP INDEX⁸

North Lawndale's hardship index is **87**, based on the following statistics (*North Lawndale at left, Chicago at right*):



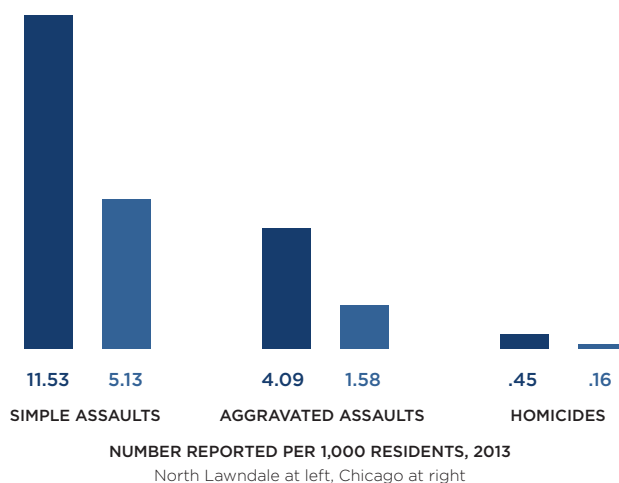
CHILD OPPORTUNITY INDEX⁹

The Child Opportunity Index (COI) assigns a “low” ranking to North Lawndale’s educational opportunities; “very low” to health and environmental opportunities; and “very low” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“very low.”**



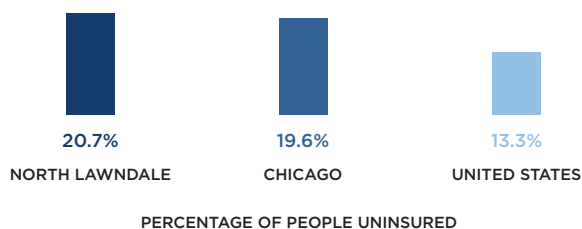
CRIME¹⁰

North Lawndale is in the third quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



LACK OF HEALTH INSURANCE¹¹

North Lawndale residents have health insurance at about the same rate as residents of the rest of the city. However, Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹²



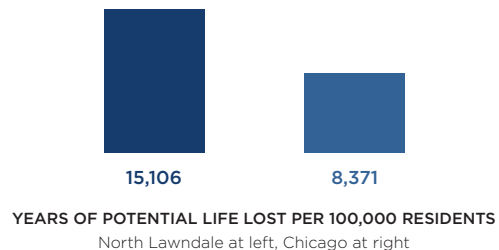
I’m tired of the...stuff that’s going to Band-Aid us but not really heal us. That doesn’t make any kind of sense.

– RUMC focus group participant from North Lawndale

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹³

North Lawndale ranks **eighth** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **15,106**.



What resources make life better?

COMMUNITY ASSETS

Some of North Lawndale's community assets include the following:

Hospital

Mount Sinai Medical Center
Schwab Rehabilitation Hospital

Grocery store

Leamington Foods

Childcare center

North Lawndale YMCA

Pharmacy/clinics

Lawndale Christian Health Center
Take Care Clinic at Walgreens

Public parks

Christiana Playlot Park
Crawford Playlot Park
Douglas Park
Franklin Park
Ginkgo Playlot Park
Hornbeam Playlot Park
London Playlot Park
Millard Playlot Park
Ninebark Playlot Park
Park No. 519
Park No. 534

Community-based health centers

ACCESS at Sinai
ACCESS Westside Family Health Center
Lawndale Christian Health Center – Homan Square
Lawndale Christian Health Center – Ogden Campus

CHA housing

Park Douglas

Nursing facility

Sacred Heart Home

Childcare centers

Gads Hill Center
Great Expectations Learning Academy Inc.

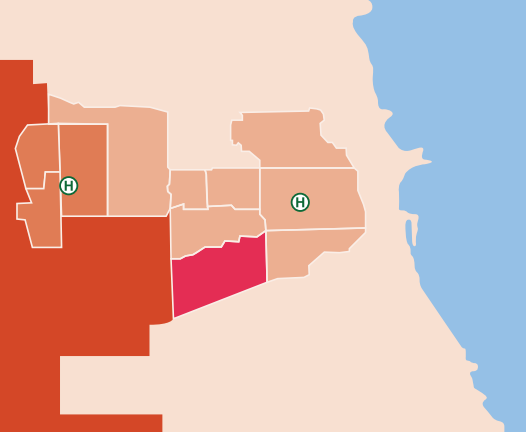
Schools

Les Finch's Learning Tree Day (Christian, Daycare/PK, K)
Chalmers, Crown, Dvorak, Herzl, Hughes C, Johnson, Lawndale, Mason, Penn (Public, PK-8)
Chicago West Side Christian School (Calvinist, PK-8)
St. Agatha Catholic Academy (Roman Catholic, PK-8)
Kipp Chicago-Ascend Primary (Charter, K-5)
Plamondon (Public, K-8)
Frazier Charter, Legacy, Learn-Butler (Charter, K-8)
Frazier Prospective (Magnet, K-8)
Kipp-Ascend (Charter, 5-8)
Collins (Public, 9-12)
Magic Johnson-North Lawndale (Citywide, 9-12)
North Lawndale-Christiana, North Lawndale-Collins (Charter, 9-12)
Community Christian Alternative Academy (Alternative School, 10-12)
YCCS-CCA Academy (Charter, 10-12)

Churches with which Rush has affiliations

Greater Galilee Baptist Church
Kedvale New Mt. Zion M.B. Church

South Lawndale



South Lawndale is the official name of this neighborhood located five miles southwest of the Loop, but the community is better known as La Villita/Little Village. Now the city's largest Mexican neighborhood, it was settled by Czechs and Germans after the Chicago fire of 1871; the Mexican population grew throughout the late 20th century, particularly as people moved from neighborhoods that were disrupted by the construction of the University of Illinois at Chicago campus. Today, a thriving commercial strip along 26th Street is the centerpiece of South Lawndale — and, after the Magnificent Mile, is the city's second-highest tax-generating district.

In 1990, a group of community leaders founded the Little Village Community Development Corporation (renamed Enlace Chicago in 2008). Enlace's more than 140 full-time and part-time staff members focus on community and economic development; education; organizing and advocacy; and violence prevention, annually serving more than 8,000 youth and adults in Little Village and the surrounding neighborhoods.



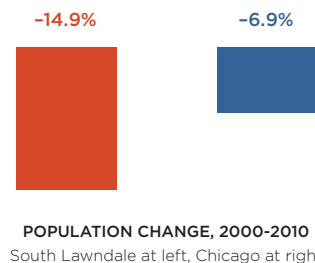
HIC survey participants asked how common violence is in their community: 72.8% said “extremely” or “very.”

The community has a high density of community resources, including health clinics, nonprofits, and schools. It also has a rich history of local activism and leadership, and many community amenities that are a direct result. Little Village's non-profit and community development community has a long history of cross-community and cross-sector planning and collaboration that has led to impressive progress in improving quality of life for community residents.

– From www.enlacechicago.org

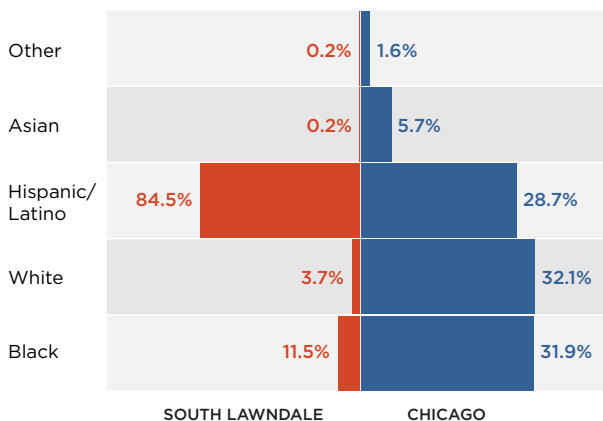
Who lives here?

- **69,951** people live in South Lawndale. The average household size is **3.7** people, compared to an average Chicago household size of **2.6** people.¹
- South Lawndale is one of the most densely populated neighborhoods in the city, with a population per square mile of **15,235.7** people as compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, South Lawndale's population decreased by **14.9%**. In Chicago overall, the population decreased by **6.9%** during the same period.³



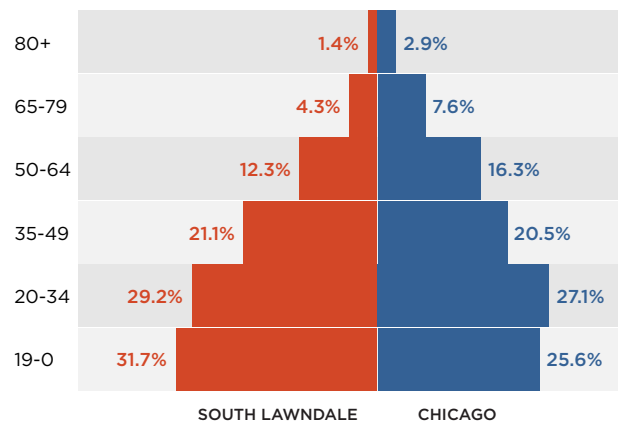
RACE AND ETHNICITY⁴

The population in South Lawndale is mostly Hispanic or Latino.



AGE⁵

The population in South Lawndale is younger than the city of Chicago average, with a median age of **28.7** as compared to the citywide average of **33.3**.



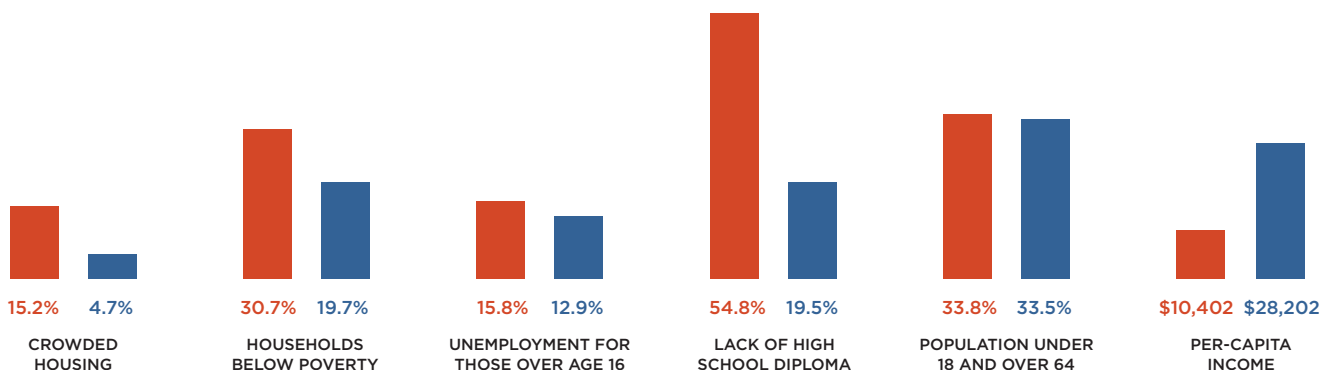
HIC survey participants asked how much neighbors trust and look out for each other: 52.4% said “a little/none/not at all.”



What are the potential barriers to good health?

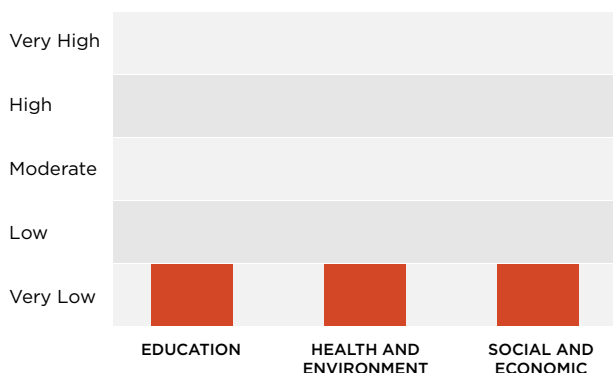
HARDSHIP INDEX⁶

South Lawndale's hardship index is **96**, based on the following statistics (*South Lawndale at left, Chicago at right*):



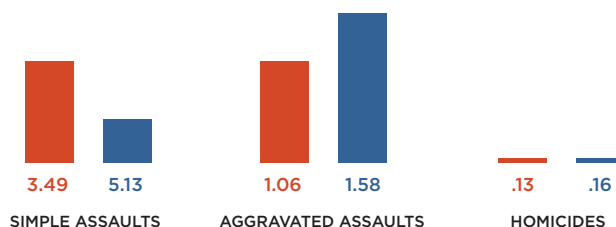
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “very low” ranking to South Lawndale in all three opportunity areas it measures: education; health and environment; and social and economic. This gives the neighborhood an overall COI ranking of **“very low.”**



CRIME⁸

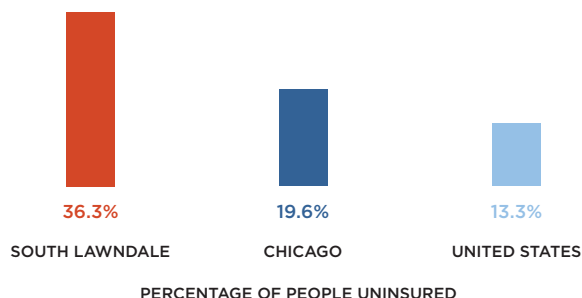
South Lawndale is in the lowest quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
South Lawndale at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

South Lawndale residents have health insurance at a significantly lower rate than residents of the rest of the city. Of note: Chicago's percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹⁰



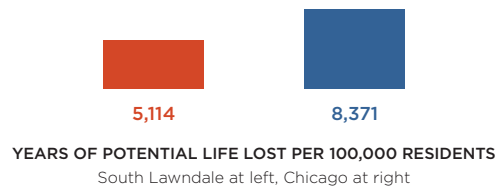
We have plenty of hospitals and clinics; however, we do not have any collaboration. ...Why can't we have any collaboration between these bigger institutions and the schools?

– RUMC focus group participant from South Lawndale

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

South Lawndale ranks **66th** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **5,114**.



What resources make life better?

COMMUNITY ASSETS

Some of South Lawndale's community assets include the following:

Hospitals

Saint Anthony Hospital

Public parks

Homan Park
Limas Playground Park
Madero Park
Miami Playlot Park
Piotrowski Park
Shedd Park
Washtenaw Park

Community-based health centers

ACCESS Centro Medico
ACCESS Centro Medico San Rafael
ACCESS Plaza Family Health Center
ACCESS Servicio Medicos la Villita
Centro De Salud Esperanza
Dr. Jorge Prieto Health Center of Cook County

School-based health centers

Alivio Medical Center at Little Village Lawndale High School
Farragut Academy - Lawndale Christian Health Center

Nursing facilities

California Gardens and Rehabilitation Center
Park House Nursing and Rehabilitation Center

Mental health centers

Pilsen Wellness Center
Saint Anthony Hospital

CHA housing

Albany Terrace Apartments
Lawndale Gardens

Pharmacies

Walgreens

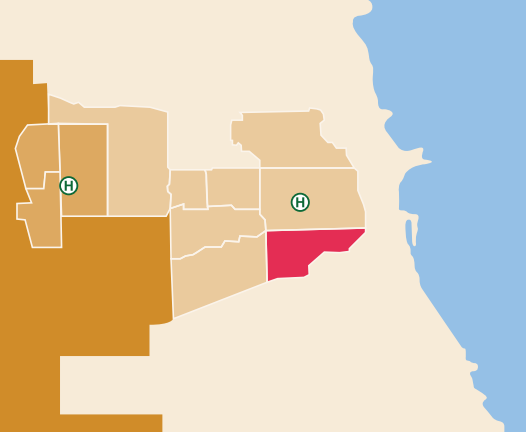
Schools

Ortiz de Dominguez (Public, PK-2)
Cardenas (Public, PK-3)
McCormick (Public, PK-5)
Gary (Public, PK, 3-8)
Corkery, Hammond, Little Village, Spry, Telpochcalli, Whitney, Zapata (Public, PK-8)
Castellanos (Public, 4-8)
Farragut (Public, PK, 9-12)
Madero (Public, 6-8)
Infinity, Multicultural, Social Justice, Spry, World Language (Public, 9-12)
Kanoon, Saucedo (Magnet, PK-8)
Epipany Catholic School, St. Agnes of Bohemia School, Our Lady of Tepeyac Elementary School (Roman Catholic, PK-8)
Grace Christian Academy Education (Lutheran-Missouri Synod, PK-8)
UNO-Paz (Charter, K-8)
Our Lady of Tepeyac High School (Roman Catholic, All Girls, 9-12)
York (Citywide, 9-12)
YCCS-Latino Youth (Charter, 10-12)

Neighborhood organization

Enlace Chicago

Lower West Side



Three miles southwest of the Loop, the Lower West Side includes two distinct neighborhoods. The older one, more commonly known as Pilsen after the Czech city from which many of its early residents came, was originally an industrial neighborhood that included lumberyards, breweries and foundries. The other, called Heart of Chicago, falls between Pilsen and South Lawndale and was settled by German and Irish immigrants, along with Polish, Slovenian and Italian residents. Beginning in the Great Depression and continuing through World War II and the 1950s, the neighborhood's industrial anchors started to close down or move to the suburbs. Mexican-American families began to move into the area, which has evolved into the city's primary point of entry for that immigrant group.

Lower West Side residents have started a number of nonprofit organizations and community development corporations to help strengthen their neighborhood. For example, the Resurrection Project, founded in 1990, is one of the city's strongest community development corporations and has made community investments of more than \$346 million, building owner-occupied housing, rental housing and community centers.



People don't know about ...the resources available to them. They have the potential to do something very well; we just need a bit of help.

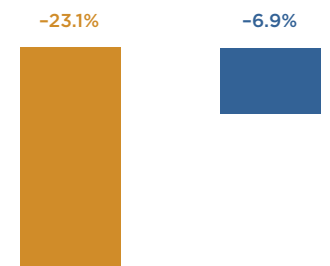
– RUMC focus group participant
from the Lower West Side

HIC survey participants asked how common violence is in their community: 72.8% said “extremely” or “very.”



Who lives here?

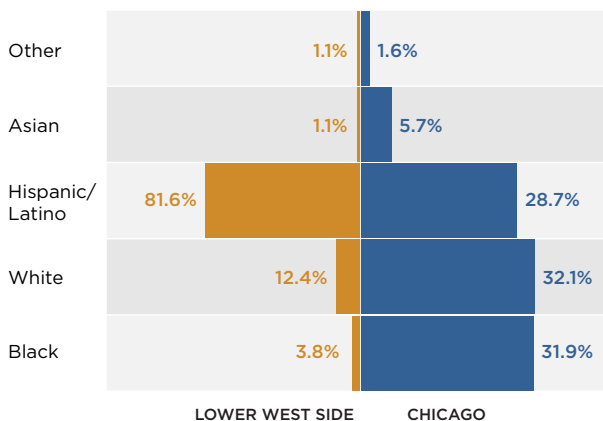
- **35,353** people live on the Lower West Side. The average household size is **2.9** people, compared to an average Chicago household size of **2.6** people.¹
- Population density on the Lower West Side is similar to that of Chicago overall, with a population per square mile of **12,085.2** people as compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, the Lower West Side's population decreased by **23.1%**. In Chicago overall, the population decreased by **6.9%** during the same period.³



POPULATION CHANGE, 2000-2010
Lower West Side at left, Chicago at right

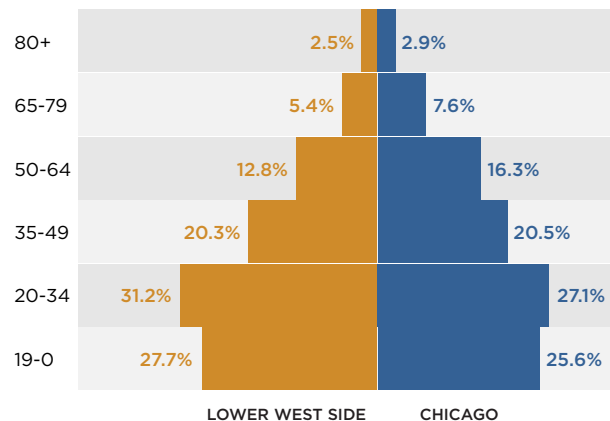
RACE AND ETHNICITY⁴

The population on the Lower West Side is mostly Hispanic or Latino.



AGE⁵

The population on the Lower West Side is slightly younger than the city of Chicago average, with a median age of **30.0** as compared to the citywide average of **33.3**.



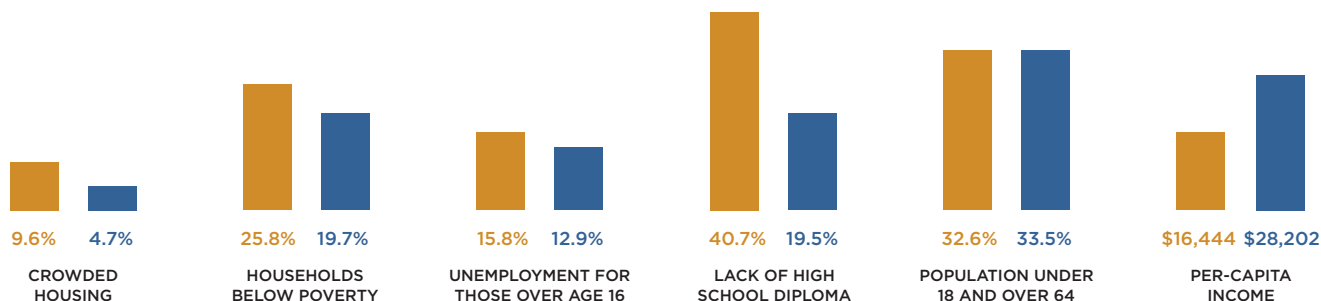
HIC survey participants asked how much neighbors trust and look out for each other: 52.4% said “a little/none/not at all.”



What are the potential barriers to good health?

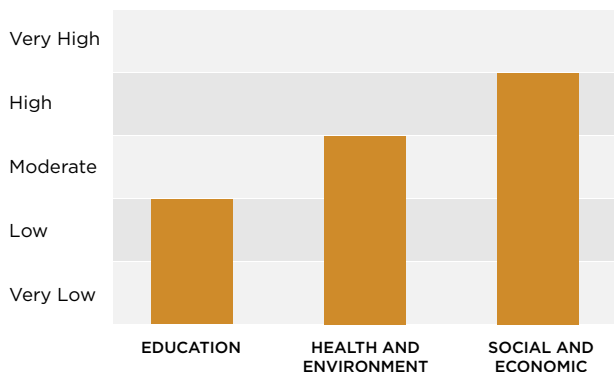
HARDSHIP INDEX⁶

The Lower West Side's hardship index is **76**, based on the following statistics (*Lower West Side at left, Chicago at right*):



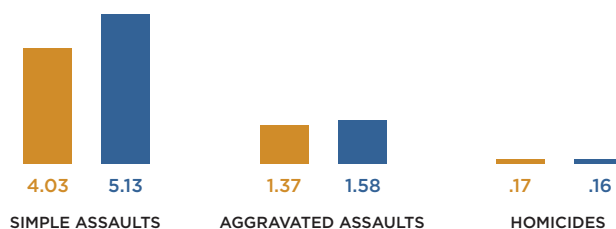
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “low” ranking to the Lower West Side’s educational opportunities; “moderate” to health and environmental opportunities; and “high” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“moderate.”**



CRIME⁸

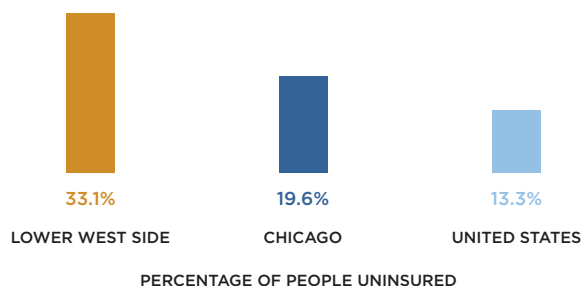
The Lower West Side is in the lowest quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
Lower West Side at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

Lower West Side residents have health insurance at a significantly lower rate than residents of the rest of the city. Of note: Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹⁰



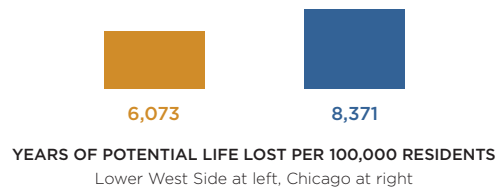
There are a lot of hospitals, but they are not interested in helping us out.

– RUMC focus group participant from the Lower West Side

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

The Lower West Side ranks **50th** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **6,073**.



What resources make life better?

COMMUNITY ASSETS

Some of the Lower West Side's community assets include the following:

Public parks

Addams/Medill Park
Baraga Playlot Park
Barrett Park
Bosley Playground Park
Canal Origins
Dvorak Park
Florian S. Jacolik Park
Guadalupe Reyes Park
Harrison Park
Hoyne Playground Park
Kucinski-Murphy Park
McGuane Park
Mulberry Playlot Park
Palmisano Park
Park No. 571
Throop Park
Wilson Community Center Park
Wilson (John P.) Park

Community-based health centers

ACCESS Cabrini Family Health Center
ACCESS Pilsen Family Health Center
Alivio Medical Center
Alivio Medical Center - Western
Lower West Neighborhood Health Center

School-based health center

Jose Clemente Orozco Academy

CHA housing

Apartamentos Las Americas
Senior Suites of Bridgeport

Nursing facility

El Valor Residence

Mental health center

Pilsen Wellness Center

Childcare centers

Chicago Commons Guadalupe Family Center
Daly Day Care Center
El Hogar Del Niño
El Valor: Guadalupe Reyes Children and Family Center
Fellowship House Day Care Center
Gads Hill Center
Lil' Einstein's Institute for Scholars
Rauner YMCA
Richard J. Daley/AVI-CDC
Smart Learning Center

Grocery stores

Aldi
Mariano's

Pharmacies

CVS
Walgreens

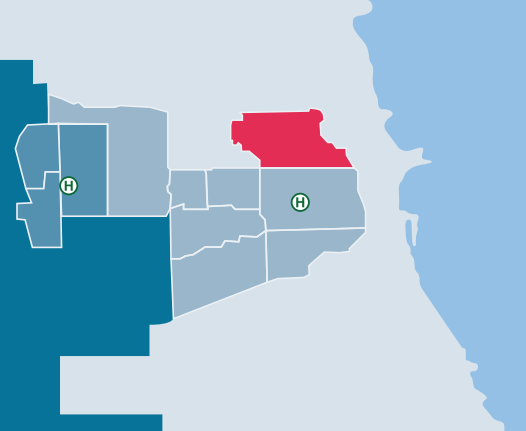
Schools

City Garden Early Childhood Center (Daycare/Preschool, PK, K)
Cooper, Everett (Public, PK-5)
Armour, Holden, Finkl, Jungman, Orozco, Perez, Pickard, Pilsen, Ruiz, Walsh, Whittier (Public, PK-8)
St. Ann, St. Barbara, St. Paul-Our Lady of Vilna, St. Pius V, St. Procopius (Roman Catholic, PK-8)
Uno-De Las Casas (Charter, K-8)
Juarez (Public, 9-12)
Instituto-Health, Instituto-Lozano, Instituto-Lozano Mastery (Charter, 9-12)
Cristo Rey Jesuit (Roman Catholic, 9-12)
De La Salle Institute-Lourdes Hall Campus (Roman Catholic, All Girls, 9-12)
Latino Youth (Alternative School, 9-12)

Neighborhood organization

Resurrection Project

West Town



West Town, three miles northwest of the Loop, is “best understood as an amalgam of several distinct neighborhoods”¹ that includes Humboldt Park, Noble Square, Ukrainian Village and Wicker Park. In the late 19th century, West Town was home to immigrants from Germany, Scandinavia, Poland, Russia, Italy and Ukraine. Later, the community attracted immigrants from Puerto Rico and Mexico, and in the 1970s the African-American population increased.

Wicker Park and Bucktown became popular with artists and students in the late 20th century. As restaurants, bars and shops proliferated and parts of the neighborhood began to gentrify, rising real estate costs displaced many lower-income residents to neighborhoods north and west. Community organizations such as the West Town Community Alliance and the Greater West Town Community Development Project (GWTP) focus on ensuring that all residents have a voice in the neighborhood, are able to remain there and can take advantage of educational and economic opportunities.

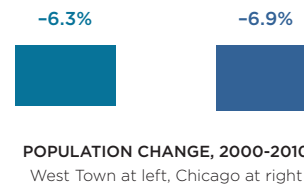


HIC survey participants asked how common violence is in their community: 39% said “extremely” or “very.”



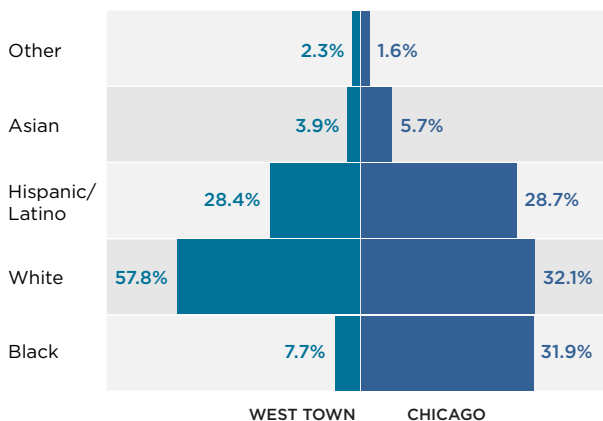
Who lives here?

- **84,559** people live in West Town. The average household size is **2.2** people, compared to an average Chicago household size of **2.6** people.²
- West Town is more densely populated than Chicago overall, with a population per square mile of **18,479.7** people compared to **11,841.8** people per square mile in Chicago.³
- Between 2000 and 2010, West Town's population decreased by **6.3%**, similar to population change in Chicago overall, where the population decreased by **6.9%** during the same period.⁴



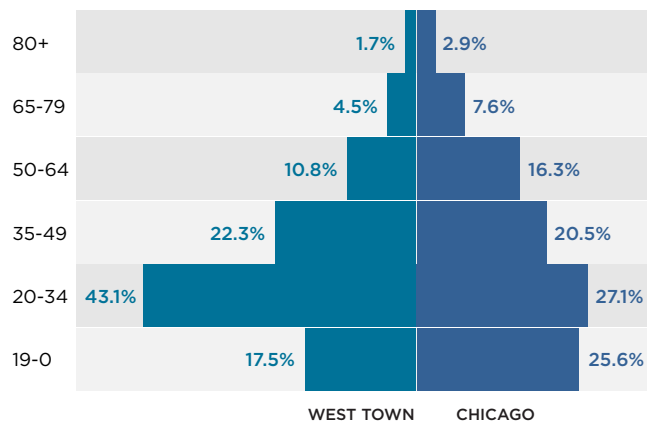
RACE AND ETHNICITY⁵

A majority of the population of West Town is white.



AGE⁶

The population of West Town is slightly younger than the city of Chicago average, with a median age of **31.7** as compared to the citywide average of **33.3**.



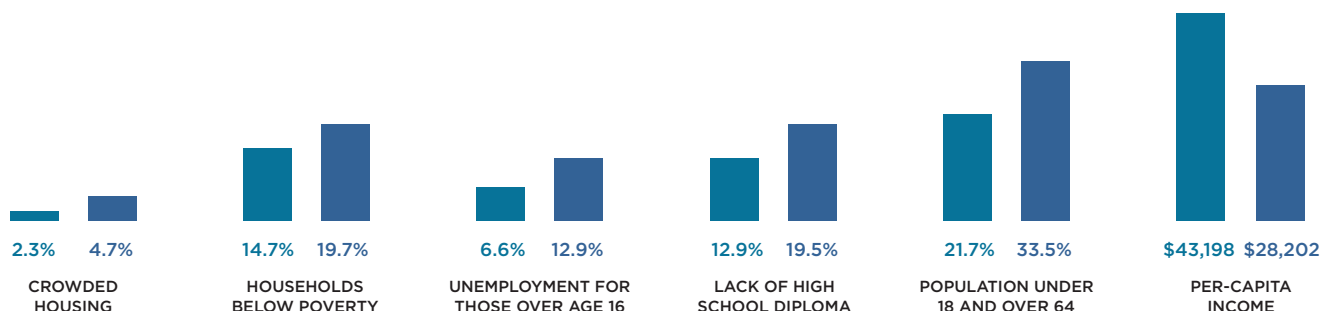
HIC survey participants asked how they rate their overall community as a healthy place to live: 73.15% said “excellent/good.”



What are the potential barriers to good health?

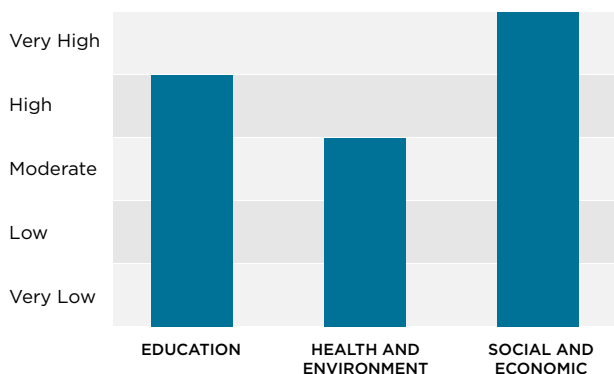
HARDSHIP INDEX⁷

West Town's hardship index is **10**, based on the following statistics (*West Town at left, Chicago at right*):



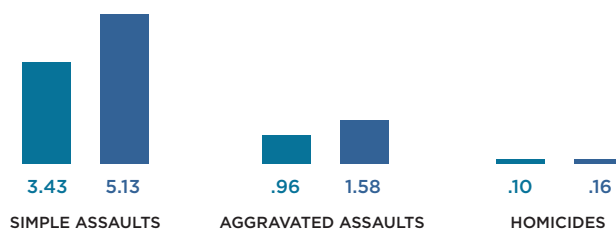
CHILD OPPORTUNITY INDEX⁸

The Child Opportunity Index (COI) assigns a “high” ranking to West Town’s educational opportunities; “moderate” to health and environmental opportunities; and “very high” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“very high.”**



CRIME⁹

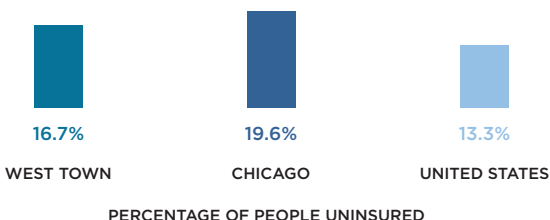
West Town is in the lowest quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
West Town at left, Chicago at right

LACK OF HEALTH INSURANCE¹⁰

West Town residents have health insurance at a slightly higher rate than residents of the rest of the city and residents of the U.S. overall. Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S., which is 13.3% of the population.¹¹

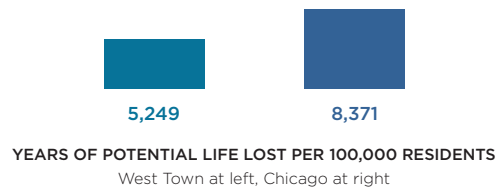


HIC survey participants asked whether they had not sought medical care due to cost anytime in the past 12 months: 70.8% said “no.”

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹²

West Town ranks **63rd** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **5,249**.



What resources make life better?

COMMUNITY ASSETS

Some of West Town's community assets include the following:

Hospitals

Norwegian American Hospital
Presence Saints Mary and Elizabeth Medical Center, St. Mary Campus and St. Elizabeth Campus

Public parks

Bertha Honore Palmer Park
Bickerdike Square Park
Humboldt Park
Pulaski Park
Smith Park
Snowberry Playlot Park
Superior Playlot Park
Wicker Park
Western Park

Community-based health centers

ACCESS at Anixter Center
CommunityHealth
Erie Division Street - Erie Family Health Center
Erie West Town - Erie Family Health Center
Nazareth Family Health Center
PCC Walk-In Wellness Center at Norwegian American Hospital
PCC West Town Family Health Center
PrimeCare Community Health Center - West Town
Pro Health Medical Center

School-based health centers

Erie Clemente Wildcats School-Based Health Center
Erie De Diego Health Center

CHA housing

Lidia Pucinska Apartments

Grocery stores

Jewel-Osco
Mariano's

Childcare centers

Casa Central CSC Child Development Center
Centro Infantil Consuelo Lee Corretjer
Erie Community Center
Erie Neighborhood House D.C. Program
Onward Neighborhood House
The Nicholson School

Nursing facilities

Center Home for Hispanic Elderly
Presence Saints Mary and Elizabeth Medical Center
Winston Manor CNV and Nursing

Mental health center

Norwegian American Hospital
Presence Saints Mary and Elizabeth Medical Center

University

Resurrection University

Pharmacies

CVS
Walgreens

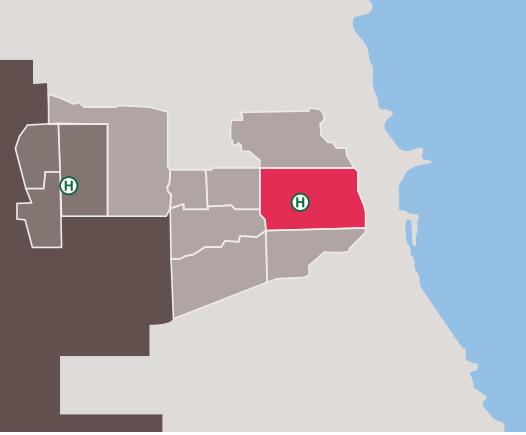
Schools

Burr, Chopin, Columbus, De Diego, Mitchell, Talcott (Public, PK-8)
Drummond, Lasalle II (Magnet, PK-8)
Pritzker (Regional Gifted Center, PK-8)
Sabin (Magnet, K-8)
Ucan Academy (Special Education, 1-12)
Esperanza (Special Education, 3-12)
Clemente, Wells (Public, 9-12)
Chicago Arts (Contract, 9-12)
Magic Johnson-Humboldt Park (Citywide, 9-12)
Wolcott School (Special Education, 9-12)

Neighborhood organizations

Greater West Town Community Development Project
West Town Community Alliance

Near West Side



The Near West Side, two miles west of the Loop, has been a diverse and densely populated neighborhood for nearly 200 years. It was home to the first African-American settlement in Chicago, as well as Irish, German, Czech, Bohemian, French, Russian, Polish, Italian and Greek immigrants. Later, more African-American residents as well as Mexican residents moved to the area. In 1889, Jane Addams and Ellen Gates Starr founded Hull House, a settlement house on Halsted Street that grew into one of the most influential social-services organizations in the nation. Its programs, which served thousands of people on a 13-building campus, included everything from child care and a residence for working women to cultural and educational activities.

The landscape of the neighborhood has changed dramatically since the mid 20th century, with the construction of the Circle interchange, the University of Illinois at Chicago and the United Center sports arena. The Near West Side Community Development Corporation, founded in 1988, brings together residents, churches, community groups and government officials to help ensure that the revival of the neighborhood does not displace longtime residents.



This area [has] changed a whole lot. Because I stayed in Rockwell projects right there. ...It looks better down here now. They are opening a lot of new stores and everything, you know? And it looks real nice.

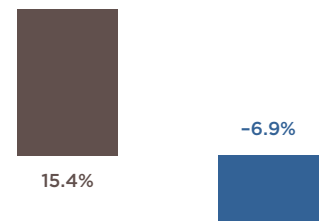
– RUMC focus group participant from the Near West Side

HIC survey participants asked how common violence is in their community: 39% said “extremely” or “very.”



Who lives here?

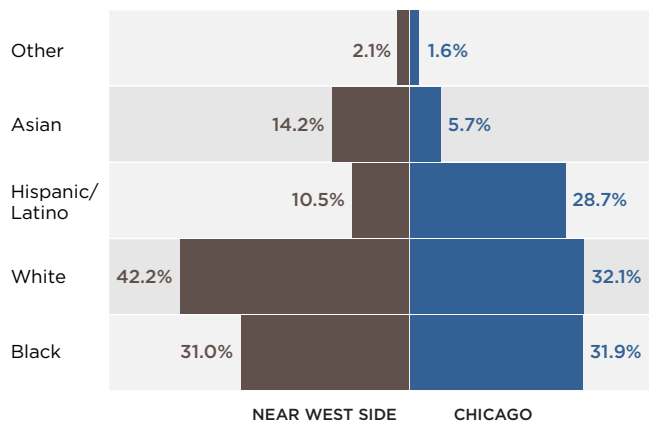
- **55,877** people live on the Near West Side. The average household size is **2.0** people, compared to an average Chicago household size of **2.6** people.¹
- The Near West Side is less densely populated than Chicago overall, with a population per square mile of **9,828.6** people compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, the Near West Side's population increased by **15.4%** — a significant difference from population change in Chicago overall, where the population decreased by **6.9%** during the same period.³



POPULATION CHANGE, 2000-2010
Near West Side at left, Chicago at right

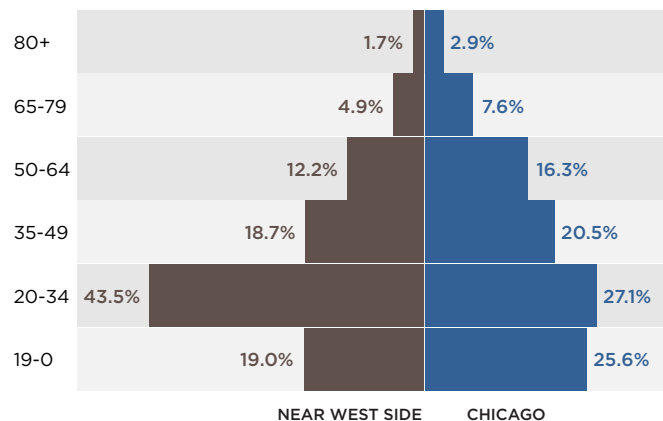
RACE AND ETHNICITY⁴

The population of the Near West Side is racially diverse.



AGE⁵

The population of the Near West Side is slightly younger than the city of Chicago average, with a median age of **31.0** as compared to the citywide average of **33.3**.



I think there's a pretty strong sense of...community; a lot of people have lived in the same area...for a long time, so people are pretty familiar with their neighbors and pretty integrated into their community in that way.

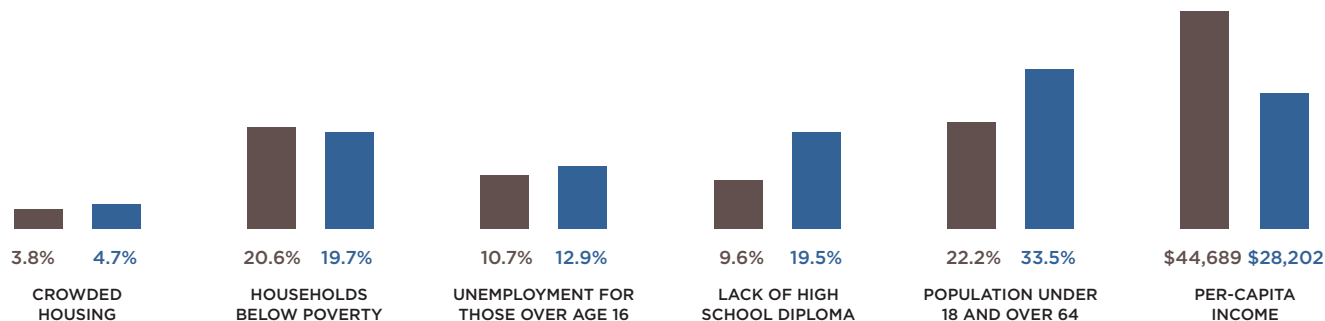
– RUMC focus group participant
from the Near West Side



What are the potential barriers to good health?

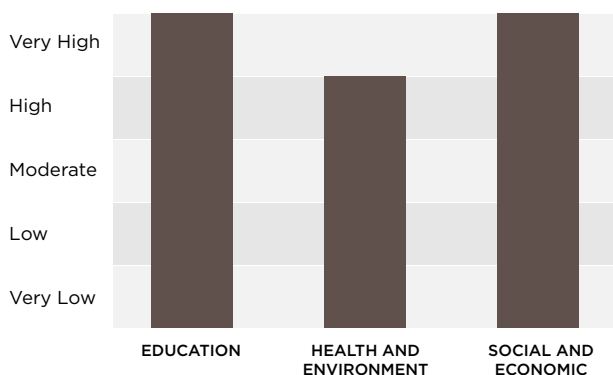
HARDSHIP INDEX⁶

The Near West Side's hardship index is **15**, based on the following statistics (*Near West Side at left, Chicago at right*):



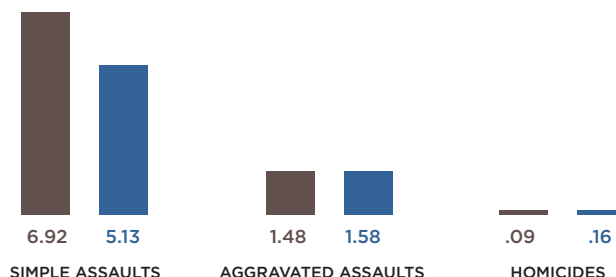
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “very high” ranking to the Near West Side’s educational opportunities; “high” to health and environmental opportunities; and “very high” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“very high.”**



CRIME⁸

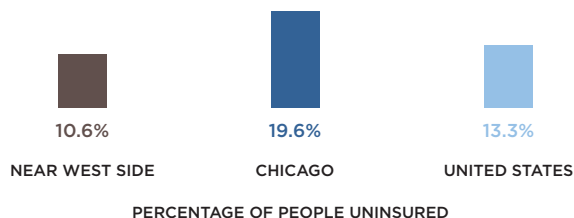
The Near West Side is in the second quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
Near West Side at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

Near West Side residents have health insurance at a higher rate than residents of the rest of the city, and at a higher rate than residents of the U.S. overall. Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S., which is 13.3% of the population.¹⁰



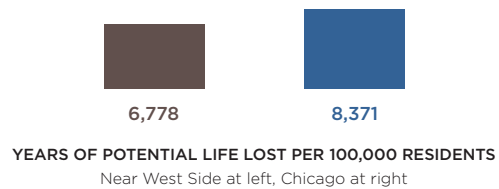
If you have a medical card, they’ll only do so much. ...They know what Medicare and Medicaid will pay for. They’re not going to do anything extra, no pro bono, none of that.

– RUMC focus group participant from the Near West Side

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

The Near West Side ranks **39th** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **6,778**.



What resources make life better?

COMMUNITY ASSETS

Some of the Near West Side's community assets include the following:

Hospitals

Jesse Brown VA Medical Center
John H. Stroger, Jr. Hospital of Cook County
Rush University Medical Center
UI Health

Public parks

Mary Bartelme Park
Sheridan Park
Skinner Park

Community-based health centers

ACCESS Community Health Network
Mile Square Health Center
Pacific Garden Mission Health Clinic

School-based health center

Hope Health and Wellness Center
Mile Square School Based Clinics
Rush School-Based Health Center at Crane Medical Preparatory
Rush School-Based Health Center at Simpson Academy for Young Women

Mental health centers

Haymarket Center
Lawndale Mental Health Center

CHA housing

Jackson Square at West End
Oakley Square Apartment
Patrick Sullivan Apartments
Westhaven Park/Village of Westhaven
Wicker Park Apartments and Annex

Childcare centers

Laurance Armour Day School
Malcolm X College Child Development Center
Easter Seals Gilchrist-Marchman Child Development Center
The Northern Trust Child Care Center

Nursing facility

Monroe Pavilion Health Treatment Center

Pharmacies

CVS
Taylor Street Pharmacy (UIC)
Walgreens

Grocery stores

Costco
Jewel-Osco
Whole Foods

Colleges and universities

Malcolm X College
Rush University
University of Illinois at Chicago

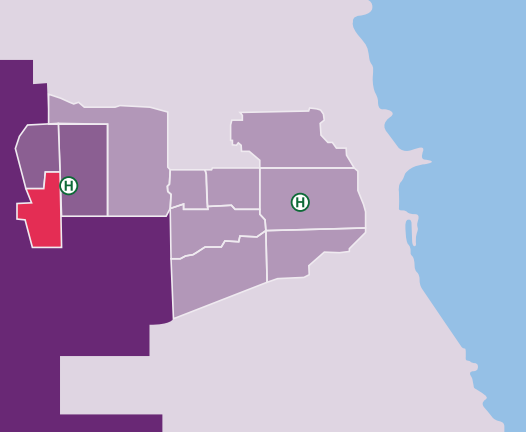
Schools

Rudolph (Special Education, PK-5)
Intercultural Montessori Language School (Montessori, PK-6)
Brown W, Dett, Irving (Public, PK-8)
Skinner (Classical, PK-8)
Suder (Magnet, PK-8)
Chicago Lighthouse (Special Education, PK-12)
Galileo, Jackson, Stem, Smyth (Magnet, K-8)
Rush Day School (Special Education, 1-8)
Simpson Academy for Young Women (Alternative, 6-12)
Chicago Tech (Contract, 9-12)
Crane Medical Preparatory (Magnet, 9-12)
Legal Prep, Noble-Bulls, Noble-UIC, Urban Prep-West (Charter, 9-12)
Jefferson, Ombudsman-West (Citywide, 9-12)
St. Ignatius College Prep (Roman Catholic, 9-12)
Whitney Young (Selective Enrollment, 9-12)

Neighborhood organization

Near West Side Community Development Corporation

Forest Park



Settled by 25 employees of the Chicago & Galena Union Railroad in the mid-19th century, Forest Park had become a leisure destination by the early 20th century, drawing people who traveled to the village's amusement park, racetrack and golf course. The village's total population has remained relatively stable for the last century, although its demographics have changed; nearly 100 percent white in 1900, Forest Park is now about 47 percent white, 33 percent African American and 10 percent Hispanic/Latino.

The Forest Park Community Center is a hub for activities and support services in the village. The center operates a food pantry and Meals on Wheels food delivery program; day care and afterschool programs for children from kindergarten through 6th grade; a job information center for adults and youths; health fairs; transportation for seniors and more. In addition, the citizen advocacy group Vox60130 holds regular voter registration drives and candidate forums.



It's not exclusively for the rich like some communities are. People are welcome here if they don't have money. They can find an apartment.

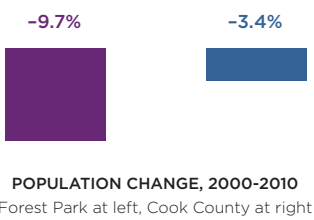
– RUMC focus group participant
from Forest Park

HIC survey participants asked how common violence is in their community: 69.9% said “not very/not at all.”



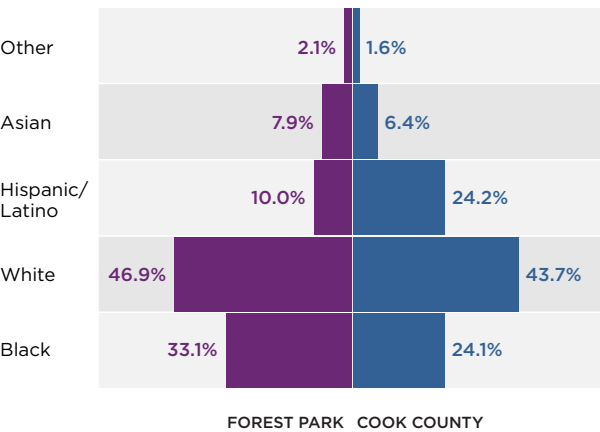
Who lives here?

- **14,202** people live in Forest Park. The average household size is **2.7** people, the same as the average Cook County household size.¹
- Forest Park's population per square mile is **5,913.2** people, as compared to **5,530** people per square mile in Cook County.²
- Between 2000 and 2010, Forest Park's population decreased by **9.7%**. In Cook County overall, the population decreased by **3.4%** during the same period.³



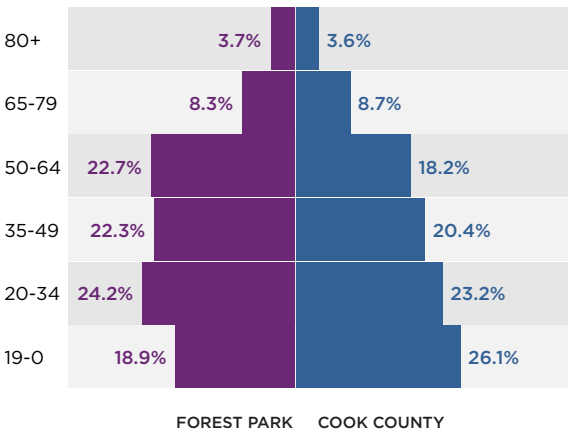
RACE AND ETHNICITY⁴

The population of Forest Park is fairly diverse.



AGE⁵

The median age in Forest Park is **39.1**, slightly older than the Cook County median age of **35.5**.



We have a very good, integrated community. There are 40 percent minorities in this community and everyone is welcome.

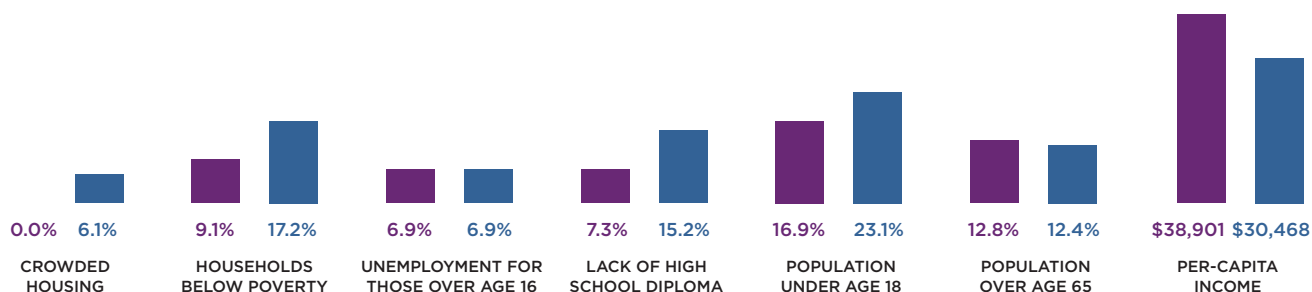
- RUMC focus group participant
from Forest Park



What are the potential barriers to good health?

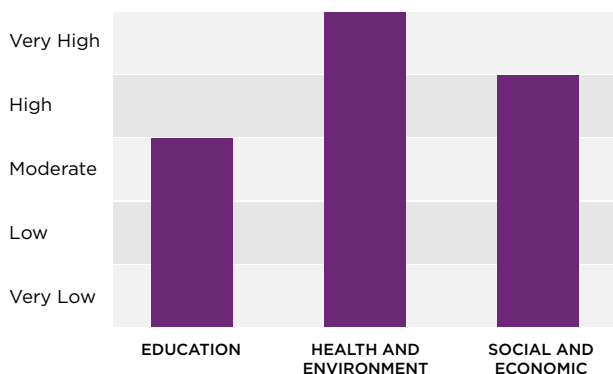
HARDSHIP INDEX⁶

Because the hardship index referenced in this report's other community snapshots is calculated only for community areas within the city of Chicago, Forest Park does not have a comparable index number. Its statistics in some of the areas measured by the hardship index include the following (*Forest Park at left, Cook County at right*):



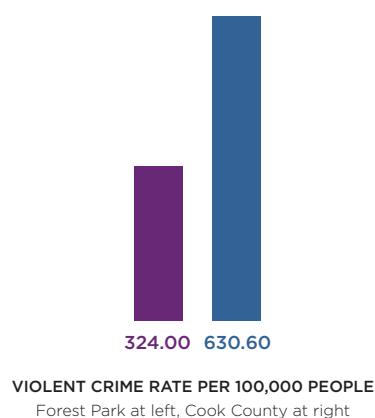
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “moderate” ranking to Forest Park’s educational opportunities; “very high” to health and environmental opportunities; and “high” to social and economic opportunities. This gives the community an overall COI ranking of **“high.”**



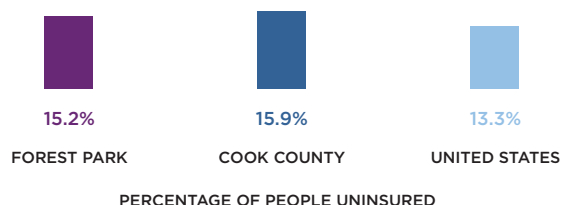
CRIME⁸

Forest Park’s rate of violent crime — homicide, rape, robbery and aggravated assault — is about half that of Cook County overall.



LACK OF HEALTH INSURANCE⁹

Forest Park residents have health insurance at nearly the same rate as residents of Cook County overall.¹⁰



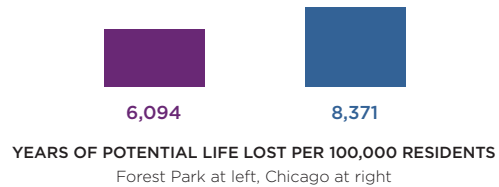
HIC survey participants asked whether they had not sought medical care due to cost anytime in the past 12 months: 74.7% said “no.”

– RUMC focus group participant from Forest Park

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

The annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death in Forest Park is **6,094**, approximately 27 percent lower than the annual years of potential life lost in Chicago.



What resources make life better?

COMMUNITY ASSETS

Some of Forest Park's community assets include the following:

Hospital

Riveredge Hospital

Assisted living facility

Arborwood and Briarwood at Altenheim

Grocery stores

Jewel-Osco

Trader Joe's

Public park

Forest Park

Childcare centers

Forest Park Montessori Child Development Center

Howard Mohr Community Center

Kangaroo Korner Learning Center

Montessori Language Academy

The Giving Tree Family of Schools

Mental health facilities

Oak Park Veterans Center

St. Peter's Evangelical Lutheran Church

The Suburban Fellowship Center

Pharmacies

CVS

Walgreens

Walmart

Schools

Forest Park Preschool (Public, PK)

Garfield Elementary (Public, PK-2)

Betsy Ross Elementary (Public, K-2)

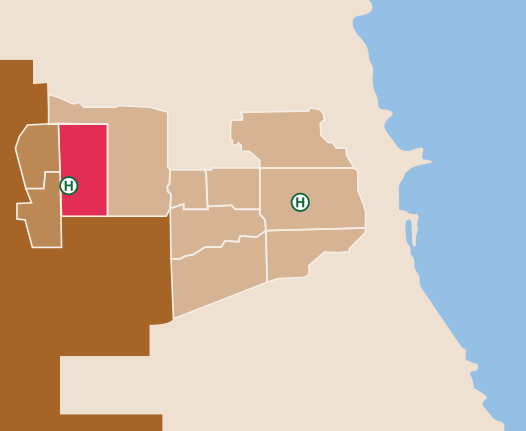
Field-Stevenson Elementary, Grant-White Elementary, (Public, K-5)

Forest Park Middle School (Public, 6-8)

Neighborhood organization

Forest Park Community Center

Oak Park



First settled in 1835, the village of Oak Park — located eight miles west of the Loop — grew quickly when people moved out of Chicago after being displaced by the fire of 1871. By the 1920s, Oak Park had 40,000 residents and a thriving business district.

In the 1960s, Oak Park residents and city leaders observed the white flight and subsequent resegregation that were taking place in Austin, its adjacent neighborhood to the east. To prevent the same from happening in Oak Park, the community took a number of concrete steps: implementing fair housing ordinances, creating a community relations commission devoted to preventing discrimination and establishing a Citizens Committee for Human Rights.

In addition, “village officials, often joined by clergymen, visited blocks to which families of color might move and carefully sought to control the fears and rumors generally associated with neighborhood succession... They identified white families who would welcome the newcomers. They encouraged African-American families to disperse throughout the village to counter concerns of clustering and ghetto formation. ...Leaders acted on a vision of Oak Park as a community strong enough to achieve integration, and able to challenge the Chicago pattern of block-by-block resegregation with a policy of managed integration through dispersal.”¹



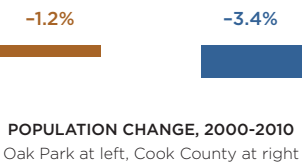
HIC survey participants asked how common violence is in their community: 69.9% said “not very/not at all.”

I would say that the typical resident of Oak Park is very involved in the community: philanthropically, educationally, socially, economically. We have been able to pass referenda because the citizenry is committed to providing high-quality services across the board, once again whether it's senior services, library services, educational services, village services.

– RUMC focus group participant
from Oak Park

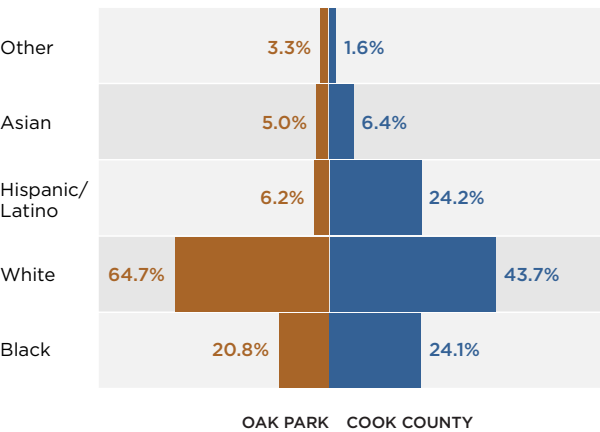
Who lives here?

- **51,902** people live in Oak Park. The average household size is **2.4** people, compared to an average Cook County household size of **2.7** people.²
- Oak Park’s population per square mile is **11,042.2** people, as compared to **5,530** people per square mile in Cook County.³
- Between 2000 and 2010, Oak Park’s population decreased by **1.2%**, less than the population change in Cook County overall, where the population decreased by **3.4%** during the same period.⁴



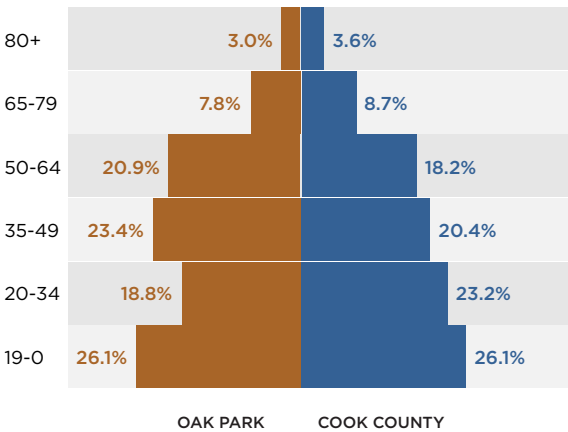
RACE AND ETHNICITY⁵

A majority of the population of Oak Park is white.



AGE⁶

The median age in Oak Park is **38.7**, older than the Cook County median age of **35.5**.



[You’re] safe walking the streets at pretty much any time of the day or night. There’s no danger.

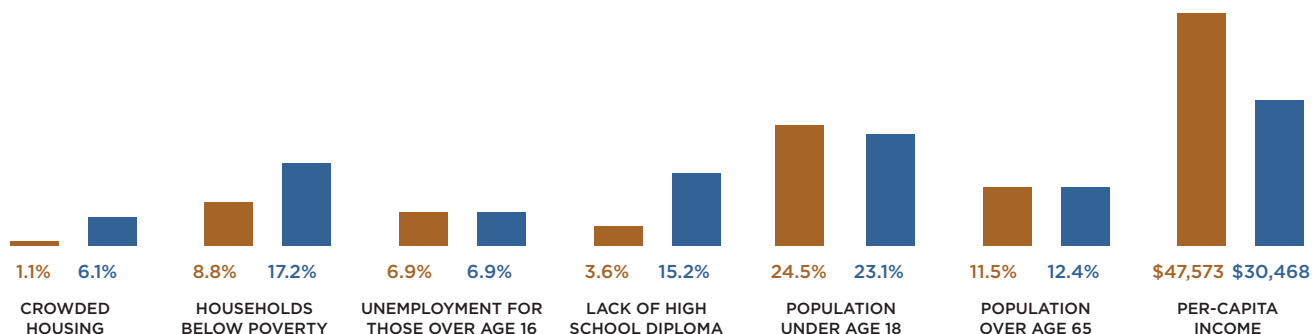
– RUMC focus group participant from Oak Park



What are the potential barriers to good health?

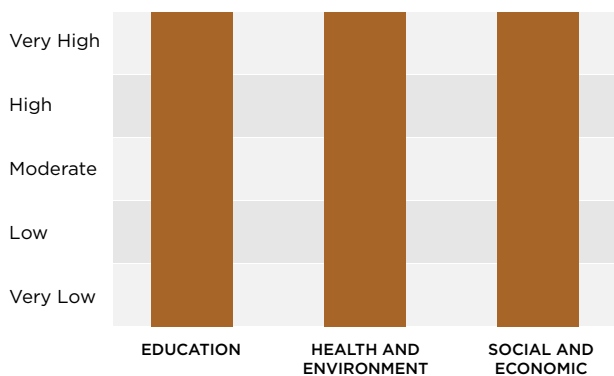
HARDSHIP INDEX⁷

Because the hardship index referenced in this report's other community snapshots is calculated only for community areas within the city of Chicago, Oak Park does not have a comparable index number. Its statistics in some of the areas measured by the hardship index include the following (*Oak Park at left, Cook County at right*):



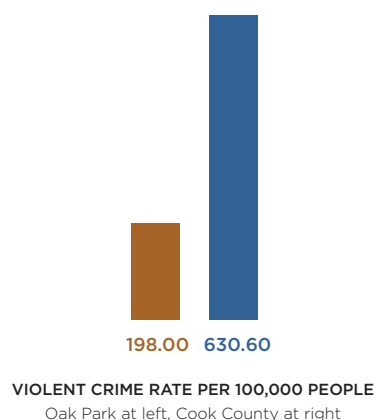
CHILD OPPORTUNITY INDEX⁸

The Child Opportunity Index (COI) assigns a “very high” ranking to Oak Park in all three opportunity areas it measures: education; health and environment; and social and economic. This gives the community an overall COI ranking of **“very high.”**



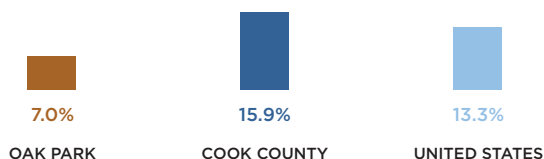
CRIME⁹

Oak Park's rate of violent crime — homicide, rape, robbery and aggravated assault — is less than one-third that of Cook County overall.



LACK OF HEALTH INSURANCE¹⁰

Oak Park residents have health insurance at a higher rate than residents of Cook County and residents of the U.S. overall.



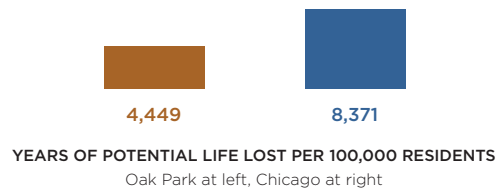
HIC survey participants asked whether they had not sought medical care due to cost anytime in the past 12 months: 74.7% said “no.”

– RUMC focus group participant from Oak Park

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

The annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death in Oak Park is **4,449**, approximately 47 percent lower than the annual years of potential life lost in Chicago.



What resources make life better?

COMMUNITY ASSETS

Some of Oak Park's community assets include the following:

Hospitals

Rush Oak Park Hospital
West Suburban Medical Center

Grocery store

Pete's Fresh Market

Community-based health centers

Infant Welfare Society's Children Clinic
PCC Community Lake Street Family Health Center
PCC Community South Family Health Center

Pharmacy clinic

Take Care Clinic at Walgreens

Assisted-living facilities

Belmont Village of Oak Park
Brookdale Oak Park
Oak Park Arms

Elderly and disabled housing

Mills Park Tower
Ryan Farrelly Apartments
The Oaks

Public parks

Andersen Park
Austin Gardens
Barrie Center and Park
Barrie Park
Carroll Park
Dole Center
Euclid Square Park
Field Park
Fox Park
Lindberg Park
Longfellow Park
Mills Park
Oak Park Conservatory
Randolph Tot Lot

Rehm Pool and Park

Ridgeland Common Pool and Park

Scoville Park

Stevenson Park

Childcare centers

Blocks 24-Hour Child Care Center
CEDA Oak Park Head Start
Hephzibah Children's Association
Morningside Children's Academy
RFCC at Oak Park and River Forest High School
The Language and Music School
West Cook YMCA Child Care
West Suburban Montessori School

Mental health facilities

Community Care Options - Fillmore
NAMI Metro Suburban Drop-In Center
Thrive Counseling Center
Youth Services of Oak Park

Nursing homes/skilled nursing facilities

Belmont Village Oak Park
Berkeley Nursing and Rehab Center
Oak Park Healthcare Center

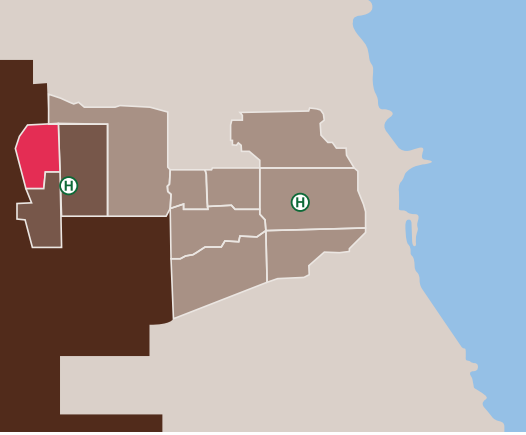
Pharmacies

CVS
Walgreens

Schools

Beye, Hatch, Holmes, Irving, Lincoln, Longfellow, Mann, Whittier (Public, K-5)
Brooks, Julian (Public, 6-8)
Oak Park and River Forest (Public, 9-12)
Fenwick (Private, 9-12)

River Forest



Ten miles west of the Loop on the eastern bank of the Des Plaines River, River Forest grew from a settlement established near a sawmill in 1831 into one of the Chicago area's most picturesque suburbs. Like its sister village of Oak Park, the community experienced growth after the Chicago fire of 1871, when displaced city residents moved west looking for a new place to settle. After the village made infrastructure improvements in the late 19th century, the population grew quickly and became known for significant residential architecture such as Frank Lloyd Wright's Winslow House.

River Forest has a strong base of residents who are committed to keeping the community vibrant and providing support to those who need it. For example, through grants and philanthropic fund management, the Oak Park-River Forest Community Foundation supports local nonprofits and social-service organizations that include the Oak Park-River Forest Food Pantry, which reduces food insecurity for more than 5,000 households in the community and surrounding areas each year, and Housing Forward, which helps people transition from homelessness to stable housing.



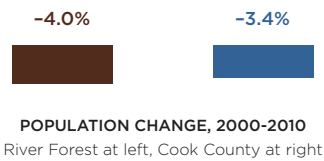
[We have] good access to retail.
I love the fact that there's a little
Lake Street here, so you can walk to
the movies.

– RUMC focus group participant
from River Forest

HIC survey participants asked
how common violence is in
their community: 69.9% said
“not very/not at all.”

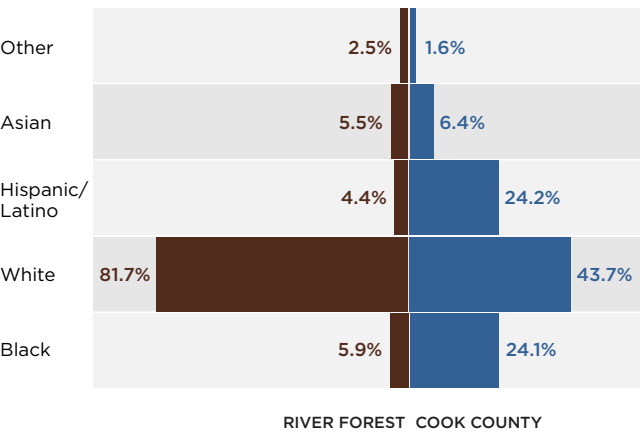
Who lives here?

- **11,183** people live in River Forest. The average household size is **2.7** people, the same as the average Cook County household size.¹
- River Forest's population per square mile is **4,514.7** people, as compared to **5,530** people per square mile in Cook County.²
- Between 2000 and 2010, River Forest's population decreased by **4.0%**, less than the population change in Cook County overall, where the population decreased by **3.4%** during the same period.³



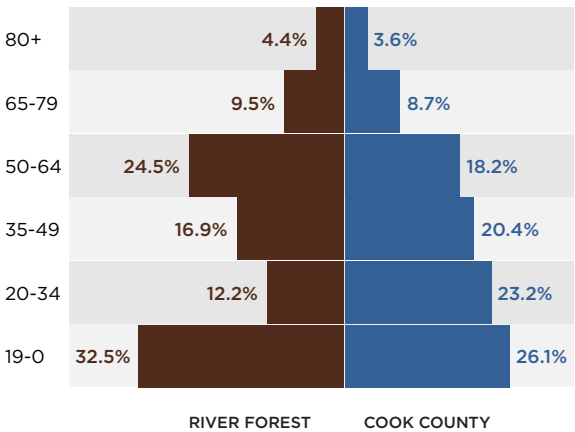
RACE AND ETHNICITY⁴

A majority of the population of River Forest is white.



AGE⁵

The median age in River Forest is **41.4**, older than the Cook County median age of **35.5**.



Let's talk about what you like about your community? Excellent schools.

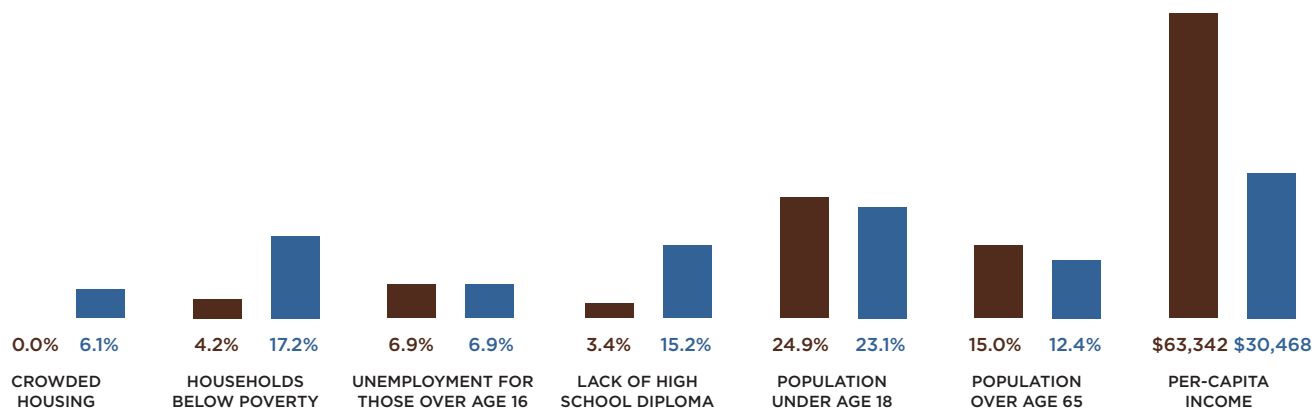
- RUMC focus group participant from River Forest



What are the potential barriers to good health?

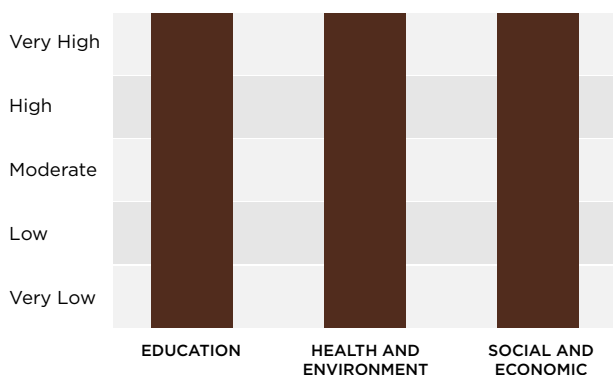
HARDSHIP INDEX⁶

Because the hardship index referenced in this report's other community snapshots is calculated only for community areas within the city of Chicago, River Forest does not have a comparable index number. Its statistics in some of the areas measured by the hardship index include the following (*River Forest at left, Cook County at right*):



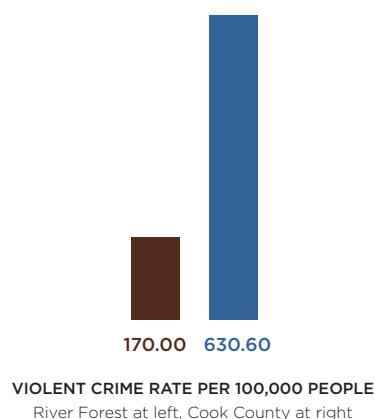
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “very high” ranking to River Forest in all three opportunity areas it measures: education; health and environment; and social and economic. This gives the community an overall COI ranking of **“very high.”**



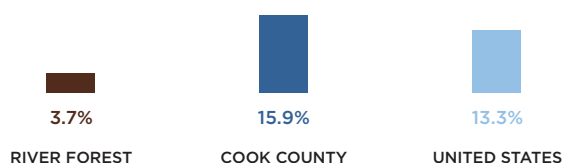
CRIME⁸

River Forest's rate of violent crime — homicide, rape, robbery and aggravated assault — is slightly more than one-fourth that of Cook County overall.



LACK OF HEALTH INSURANCE⁹

River Forest residents have health insurance at a much higher rate than residents of Cook County and residents of the U.S. overall.

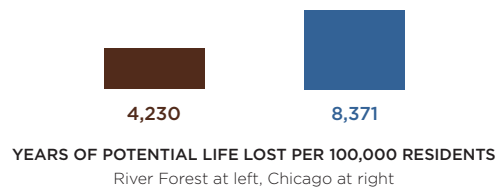


HIC survey participants asked whether they had not sought medical care due to cost anytime in the past 12 months: 74.7% said “no.”

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

The annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death in River Forest is **4,230**, approximately 50 percent lower than the annual years of potential life lost in Chicago.



What resources make life better?

COMMUNITY ASSETS

Some of River Forest's community assets include the following:

Immediate-care center

Gottlieb Center for Immediate Care

Pharmacy clinic

Take Care Clinic at Walgreens

Public parks

Centennial Park
Constitution Park
Keystone Park
Memorial Parkway
Priory Park
Washington Square Park
Washington Triangle Park

Grocery stores

Jewel-Osco
Whole Foods

Childcare centers

Concordia University Early Childhood Education Center
Mosaic Montessori Academy
River Forest United Methodist Church
Rose K. Goedert Center for Early Childhood Education
West Suburban Temple Har-Zion Early Childhood Program

Mental health facilities

St. Vincent Ferrer
St. Vincent Ferrer Church School

Colleges and universities

Concordia University Chicago
Dominican University

Pharmacies

CVS
Walgreens

Schools

Lincoln Elementary, Willard Elementary (Public, K-4)
Roosevelt Middle School (Public, 5-8)
Trinity High School (Private, 9-12)

Neighborhood organizations

Housing Forward
Oak Park-River Forest Food Pantry

ENDNOTES

Rush's Community

¹ Guidry M, et al. Healthy people in healthy communities: a community planning guide using Healthy People 2010. United States Department of Health and Human Services, 2001.

² www.who.int/social_determinants/en/.

³ Demographic data from the Chicago Metropolitan Agency for Planning (CMAP) of Illinois, Community Data Snapshots, derived from the U.S. Census Bureau and American Community Survey 2013 Estimates. Population density calculated from CMAP Community Data Snapshots using population derived from the U.S. Census population and land area from the CMAP Parcel-Based Land Use Inventory.

⁴ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.

⁵ Hardship Index scores from the Chicago Department of Public Health, retrieved from the City of Chicago Data Portal (data.cityofchicago.org/Health-Human-Services/Hardship-Index/5kdt-irec).

⁶ Unemployment rates, household income, education rates and housing vacancy rates from CMAP of Illinois Community Data Snapshots, derived from U.S. Census Bureau and American Community Survey 2013 Estimates, at www.cmap.illinois.gov.

⁷ Chicago neighborhood data for homicide rates from Chicago Police Department, 2013. Data retrieved from Chicago Health Atlas (www.chicagohealthatlas.org). Suburban rates from Illinois Department of Public Health Mortality Files, 2008-2012.

⁸ Data for health care coverage in Chicago neighborhoods from CMAP of Illinois Community Data Snapshots; suburban community data from 2010-14 American Community Survey as aggregated at assessment.communitycommons.org.

⁹ City rates from the Chicago Department of Public Health, retrieved from the City of Chicago Data Portal. Death data derived from vital statistics from the Illinois Department of Public Health, based upon years 2006-2010. Suburban rates from Illinois Department of Public Health Mortality Files, 2008-2012.

¹⁰ City rates from the Chicago Department of Public Health, retrieved from the City of Chicago Data Portal. Rates based upon data from 2005-2009. Suburban rates from Illinois Department of Public Health Mortality Files, 2008-2012.

¹¹ City rates from the Chicago Department of Public Health, retrieved from the City of Chicago Data Portal; based upon data from 2006-2010. Suburban rates courtesy of Cook County Department of Public Health.

¹² City rates from the Chicago Department of Public Health, retrieved from the City of Chicago Data Portal; based upon data from 2006-2010. Suburban rates from Illinois Department of Public Health Mortality Files, 2008-2012.

¹³ www.samhsa.gov/data/sites/default/files/CBHSQ-SR160-NHIS-SPD-2014/CBHSQ-SR160-NHIS-SPD-2014.htm.

Austin

¹ MetroPulse Community Data Snapshot, Austin, www.cmap.illinois.gov/.

² www.governing.com/gov-data/population-density-land-area-cities-map.html.

³ MetroPulse Community Data Snapshot, Austin.

⁴ MetroPulse Community Data Snapshot, Austin.

⁵ MetroPulse Community Data Snapshot, Austin.

⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.

⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.

⁸ www.chicagohealthatlas.org/place/austin.

⁹ www.chicagohealthatlas.org/place/austin.

¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.

¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

West Garfield Park

¹ MetroPulse Community Data Snapshot, West Garfield Park, www.cmap.illinois.gov/.

² www.governing.com/gov-data/population-density-land-area-cities-map.html.

³ MetroPulse Community Data Snapshot, West Garfield Park.

⁴ MetroPulse Community Data Snapshot, West Garfield Park.

⁵ MetroPulse Community Data Snapshot, West Garfield Park.

⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.

⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.

⁸ www.chicagohealthatlas.org/place/west_garfield_park.

⁹ www.chicagohealthatlas.org/place/west_garfield_park.

¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.

¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

East Garfield Park

¹ MetroPulse Community Data Snapshot, East Garfield Park, www.cmap.illinois.gov/.

² www.governing.com/gov-data/population-density-land-area-cities-map.html.

³ MetroPulse Community Data Snapshot, East Garfield Park.

⁴ MetroPulse Community Data Snapshot, East Garfield Park.

⁵ MetroPulse Community Data Snapshot, East Garfield Park.

⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.

⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.

⁸ www.chicagohealthatlas.org/place/east_garfield_park.

⁹ www.chicagohealthatlas.org/place/east_garfield_park.

¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.

¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

North Lawndale

¹ www.thekingcenter.org/archive/document/speech-chicago-freedom-movement-rally.

² nlcccplanning.org/home-3/about-us/our-mission/.

³ MetroPulse Community Data Snapshot, North Lawndale, www.cmap.illinois.gov/.

⁴ www.governing.com/gov-data/population-density-land-area-cities-map.html.

⁵ MetroPulse Community Data Snapshot, North Lawndale, www.cmap.illinois.gov/.

⁶ MetroPulse Community Data Snapshot, North Lawndale, www.cmap.illinois.gov/.

⁷ MetroPulse Community Data Snapshot, North Lawndale, www.cmap.illinois.gov/.

⁸ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.

⁹ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.

¹⁰ www.chicagohealthatlas.org/place/north_lawndale.

¹¹ www.chicagohealthatlas.org/place/north_lawndale.

¹² www.cdc.gov/nchs/fastats/health-insurance.htm.

¹³ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

South Lawndale

- ¹ MetroPulse Community Data Snapshot, South Lawndale, www.cmap.illinois.gov/.
- ² www.governing.com/gov-data/population-density-land-area-cities-map.html.
- ³ MetroPulse Community Data Snapshot, South Lawndale.
- ⁴ MetroPulse Community Data Snapshot, South Lawndale.
- ⁵ MetroPulse Community Data Snapshot, South Lawndale.
- ⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.
- ⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁸ www.chicagohealthatlas.org/place/south_lawndale.
- ⁹ www.chicagohealthatlas.org/place/south_lawndale.
- ¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.
- ¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

Lower West Side

- ¹ MetroPulse Community Data Snapshot, Lower West Side, www.cmap.illinois.gov/.
- ² www.governing.com/gov-data/population-density-land-area-cities-map.html.
- ³ MetroPulse Community Data Snapshot, Lower West Side.
- ⁴ MetroPulse Community Data Snapshot, Lower West Side.
- ⁵ MetroPulse Community Data Snapshot, Lower West Side.
- ⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.
- ⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁸ www.chicagohealthatlas.org/place/lower_west_side.
- ⁹ www.chicagohealthatlas.org/place/lower_west_side.
- ¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.
- ¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

West Town

- ¹ www.encyclopedia.chicagohistory.org/pages/1342.html.
- ² MetroPulse Community Data Snapshot, West Town, www.cmap.illinois.gov/.
- ³ www.governing.com/gov-data/population-density-land-area-cities-map.html.
- ⁴ MetroPulse Community Data Snapshot, West Town.
- ⁵ MetroPulse Community Data Snapshot, West Town.
- ⁶ MetroPulse Community Data Snapshot, West Town.
- ⁷ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.
- ⁸ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁹ www.chicagohealthatlas.org/place/west_town.
- ¹⁰ www.chicagohealthatlas.org/place/west_town.
- ¹¹ www.cdc.gov/nchs/fastats/health-insurance.htm.
- ¹² data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

Near West Side

- ¹ MetroPulse Community Data Snapshot, Near West Side, www.cmap.illinois.gov/.
- ² www.governing.com/gov-data/population-density-land-area-cities-map.html.
- ³ MetroPulse Community Data Snapshot, Near West Side.
- ⁴ MetroPulse Community Data Snapshot, Near West Side.
- ⁵ MetroPulse Community Data Snapshot, Near West Side.
- ⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.
- ⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁸ www.chicagohealthatlas.org/place/near_west_side.
- ⁹ www.chicagohealthatlas.org/place/near_west_side.
- ¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.
- ¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

Forest Park

- ¹ MetroPulse Community Data Snapshot, Forest Park, www.cmap.illinois.gov/.
- ² www.towncharts.com/Illinois/Demographics/Forest-Park-village-IL-Demographics-data.html.
- ³ MetroPulse Community Data Snapshot, Forest Park.
- ⁴ MetroPulse Community Data Snapshot, Forest Park.
- ⁵ MetroPulse Community Data Snapshot, Forest Park.
- ⁶ Data from US Census Bureau, American Community Survey, 2010-14.
- ⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁸ Data from www.neighborhoodscout.com/il/forest-park/crime/.
- ⁹ Data from 2010-14 American Community Survey as aggregated at assessment.communitycommons.org.
- ¹⁰ Forest Park data courtesy of the Cook County Department of Public Health; Chicago data from data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

Oak Park

- ¹ www.encyclopedia.chicagohistory.org/pages/917.html.
- ² MetroPulse Community Data Snapshot, Oak Park, www.cmap.illinois.gov/.
- ³ www.towncharts.com/Illinois/Demographics/Cook-County-IL-Demographics-data.html.
- ⁴ MetroPulse Community Data Snapshot, Oak Park.
- ⁵ MetroPulse Community Data Snapshot, Oak Park.
- ⁶ MetroPulse Community Data Snapshot, Oak Park.
- ⁷ Data from US Census Bureau, American Community Survey, 2010-14.
- ⁸ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁹ Data from www.neighborhoodscout.com/il/oak-park/crime/.
- ¹⁰ Data from 2010-14 American Community Survey as aggregated at assessment.communitycommons.org.
- ¹¹ Oak Park data courtesy of the Cook County Department of Public Health; Chicago data from data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

River Forest

- ¹ MetroPulse Community Data Snapshot, River Forest, www.cmap.illinois.gov/.
- ² www.towncharts.com/Illinois/Demographics/Forest-Park-village-IL-Demographics-data.html.
- ³ MetroPulse Community Data Snapshot, River Forest.
- ⁴ MetroPulse Community Data Snapshot, River Forest.
- ⁵ MetroPulse Community Data Snapshot, River Forest.
- ⁶ Data from US Census Bureau, American Community Survey, 2010-14.
- ⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁸ Data from www.neighborhoodscout.com/il/river-forest/crime/.
- ⁹ Data from 2010-14 American Community Survey as aggregated at assessment.communitycommons.org.
- ¹⁰ River Forest data courtesy of the Cook County Department of Public Health; Chicago data from data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.



Working together for healthy communities.



Health Impact Collaborative of Cook County

Community Health Needs Assessment
Central Region

EXECUTIVE SUMMARY

June 2016

The Health Impact Collaborative of Cook County is convened and facilitated by the Illinois Public Health Institute.

healthimpactcc.org/reports2016



Health Impact Collaborative of Cook County

Central Region

Participating Hospitals and Health Departments - Central Region

- Loyola University Health System, including Loyola University Medical Center and Gottlieb Memorial Hospital
- Norwegian American Hospital
- Presence Saints Mary and Elizabeth Medical Center
- RML Specialty Hospitals
- Rush, including Rush University Medical Center and Rush Oak Park Hospital
- Stroger Hospital of Cook County
- Chicago Department of Public Health
- Cook County Department of Public Health
- Oak Park Department of Public Health

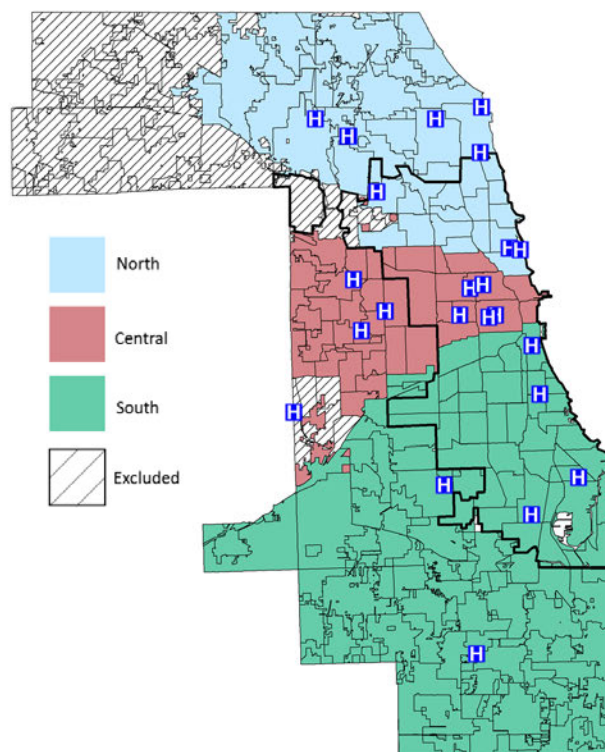
Stakeholder Advisory Team - Central Region

Representatives from the following organizations have shared input and expertise throughout the CHNA process.

- Age Options
- Aging Care Connections
- American Cancer Society
- Casa Central
- Catholic Charities
- Chicago Police Department, 14th District CAPS
- Chicago Public Schools
- CommunityHealth
- Diabetes Empowerment Center
- Healthcare Alternatives Systems
- Housing Forward
- Infant Welfare-Oak Park/The Children's Clinic
- Interfaith Leadership Project
- Loyola University Stritch School of Medicine
- Metropolitan Planning Council
- Mile Square Health Center
- PCC Wellness
- PLCCA: Proviso Leyden Council for Community Action
- Proviso Township Mental Health Commission
- Respiratory Health Association
- West 40 Intermediate Service Center
- West Cook YMCA
- West Humboldt Park Development Council
- West Side Health Authority
- Wicker Park Bucktown Chamber of Commerce

Executive Summary – Central Region

The Health Impact Collaborative of Cook County is a partnership of hospitals, health departments, and community organizations working to assess community health needs and assets, and to implement a shared plan to maximize health equity and wellness in Chicago and Cook County. The Health Impact Collaborative was developed so that participating organizations can efficiently share resources and work together on Community Health Needs Assessment (CHNA) and implementation planning to address community health needs — activities that every nonprofit hospital is now required to conduct under the Affordable Care Act (ACA). Currently, 26 hospitals, seven health departments, and more than 100 community organizations are partners in the Health Impact Collaborative of Cook County. The Illinois Public Health Institute (IPHI) is serving as the process facilitator and backbone organization for the collaborative CHNA and implementation planning processes.



A CHNA summarizes the health needs and issues facing the communities that hospitals, health departments, and community organizations serve. Implementation plans and strategies serve as a roadmap for how the community health issues identified in the CHNA are addressed. Given the large geography and population of Cook County, the Collaborative partners decided to conduct three regional CHNAs. Each of the three regions, North, Central, and South, include both community areas within the city of Chicago and suburban municipalities.

IPHI and the Collaborative partners are working together to design a shared leadership model and collaborative infrastructure to support community-engaged planning, partnerships, and strategic alignment of implementation, which will facilitate more effective and sustainable community health improvement in the future.

Community description for the Central region of the Health Impact

Collaborative of Cook County

This CHNA report is for the Central region of the Health Impact Collaborative of Cook County. As of the 2010 census, the Central region had 1,120,297 residents, which represents a 3% decrease in total population from the year 2000. The African American population experienced the largest population decrease — the Central region had 54,024 fewer African American residents in 2000 compared to 2010. On the other hand, the Hispanic/Latino and Asian populations increased by 32,558 and 11,809 residents respectively during the same time period. Children and adolescents under 18 represent nearly a quarter (24%) of the population in the Central region. Two-thirds of the population is 18 to 64 years old, and about 10% are older adults aged 65 and over. Overall, the Central region is extremely diverse and several priority groups were identified during the assessment process.

Priority populations identified during the assessment process include:

- Children and youth
- Diverse racial and ethnic communities
- Homeless individuals and families
- Incarcerated and formerly incarcerated
- Immigrants and refugees, and particularly undocumented immigrants
- Individuals living with mental health conditions
- LGBTQIA and transgender individuals
- Older adults and caregivers
- People living with disabilities
- Unemployed
- Uninsured and underinsured
- Veterans and former military

Collaborative structure

Seven nonprofit hospitals, one public hospital, three health departments, and approximately 30 community stakeholders partnered on the CHNA for the Central region. The participating hospitals are Loyola University Health System (including Loyola University Medical Center and Gottlieb Memorial Hospital), Norwegian American Hospital, Presence Saints Mary and Elizabeth Medical Center, RML Specialty Hospitals, Rush (including Rush University Medical Center and Rush Oak Park), and Stroger Hospital of Cook County. Health departments are key partners in leading the Collaborative and conducting the CHNA. The participating health departments in the Central region are the Chicago Department of Public Health, Cook County Department of Public Health, and Oak Park Department of Public Health.

The leadership structure of the Health Impact Collaborative includes a Steering Committee, Regional Leadership Teams, and Stakeholder Advisory Teams. Collectively, the hospitals and health departments serve as the Regional Leadership Team.

Stakeholder engagement

The Health Impact Collaborative of Cook County is focused on community-engaged assessment, planning, and implementation. Stakeholders and community partners have been involved in multiple ways throughout this assessment process, both in terms of community input data and as decision-making partners. To ensure meaningful ongoing

involvement, each region's Stakeholder Advisory Team has met monthly during the assessment phase to provide input at every stage and to engage in consensus-based decision making. Additional opportunities for stakeholder engagement during assessment have included participation in hospitals' community advisory groups, community input through surveys and focus groups, and there will be many additional opportunities for engagement as action planning begins in the summer of 2016. The Stakeholder Advisory Team members bring diverse perspectives and expertise, and represent populations affected by health inequities including diverse racial and ethnic groups, immigrants and refugees, older adults, youth, homeless individuals, unemployed, uninsured, and veterans.

Mission, vision, and values

IPHI facilitated a three-month process that involved the participating hospitals, health departments, and diverse community stakeholders to develop a collaborative-wide mission, vision, and values to guide the CHNA and implementation work. The mission, vision, and values have been at the forefront of all discussion and decision making for assessment and will continue to guide action planning and implementation.

Mission:

The Health Impact Collaborative of Cook County will work collaboratively with communities to assess community health needs and assets and implement a shared plan to maximize health equity and wellness.

Vision:

Improved health equity, wellness, and quality of life across Chicago and Cook County

Values:

- 1) We believe the highest level of health for all people can only be achieved through the pursuit of **social justice and elimination of health disparities and inequities**.
- 2) We value having a shared vision and goals with alignment of strategies to achieve **greater collective impact while addressing the unique needs of our individual communities**.
- 3) Honoring the diversity of our communities, we value and will strive to include all voices through **meaningful community engagement and participatory action**.
- 4) We are committed to emphasizing assets and strengths and ensuring a process that identifies and **builds on existing community capacity and resources**.
- 5) We are committed to **data-driven decision making** through implementation of evidence-based practices, measurement and evaluation, and using findings to inform resource allocation and quality improvement.
- 6) We are committed to building **trust and transparency** through fostering an atmosphere of open dialogue, compromise, and decision making.
- 7) We are committed to **high quality work to achieve the greatest impact possible**.

Assessment framework and methodology

The Collaborative used the MAPP Assessment framework. The MAPP framework promotes a system focus, emphasizing the importance of community engagement, partnership development, shared resources, shared values, and the dynamic interplay of factors and forces within the public health system. The four MAPP assessments are:

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FOCA)
- Local Public Health System Assessment (LPHSA)

The Health Impact Collaborative of Cook County chose this community-driven assessment model to ensure that the assessment and identification of priority health issues was informed by the direct participation of stakeholders and community residents.

The four MAPP assessments were conducted in partnership with Collaborative members and the results were analyzed and discussed in monthly Stakeholder Advisory Team meetings.

Community Health Status Assessment (CHSA). IPHI worked with the Chicago Department of Public Health and Cook County Department of Public Health to develop the Community Health Status Assessment. This Health Impact Collaborative CHNA process provided an opportunity to look at data across Chicago and suburban jurisdictions and to share data across health departments in new ways. The Collaborative partners selected approximately 60 indicators across seven major categories for the Community Health Status Assessment.¹ In keeping with the mission, vision, and values of the Collaborative, equity was a focus of the Community Health Status Assessment.

Community Themes and Strengths Assessment (CTSA). The Community Themes and Strengths Assessment included both focus groups and community resident surveys. Approximately 5,200 surveys were collected from community residents through targeted outreach to communities affected by health disparities across the city and county between October 2015 and January 2016. About 1,200 of the surveys collected were from residents in the Central region. The survey was disseminated in four languages and was available in paper and online formats. Between October 2015 and March 2016, IPHI conducted seven focus groups in the Central region. Focus group participants were recruited from populations that are typically underrepresented in community health assessments including diverse racial and ethno-cultural groups; immigrants; limited English speakers; families with children; older adults; lesbian, gay, bisexual, queer, intersex, and asexual (LGBQIA) individuals; and transgender individuals.

¹ The seven data indicator categories—demographics, socioeconomic factors, health behaviors, physical environment, healthcare and clinical care, mental health, and health outcomes—were adapted from the County Health Rankings model.

Forces of Change Assessment (FOCA) and Local Public Health System Assessment (LPHSA).

The Chicago and Cook County Departments of Public Health each conducted a Forces of Change Assessment and a Local Public Health System Assessment in 2015, so the Collaborative was able to leverage and build off of that data. IPHI facilitated interactive discussions at the August and October 2015 Stakeholder Advisory Team meetings to reflect on the findings, gather input on new or additional information, and prioritize key findings impacting the region.

Significant Health Needs

Stakeholder Advisory Teams in collaboration with hospitals and health departments prioritized the strategic issues that arose during the CHNA. The guiding principles and criteria for the selection of priority issues were rooted in data-driven decision making and based on the Collaborative's mission, vision, and values. In addition, partners were encouraged to prioritize issues that will require a collaborative approach in order to make an impact. Very similar priority issues rose to the top through consensus decision making in the Central, South, and North regions of Chicago and Cook County.

Through collaborative prioritization processes involving hospitals, health departments, and Stakeholder Advisory Teams, the Health Impact Collaborative of Cook County identified four focus areas as significant health needs:

- **Improving social, economic, and structural determinants of health while reducing social and economic inequities.***
- **Improving mental health and decreasing substance abuse.**
- **Preventing and reducing chronic disease (focused on risk factors – nutrition, physical activity, and tobacco).**
- **Increasing access to care and community resources.**

* All hospitals within the Collaborative will include the first focus area—*Improving social, economic, and structural determinants of health*—as a priority in their CHNA and implementation plan. Each hospital will also select at least one of the other focus areas as a priority.

Based on community stakeholder and resident input throughout the assessment process, the Collaborative's Steering Committee made the decision to establish *Social, Economic and Structural Determinants of Health* as a collaborative-wide priority. Regional and collaborative-wide planning will start in summer 2016 based on alignment of hospital-specific priorities.

Key assessment findings

1. Improving social, economic, and structural determinants of health while reducing social and economic inequities.

The social and structural determinants of health such as poverty, unequal access to community resources, unequal education funding and quality, structural racism, and environmental conditions are underlying root causes of health inequities.² Additionally, social determinants of health often vary by geography, gender, sexual orientation, age, race, disability, and ethnicity.² The strong connections between social, economic, and environmental factors and health are apparent in Chicago and suburban Cook County, with health inequities being even more pronounced than many national trends.

Figure 1.1. Summary of key assessment findings related to the social, economic, and structural determinants of health

Social, Economic, and Structural Determinants of Health
Poverty and economic equity. African Americans, Hispanics/Latinos and Asians have higher rates of poverty than non-Hispanic whites and lower annual household incomes. Nearly half of all children and adolescents in the Central region live at or below 200% of the Federal Poverty Level. In Chicago and suburban Cook County, residents in communities with high economic hardship have life spans that are five years shorter on average compared to other areas of the county.
Unemployment. The unemployment rate in the Central region from 2009 to 2013 was 12.3% compared to 9.2% overall in the U.S. African Americans have much higher rates of unemployment compared to whites and Asians.
Education. The rate of poverty is higher among those without a high school education, and those without a high school education are more likely to develop chronic illnesses. The high school graduation rates in the Central region (72%) are lower than the average for Chicago and suburban Cook County (78%).
Structural racism. Data across the four MAPP assessments showed a need to address race/ethnic inequities related to community conditions and health outcomes. The hospitals, health departments and Stakeholder Advisory Teams determined that addressing structural racism is an important component of work on social, economic and structural determinants of health.
Housing and transportation. Many residents indicated poor housing conditions in the Central region and a lack of quality affordable housing that leads to cost-burdened households, crowded housing, and homelessness. Assessment data shows there inequities in access to public transportation are a concern in the Central region.
Environmental concerns. Climate change, poor air quality, changes in water quality, radon, and lead exposure are environmental factors that were identified as having the potential to affect the health of residents in the Central region. The Central region is particularly vulnerable to natural and manmade disasters and disease outbreaks due to its areas of high economic hardship and low economic opportunity.
Safety and violence. Firearm-related and homicide mortality are highest among Hispanic/Latinos and African American/blacks. The Central and South regions of the Collaborative are disproportionately affected by trauma, safety issues, and community violence.

² Centers for Disease Control and Prevention. (2013). CDC Health Disparities and Inequalities Report. Morbidity and Mortality Weekly Report, 62(3).

Disparities related to socioeconomic status, built environment, safety and violence, policies, and structural racism were identified in the Central region as being key drivers of community health and individual health outcomes.

2. Improving mental health and decreasing substance abuse.

Mental health and substance use arose as key issues in each of the four assessment processes in the Central region. Community mental health issues are exacerbated by long-standing inadequate funding as well as recent cuts to social services, healthcare, and public health. The World Health Organization (WHO) emphasizes the need for a network of community-based mental health services.³ The WHO has found that the closure of mental health hospitals and facilities is often not accompanied by the development of community-based services and this leads to a service vacuum.³ In addition, research indicates that better integration of behavioral health services, including substance use treatment, into the healthcare continuum, can have a positive impact on overall health outcomes.⁴

Figure 1.2. Summary of key assessment findings related to mental health and substance use

Mental Health and Substance Use
<p>Community-based mental health care and funding.</p> <p>Community mental health issues are being exacerbated by long-standing inadequacies in funding as well as recent cuts to social services, healthcare, and public health. Socioeconomic inequities, disparities in healthcare access, housing issues, racism, discrimination, stigma, mass incarceration of individuals with mental illness, community safety issues, violence, and trauma are all negatively impacting the mental health of residents in the Central region.</p> <p>There are several communities that have high Emergency Department visit rates for mental health, intentional injury/suicide, substance use, and heavy drinking in the Central region. Focus group participants and survey respondents in the Central region report cost and lack of insurance coverage as major barriers to not seeking needed mental health treatment. Community survey respondents from the Central region indicated that their financial strain and debt were the biggest factors contributing to feelings of stress in their daily lives.</p>
<p>Substance use.</p> <p>The lack of effective substance abuse prevention, easy access to alcohol and other drugs, the use of substances to self-medicate in lieu of access to mental health services, and the criminalization of addiction are factors and trends affecting community health and the local public health system in the Central region. There are several barriers to accessing mental health and substance use treatment and services including social stigma, continued funding cuts, and mental health/substance use provider shortages. The need for policy changes that decriminalize substance use and connect individuals with treatment and services were identified as needs in the Central region.</p>

³ World Health Organization. (2007). <http://www.who.int/mediacentre/news/notes/2007/np25/en/>

⁴ American Hospital Association. (2012). Bringing behavioral health into the care continuum: opportunities to improve quality, costs, and outcomes. <http://www.aha.org/research/reports/tw/12jan-tw-behavhealth.pdf>

3. Preventing and reducing chronic disease (focus on risk factors – nutrition, physical activity, and tobacco).

Chronic disease prevention was another strategic issue that arose across all four assessments. The number of individuals in the U.S. who are living with a chronic disease is projected to continue increasing well into the future.⁵ In addition, chronic diseases accounted for approximately 64% of deaths in Chicago in 2014.⁶ As a result, it will be increasingly important for the healthcare system to focus on prevention of chronic disease and the provision of ongoing care management.⁵

Figure 1.3. Summary of key assessment findings related to chronic disease

Chronic Disease
Policy, systems and environment. Findings from community focus groups, the Forces of Change Assessment (FOCA), and the Local Public Health System Assessment (LPHSA) emphasized the important role of healthy environments and policies supporting healthy eating and active living. Over a third (39%) of community survey respondents in the Central region indicated challenges in availability of healthy foods in their community. A quarter of the survey respondents reported few parks and recreation facilities in their communities, and 54% of survey respondents rated the quality and convenience of bike lanes in their community to be “fair,” “poor”, or “very poor.”
Health Behaviors. The majority of adults in suburban Cook County (85%) and Chicago (71%) report eating less than five daily servings of fruits and vegetables. In addition, more than a quarter of adults in suburban Cook County (28%) and Chicago (29%) report not engaging in physical activity during leisure time. Approximately 14% of youth in suburban Cook County and 22% of youth in Chicago report not engaging in physical activity during leisure time. Poor diet and a lack of physical activity are two of the major predictors for obesity and diabetes. A significant percentage of youth and adults report engaging in other health behaviors such as smoking and heavy drinking that are also risk factors for chronic illnesses. Low consumption of healthy foods may also be an indicator of inequities in food access.
Mortality related to chronic disease. The top three leading causes of death in the Central region are heart disease, cancer, and stroke. There are stark disparities in chronic-disease related mortality in the Central region, both in terms of geography and in terms of race and ethnicity.

4. Increasing access to care and community resources.

Healthy People 2020 states that access to comprehensive healthcare services is important for achieving health equity and improving quality of life for everyone.⁷ Disparities in access to care and community resources were identified key contributors to health inequities experienced by residents in the Central region. Access is a complex and multi-faceted concept that includes dimensions of proximity; affordability; availability, convenience, accommodation, and reliability; quality and acceptability; openness, cultural competency, appropriateness and approachability.

⁵ Anderson, G. & Horvath, J. (2004). The growing burden of chronic disease in America. *Public Health Reports*, 119, 263-270.

⁶ Chicago Department of Public Health. (2016). Healthy Chicago 2.0.

⁷ Healthy People 2020. (2016). Access to Health Services. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

Figure 1.4. Summary of key assessment findings related to access to care and community resources

Access to care and community resources
<p>Cultural and linguistic competence and humility. Focus group participants in the Central region and Stakeholder Advisory Team members emphasized that cultural and linguistic competence and humility are key aspects of access to quality healthcare and community services. Participants in six of seven focus groups in the Central region cited lack of sensitivity to cultural difference as a significant issue impacting health of diverse racial and ethnic groups in the Central region.</p>
<p>Insurance coverage. Aggregated rates from 2009 to 2013, show that 26% of the adult population age 18-64 in the Central region reported being uninsured, compared to 19% in Illinois and 21% in the U.S. Men in Cook County are more likely to be uninsured (18%) compared to women (14%). In addition, ethnic and racial minorities are much more likely to be uninsured compared to non-Hispanic whites. As of 2014, nearly a quarter of immigrants (23%) and 40% of undocumented immigrants are uninsured compared to 10% of U.S. born and naturalized citizens.</p>
<p>Use of preventive care and health literacy. Overall rates of self-reported cancer screenings vary greatly across Chicago and suburban Cook County compared to the rates for Illinois and the U.S. This could represent differences in access to preventative services or in knowledge about the need for preventative screenings. Approximately one-third of Chicago residents aged 65 or older reported that they had not received a pneumococcal vaccination in 2014. Health education about routine preventative care was mentioned by multiple residents as a need in their communities.</p>
<p>Provider availability. Nearly 20% of adults in Chicago report that they do not have at least one person that they consider to be their personal doctor or healthcare provider. In the U.S., LGBTQIA and transgender youth and adults are less likely to report having a regular place to go for medical care. There are several communities in the Central region that are classified by the Health Resources and Services Administration as areas having shortages of primary care, dental care, or mental health providers.</p>
<p>Use of prenatal care. Nearly 20% of women in Illinois and suburban Cook County do not receive prenatal care prior to the third month of pregnancy or receive no prenatal care.</p>

Rush Community Health Needs Assessment Collaborators

RUSH TEAM

David Ansell, MD, MPH, senior vice president, system integration

Lisa Barnes, PhD, director, Center of Excellence on Disparities in HIV and Aging; professor, neurological sciences, behavioral sciences and Rush Alzheimer's Disease Center

Julia S. Bassett, MBA, community benefit specialist, Office of Community Engagement; adjunct faculty, Department of Health Systems Management

Cynthia Boyd, MD, MBA, FACP, vice president and chief compliance officer; assistant dean of admissions and recruitment; associate professor of medicine, Rush Medical College

Mark Buder, undergraduate student intern, community engagement and population health

Robin Bunyi, planning analyst, Department of Strategic Planning, Marketing and Communications

Kristina Davis, MS, MPH, College of Nursing

Gena Faas, MPA, manager, government affairs

Colleen Frankhart, writer/editor

Crystal Glover, PhD, BMO Harris Bank health disparities fellow; assistant professor, preventive medicine

Jill Goldberg, coordinator of community engagement, Rush Oak Park Hospital

Debra Heizmann, project manager

Bala Hota, MD, MPH, chief research informatics officer; director, Rush Biostatistics/Bioinformatics Core; associate professor, Department of Internal Medicine

Tricia Johnson, PhD, associate chair of research and education; professor of health systems management; director, Rush Center for the Advancement of Healthcare Value

Wrenetha Julion, PhD, MPH, RN, FAAN, professor and chairperson, women, children and family nursing

Jawad Khan, director of knowledge management, information services

Ekta Kishen, MPH, clinical data analyst

Brittney Lange-Maia, PhD, MPH, epidemiologist and clinical data analyst, Center for Community Health Equity and Rush Biostatistics/Bioinformatics Core

Elizabeth Lynch, PhD, associate professor, preventive medicine and Rush Biostatistics/Bioinformatics Core

Kenia Lopez, patient care navigator, Rush Medical Home Network

Marie A. Mahoney, editor and senior director, Department of Marketing and Communications

Samantha Marinello, research assistant, preventive medicine

Woodie Mogoka, research assistant, Rush Alzheimer's Disease Center

Christopher Nolan, MPA, manager, community benefit and population health; adjunct faculty, Department of Health Systems Management

Mallory Nolen, administrative project assistant, population health; student, health systems management, Rush University

Priyal Patel, MPH, epidemiologist, Center for Community Health Equity and Rush Biostatistics/Bioinformatics Core

Terry Peterson, MPA, vice president, corporate and external affairs; chair, Diversity Leadership Council

Robin Pratts, MHA, manager, health promotion and disease prevention programs, Department of Health and Aging

Monique Reed, PhD, MS, RN, BMO Harris Bank health disparities fellow; assistant professor, community, systems and mental health nursing

Andrew Reeder, assistant compliance officer, corporate compliance

Steven Rothschild, MD, associate professor, preventive medicine

Nicholas J. Schwerin, MS, student (graduated June 2016), health systems management, Rush University

Raj C. Shah, associate professor, family medicine and Rush Alzheimer's Disease Center; co-director, Center for Community Health Equity; Rush site principal investigator, Chicago Area Patient-Centered Outcomes Research Network (CAPriCORN)

Patty Stevenson, graphic designer

Susan Swider, PhD, APHN-BC, professor, community, systems and mental health nursing

Simone Tseng, MHSA, associate vice president, strategic planning

Shweta Ubhayakar, MBBS, MS, project manager, Building Healthy Urban Communities and health systems management; adjunct faculty, Department of Health Systems Management

Janie L. Urbanic, MA, LPC, research coordinator, Rush University College of Nursing

Marilyn Wideman, DNP, RN-BC, FAAN, former associate provost for professional education and community engagement; former associate vice president for community healthcare practice, community, systems and mental health nursing

Board of Trustees, Rush University Medical Center

Board of Trustees, Rush Oak Park Hospital

Executive Management, Rush University Medical Center

DEPAUL TEAM

Michael Bennett, PhD, Interim Chair of Sociology

Jessica Bishop-Royse, PhD, Social Science Research Center

Denisha Brown, MPH, Center for Community Health Equity

Kerianne Burke, MPH, research assistant, Center for Community Health Equity

Fernando De Maio, PhD, Department of Sociology and co-director, Center for Community Health Equity

Ernesto Flores, MPH, Center for Community Health Equity

Realino Gurdiel, Center for Community Health Equity

John Mazzeo, PhD, Master of Public Health Program

Maggie Nava, MPH, Center for Community Health Equity

Adenike Sosina, MPH, program assistant, Center for Community Health Equity

Jocelyn Williams, MPH, graduate assistant, Center for Community Health Equity

ANONYMOUS FOCUS GROUP PARTICIPANTS GATHERED BY THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY

2015 CHICAGO COMMUNITY TRUST ON THE TABLE PARTICIPANTS

George Abbott, special assistant to the vice president/ community and national initiatives, The Knight Foundation

Joel Africk, president and CEO, Respiratory Health Association

Candace Almore, assistant principal, Simpson Academy for Young Women

Henrietta Barcelo, industry liaison, INSTITUTO Health Sciences Career Academy

Laura Bass, director of programs, Facing Forward to End Homelessness

Nikki Briggs, health education systems integration specialist, Age Options

Elizabeth Chadri, program director, Oak Park-River Forest Community Foundation

Kirstin Chernawsky, executive director, Erie Neighborhood House

Adam Claus, LCSW, licensed clinical social worker, Medical Home Network, Rush University Medical Center

Lola Coke, associate professor, Rush College of Nursing

Holly Dacres, principal, Rudolph Learning Center

Kim Davidson, director of clinical services, Deborah's House

Megan Doerr, director of clinical operations, CommunityHealth

Megan Erskine, project manager, Chicago Public Schools

Sharon Gates, senior director, community engagement, Rush University Medical Center

Karen Graham, manager of community relations, Rush Alzheimer's Disease Center, Rush University Medical Center

Emily Hendel, MS, CNP, director of clinical services, CommunityHealth

Redia Holman, patient navigator, Medical Home Network, Rush University Medical Center

Pamela Kerr, program director, The Boulevard

Sally Lemke, DNP, WHNP-BC, director of community-based practices, Rush University Medical Center

Emma Lozano, pastor, Lincoln United Methodist Church/Centro Sin Fronteras

Rose Mabwa, senior community life manager, Oakley Square

Ashley McIver, community impact project coordinator, Communities Foundation of Texas

Deidre McNamara, nurse practitioner, MSP Pediatrics

Sofia Mendez, chief strategy officer, Latinos Progresando, Marshall Square Resource Network

Yadira Montoya, coordinator, community engagement, Rush Alzheimer's Disease Center

James Mulshine, MD, acting dean, Graduate College; professor, Department of Internal Medicine, Rush University

Mallory Nolen, administrative project assistant, population health; student, health systems management, Rush University

Morris Reed, CEO, Westside Health Authority

Natalie Ross, RN, program coordinator, Rush School-Based Health Center, Orr Academy High School

Fareeda Shabazz, principal, Crane Medical Preparatory High School

Stephanie Snyder, nurse practitioner, Rush University Medical Center

Marsha Spright, school counselor, Providence St. Mel

Desiree Stewart, marketing manager, WVON

Jacqueline Summerville, executive director, Allied Health Care Career Network

Daniel Swartz, founder, Wunderkammer Company

Jennifer Thomas, chair, Westside Coalition for Seniors

Sara Walker, secretary, Centro Sin Fronteras

Max Weiss, rabbi, Oak Park Temple B'nai Abraham Zion

Calisa Williams, patient navigator, Medical Home Network, Rush University Medical Center

Anna Wojcik, strategic project manager, UI Health Sciences System

Michele Zurakowski, executive director, Oak Park River Forest Food Pantry

HEALTH IMPACT COLLABORATIVE OF COOK COUNTY

Participating hospitals

Advocate Children's Hospital (adjunct)

Advocate Christ Medical Center

Advocate Illinois Masonic Medical Center

Advocate Lutheran General Hospital

Advocate South Suburban Medical Center

Advocate Trinity Hospital

Gottlieb Memorial Hospital

Loyola University Medical Center

Mercy Hospital & Medical Center

NorthShore Evanston Hospital

NorthShore Glenbrook Hospital

NorthShore Skokie Hospital

Norwegian American Hospital

Presence Holy Family Medical Center

Presence Resurrection Medical Center

Presence Saint Francis Hospital

Presence Saint Joseph Hospital

Presence Saints Mary and Elizabeth Medical Center

Provident Hospital

RML Specialty Hospitals

Roseland Community Hospital

John H. Stroger, Jr. Hospital of Cook County

Participating health departments

Chicago Department of Public Health

Cook County Department of Public Health

Evanston Health Department

Oak Park Health Department

Skokie Public Health District

Stickney Health Department

Leadership

Loyola University Medical Center and Gottlieb Memorial Hospital

Armand Andreoni, co-lead for Central Region

Advocate Health Care

Barb Giloth, lead for South Region

Bonnie Condon

Norwegian American Hospital

Charles Williams, co-lead for Central Region

Illinois Public Health Institute

Elissa Bassler

Laurie Call

Jess Lynch

Chicago Department of Public Health

Sheri Cohen

Jaime Dirksen

Ivonne Samblin

Illinois Hospital Association

Jay Bhatt

Presence Health

Mariana Wrzosek, co-lead for North Region

Will Snyder

Advocate Lutheran General Hospital

Paula Besler, co-lead for North Region

Rush University Medical Center

Christopher Nolan

Raj Shah

Cook County Department of Public Health

Kiran Joshi

Steve Seweryn



Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

PLEASE NOTE: All physicians featured in this publication are on the medical faculty of Rush University Medical Center. Some of the physicians featured are in private practice and, as independent practitioners, are not agents or employees of Rush University Medical Center.